Ohio | Bureau of Workers' Compensation

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

Instructions

This application details the required documentation private and public employers must provide to support a request for experience modification calculation. Submitting the required documentation with this form will help BWC expedite its decision. BWC will advise you if additional documentation or information is needed.

- Fax this completed form and required supporting evidence to 614-621-1217, or submit it by mail to BWC, 30 W. Spring St., Attn: Rate Adjustment Department, 25th floor, Columbus, OH 43215-2256.
- You may email questions concerning the motor vehicle experience adjustments to empprateadj@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 you must submit with this application includes: • Copy of the police motor vehicle accident report from a law enforcement agency. • 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
Supporting documentation you must submit with this application includes: • Proof that the third-party insurance accepts liability; • A surety bond showing proof that the insurer accepts liability; or • If liability is only partially accepted, documentation should include the percentage of liability accepted. Please note, insurance cards alone are not considered supporting documentation.			
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 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