

# QUARTERLY PREMIUM SURCHARGE PAYMENT FORM

Insurer Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Insurer NCCI Number \_\_\_\_\_

Date of Report	Quarter Ending Date	Dollar Amount Submitted

\_\_\_\_\_  
**CERTIFYING OFFICIAL (Type Name)**

\_\_\_\_\_  
**CERTIFYING OFFICIAL (Signature)**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**TELEPHONE NUMBER**

**Mail Form and Check to:**

D.C. Department of Employment Services  
Office of the Chief Financial Officer  
4058 Minnesota Avenue, NE - 5th Floor, Suite 5700  
Washington, D.C. 20019  
(Telephone: 202-671-1400)

**Submit a Copy of the Form to:**

D.C. Department of Employment Services  
Office of Workers' Compensation  
4058 Minnesota Avenue, NE, Insurance Unit  
Washington, D.C. 20019  
(FAX: 202-671-1929)

- (1) Checks are payable to the D.C. Treasurer.
- (2) This form may be reproduced or downloaded from the DOES website. The website address is [www.does.dc.gov](http://www.does.dc.gov).