PCRB

PENNSYLVANIA
Compensation Rating Bureau

January 31, 2023

To All Members of the PCRB:

Re: **FINANCIAL DATA INCENTIVE PROGRAM**

With the approval of the Governing Board, a Financial Data Incentive Program (FDIP) will apply to selected Pennsylvania financial data submissions of 2022 experience to be reported during 2023. This continues PCRB practice each year since the FDIP's initial implementation in 1996.

The FDIP for 2022 experience covers the following data submissions:

> Acknowledgement Form
> Statutory Page 14
> Policy Year Call #1
> Large Claim Call #4
> Net (As Written) Large Deductible Call #8
> Gross (First Dollar) Large Deductible Call #9
> Calendar Year Expense Call #14
> Catastrophe Experience Call #15
> Schedule W
> Schedule W – Constraints Affecting Unpaid Claims Estimates
> Schedule W – Coal

For purposes of the FDIP and Financial Data Manager (FDM), the term "Schedule W" refers to, and includes, Schedule W Parts A-1, A-9740, A-9741, A-5, B-1, B-5, C-1, C-5, D-1, D-2, E-1 and E-2. The term "Schedule W – Coal" refers to, and includes, Schedule W Parts A-2, A-3, A-4, B-2, B-3, B-4, C-2, C-3 and C-4.

The most significant changes to the program are as summarized below:

- Calls #1, 8, 9 and Schedule W (Parts B & C) and Schedule W – Coal (Parts B & C) will now collect underwriting experience for 30 full policy years (1992-2021) and for the incomplete Policy Year 2022 valued as of December 31, 2022. Experience for all policy years prior to 1992 will be accumulated and shown as one line in the Call. Note that experience for Policy Year 1991 and all policy years prior to 1991 was shown separately as of December 31, 2021, and experience for those lines will be combined for proper reporting of data as of December 31, 2022.

  For the remaining Calls, the expansion will continue each year until 30 full policy years, along with the incomplete policy year associated with the current reporting year, are captured.

Additional changes have been made to the FDIP for 2022 experience in the interest of clarity and to reflect mechanical changes in the Call forms to which the FDIP applies.

The most significant aspects of the program are as summarized below:

- All Calls, Forms and Schedule W must be submitted through the FDM which is an Internet-based system for the capture of Financial Data.

- For <u>late reporting</u> purposes, Calls #1, #4, #8, #9, #14, #15 and Schedule W as a group will be treated as a single entity. The Acknowledgement Form and Statutory Page 14 will each be treated as separate entities.

- An assessment of $50 per business day per entity will be imposed for late submissions. Imposition of late submission charges could be applied for submission of calls after the due date, failure of Preliminary Edits and incomplete submissions. Late submission assessments will be subject to a cumulative maximum of $5,000.

- For <u>edit</u> purposes, Calls #1, #4, #8, #9, #14, #15, Schedule W and Statutory Page 14 will be treated as one single entity.

- For edit purposes, any documents which have not been received when the PCRB attempts to perform the program edits will be treated as being in error. In such case no further <u>late reporting</u> assessments will be charged, instead edit charges will begin to apply.

- <u>Basic</u> edit errors will be subject to a Financial Data Error Assessment Schedule which will include a flat fee component and a component which reflects a carrier's market share. The assessment schedule applies for a maximum period of 55 business days with the fine for the first ten business days equaling zero (in effect providing a ten-day grace period).

- <u>Actuarial</u> edit criticisms will allow a ten-business day period for the carrier to respond before being subjected to the Financial Data Error Assessment Schedule described above. If the carrier satisfactorily responds within that time frame without the necessity for resubmissions, no actuarial edit assessment will be imposed.

- For Calls #1, #4, #8, #9, #14, #15, Schedule W and Statutory Page 14, all resubmissions received after the due date will be subject to a $100 per entity charge.

- Total FDIP assessments for a carrier or group of carriers will be subject to a maximum of 50 percent of the carrier's Annual Statement Pennsylvania Workers Compensation Direct Written Premium for the calendar year <u>immediately preceding</u> the data reportable in the latest Calls.

- If a carrier group elects to submit separate Calls for individual carriers within their group or to submit separate Calls for subsets of the carriers comprising their entire group, each separate Call submission will be treated separately for all purposes of the FDIP. Thus, carriers are encouraged to consider potential ramifications of the FDIP in deciding on the basis (carrier, group or subgroup) to be used in reporting their data.

- Incomplete resubmissions and/or responses (i.e., those which do not address all failed edits or inquiries previously identified by the PCRB) or resubmissions and/or responses,

which can be determined based on a cursory review not to satisfy the failed edits or inquiries previously identified by the PCRB, will not stop the accrual of assessments from the date of the previous PCRB notice letter.

- **Due Dates:**

   The Acknowledgement Form is due to be reported on or before March 15, 2023 and the Statutory Page 14 is due to be reported on or before April 3, 2023. All other Pennsylvania submissions are due on or before April 17, 2023.

A complete updated copy of the 2022 FDIP is enclosed and may also be accessed via the PCRB's website at www.pcrb.com.

William V. Taylor
President

2022 FDIP PA covermemo.doc

I. INTRODUCTION

For Calls received in 2023, the PCRB is again applying the Financial Data Incentive Program (FDIP). This continues PCRB practice each year since the FDIP's initial implementation in 1996. This program recognizes the critical importance of the PCRB receiving quality financial data on time so that it can be used in support of filings made with the Pennsylvania Insurance Department. In addition, this program is intended to more equitably allocate costs associated with late or inaccurate data submission to the PCRB.

In order to assist carriers in reporting their financial data in a timely and accurate manner, the PCRB will require that all carriers report Forms, Calls and Schedule W using the Financial Data Manager (FDM). The FDM is an Internet-based system that allows carriers to enter, edit and submit Forms, Calls and Schedule W interactively. The FDM provides carriers with immediate feedback for failed edits and provides carriers with a central record of all data submitted.

II. APPLICATION

The FDIP will apply to the following Forms, Financial Calls and the Schedule W, all of which are reportable within the FDM.

Name	Due Date
Acknowledgement Form	March 15, 2023
Statutory Page 14	April 3, 2023
Policy Year Call #1	April 17, 2023
Large Claim Call #4	April 17, 2023
Net (As Written) Large Deductible Call #8	April 17, 2023
Gross (1st Dollar) Large Deductible Call #9	April 17, 2023
Calendar Year Expense Call #14	April 17, 2023
Catastrophe Experience Call #15	April 17, 2023
Schedule W	April 17, 2023
Schedule W – Constraints Affecting Unpaid Claims Estimates*	April 17, 2023
Schedule W – Coal	April 17, 2023

*_Schedule W – Constraints Affecting Unpaid Claims Estimates must be submitted as a "PDF" file via the FDM._

For purposes of the FDIP and FDM, the term "Schedule W PA S" refers to, and includes, Schedule W Parts A-1, A-9740, A-9741, A-5, B-1, B-5, C-1, C-5, D-1, D-2, E-1 and E-2. The term "Schedule W PA C" refers to, and includes Schedule "W" Parts A-2, A-3, A-4, B-2, B-3, B-4, C-2, C-3 and C-4.

For purposes of determining fees for late submission and resubmissions, Calls #1, #4, #8, #9, #14, #15 and Schedule W will be treated as a single entity. The Acknowledgement Form and Statutory Page 14 will each be treated as separate entities. For purposes of determining fees for data errors, Calls #1, #4, #8, #9, #14, #15, Schedule W and Statutory Page 14 will collectively be treated as one entity. The Acknowledgement Form will not be subject to error assessments or resubmission fees. The _Schedule W – Constraints Affecting Unpaid Claims Estimates_ and Schedule W PA C will not be subject to late fees, error assessments or resubmission fees within the FDIP. The Coal Mine Compensation Rating Bureau of Pennsylvania and the Pennsylvania Insurance Department will have access to the _Schedule W – Constraints Affecting Unpaid Claims Estimates_ and the Schedule W PA C within the FDM. Those organizations, and not the PCRB, will be responsible for

editing, carrier contact and incentive charges, if any, with regard to *Schedule W – Constraints Affecting Unpaid Claims Estimates* and Schedule W PA C.

III. GENERAL INFORMATION

Under the program, the PCRB will levy assessments on carriers for Forms, Financial Calls and Schedule Ws that are not transmitted via the FDM on or before the required due date(s). There will be no extensions granted for any reason. Also, assessments will be levied on carriers for errors detected on submitted Financial Calls and Schedule Ws. In addition, any resubmission of data within the Calls, Schedule W or Statutory Page 14 after the due date, whether requested or submitted on a voluntary basis, will carry an assessment charge. Note the resubmission of data is recorded by the PCRB based on the actual date received as recorded within the FDM.

All correspondence should be emailed to Ivette Caraballo, Manager Financial Reporting at icaraballo@pcrb.com or mailed to:

> Pennsylvania Compensation Rating Bureau
> Attention: Financial Data Reporting Department
> 30 South 17th Street – Suite 1500
> Philadelphia, PA 19103-4007

For most carriers, submission of the 2001 Designation of Contact Person form to the PCRB established permanent documentation of contact person information, including FDM User IDs and Passwords. New carriers must submit a completed Designation of Contact Person form to the PCRB. The PCRB sends these forms to be updated on an annual basis. At any other time, it is the carrier's responsibility to notify the PCRB in writing of any changes to contact person information. Copies of the Designation of Contact Person form can be secured at any time by contacting the Financial Data Reporting Department at (215) 568-2371 or visiting our website at www.pcrb.com. All changes must be sent to the address shown above.

IV. GROUP REPORTING

As noted in the instructions for the various Calls, carriers have the option of reporting their data on a group basis or an individual carrier basis. Schedule W, *Schedule W – Constraints Affecting Unpaid Claims Estimates* and Schedule W – Coal, must be reported on the same basis as is used for reporting data on PCRB Call #1.

The FDIP and its attendant assessments will be applied in the same manner as the data is reported. Thus, assessments will be levied on a group basis if the data is reported on a group basis. Likewise, assessments will be levied on an individual carrier basis if the data is reported on an individual carrier basis.

Carriers are advised to consider the potential costs associated with individual versus group reporting as related to assessments under the FDIP.

V. PROCEDURES

A. Timeliness

1. General

   Assessments for late submissions will be governed by the required due date for the particular Form, Call and Schedule W. If the carrier's FDM submission is not received on or before the required date due, that particular submission will be considered late, and assessments will accrue

until the data is submitted. _Schedule W – Constraints Affecting Unpaid Claims Estimates_ and Schedule W – Coal will not be subject to late submission fees within the FDIP.

The FDM automatically logs all submission dates and retains the dates as proof of submission. The PCRB will refer to the Call List display within the FDM to verify submission dates when calculating late fees. When submitting information including correspondence to the PCRB, it is the carrier's responsibility to retain all receipts for proof of mailing (i.e., certified mail with return receipt, FDM Call submission receipts, etc.) to support its case in the event of a carrier appeal.

2. Assessments -- Original Submissions

Calls #1, #4, #8, #9, #14, #15 and Schedule W will be grouped as a single entity and the Acknowledgement Form and Statutory Page 14 will be treated as separate entities for purposes of levying assessments.

ASSESSMENTS FOR TIMELINESS WILL CONSIST OF A PER DAY AMOUNT AS FOLLOWS:

Late fee of $50 per business day per entity subject to a maximum total of $5,000 in late submission assessments. Business days will exclude Saturdays, Sundays, and generally recognized holidays.

