



January 14, 2009

CIRCULAR LETTER TO ALL MEMBER COMPANIES

Re: Workers Compensation Insurance

North Carolina Statewide Form:  
 WC 32 03 04 – Alternate Employer Endorsement  
 (excluding Employers Liability)

The North Carolina Rate Bureau filed and the North Carolina Commissioner of Insurance has approved a new state-specific form. This form is **OPTIONAL**, and may be used by all member companies. The form and a description of its intended use is provided below.

A copy of the new form is attached to this circular and available in the Endorsement/Form Listing on our website. It is available for use on or after January 1, 2009. No additional action needs to be taken by the carrier in order to use this form as filed. No rate changes are associated with the form.

FORM	DESCRIPTION
WC 32 03 04 – Alternate Employer Endorsement (excluding Employers Liability)	This form can be used in place of the currently approved form WC 00 03 01A for adding an Alternate Employer. The difference in this form is that the Employers Liability coverage is excluded for the Alternate Employer.

If you have any questions, please contact the Information Center at 919-582-1056 or [wcinfo@ncrb.org](mailto:wcinfo@ncrb.org).

Sincerely,

Sue Taylor

Director of Insurance Operations

C-09-2

**ALTERNATE EMPLOYER ENDORSEMENT  
(EXCLUDING EMPLOYERS LIABILITY COVERAGE)**

This endorsement applies only to the insurance provided by the policy because North Carolina is shown in item 3.A. of the Information Page.

This endorsement applies only with respect to bodily injury to your employees while in the course of special or temporary employment by the alternate employer in the state named in Item 2 of the Schedule. Part One (Workers Compensation Insurance) will apply as though the alternate employer is insured. If an entry is shown in Item 3 of the Schedule the insurance afforded by this endorsement applies only to work you perform under the contract or at the project named in the Schedule.

Under Part One (Workers Compensation Insurance) we will reimburse the alternate employer for the benefits required by the workers compensation law if we are not permitted to pay the benefits directly to the persons entitled to them.

Part Two (Employers Liability Insurance) will not apply to the alternate employer and no coverage will be provided for any such liability under this endorsement.

The insurance afforded by this endorsement is not intended to satisfy the alternate employer's duty to secure its obligations under the workers compensation law. We will not file evidence of this insurance on behalf of the alternate employer with any government agency.

We will not ask any other insurer of the alternate employer to share with us a loss covered by this endorsement.

Premium will be charged for your employees while in the course of special or temporary employment by the alternate employer.

The policy may be canceled according to its terms without sending notice to the alternate employer.

Part Four (Your Duties If Injury Occurs) applies to you and the alternate employer. The alternate employer will recognize our right to defend under Part One and our right to inspect under Part Six.

Schedule

- |   |                       |
|---|-----------------------|
| <ol style="list-style-type: none"> <li>1. <b>Alternate Employer</b></li> <li>2. <b>State of Special or Temporary Employment</b></li> <li>3. <b>Contract or Project</b></li> </ol> | <p><b>Address</b></p> |
|---|-----------------------|

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Insured	Effective Policy No.	Endorsement No. Premium
Insurance Company	Countersigned by _____	