

# State of Vermont

Workers' Compensation Administration Fund

## QUARTERLY ASSESSMENT STATEMENT

**DUE: October 31, 2016; January 31, 2017; April 30, 2017 and July 31, 2017**

FOR QUARTER ENDING \_\_\_\_\_

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Insurer: \_\_\_\_\_ NAIC Company Code: \_\_\_\_\_

Group: \_\_\_\_\_ NAIC Group Code: \_\_\_\_\_

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1. Total estimated direct premiums written for the quarter being reported: 1. \$ \_\_\_\_\_

2. Assessment due (Line 1 X .0145): 2. \$ \_\_\_\_\_

3. Prior Quarter (over) & under payments (explain on reverse if necessary): 3. \$ \_\_\_\_\_

4. Balance Remitted (Line 2 minus Line 3): 4. \$ \_\_\_\_\_

**OR**

5. Credit to be subtracted from next payment: 5. \$ \_\_\_\_\_

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Make checks payable to:

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

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

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Title: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

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