3. Assessments -- Resubmissions

The resubmissions of Calls #1, #4, #8, #9, #14, #15, Schedule W and Statutory Page 14 will be subject to a $100 fee per entity per submission, whether requested or submitted on a voluntary basis. Each resubmission sent will be subject to this charge. The Acknowledgement Form, _Schedule W – Constraints Affecting Unpaid Claims Estimates_ and Schedule W – Coal will not be subject to resubmission fees within the FDIP. No quality edit assessments will be applied to any data corrected by a voluntary resubmission received before the carrier is advised of the edit failure by the PCRB, but the flat resubmission rate of $100 will still be applicable.

4. Assessments -- Completeness

Calls that are submitted without all the pages completed will be considered late and subject to the same late fee of $50 per day per entity.

Partial submissions will not be considered in determining assessments for completeness, and the date that the completed submission is received will be considered the receipt date for purposes of the FDIP. All Calls for a carrier/group will be edited at the same time. At that time, fees for late submissions will stop accruing. Forms, Calls and Schedule Ws which have not been received by that time will simply be considered in error for purposes of editing and quality assessment purposes.

B. Quality

General

Assessments for the quality of data submitted will be based on three levels of editing.

a. Preliminary Edits -- Preliminary edits are criteria that apply to all Forms, Calls and Schedule Ws and are prerequisites to the PCRB's processing of a carrier's submission. Failure of one or more preliminary edits will subject a company to assessments for timeliness and/or completeness according to the $50 per day Late Submission Assessment described above.

Major sources of preliminary edit errors are incomplete pages that may impede the processing of the Forms, Calls and Schedule Ws.

b. Basic Edits -- Basic edits are primarily validation checks that identify conditions that can only occur as the result of an error or omission and can be determined based on a comparison of data elements on one or more statistical calls. Major sources of basic edit errors are incorrect arithmetic or careless data entry. All basic edits are contained within the FDM and must be run by the carrier prior to submission. If basic edits are not resolved at the time of submission, carriers will be notified of those errors in a criticism letter sent via certified mail with return receipt requested.

Assessments for basic edit errors will be charged according to the Financial Data Error Assessment Schedule. This schedule includes a flat fee component and a component which reflects a carrier's market share (rounded to one decimal place - for example 3.45 percent would be rounded to 3.5 percent). The assessment schedule applies for a maximum period of 55 business days.

Carriers will be notified regarding the quality of their submissions via an email to the carrier appointed contact person. The results will also be posted in the FDM application. The notification will indicate whether there are no outstanding issues or if there are failed edits that need to be addressed.

It is the carriers' responsibility to update the carrier contact person so that notifications are delivered to the correct recipient in a timely manner. The PCRB will send a Contact Person form each year for carriers to verify and/or update the contact information.

All Delaware carriers will be notified initially between March 15th and April 30th and Pennsylvania carriers will be notified between May 1st and July 15th. Once the carrier has received notification of the failed edits which will be considered the first business day after the date of the email, each subsequent day will generate charges according to the Assessment Schedule until such time as the carrier submits accurate revisions to its Data Calls.

The PCRB will issue a reminder email, sent via email to the carrier appointed contact person and again thru the FDM application, no later than 21 business days after the initial failed edit letter has been sent if the PCRB receives no response from a carrier. Apart from that single reminder letter, the PCRB will not initiate additional interim contacts with a carrier during the time that the carrier is responsible for working to provide explanations and/or corrections for failed edits and/or inquiries. It is the carrier's responsibility to be aware that assessment days and fines are accruing and that explanations and/or resubmissions are required as soon as possible.

Carriers are reminded that changes to one Call may well have an impact on other Calls, reconciliation pages and Schedule W. The FDM edit process will be helpful in identifying those situations; however, it is the carrier's responsibility to be mindful of such situations and make all corrections as appropriate.

Upon receipt of resubmissions, the PCRB will edit the carrier's data. If errors are found to continue and/or new problems are created, notification by email to the carrier appointed contact person and thru the FDM application will again be made to the carrier, and assessments will again be invoked. For assessment purposes, the count of business days without revision will start where it had left off upon the PCRB's receipt of the prior resubmission. For example,

assume a carrier submits a revision on the 15th day after notification by the PCRB and incurs assessments corresponding to 15 business days on the Assessment Schedule. If that carrier is subsequently notified of continuing errors by the PCRB, the Assessment Schedule will apply beginning at the 16th business day.

If a carrier's response, in the form of a resubmission and/or explanation, to a criticism letter is found to be incomplete, i.e., it does not address all failed edits or inquiries identified by the PCRB, or if the carrier advises the PCRB that they are continuing to work on resolving a failed edit(s), the carrier will continue to be assessed from the date of receipt of the PCRB's previous failed edit inquiry letter. In the latter case, as previously noted, the PCRB will not initiate additional interim contacts with the carrier during the time that the carrier is responsible for working to provide explanations and/or corrections for failed edits and/or inquiries. It is the carrier's responsibility to be aware that assessment days and fines are accruing and that explanations and/or resubmissions are required as soon as possible.

Resubmissions and/or explanations which, upon a cursory review by the PCRB, do not satisfy our requirements will not be accepted, and incentive charges will continue to accrue until a complete resubmission is provided.

c. Actuarial Edits -- Actuarial edits are checks on the reasonableness of data. Many of the actuarial edits are contained within the FDM, and those edits must be run prior to the submission of a carrier's data. Actuarial edit issues identified within the FDM edit process should be resolved and/or satisfactorily explained at the time of submission. Additional edits not contained within the FDM edit process will be performed by the PCRB. Those edits will generally focus on unusual reporting patterns and will also be brought to the carrier's attention in a criticism letter.

Actuarial edit criticisms will allow for a ten business day period for the carrier to respond before being subjected to the Financial Data Error Assessment Schedule described above. If the carrier satisfactorily responds within that timeframe without the necessity for resubmissions, no actuarial edit assessment will be imposed. For a response to be considered satisfactory, a carrier should describe the relevant factors that caused the condition in question. Asserting the accuracy of the reported data without written detail will not be considered a satisfactory response. Explanations that merely identify the source of the error without correcting the error condition will also not be considered acceptable.

If a carrier is already incurring Assessment Schedule charges due to basic edit errors, no additional assessments will be made beyond that indicated by the Assessment Schedule.

If a carrier had previously incurred charges due to basic edit errors which were subsequently corrected, actuarial edit charges will commence at the first business day subsequent to the point at which basic edit charges ceased. For example, if a carrier had previously been charged with basic edit error assessments corresponding to 15 business days, then a lack of response by the 11th day to actuarial edit inquiries will be considered the 16th business day on the Assessment Schedule.

Carriers that have submissions failing basic and/or actuarial edits will be contacted in writing by the PCRB (and possibly by telephone, e-mail, or fax) and advised of the error condition. The PCRB will email the notification to the contact person and post in FDM. The first business day after the email was sent will determine when the assessment period begins. If a corrected resubmission is faxed or electronically transmitted that same day and the data is

correct or a satisfactory explanation is received, there will be no quality/error assessment. In these circumstances, a resubmission charge will still apply.

The PCRB may require resubmission by the carrier of experience for the prior calendar year period to be consistent with changes or corrections in response to basic and/or actuarial edit criteria which are reflected in the most recent experience. When such resubmission is required, the PCRB's request shall be of like standing with any other correction and/or explanation required under terms of the FDIP.

Note: *Schedule W – Constraints Affecting Unpaid Claims Estimates* and Schedule W – Coal will not be subject to assessments for issues relating to the quality of the data submitted within the FDIP.

C. Maximum Assessment

All assessments in total are subject to a maximum of 50 percent of the second prior Calendar Year Direct Net Written Premium per the Statutory Page 14 of the Annual Statement. In the event that application of the Assessment Schedule as set forth herein produces indicated assessments in excess of such amount, the maximum assessment will apply. For example, during the 2021 processing of 2020 data, a carrier's 2019 Direct Written Premiums will be used to determine the maximum allowable assessment.

VI. COLLECTION OF ASSESSMENTS

When the entire editing process has been completed, a summary of assessments according to our records will be mailed to each carrier. The amount assessed will be due upon receipt.

VII. APPEAL PROCEDURES

A. Appeal

Carriers will have 31 days after receipt of the PCRB's notice of assessments to appeal the propriety of any assessments.

Any appeal of assessment must be made in writing and must set forth all factors which the carrier wishes to be considered in review of the appeal. Appeals must be emailed to Ivette Caraballo, Manager Financial Data Reporting at icaraballo@PCRB.com or mailed to:

Pennsylvania Compensation Rating Bureau
Financial Data Reporting Department – FDIP Appeals
30 South 17th Street – Suite 1500
Philadelphia, PA 19103-4007

Facsimile submission of appeals may be made to the above addressee at (215) 564-4328.

Appeals of lateness charges should be supported by documentation showing the date received at the PCRB as evidence of timely submission of the Call or submission of the Call fewer days late than assessed. Submission dates will automatically be tracked within the FDM.

Appeals of quality edit charges should be supported by an explanation of why the submission was correct and/or adequately explained and documentation that such explanation was submitted in a timely manner.

Documentation for the timing of submissions by carriers could include certified mail return receipts, signed and returned PCRB transmittal letters, etc., although submissions will generally be tracked within the FDM.

Appeals will be reviewed by PCRB staff and management, and carriers will be advised in writing of the PCRB's final decision in appeals within 31 days after the carrier's receipt of the acknowledgment by the PCRB. In the event that a carrier remains dissatisfied with the PCRB's final decision, the carrier has 31 days after the receipt of the PCRB's final decision letter to request a hearing in the matter before the PCRB's Governing Board. The carrier's original appeal and the PCRB's final decision letter will be submitted to the Governing Board for review, and the carrier and PCRB staff will be given an opportunity to present their positions and answer questions from the Governing Board. Appeals will be scheduled at the next regular executive session of the Governing Board which occurs 20 or more days after the PCRB receives notice that the carrier wishes to appeal a final decision to the Governing Board.

B. Acknowledgment

The PCRB will send a letter acknowledging the appeal of an assessment within 14 days of receipt by the PCRB.

C. Response

Within 31 days of acknowledgment, the PCRB will respond to the carrier's appeal with an explanation of the reasons for affirming, modifying or withdrawing the assessment charges. If the assessment is subject to further review, the carrier will be so notified.

VIII. EDIT DESCRIPTIONS

Attached for general reference are basic and actuarial edit descriptions. These lists are provided to assist the carriers in identifying common types of edit failures. It should be noted that actuarial edit standards are not rigid criteria but rather identify situations requiring an explanation or further investigation to verify accuracy.

Also, the edit descriptions are not all-inclusive. There may be other types of data problems which could result in the carrier filing a revision and incurring assessments.

