



Request to Charge the Surplus Fund for Non-At-Fault Motor Vehicle Accident

Instructions

This application details the required documentation a private employer or public employer taxing district must provide to support a request for experience modification calculation. Submitting the required documentation with this form will help BWC make a quicker decision. BWC will advise you if it needs additional documentation or information.

- Fax this completed form and required supporting evidence to 614-621-1217 or, submit by mail to: BWC, 30 West Spring St. Attn: Rate Adjustment Department 25th floor, Columbus, OH 43215-2256.
You may email questions concerning the Motor Vehicle Experience Adjustments to emprateadj@bwc.state.oh.us.

Injured worker information

Name, Claim number, Date of Injury, If applicable, date of death

Responsible third-party information

Name, Address, Telephone number, City, State, ZIP code, Email address

- Required supporting documentation that you must submit with this application.
o Copy of the police motor vehicle accident report from a law enforcement agency
o Copy of the citation showing the third party is responsible for this accident

Insurance information of responsible third party

Insurance company name, Claim adjuster's name, Fax number, Address, Telephone number, City, State, ZIP code, Email address

- Required supporting documentation that you must submit with this application.
o Proof of the third-party insurance or a surety bond.
o Declaration page.
o Proof that the insurer accepts liability (A statement of responsibility letter.) An insurance policy number is required.
o Proof that the third party was insured on the date of the accident.
o An insurance policy number is required.

Employer representative information

Employer representative name, Representative ID number, Address, Telephone number, City, State, ZIP code, Email address

Employer of record information

Employer name requesting experience modification, Policy number, Manual number, Address, Telephone number, City, State, ZIP code, Email address

Signature

- I have been authorized to sign and execute this application for experience modification on behalf of the company. I have read and understand the experience adjustment requirements in their entirety and agree to comply with the terms.
I understand if all of the required information and supporting documentation are not submitted BWC may deny this application.

Name of applicant filing for the employer, Applicant's title, Applicant's signature, Date