

State of Vermont

Workers' Compensation Administration Fund

QUARTERLY ASSESSMENT STATEMENT

DUE: October 31, 2013; January 31, 2014; April 30, 2014 and July 31, 2014

FOR QUARTER ENDING _____

Insurer: _____ NAIC Company Code: _____

Group: _____ NAIC Group Code: _____

Federal Tax ID Number (Insurer): _____

-
- | | | |
|---|----|-------|
| 1. Total estimated direct premiums written for the quarter being reported: | \$ | _____ |
| 2. Assessment due (Line 1 X .0145): | \$ | _____ |
| Technological Assessment (Line 1 X .0016) | \$ | _____ |
| 3. Prior Quarter (over) & under payments (explain on reverse if necessary): | \$ | _____ |
| 4. Balance Remitted (Line 2 minus Line 3): | \$ | _____ |
| OR | | |
| 5. Credit to be subtracted from next payment: | \$ | _____ |
-

Make checks payable to:

Vermont Department of Labor
Workers' Compensation Administration Fund
5 Green Mountain Drive, PO Box 488
Montpelier, VT 05601-0488

The foregoing is an accurate estimate of direct written premiums for the period indicated.

(Signature)

(Date)

Name: _____
Title: _____
Email: _____

Telephone: _____
Fax: _____

Address: _____