PENNSYLVANIA COMPENSATION RATING BUREAU
FINANCIAL DATA ERROR ASSESSMENT SCHEDULE
Effective for December 31, 2022 Calls

Business Day After Due Date	Flat Amount		Market Share Factor *	
	Daily	Cumulative	Daily	Cumulative
1	0	0	0	0
2	0	0	0	0
3	0	0	0	0
4	0	0	0	0
5	0	0	0	0
6	0	0	0	0
7	0	0	0	0
8	0	0	0	0
9	0	0	0	0
10	0	0	0	0
11	50	50	1,000	1,000
12	100	150	2,000	3,000
13	150	300	3,000	6,000
14	200	500	3,000	9,000
15	250	750	3,000	12,000
16	300	1,050	3,000	15,000
17	350	1,400	3,000	18,000
18	400	1,800	3,000	21,000
19	450	2,250	3,000	24,000
20	500	2,750	3,000	27,000
21	500	3,250	3,000	30,000
22	500	3,750	3,000	33,000
23	500	4,250	3,000	36,000
24	500	4,750	3,000	39,000
25	500	5,250	3,000	42,000
26	500	5,750	3,000	45,000
27	500	6,250	3,000	48,000
28	500	6,750	3,000	51,000
29	500	7,250	3,000	54,000
30	500	7,750	3,000	57,000
31	500	8,250	3,000	60,000
32	500	8,750	3,000	63,000
33	500	9,250	3,000	66,000
34	500	9,750	3,000	69,000
35	500	10,250	3,000	72,000
36	500	10,750	3,000	75,000
37	500	11,250	3,000	78,000
38	500	11,750	3,000	81,000
39	500	12,250	3,000	84,000
40	500	12,750	3,000	87,000
41	500	13,250	3,000	90,000
42	500	13,750	3,000	93,000
43	500	14,250	3,000	96,000
44	500	14,750	3,000	99,000
45	500	15,250	3,000	102,000
46	500	15,750	3,000	105,000
47	500	16,250	3,000	108,000
48	500	16,750	3,000	111,000
49	500	17,250	3,000	114,000
50	500	17,750	3,000	117,000
51	500	18,250	3,000	120,000
52	500	18,750	3,000	123,000
53	500	19,250	3,000	126,000
54	500	19,750	3,000	129,000
55	500	20,250	3,000	132,000

* Factor to be applied to carrier's market share. For example, a carrier with a 12.3% market share would multiply the above factor by 0.123.

PENNSYLVANIA COMPENSATION RATING BUREAU
FINANCIAL DATA ERROR ASSESSMENT SCHEDULE
Effective for December 31, 2022 Calls

Business Day After Due Date	Example: Market Share 1 %			Example: Market Share 5 %		
	Cumulative Assessment			Cumulative Assessment		
	Flat Amount	Market Share	Total Assessment	Flat Amount	Market Share	Total Assessment
1	0	0	0	0	0	0
2	0	0	0	0	0	0
3	0	0	0	0	0	0
4	0	0	0	0	0	0
5	0	0	0	0	0	0
6	0	0	0	0	0	0
7	0	0	0	0	0	0
8	0	0	0	0	0	0
9	0	0	0	0	0	0
10	0	0	0	0	0	0
11	50	10	60	50	50	100
12	150	30	180	150	150	300
13	300	60	360	300	300	600
14	500	90	590	500	450	950
15	750	120	870	750	600	1,350
16	1,050	150	1,200	1,050	750	1,800
17	1,400	180	1,580	1,400	900	2,300
18	1,800	210	2,010	1,800	1,050	2,850
19	2,250	240	2,490	2,250	1,200	3,450
20	2,750	270	3,020	2,750	1,350	4,100
21	3,250	300	3,550	3,250	1,500	4,750
22	3,750	330	4,080	3,750	1,650	5,400
23	4,250	360	4,610	4,250	1,800	6,050
24	4,750	390	5,140	4,750	1,950	6,700
25	5,250	420	5,670	5,250	2,100	7,350
26	5,750	450	6,200	5,750	2,250	8,000
27	6,250	480	6,730	6,250	2,400	8,650
28	6,750	510	7,260	6,750	2,550	9,300
29	7,250	540	7,790	7,250	2,700	9,950
30	7,750	570	8,320	7,750	2,850	10,600
31	8,250	600	8,850	8,250	3,000	11,250
32	8,750	630	9,380	8,750	3,150	11,900
33	9,250	660	9,910	9,250	3,300	12,550
34	9,750	690	10,440	9,750	3,450	13,200
35	10,250	720	10,970	10,250	3,600	13,850
36	10,750	750	11,500	10,750	3,750	14,500
37	11,250	780	12,030	11,250	3,900	15,150
38	11,750	810	12,560	11,750	4,050	15,800
39	12,250	840	13,090	12,250	4,200	16,450
40	12,750	870	13,620	12,750	4,350	17,100
41	13,250	900	14,150	13,250	4,500	17,750
42	13,750	930	14,680	13,750	4,650	18,400
43	14,250	960	15,210	14,250	4,800	19,050
44	14,750	990	15,740	14,750	4,950	19,700
45	15,250	1,020	16,270	15,250	5,100	20,350
46	15,750	1,050	16,800	15,750	5,250	21,000
47	16,250	1,080	17,330	16,250	5,400	21,650
48	16,750	1,110	17,860	16,750	5,550	22,300
49	17,250	1,140	18,390	17,250	5,700	22,950
50	17,750	1,170	18,920	17,750	5,850	23,600
51	18,250	1,200	19,450	18,250	6,000	24,250
52	18,750	1,230	19,980	18,750	6,150	24,900
53	19,250	1,260	20,510	19,250	6,300	25,550
54	19,750	1,290	21,040	19,750	6,450	26,200
55	20,250	1,320	21,570	20,250	6,600	26,850

XX - Denotes that edit applies separately to each column, line or section as indicated.
___ - Denotes the value for the cell being referenced.

EDIT DESCRIPTIONS
PENNSYLVANIA

I. BASIC EDITS

    A. POLICY YEAR CALL #1
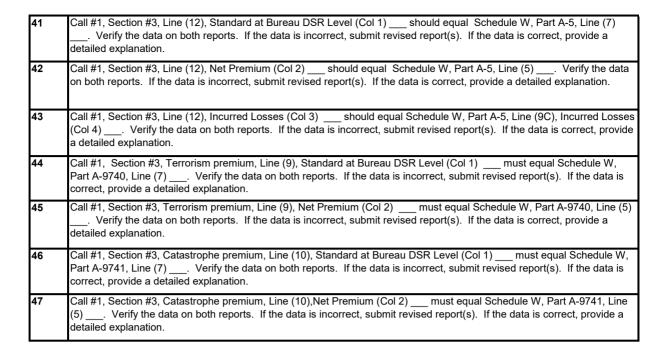
        i. BASIC EDITS - EXCLUSIVE TO CALL #1

	Edit Description
1	The sum of all policy years must be equal to Line (X). Please correct the data.
2	The sum of Total Paid (Col 4), Total Outstanding Excluding IBNR (Col 5) and Total IBNR (Col 6) must be equal to Total Incurred Losses Including IBNR (Col 7). Please correct the data.
3	The sum of Indemnity Paid (Col 9) and Medical Paid (Col 10) must be equal to Total Paid (Col 4). Please correct the data.
4	The sum of Indemnity Outstanding Excluding IBNR (Col 11) and Medical Outstanding Excluding IBNR (Col 12) must be equal to Total Outstanding Excluding IBNR (Col 5). Please correct the data.
5	The sum of Indemnity IBNR (Col 13) and Medical IBNR (Col 14) must be equal to Total IBNR (Col 6). Please correct the data.
6	Question #1 should not be left blank. Please provide an answer.
7	Question #2 should not be left blank. Please provide an answer.
8	Question #3 should not be left blank. Please provide an answer.
9	Policy Year __, when Bulk is reported in "Outstanding" (Question #1B), Indemnity Case and Bulk reserves (Col 15+16) ___ must be equal to Indemnity Outstanding Excluding IBNR (Col 11) ___. Please correct the data.
10	Policy Year __,when Bulk is reported in "Outstanding" (Question #1B), Medical Case and Bulk reserves (Col 17+18) ___ must be equal to Medical Outstanding Excluding IBNR (Col 12) ___. Please correct the data.
11	Policy Year___, if you do not report Bulk (Question #1A) or when Bulk is reported in IBNR (Question #1B), Case and Bulk reserves (Col 15,16,17 and 18) Col (XX). ___ should not be reported. Please correct the data.
12	Policy Year 1991. when Bulk is reported in "Outstanding" (Question #1B), then Indemnity Bulk (Col 16) or Medical Bulk (Col 18) should be reported. Please correct the data.
13	The sum of Closed Indemnity Claim Counts (Col 19) and Open Indemnity Claim Counts (Col 20) ___ must be equal to Incurred Indemnity Claim Counts (Col 8) ___ for Policy Year __. Please correct the data. [Applicable to Policy Years 1987 & subsequent]
14	Line (Z) must be equal to Line (X) minus Line (Y). Please correct the data.
15	Policy Year __. All data should be non-negative except for Bulk and IBNR Reserves (Col 6, 13, 14, 16 and 18). Col (XX) ___ Please correct the data.
16	Policy Year __. If Total Incurred Losses Including IBNR (Col 7) ___ are reported then Standard at Bureau DSR Level (Col 1) ___, Standard at Company Level (Col 2) ___ and Net Premium (Col 3) ___ must be reported . Please correct the data.
17	Policy Year __. If Indemnity Paid (Col 9) ___ or Indemnity Outstanding Excluding IBNR (Col 11) ___ are reported, then Incurred Indemnity Claim Count (Col 8) ___ must be reported. Please correct the data.
18	Policy Year __. If Indemnity Paid (Col 9) and Indemnity Outstanding Excluding IBNR (Col 11) are equal to zero, then Incurred Indemnity Claim Count (Col 8) ___ should be equal to zero. Please correct the data.
19	Policy Year __. If Closed Indemnity Claim Counts (Col 19) ___ are reported, then Indemnity Paid (Col 9) ___ must be reported. Please correct the data. [Applicable to Policy Years 1987 & subsequent]
20	Policy Year __. If Open Indemnity Claim Counts (Col 20) ___ are reported, then Indemnity Outstanding Excluding IBNR (Col 11) ___ should be reported. Please correct the data. [Applicable to Policy Years 1987 & subsequent]
21	Policy Year __. If Open Indemnity Claim Counts (Col 20) equals zero, then Indemnity Outstanding Excluding IBNR (Col 11) ___ should be equal to zero unless Indemnity Outstanding Excluding IBNR (Col 11) is equal to Indemnity Bulk (Col 16). Please correct the data. [Applicable to Policy Years 1987 & subsequent].
22	Policy Year __. Indemnity Paid On Closed Claims (Col 21) ___ must be less than or equal to Indemnity Paid (Col 9) ___. Please correct the data.
23	Policy Year __. Medical Paid On Closed Claims (Col 22) ___ must be less than or equal to Medical Paid (Col 10) ___. Please correct the data.

	Edit Description
24	Col (XX), Line (Y) ____ from the current Policy Year Call must equal Col (XX), Line (X) ____ from the prior Policy Year Call. Since your company is reporting a change from last year's valuation, please verify the accuracy of the data. If either report is incorrect, send a revised report. If it is correct, provide an explanation.
25	If the answer selected for Question #2 on the current year's call ____ does not equal the answer selected for the prior year's call ____, then the answer to Question #3 should be 'Yes' ____. Please verify your answers to questions on the current and prior year's calls.

iii. **BASIC EDITS - COMPARING CALL #1 TO OTHER FINANCIAL DATA INCENTIVE PROGRAM CALLS**

	Edit Description
26	Policy Year __. Call #1, Indemnity Paid (Col 9) ____ should equal Schedule W, Part B-1, Col (2), ____. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
27	Policy Year __. Call #1, Indemnity Outstanding excluding Bulk Reserves (Col 11-16) ____ should equal Schedule W, Part B-1, Col (4), ____. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
28	Policy Year __. Call #1, Indemnity IBNR including Bulk Reserves (Col 13+16) ____ should equal Schedule W, Part B-1, Col (6), ____. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
29	Policy Year __. Call #1, Incurred Indemnity Claim Counts (Col 8) ____ should equal Schedule W, Part B-1, Col (10), ____. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
30	Policy Year __. Call #1, Closed Indemnity Claim Counts (Col 19) ____ should equal Schedule W, Part B-1, Col (12), ____. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
31	Policy Year __. Call #1, Net Premium (Col 3) ____ should equal Schedule W, Part B-1, Col (16), ____. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
32	Policy Year __. Call #1, Standard at Bureau DSR Level (Col 1) ____ should equal Schedule W, Part B-1, Col (18), ____. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
33	Policy Year __. Call #1, Medical Paid (Col 10) ____ should equal Schedule W, Part C-1, Col (2), ____. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
34	Policy Year __. Call #1, Medical Outstanding excluding Bulk Reserves (Col 12-18) ____ should equal Schedule W, Part C-1, Col (4), ____. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
35	Policy Year __. Call #1, Medical IBNR including Bulk Reserves (Col 14+18) ____ should equal Schedule W, Part C-1, Col (6), ____. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
36	Policy Year __. Call #1, Net Premium (Col 3) ____ should equal Schedule W, Part C-1, Col (16), ____. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
37	Policy Year __. Call #1, Standard at Bureau DSR Level (Col 1) ____ should equal Schedule W, Part C-1, Col (18), ____. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
38	Call #1, Section #3, Line (4), Standard at Bureau DSR Level (Col 1) ____ should equal Schedule W, Part A-1, Line (7) ____. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
39	Call #1, Section #3, Line (4), Net Premium (Col 2) ____ should equal Schedule W, Part A-1, Line (5) ____. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
40	Call #1, Section #3, Line (4), Incurred Losses (Col 3) ____ should equal Schedule W, Part A-1, Line (9C), Incurred Losses (Col 4) ____. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.

41	Call #1, Section #3, Line (12), Standard at Bureau DSR Level (Col 1) ___ should equal Schedule W, Part A-5, Line (7) ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
42	Call #1, Section #3, Line (12), Net Premium (Col 2) ___ should equal Schedule W, Part A-5, Line (5) ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
43	Call #1, Section #3, Line (12), Incurred Losses (Col 3) ___ should equal Schedule W, Part A-5, Line (9C), Incurred Losses (Col 4) ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
44	Call #1, Section #3, Terrorism premium, Line (9), Standard at Bureau DSR Level (Col 1) ___ must equal Schedule W, Part A-9740, Line (7) ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
45	Call #1, Section #3, Terrorism premium, Line (9), Net Premium (Col 2) ___ must equal Schedule W, Part A-9740, Line (5) ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
46	Call #1, Section #3, Catastrophe premium, Line (10), Standard at Bureau DSR Level (Col 1) ___ must equal Schedule W, Part A-9741, Line (7) ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
47	Call #1, Section #3, Catastrophe premium, Line (10), Net Premium (Col 2) ___ must equal Schedule W, Part A-9741, Line (5) ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.

B. LARGE CLAIM CALL #4

i.   BASIC EDITS - EXCLUSIVE TO CALL #4

	Edit Description
48	Policy Year __, Claim Number ___. Incurred Losses for prior valuation (Col 3+4+5+6) ___ and/or current valuation (Col 7+8+9+10) ___ must equal or be greater than 500,000. Verify the claim information reported. If incorrect, submit revised report. If correct, submit revised report as claim does not need to be reported.
49	Policy Year __, Claim Number ___. Col (XX) ___, All data reported should be greater than or equal to zero. Please correct the data.
50	Policy Year __, Claim Number ___. Coverage Code (Col 12) ___ must be a '1', '2', or '3'. Please correct the data.
51	Policy Year __, Claim Number ___. If Coverage Code (Col 12) is a '3', then Deductible amount (Col 11) ___ must be equal to or greater than 100,000. Please correct the data.
52	Policy Year __, Claim Number ___. Indemnity Paid for current valuation (Col 7) ___ should be equal to or greater than prior valuation (Col 3) ___. Since this data is reported as an accumulated value, paid amounts normally should increase over time. Please correct the data or provide an explanation.
53	Policy Year __, Claim Number ___. Medical Paid for current valuation (Col 9) ___ should be equal to or greater than prior valuation (Col 5) ___. Since this data is reported as an accumulated value, paid amounts normally should increase over time. Please correct the data or provide an explanation.
54	Policy Year __, Claim Number ___. If the Deductible Amount (Col 11) ___ is greater than or equal to 100,000 then the Coverage Code (Col 12) ___ should have a value of '3'. Please correct the data.
55	Policy Year __, Claim Number ___. When the Policy Year does not equal the current call year, Incurred losses for prior valuation (Col 3+4+5+6) ___ should be greater than zero. Please correct the data or provide an explanation.

ii.   BASIC EDITS - COMPARING THE CURRENT YEAR'S CALL #4 WITH THE PRIOR YEAR'S CALL #4

	Edit Description
56	Policy Year __, Claim Number ___, if Incurred Losses (Col 3+4+5+6) on the present year Call ___ is equal to or greater than 500,000, the same Incurred Losses should be reported (Col 7+8+9+10) ___ on the prior year Call with the same Claim Number (Col 2) ___. Verify the data on both reports and submit revised report(s).
57	Policy Year __, Claim Number ___, if Incurred Losses (Col 7+8+9+10) on the prior year Call ___ is equal to or greater than 500,000, the same Incurred Losses should be reported (Col 3+4+5+6) ___ of the present year Call with the same Claim Number (Col 2) ___. Verify the data on both reports and submit revised report(s).
58	Policy Year __, Claim Number ___, if Incurred Losses (Col 3+4+5+6) on the present year Call ___ is equal to or greater than 500,000, and the Claim Number (Col 2) is the same in the prior year Call ___, the Policy Year (Col 1) reported on the present year ___ should be the same as the Policy Year (Col 1) reported on the prior year's ___. Verify the data on both reports and submit revised report(s).
59	Policy Year __, Claim Number ___, if Incurred Losses (Col 3+4+5+6) on the present year Call ___ is equal to or greater than 500,000, and the Claim Number (Col 2) is the same on the prior year Call ___, the Deductible Amount (Col 11) of the present year ___ should be the same as the prior year's ___. Verify the data on both reports and submit revised report(s).
60	Policy Year __, Claim Number ___, if Incurred Losses (Col 7+8+9+10) on the prior year Call ___ is equal to or greater than 500,000, and the Claim Number (Col 2) is the same on the present year Call ___, the Deductible Amount (Col 11) of the prior year ___ should also be the same as the present year's ___. Verify the data on both reports and submit revised report(s).
61	Policy Year __, Claim Number ___, if Incurred Losses (Col 3+4+5+6) on the present year Call ___ is equal to or greater than 500,000, and the Claim Number (Col 2) is the same on the prior year Call ___, the Coverage Code (Col 12) of the present year ___ should be the same as the prior year's ___. Verify the data on both reports and submit revised report(s).
62	Policy Year __, Claim Number ___, if Incurred Losses (Col 7+8+9+10) on the prior year Call ___ is equal to or greater than 500,000, and the claim number is the same in Col (Col 2) of the present year Call ___, the Coverage Code in Col (Col 12) of the prior year ___ should be the same as the present year's ___. Verify the data on both reports and submit revised report(s).
63	There is a duplicate for Policy Year __, Claim Number __ Please correct the data.

64	There are multiple entries for Claim Number on the prior year Call for Policy Year __ and the Claim Number ___. Please note that other edits may not be able to run against this claim. Please correct the data.
65	Policy Year __, Claim Number__ has met the large claim Incurred Loss threshold of $500,000 (Col 3+4+5+6) ___ and should be reported on a prior year Call #4. Please submit prior report(s) to include data for this claim.
66	Policy Year ___, Claim ___, has met the large claim threshold of $500,000 in the sum of (Col 7+8+9+10) on the prior year Call ___ and should be reported on a present year Call #4. Please correct the data or provide an explanation.
67	Policy Year ____, Claim Number ____. Since development is not expected on a closed claim, when case reserves are zero on the prior valuation (columns 4 + 6) _____ and not zero on the current valuation (columns 8 + 10) _____. Please correct the data or provide an explanation.

iii. BASIC EDITS - COMPARING CALL #4 TO OTHER FINANCIAL DATA INCENTIVE PROGRAM CALLS

	Edit Description
68	The comparison of Call #4 to Call #1 failed at Policy Year __. If Coverage Code '1' appears on the carrier summary report, Indemnity Paid (Col 7) ___ must be equal to or less than Call #1, Indemnity Paid (Col 9) ___ for that same policy year. Verify the data on both reports and submit revised report(s).
69	The comparison of Call #4 to Call #1 failed at Policy Year __. If Coverage Code '1' appears on the carrier summary report, Indemnity Case Reserve (Col 8) ___ must be equal to or less than Call #1, Indemnity Outstanding (Col 11) ___ for that same policy year. Verify the data on both reports and submit revised report(s).
70	The comparison of Call #4 to Call #1 failed at Policy Year __. If Coverage Code '1' appears on the carrier summary report, Medical Paid (Col 9) ___ must be equal to or less than Call #1, Medical Paid (Col 10) ___ for that same policy year. Verify the data on both reports and submit revised report(s).
71	The comparison of Call #4 to Call #1 failed at Policy Year __. If Coverage Code '1' appears on the carrier summary report, Medical Case Reserve (Col 10) ___ must be equal to or less than Call #1, Medical Outstanding (Col 12) ___ for that same policy year. Verify the data on both reports and submit revised report(s).
72	The comparison of Call #4 to Call #9 failed at Policy Year __. If Coverage Code '3' appears on the carrier summary report, Indemnity Paid (Col 7) ___ must be equal to or less than Call #9, Indemnity Paid (Col 9) ___ for that same policy year. Verify the data on both reports and submit revised report(s).
73	The comparison of Call #4 to Call #9 failed at Policy Year __. If Coverage Code '3' appears on the carrier summary report, Indemnity Case Reserve (Col 8) ___ must be equal to or less than Call #9, Indemnity Outstanding (Col 11) ___ for that same policy year. Verify the data on both reports and submit revised report(s).
74	The comparison of Call #4 to Call #9 failed at Policy Year __. If Coverage Code '3' appears on the carrier summary report, Medical Paid (Col 9) ___ must be equal to or less than Call #9, Medical Paid (Col 10) ___ for that same policy year. Verify the data on both reports and submit revised report(s).
75	The comparison of Call #4 to Call #9 failed at Policy Year __. If Coverage Code '3' appears on the carrier summary report, Medical Case Reserve (Col 10) ___ must be equal to or less than Call #9, Medical Outstanding (Col 12) ___ for that same policy year. Verify the data on both reports and submit revised report(s).

C. NET #8 AND GROSS #9 LARGE DEDUCTIBLE POLICY YEAR CALLS

i. BASIC EDITS - EXCLUSIVE TO CALLS #8 and #9

	Edit Description
76	The sum of all policy years must be equal to Line (X). Please correct the data.
77	The sum of Total Paid (Col 4), Total Outstanding Excluding IBNR (Col 5) and Total IBNR (Col 6) must be equal to Total Incurred Losses Including IBNR (Col 7). Please correct the data.
78	The sum of Indemnity Paid (Col 9) and Medical Paid (Col 10) must be equal to Total Paid (Col 4). Please correct the data.
79	The sum of Indemnity Outstanding Excluding IBNR (Col 11) and Medical Outstanding Excluding IBNR (Col 12) must be equal to Total Outstanding Excluding IBNR (Col 5). Please correct the data.
80	The sum of Indemnity IBNR (Col 13) and Medical IBNR (Col 14) must be equal to Total IBNR (Col 6). Please correct the data.

81	Question #1 should not be left blank. Please provide an answer.
82	Question #2 should not be left blank. Please provide an answer.
83	Question #3 should not be left blank. Please provide an answer.
84	Policy Year __, when Bulk is reported in "Outstanding" (Question #1B), Indemnity Case and Bulk reserves (Col 15+16) ___ must be equal to Indemnity Outstanding Excluding IBNR (Col 11) ___. Please correct the data.
85	Policy Year __,when Bulk is reported in "Outstanding" (Question #1B), Medical Case and Bulk reserves (Col 17+18) ___ must be equal to Medical Outstanding Excluding IBNR (Col 12) ___. Please correct the data.
86	Policy Year___, if you do not report Bulk (Question #1A) or when Bulk is reported in IBNR (Question #1B), Case and Bulk reserves (Col 15,16,17 and 18) Col (XX). ___ should not be reported. Please correct the data.
87	Policy Year 1991. when Bulk is reported in "Outstanding" (Question #1B), then Indemnity Bulk (Col 16) or Medical Bulk (Col 18) should be reported. Please correct the data.
88	The sum of Closed Indemnity Claim Counts (Col 19) and Open Indemnity Claim Counts (Col 20) ___ must be equal to Incurred Indemnity Claim Counts (Col 8) ___ for Policy Year __. Please correct the data. [Applicable to Policy Years 1987 & subsequent]
89	Line (Z) must be equal to Line (X) minus Line (Y). Please correct the data.
90	Policy Year __. All data should be non-negative except for Bulk and IBNR Reserves (Col 6, 13, 14, 16 and 18). Col (XX) ___ Please correct the data.
91	Policy Year __. If Total Incurred Losses Including IBNR (Col 7) ___ are reported then Standard at Bureau DSR Level (Col 1) ___, Standard at Company Level (Col 2) ___ and Net Premium (Col 3) ___ must be reported. Please correct the data.
92	Policy Year __. If Indemnity Paid (Col 9) ___ or Indemnity Outstanding Excluding IBNR (Col 11) ___ are reported, then Incurred Indemnity Claim Counts (Col 8) ___ must be reported. Please correct the data.
93	Policy Year __. If Indemnity Paid (Col 9) and Indemnity Outstanding Excluding IBNR (Col 11) are equal to zero, then Incurred Indemnity Claim Counts (Col 8) ___ should be equal to zero. Please correct the data.
94	Policy Year __. If Closed Indemnity Claim Counts (Col 19) ___ are reported, then Indemnity Paid (Col 9) ___ must be reported. Please correct the data. [Applicable to Policy Years 1987 & subsequent]
97	For PY 1987 & subsequent: Policy Year __. If Open Indemnity Claim Counts (Col 20) ___ are reported, then Indemnity Outstanding Excluding IBNR (Col 11) ___ should be reported. Please correct the data.
98	Policy Year __. If Open Indemnity Claim Counts (Col 20) equals zero, then Indemnity Outstanding Excluding IBNR (Col 11) ___ should be equal to zero unless Indemnity Outstanding Excluding IBNR (Col 11) is equal to Indemnity Bulk (Col 16). Please correct the data. [Applicable to Policy Years 1987 & subsequent].
99	Policy Year __. Indemnity Paid On Closed Claims (Col 21) ___ must be less than or equal to Indemnity Paid (Col 9) ___. Please correct the data.
100	Policy Year __. Medical Paid On Closed Claims (Col 22) ___ must be less than or equal to Medical Paid (Col 10) ___. Please correct the data.

ii. **BASIC EDITS - COMPARING THE CURRENT YEAR'S CALLS #8 & #9 WITH THE PRIOR YEAR'S CALLS #8 & #9, RESPECTIVELY**

	Edit Description
101	Col (XX), Line (Y) ___ from the current Policy Year Call must equal Col (XX), Line (X) ___ from the prior Policy Year Call. Since your company is reporting a change from last year's valuation, please verify the accuracy of the data. If either report is incorrect, send a revised report. If it is correct, provide an explanation.
102	If the answer selected for Question #2 on the current year's call ___ does not equal the answer selected for the prior year's call ___, then the answer to Question #3 should be 'Yes' ___. Please verify your answers to questions on the current and prior year's calls.

iii. **BASIC EDITS - COMPARING CALLS #8 & #9 TO OTHER FINANCIAL DATA INCENTIVE PROGRAM CALLS**

	Edit Description
103	Policy Year __. Call #8, Indemnity Paid (Col 9) ___ should equal Schedule W, Part D-1, Col (2), ___. Verify the data on both reports and submit revised report(s).
104	Policy Year __. Call #9, Indemnity Paid (Col 9) ___ should equal Schedule W, Part E-1, Col (2), ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
105	Policy Year __. Call #8, Indemnity O/S excluding Bulk (Col 11-16) ___ should equal Schedule W, Part D-1, Col (4), ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
106	Policy Year __. Call #9, Indemnity O/S excluding Bulk (Col 11-16) ___ should equal Schedule W, Part E-1, Col (4), ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
107	Policy Year __. Call #8, Indemnity IBNR and Bulk (Col 13+16) ___ should equal Schedule W, Part D-1, Col (6), ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
108	Policy Year __. Call #9, Indemnity IBNR and Bulk (Col 13+16) ___ should equal Schedule W, Part E-1, Col (6), ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
109	Policy Year __. Call #8, Incurred Indemnity Claim Counts (Col 8) ___ should equal Schedule W, Part D-1, Col (10), ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
110	Policy Year __. Call #9, Incurred Indemnity Claim Counts (Col 8) ___ should equal Schedule W, Part E-1, Col (10), ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
111	Policy Year __. Call #8, Closed Indemnity Claim Counts (Col 19) ___ should equal Schedule W, Part D-1, Col (12), ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
112	Policy Year __. Call #9, Closed Indemnity Claim Counts (Col 19) ___ should equal Schedule W, Part E-1, Col (12), ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
113	Policy Year __. Call #8, Net Premium (Col 3) ___ should equal Schedule W, Part D-1, Col (16), ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
114	Policy Year __. Call #9, Net Premium (Col 3) ___ should equal Schedule W, Part E-1, Col (16), ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
115	Policy Year __. Call #8, Standard at Bureau DSR Level (Col 1) ___ should equal Schedule W, Part D-1, Col (18), ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
116	Policy Year __. Call #9, Standard at Bureau DSR Level (Col 1) ___ should equal Schedule W, Part E-1, Col (18), ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
117	Policy Year __. Call #8, Medical Paid (Col 10) ___ should equal Schedule W, Part D-2, Col (2), ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.

118	Policy Year __. Call #9, Medical Paid (Col 10) ___ should equal Schedule W, Part E-2, Col (2), ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
119	Policy Year __. Call #8, Medical O/S excluding Bulk (Col 12-18) ___ should equal Schedule W, Part D-2, Col (4), ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
120	Policy Year __. Call #9, Medical O/S excluding Bulk (Col 12-18) ___ should equal Schedule W, Part E-2, Col (4), ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
121	Policy Year __. Call #8, Medical IBNR and Bulk (Col 14+18) ___ should equal Schedule W, Part D-2, Col (6), ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
122	Policy Year __. Call #9, Medical IBNR and Bulk (Col 14+18) ___ should equal Schedule W, Part E-2, Col (6), ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
123	Policy Year __. Call #8, Net Premium (Col 3) ___ should equal Schedule W, Part D-2, Col (16), ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
124	Policy Year __. Call #9, Net Premium (Col 3) ___ should equal Schedule W, Part E-2, Col (16), ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
125	Policy Year __. Call #8, Standard at Bureau DSR Level (Col 1) ___ should equal Schedule W, Part D-2, Col (18), ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
126	Policy Year __. Call #9, Standard at Bureau DSR Level (Col 1) ___ should equal Schedule W, Part E-2, Col (18), ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.

D.   PENNSYLVANIA CALENDAR YEAR EXPENSE CALL #14

i.   BASIC EDITS - COMPARING THE CURRENT YEAR'S CALL #14 TO OTHER FINANCIAL DATA INCENTIVE PROGRAM CALLS

	Edit Description
127	Section #2, Direct ALAE Paid does not match your Annual Statement (Col 8). Please correct the data or provide an explanation for difference.
128	Section #2, Direct ALAE Incurred does not match your Annual Statement (Col 9). Please correct the data or provide an explanation for difference.
129	Section #2, Commission & Brokerage Expense does not match your Annual Statement (Col 11). Please correct the data or provide an explanation for difference.
130	Section #2, Taxes, Licenses & Fees does not match your Annual Statement (Col 12). Please correct the data or provide an explanation for difference.

E.   CATASTROPHE EXPERIENCE CALL #15

i.   BASIC EDITS - EXCLUSIVE TO CALL #15

	Edit Description
131	Section #X, Policy Year __. The sum of Indemnity Closed Claims with Payment (Col 1) and Indemnity Open Claims (Col 2) ___ must equal Indemnity Total Claims (Col 3) ___. Please correct the data. [Applicable for Sections #1 through #3]
132	Section #XX, Policy Year __. If Indemnity Closed Claims with Payment (Col 1) are reported ___ then Indemnity Paid Losses (Col 4) should be reported ___. Please correct the data. [Applicable for Sections #1 through #3]
133	For Sections #1 through #3 - Section #XX, Policy Year __. If Indemnity Open Claims (Col 2) are reported ___ then the sum of the Outstanding Losses (Col 6+7) ___ must be greater than zero. Please correct the data.

134	Section #XX, Policy Year __. If Indemnity Paid Losses (Col 4) are reported ___ then Indemnity Claim Counts (Col 3) should be reported ___. Please correct the data. [Applicable for Sections #1 through #3]
135	Section #XX, Policy Year __. If Indemnity Outstanding Losses (Col 6) are reported ___ then Indemnity Open Claims (Col 2) should be reported ___. Please correct the data. [Applicable for Sections #1 through #3]
136	Section #XX, Policy Year __, Col (X) ___ should be non-negative. Please correct the data. [Applicable for Sections #1 through #3]
137	Question #1 should not be left blank. Please correct the data.

F.   PENNSYLVANIA SCHEDULE W

i.   BASIC EDITS - EXCLUSIVE TO SCHEDULE W

	Edit Description
138	The sum of Net Written Premium (Line 1) and Premium Unearned Prior Year (Line 2) ___ must equal Total (Line 3) ___ for Parts A-1, A-5, A-9740 and A-9741. Please correct the data.
139	Total (Line 3) less Premium Unearned Current Year (Line 4) ___ must equal Net Earned Premium (Line 5) ___ for Parts A-1, A-5, A-9740 and A-9741. Please correct the data.
140	The sum of premium adjustments (Line 6A+6B+6C+6D+6E+6F+6G) ___ must equal Total Adjustments (Line 6H) ___ for Parts A-1, A-5, A-9740 and A-9741. Please correct the data.
141	The sum of Net Earned Premium (Line 5) and Total Adjustments (Line 6H) ___ must equal Loss Costs (PCRB SEP @ DSR Level) (Line 7) ___ for Parts A-1, A-5, A-9740 and A-9741. Please correct the data.
142	Paid Losses (Col 1) + Unpaid Losses Current Year (Col 2) - Unpaid Losses Prior Year (Col 3) for Line (XX) ___ must equal Incurred Losses for Line (XX) ___ for Parts A-1 & A-5, Lines (9A) through (9H). Please correct the data.
143	Indemnity Losses (9A) + Medical Losses (9B) for Col (XX) ___ must equal Total Losses on (9C) for Col (XX) ___ for Parts A-1 & A-5, Columns (1) through (4). Please correct the data.
144	The sum of deductible adjustments (9D) through (9G) for Col (XX) ___ must equal Total First Dollar Ded. Adjustment (9H) for Col (XX) ___ for Parts A-1 & A-5, Columns (1) through (4). Please correct the data.
145	Part A-5, Net Written Premium (Line 1) ___ must be greater than or equal to Part A-1, Net Written Premium (Line 1) ___. The difference is ___. Please correct the data or provide an explanation.
146	Part A-5, Net Earned Premium (Line 5) ___ must be greater than or equal to Part A-1, Net Earned Premium (Line 5) ___. The difference is ___. Please correct the data or provide an explanation.
147	Part A-5, Indemnity Losses - Paid (Line 9A, Col 1) ___ must be greater than or equal to Part A-1, Indemnity Losses - Paid (Line 9A, Col 1) ___. The difference is ___. Please correct the data or provide an explanation.
148	Part A-5, Medical Losses - Paid (Line 9B, Col 1) ___ must be greater than or equal to Part A-1, Medical Losses - Paid (Line 9B, Col 1) ___. The difference is ___. Please correct the data or provide an explanation.
149	Part A-5, Total Losses - Paid (Line 9C, Col 1) ___ must be greater than or equal to Part A-1, Total Losses - Paid (Line 9C, Col 1) ___. The difference is ___. Please correct the data or provide an explanation.
150	Part A-5, Indemnity Losses - Unpaid Current Year (Line 9A, Col 2) ___ must be greater than or equal to Part A-1, Indemnity Losses - Unpaid Current Year (Line 9A, Col 2) ___. The difference is ___. Please correct the data or provide an explanation.
151	Part A-5, Medical Losses - Unearned Current Year (Line 9B, Col 2) ___ must be greater than or equal to Part A-1, Medical Losses - Unearned Current Year (Line 9B, Col 2) ___. The difference is ___. Please correct the data or provide an explanation.
152	Part A-5, Total Losses - Unpaid Current Year (Line 9C, Col 2) ___ must be greater than or equal to Part A-1, Total Losses - Unpaid Current Year (Line 9C, Col 2) ___. The difference is ___. Please correct the data or provide an explanation.
153	Part A-5, Indemnity Losses - Unpaid Prior Year (Line 9A, Col 3) ___ must be greater than or equal to Part A-1, Indemnity Losses - Unpaid Prior Year (Line 9A, Col 3) ___. The difference is ___. Please correct the data or provide an explanation.
154	Part A-5, Medical Losses - Unearned Prior Year (Line 9B, Col 3) ___ must be greater than or equal to Part A-1, Medical Losses - Unearned Prior Year (Line 9B, Col 3) ___. The difference is ___. Please correct the data or provide an explanation.
155	Part A-5, Total Losses - Unpaid Prior Year (Line 9C, Col 3) ___ must be greater than or equal to Part A-1, Total Losses - Unpaid Prior Year (Line 9C, Col 3) ___. The difference is ___. Please correct the data or provide an explanation.
156	Incurred Losses incl Bulk, IBNR (Col 7) ___ must equal the sum of Paid Losses (Col 1), O/S Losses excl Bulk, IBNR (Col 3) and Bulk & IBNR Reserves (Col 5) ___ for Policy Year (XX) on Parts B-1 & C-1 for all years. Please correct the data.
157	Incurred Losses incl Bulk, IBNR (Col 8) ___ must equal the sum of Paid Losses (Col 2), O/S Losses excl Bulk, IBNR (Col 4) and Bulk & IBNR Reserves (Col 6) ___ for Policy Year (XX) on Parts B-1 & C-1 for all years. Please correct the data.

158	Grand Total ___ must equal the sum of all policy years___ for Col (XX) on Part B-1 & C-1, Columns (1,3,5,7,9,11,13,15 and 17). Please correct the data.
159	Grand Total ___ must be equal to the sum of all policy years ___ for Col (XX) on Part B-1 & C-1, Columns (2,4,6,8,10,12,14,16, and 18). Please correct the data.
160	Policy Year __. Parts B-1 & C-1, Col (XX) ___ should be non-negative with the possible exception of Bulk & IBNR Reserves (Columns 5 and 6). Please correct the data.
161	Policy Year __. for all years, Part B-1, Net Earned Premium, Col (15) ___ must equal Part C-1, Net Earned Premium, Col (15) ___. The difference is ___. Please correct the data.
162	Policy Year __. for all years, Part B-1, Net Earned Premium, Col (16) ___ must equal Part C-1, Net Earned Premium, Col (16) ___. The difference is ___. Please correct the data.
163	Policy Year __. for all years, Part B-1, Standard Earned Premium at Bureau Reporting Level, Col (17) ___ must equal Part C-1, Standard Earned Premium at Bureau Reporting Level, Col (17) ___. The difference is ___. Please correct the data.
164	Policy Year __. for all years, the value reported for Part B-1, Standard Earned Premium at Bureau Reporting Level (Col 18) ___ must equal Part C-1, Standard Earned Premium at Bureau Reporting Level (Col 18) ___. The difference is ___. Please correct the data.
165	Net Earned Premium on a calendar year basis. [Part B-1, Net Earned Premium (Col 16, Grand Total) + Part D-1, Net Earned Premium (Col 16, Grand Total)] - [Part B-1, Net Earned Premium (Col 15, Grand Total) + Part D-1, Net Earned Premium (Col 15, Grand Total)] ___ should equal [Part A-1, Net Earned Premium (Line 5)] ___. The difference is ___. Please correct the data or provide an explanation.
166	Standard Earned Premium on a calendar year basis. [Part B-1, Standard Earned Premium (Col 18, Grand Total) + Part D-1, Net Earned Premium (Col 18, Grand Total)] - [Part B-1, Standard Earned Premium (Col 17, Grand Total) + Part D-1, Standard Earned Premium (Col 17, Grand Total)] ___ should equal [Part A-1, Standard Earned Premium (Col 7) + Part A-1 Small Deductible Premium Adjustment Line 8A]] ___. The difference is ___. Please correct the data or provide an explanation.
167	Indemnity Paid Losses on a calendar year basis. [Part B-1, Paid Losses (Col 2, Grand Total) + Part D-1, Paid Losses (Col 2, Grand Total)] - [Part B-1, Paid Losses (Col 1, Grand Total) + Part D-1, Paid Losses (Col 1, Grand Total)] ___ should equal [Part A-1, Indemnity Paid Losses (Line 9A, Col 1) + Part A-1, Indemnity Small Ded. Adjustment - Paid (Line 9D, Col 1)] ___. The difference is ___. Please correct the data or provide an explanation.
168	Indemnity Outstanding Losses on a prior year basis [Part B-1, O/S Losses excl Bulk & IBNR (Col 3, Grand Total) + Part D-1, O/S Losses excl Bulk & IBNR (Col 3, Grand Total)] + [Part B-1, Bulk & IBNR Reserves (Col 5, Grand Total) + Part D-1, Bulk & IBNR Reserves (Col 5, Grand Total)] ___ should equal [Part A-1, Indemnity Losses - Unpaid Prior Year (Line 9A, Col 3) + Part A-1, Indemnity Small Ded. Adjustment - Prior Unpaid (Line 9D, Col 3)] ___. The difference is ___. Please correct the data or provide an explanation.
169	Indemnity Outstanding Losses on a current year basis [Part B-1, O/S Losses excl Bulk & IBNR (Col 4, Grand Total) + Part D-1, O/S Losses excl Bulk & IBNR (Col 4, Grand Total)] + [Part B-1, Bulk & IBNR Reserves (Col 6, Grand Total) + Part D-1, Bulk & IBNR Reserves (Col 6, Grand Total)] ___ should equal [Part A-1, Indemnity Losses - Current Year (Line 9A, Col 2) + Part A-1, Indemnity Small Ded. Adjustment - Current Unpaid (Line 9D, Col 2)] ___. The difference is ___. Please correct the data or provide an explanation.
170	Indemnity Incurred Losses on a calendar year basis. [Part B-1, Incurred Losses incl Bulk, IBNR (Col 8, Grand Total) + Part D-1, Incurred Losses incl Bulk, IBNR (Col 8, Grand Total)] - [Part B-1, Incurred Losses incl Bulk, IBNR (Col 7, Grand Total) + Part D-1, Incurred Losses incl Bulk, IBNR (Col 7, Grand Total)] ___ should equal [Part A-1, Indemnity Incurred Losses (Line 9A, Col 4) + Part A-1, Indemnity Small Ded. Adjustment - Incurred (Line 9D, Col 4)] ___. The difference is ___. Please correct the data or provide an explanation.
171	Medical Paid Losses on a calendar year basis. [Part C-1, Paid Losses (Col 2, Grand Total) + Part D-2, Paid Losses (Col 2, Grand Total)] - [Part C-1, Paid Losses (Col 1, Grand Total) + Part D-2, Paid Losses (Col 1, Grand Total)] ___ should equal [Part A-1, Medical Paid Losses (Line 9B, Col 1) + Part A-1, Medical Small Ded. Adjustment - Paid (Line 9E, Col 1)] ___. The difference is ___. Please correct the data or provide an explanation.
172	Medical Outstanding Losses on a prior year basis [Part C-1, O/S Losses excl Bulk & IBNR (Col 3, Grand Total) + Part D-2, O/S Losses excl Bulk & IBNR (Col 3, Grand Total)] + [Part C-1, Bulk & IBNR Reserves (Col 5, Grand Total) + Part D-2, Bulk & IBNR Reserves (Col 5, Grand Total)] ___ should equal [Part A-1, Medical Losses - Unpaid Prior Year (Line 9B, Col 3) + Part A-1, Medical Small Ded. Adjustment - Prior Unpaid (Line 9E, Col 3)] ___. The difference is ___. Please correct the data or provide an explanation.

173	Medical Outstanding Losses on a current year basis [Part C-1, O/S Losses excl Bulk & IBNR (Col 4, Grand Total) + Part D-2, O/S Losses excl Bulk & IBNR (Col 4, Grand Total)] + [Part C-1, Bulk & IBNR Reserves (Col 6, Grand Total) + Part D-2, Bulk & IBNR Reserves (Col 6, Grand Total)] ___ should equal [Part A-1, Medical Losses - Unpaid Current Year (Line 9B, Col 2) + Part A-1, Medical Small Ded. Adjustment - Current Unpaid (Line 9E, Col 2)] ___. The difference is ___. Please correct the data or provide an explanation.
174	Medical Incurred Losses on a calendar year basis. [Part C-1, Incurred Losses incl Bulk, IBNR (Col 8, Grand Total) + Part D-2, Incurred Losses incl Bulk, IBNR (Col 8, Grand Total)] - [Part C-1, Incurred Losses incl Bulk, IBNR (Col 7, Grand Total) + Part D-2, Incurred Losses incl Bulk, IBNR (Col 7, Grand Total)] ___ should equal [Part A-1, Medical Incurred Losses (Line 9B, Col 4) + Part A-1, Medical Small Ded. Adjustment - Incurred (Line 9E, Col 4)] ___. The difference is ___. Please correct the data or provide an explanation.
175	Policy Year __. Incurred Losses incl Bulk, IBNR (Col 7) ___ must equal the sum of Paid Losses , O/S Losses excl Bulk, IBNR and Bulk & IBNR Reserves (Col 1+3+5) ___ Parts D-1 through E-2, for all policy years. Please correct the data.
176	Policy Year __. The value for Incurred Losses incl Bulk, IBNR (Col 8) ___ must equal the sum of Paid Losses, O/S Losses excl Bulk, IBNR and Bulk & IBNR Reserves (Col 2+4+6) ___ for policy year (XX) on Part D-1 through E-2, for all policy years. Please correct the data.
177	Grand Total ___ must equal the sum of all policy years ___ for Parts D-1 through E-2, Columns (1,3,5,7,9,11,13,15 and 17). Please correct the data.
178	Grand Total ___ must equal the sum of all policy years ___ for Parts D-1 through E-2, Columns (2,4,6,8,10,12,14,16 and 18). Please correct the data.
179	Policy Year __. Premium reported for Part D-1, Column (XX) ___ must equal premium reported for Part D-2, Column (XX)___ for all policy years, Columns (15,16,17 and 18). The difference is ___. Please correct the data.
180	Policy Year __. Premium reported for Part E-1, Column (XX) ___ must equal premium reported for Part E-2, Column (XX) ___ for all policy years, Columns (15,16,17 and 18). The difference is ___. Please correct the data.
181	Policy Year __. For Parts D-1 through E-2, Col (XX) ___ should be non-negative with the possible exception of Bulk & IBNR Reserves (Col 5 and 6). Please correct the data.
182	Indemnity Large Deductible Adjustment - Paid [Part E-1, Paid Losses (Col 2, Grand Total) - Part E-1, Paid Losses (Col 1, Grand Total)] - [Part D-1, Paid Losses (Col 2, Grand Total) - Part D-1, Paid Losses (Col 1, Grand Total)] ___ should equal [Part A-1, Indemnity Large Ded. Adjustment - Paid (Line 9F, Col 1)] ___. The difference is ___. Please correct the data or provide an explanation.
183	Medical Large Deductible Adjustment - Paid [Part E-2, Paid Losses (Col 2, Grand Total) - Part E-2, Paid Losses (Col 1, Grand Total)] - [Part D-2, Paid Losses (Col 2, Grand Total) - Part D-2, Paid Losses (Col 1, Grand Total)] ___ should equal [Part A-1, Indemnity Large Ded. Adjustment - Paid (Line 9G, Col 1)] ___. The difference is ___. Please correct the data or provide an explanation.
184	Indemnity Large Deductible Adjustment - Incurred [Part E-1, Incurred Losses incl Bulk, IBNR (Col 8, Grand Total) Part E-1, Incurred Losses incl Bulk, IBNR (Col 7, Grand Total)] - [Part D-1, Incurred Losses incl Bulk, IBNR (Col 8, Grand Total) - Part D-1, Incurred Losses incl Bulk, IBNR (Col 7, Grand Total)] ___ should equal [Part A-1, Indemnity Large Ded. Adjustment (Line 9F), Incurred Losses (Col 4)] ___. The difference is ___. Please correct the data or provide an explanation.
185	Medical Large Deductible Adjustment - Incurred [Part E-2, Incurred Losses incl Bulk, IBNR (Col 8, Grand Total) - Part E-2, Incurred Losses incl Bulk, IBNR (Col 7, Grand Total)] - [Part D-2, Incurred Losses incl Bulk, IBNR (Col 8, Grand Total) - Part D-2, Incurred Losses incl Bulk, IBNR (Col 7, Grand Total)] ___ should equal [Part A-1, Medical Large Ded. Adjustment - Incurred (Line 9G, Col 4)] ___. The difference is ___. Please correct the data or provide an explanation.
186	Standard Earned Premium at Bureau Reporting Level on a calendar year basis. [Part E-1, Standard Earned Premium at Bureau Reporting Level (Col 18, Grand Total) - Part E-1, Standard Earned Premium at Bureau Reporting Level (Col 17, Grand Total)] - [Part D-1, Standard Earned Premium at Bureau Reporting Level (Col 18, Grand Total) - Part D-1, Standard Earned Premium at Bureau Reporting Level (Col 17, Grand Total)] ___ should equal [Part A-1, Large Deductible Premium Adjustment (Line 8B)] ___. The difference is ___. Please correct the data or provide an explanation.
187	Policy Year __. The Incurred Losses incl Bulk, IBNR (Col 7) ___ must equal the sum of Paid Losses (Col 1), O/S Losses excl Bulk, IBNR (Col 3) and Bulk & IBNR Reserves (Col 5) ___ for all policy years on Parts B-5 & C-5. Please correct the data.

188	Policy Year __. The Incurred Losses incl Bulk, IBNR (Col 8) ___ must equal the sum of Paid Losses (Col 2), O/S Losses excl Bulk, IBNR (Col 4) and Bulk & IBNR Reserves (Col 6) ___ for all policy years on Parts B-5 & C-5. Please correct the data.
189	Grand Total ___ must equal the sum of all policy years ___ for Columns (1,3,5,7,9,11,13 and 15) on Parts B-5 & C-5. Please correct the data.
190	Grand Total ___ must equal the sum of all policy years ___ for Columns (2,4,6,8,10,12,14 and 16) on Parts B-5 & C-5. Please correct the data.
191	Policy Year __. Parts B-5 & C-5, Col (XX) ___ should be non-negative with the possible exception of Bulk & IBNR Reserves (Col 5 and 6). Please correct the data.
192	Policy Year __. Part B-5, Net Earned Premium (Col 15) ___ must equal Part C-5, Net Earned Premium (Col 15) ___ for all policy years. The difference is ___. Please correct the data.
193	Policy Year __. Part B-5, Net Earned Premium (Col 16) ___ must equal Part C-5, Net Earned Premium (Col 16) ___ for all policy years. The difference is ___. Please correct the data.
194	Net Earned Premium on a calendar year basis. [Part B-5, Net Earned Premium (Col 16, Grand Total) + Part D-1, Net Earned Premium (Col 16, Grand Total)] - [Part B-5, Net Earned Premium (Col 15, Grand Total) + Part D-1, Net Earned Premium (Col 15, Grand Total)] ___ should equal [Part A-5, Net Earned Premium (Line 5)] ___. The difference is ___. Please correct the data or provide an explanation.
195	Indemnity Paid Losses on a calendar year basis. [Part B-5, Paid Losses (Col 2, Grand Total) + Part D-1, Paid Losses (Col 2, Grand Total)] - [Part B-5, Paid Losses (Col 1, Grand Total) + Part D-1, Paid Losses (Col 1, Grand Total)] ___ should equal [Part A-5, Indemnity Paid Losses (Line 9A, Col 1) + Part A-5, Indemnity Small Ded. Adjustment - Paid (Line 9D, Col 1)] ___. The difference is ___. Please correct the data or provide an explanation.
196	Indemnity Outstanding Losses on a prior year basis [Part B-5, O/S Losses excl Bulk & IBNR (Col 3, Grand Total) + Part D-1, O/S Losses excl Bulk & IBNR (Col 3, Grand Total)] + [Part B-5, Bulk & IBNR Reserves (Col 5, Grand Total) + Part D-1, Bulk & IBNR Reserves (Col 5, Grand Total)] ___ should equal [Part A-5, Indemnity Losses - Unpaid Prior Year (Line 9A, Col 3) + Part A-5, Indemnity Small Ded. Adjustment - Prior Unpaid (Line 9D, Col 3)] ___. The difference is ___. Please correct the data or provide an explanation.
197	Indemnity Outstanding Losses on a current year basis [Part B-5, O/S Losses excl Bulk & IBNR (Col 4, Grand Total) + Part D-1, O/S Losses excl Bulk & IBNR (Col 4, Grand Total)] + [Part B-5, Bulk & IBNR Reserves (Col 6, Grand Total) + Part D-1, Bulk & IBNR Reserves (Col 6, Grand Total)] ___ should equal [Part A-5, Indemnity Losses - Current Year (Line 9A, Col 2) + Part A-5, Indemnity Small Ded. Adjustment - Current Unpaid (Line 9D, Col 2)] ___. The difference is ___. Please correct the data or provide an explanation.
198	Indemnity Incurred Losses on a calendar year basis. [Part B-5, Incurred Losses incl Bulk, IBNR (Col 8, Grand Total) + Part D-1, Incurred Losses incl Bulk, IBNR (Col 8, Grand Total)] - [Part B-5, Incurred Losses incl Bulk, IBNR (Col 7, Grand Total) + Part D-1, Incurred Losses incl Bulk, IBNR (Col 7, Grand Total)] ___ should equal [Part A-5, Indemnity Incurred Losses (Line 9A, Col 4) + Part A-5, Indemnity Small Ded. Adjustment - Incurred (Line 9D, Col 4)] ___. The difference is ___. Please correct the data or provide an explanation.
199	Medical Paid Losses on a calendar year basis. [Part C-5, Paid Losses (Col 5, Grand Total) + Part D-2, Paid Losses (Col 2, Grand Total)] - [Part C-5, Paid Losses (Col 1, Grand Total) + Part D-2, Paid Losses (Col 1, Grand Total)] ___ should equal [Part A-5, Medical Paid Losses (Line 9B, Col 1) + Part A-5, Medical Small Ded. Adjustment - Paid (Line 9E, Col 1)] ___. The difference is ___. Please correct the data or provide an explanation.
200	Medical Outstanding Losses on a prior year basis [Part C-5, O/S Losses excl Bulk & IBNR (Col 3, Grand Total) + Part D-2, O/S Losses excl Bulk & IBNR (Col 3, Grand Total)] + [Part C-5, Bulk & IBNR Reserves (Col 5, Grand Total) + Part D-2, Bulk & IBNR Reserves (Col 5, Grand Total)] ___ should equal [Part A-5, Medical Losses - Unpaid Prior Year (Line 9B, Col 3) + Part A-5, Medical Small Ded. Adjustment - Prior Unpaid (Line 9E, Col 3)] ___. The difference is ___. Please correct the data or provide an explanation.
201	Medical Outstanding Losses on a current year basis [Part C-5, O/S Losses excl Bulk & IBNR (Col 4, Grand Total) + Part D-2, O/S Losses excl Bulk & IBNR (Col 4, Grand Total)] + [Part C-5, Bulk & IBNR Reserves (Col 6, Grand Total) + Part D-2, Bulk & IBNR Reserves (Col 6, Grand Total)] ___ should equal [Part A-5, Medical Losses - Unpaid Current Year (Line 9B, Col 2) + Part A-5, Medical Small Ded. Adjustment - Current Unpaid (Line 9E, Col 2)] ___. The difference is ___. Please correct the data or provide an explanation.

202	Medical Incurred Losses on a calendar year basis. [Part C-5, Incurred Losses incl Bulk, IBNR (Col 8, Grand Total) + Part D-2, Incurred Losses incl Bulk, IBNR (Col 8, Grand Total)] - [Part C-5, Incurred Losses incl Bulk, IBNR (Col 7, Grand Total) + Part D-2, Incurred Losses incl Bulk, IBNR (Col 7, Grand Total)] ___ should equal [Part A-5, Medical Incurred Losses (Line 9B, Col 4) + Part A-5, Medical Small Ded. Adjustment - Incurred (Line 9E, Col 4)] ___. The difference is ___. Please correct the data or provide an explanation.

ii.   BASIC EDITS - COMPARING THE CURRENT YEAR'S SCHEDULE "W" TO THE PRIOR YEAR'S SCHEDULE "W"

	Edit Description
203	Policy Year __. The Part B-1, Paid Losses (Col 1) ___ on the current year's Schedule W must equal the Part B-1, Paid Losses (Col 2) ___ on the prior year's Schedule W. The difference is ___. Please correct the data or provide an explanation.
204	Policy Year __. The Part C-1, Paid Losses (Col 1) ___ on the current year's Schedule W must equal the Part C-1, Paid Losses (Col 2) ___ on the prior year's Schedule W. The difference is ___. Please correct the data or provide an explanation.
205	Policy Year __. The Part D-1, Paid Losses (Col 1) ___ on the current year's Schedule W must equal the Part D-1, Paid Losses (Col 2) ___ on the prior year's Schedule W. The difference is ___. Please correct the data or provide an explanation.
206	Policy Year __. The Part D-2, Paid Losses (Col 1) ___ on the current year's Schedule W must equal the Part D-2, Paid Losses (Col 2) ___ on the prior year's Schedule W. The difference is ___. Please correct the data or provide an explanation.
207	Policy Year __. The Part E-1, Paid Losses (Col 1) ___ on the current year's Schedule W must equal the Part E-1, Paid Losses (Col 2) ___ on the prior year's Schedule W. The difference is ___. Please correct the data or provide an explanation.
208	Policy Year __. The Part E-2, Paid Losses (Col 1) ___ on the current year's Schedule W must equal the Part E-2, Paid Losses (Col 2) ___ on the prior year's Schedule W. The difference is ___. Please correct the data or provide an explanation.
209	The Part A-1, Indemnity Losses Unpaid Prior Year (Line 9A, Col 3) ___ on the current year's Schedule W must equal the Part A-1, Indemnity Losses Unpaid Cur Year (Line 9A, Col 2) ___ on the prior year's Schedule W. The difference is ___. Please correct the data or provide an explanation.
210	The Part A-5, Indemnity Losses Unpaid Prior Year (Line 9A, Col 3) ___ on the current year's Schedule W must equal the Part A-1, Indemnity Losses Unpaid Cur Year (Line 9A, Col 2) ___ on the prior year's Schedule W. The difference is ___. Please correct the data or provide an explanation.
211	The Part A-1, Premium Unearned Current Year (Line 4) ___ on the prior year's Schedule W must equal the Part A-1, Premium Unearned Prior Year (LIne 2) ___ on the current year's Schedule W. The difference is ___. Please correct the data or provide an explanation.
212	The Part A-5, Premium Unearned Current Year (LIne 4) ___ on the prior year's Schedule W must equal the Part A-5, Premium Unearned Prior Year (LIne 2) ___ on the current year's Schedule W. The difference is ___. Please correct the data or provide an explanation.
213	Policy Year __. The Part B-5, Paid Losses (Col 1) ___ on the current year's Schedule W must equal the Part B-5, Paid Losses (Col 2) ___ on the prior year's Schedule W. The difference is ___. Please correct the data or provide an explanation.
214	Policy Year __. The Part C-5, Paid Losses (Col 1) ___ on the current year's Schedule W must equal the Part C-5, Paid Losses (Col 2) ___ on the prior year's Schedule W. The difference is ___. Please correct the data or provide an explanation.

iii.   BASIC EDITS - COMPARING SCHEDULE W TO OTHER FINANCIAL DATA INCENTIVE PROGRAM CALLS

	Edit Description
215	The Schedule W, Part A-1, Standard Earned Premium (Line 7) ___ should equal the Call #1, Section #3, Standard Earned Premium (Line 4, Col 1) ___. The difference is ___. Please correct the data or provide an explanation.
216	The Schedule W, Part A-1 ,Net Earned Premium (Line 5) ___ should equal the Call #1, Section #3 Net Earned Premium (Line 4, Col 2),___. The difference is ___. Please correct the data or provide an explanation.
217	The Schedule W, Part A-1, Incurred Losses (Line 9C, Col 4) ___ should equal the Call #1, Section #3 Incurred Losses, (Line 4, Col 3) ___. The difference is ___. Please correct the data or provide an explanation.

218	The Schedule W, Part A-5, Standard Earned Premium (Line 7) ___ should equal the Call #1, Section #3, Standard Earned Premium, (Line 12, Col 1) ___. The difference is ___. Please correct the data or provide an explanation.
219	The Schedule W, Part A-5, Net Earned Premiums (Line 5) ___ should equal the Call #1, Section #3 Net Direct Earned Premium, (Line 12, Col 2), ___. The difference is ___. Please correct the data or provide an explanation.
220	The Schedule W, Part A-5, Incurred Losses (Line 9C, Col 4) ___ should equal the Call #1, Section #3 Incurred Losses, (Line 12, Col 3) ___. The difference is ___. Please correct the data or provide an explanation.
221	The Schedule W, Part A-9740, Terrorism Standard Earned Premium (Line 7) ___ must equal the Terrorism Standard Earned Premium.reported for Call #1, Section #3, (Line 9, Col 1) ___ The difference is ___. Please correct the data or provide an explanation.
222	The Schedule W, Part A-9740, Terrorism Net Earned Premium (Line 5) ___ must equal the Terrorism Net Earned Premium.reported for Call #1, Section #3, (Line 9, Col 2) ___ The difference is ___. Please correct the data or provide an explanation.
223	The Schedule W, Part A-9741, Catastrophe Net Earned Premium (Line 5) ___ must equal the Catastrophe Net Earned Premium.reported for Call #1, Section #3, (Line 10, Col 2) ___ The difference is ___. Please correct the data or provide an explanation.
224	The Schedule W, Part A-9741, Catastrophe Standard Earned Premium (Line 7) ___ must equal the Catastrophe Net Earned Premium.reported for Call #1, Section #3, (Line 10, Col 1) ___ The difference is ___. Please correct the data or provide an explanation.
225	Policy Year __. The Schedule W, Part B-1, Paid Losses (Col 2) ___ should equal the Call #1, Indemnity Paid Losses (Col 9) ___. The difference is ___. Please correct the data or provide an explanation.
226	Policy Year __. The Schedule W, Part B-1, Indemnity O/S Losses excl Bulk & IBNR (Col 4) ___ should equal the Call #1, Indemnity O/S excl Bulk & IBNR (Col 11-16) ___. The difference is ___. Please correct the data or provide an explanation.
227	Policy Year __. The Schedule W, Part B-1, Indemnity Bulk & IBNR Reserves (Col 6) ___ should equal the Call #1, [Indemnity Bulk & IBNR(Col 13+16) ___. The difference is ___. Please correct the data or provide an explanation.
228	Policy Year __. The Schedule W, Part B-1, Incurred Losses Claims (Col 10) ___ should equal the Call #1, Incurred Losses Indemnity Claim Count (Col 8) ___. The difference is ___. Please correct the data or provide an explanation.
229	Policy Year __. The Schedule W, Part B-1, Claims Closed with Payment (Col 12) ___ should equal the Call #1, Closed Indemnity Claim Count (Col 19) ___. The difference is ___. Please correct the data or provide an explanation.
230	Policy Year __. The Schedule W, Part B-1, Net Earned Premium (Col 16) ___ should equal the Call #1, Net Premium (Col 3) ___. The difference is ___. Please correct the data or provide an explanation.
231	Policy Year __. The Schedule W, Part B-1, Standard Earned Premium at Bureau Reporting Level (Col 18) ___ should equal the Call #1, Standard @ DSR Level (Col 1) ___. The difference is ___. Please correct the data or provide an explanation.
232	Policy Year __. The Schedule W, Part C-1, Paid Losses (Col 2) ___ should equal the Call #1, Medical Paid Losses (Col 10) ___. The difference is ___. Please correct the data or provide an explanation.
233	Policy Year __. The Schedule W, Part C-1, O/S Losses excl Bulk & IBNR (Col 4) ___ should equal the Call #1, [Medical O/S excl IBNR - Medical Bulk (Col 12-18)] ___. The difference is ___. Please correct the data or provide an explanation.
234	Policy Year __. The Schedule W, Part C-1, Bulk & IBNR Reserves (Col 6) ___ should equal the Call #1, [Columns Medical IBNR + Medical Bulk (Col 14+18)] ___. The difference is ___. Please correct the data or provide an explanation.
235	Policy Year __. The Schedule W, Part C-1, Net Earned Premium (Col 16) ___ should equal the Call #1, Net Premium (Col 3) ___. The difference is ___. Please correct the data or provide an explanation.
236	Policy Year __. The Schedule W, Part C-1, Standard Earned Premium at Bureau Reporting Level (Col 18) ___ should equal the Call #1, Standard @ Bureau DSR Level (Col 1) ___. The difference is ___. Please correct the data or provide an explanation.
237	Policy Year __. The Schedule W, Part D-1, Paid Losses (Col 2) ___ should equal the Call #8, Indemnity Paid Losses (Col 9) ___. The difference is ___. Please correct the data or provide an explanation.
238	Policy Year __. The Schedule W, Part D-1, O/S Losses excl Bulk & IBNR (Col 4) ___ should equal the Call #8, [Indemnity O/S excl IBNR - Indemnity Bulk (Col 14-16)] ___. The difference is ___. Please correct the data or provide an explanation.

239	Policy Year __. The Schedule W, Part D-1, Bulk & IBNR Reserves (Col 6) ___ should equal the Call #8, [Indemnity IBNR + Indemnity Bulk (Col 13+16)] ___. The difference is ___. Please correct the data or provide an explanation.
240	Policy Year __. The Schedule W, Part D-1, Incurred Losses Claims (Col 10) ___ should equal the Call #8, Incurred Losses Indemnity Claim Count (Col 8) ___. The difference is ___. Please correct the data or provide an explanation.
241	Policy Year __. The Schedule W, Part D-1, Claims Closed with Payment (Col 12) ___ should equal the Call #8, Closed Indemnity Claim Count (Col 19) ___. The difference is ___. Please correct the data or provide an explanation.
242	Policy Year __. The Schedule W, Part D-1, Net Earned Premium (Col 16) ___ should equal the Call #8, Net Premium (Col 3) ___. The difference is ___. Please correct the data or provide an explanation.
243	Policy Year __. The Schedule W, Part D-1, Standard Earned Premium at Bureau Reporting Level (Col 18) ___ should equal the Call #8, SEP @ Bureau DSR Level (Col 1) ___. The difference is ___. Please correct the data or provide an explanation.
244	Policy Year __. The Schedule W, Part D-2, Paid Losses (Col 2) ___ should equal the Call #8, Medical Paid Losses (Col 10) ___. The difference is ___. Please correct the data or provide an explanation.
245	Policy Year __. The Schedule W, Part D-2, O/S Losses excl Bulk & IBNR (Col 4) ___ should equal the Call #8, [Medical O/S excl IBNR - Medical Bulk (Col 12-18)] ___. The difference is ___. Please correct the data or provide an explanation.
246	Policy Year __. The Schedule W, Part D-2, Bulk & IBNR Reserves (Col 6) ___ should equal the Call #8, [Medical IBNR + Medical Bulk (Col 14+18)] ___. The difference is ___. Please correct the data or provide an explanation.
247	Policy Year __. The Schedule W, Part D-2, Net Earned Premium (Col 16) ___ should equal the Call #8, Net Premium (Col 3) ___. The difference is ___. Please correct the data or provide an explanation.
248	Policy Year __. The Schedule W, Part D-2, Standard Earned Premium at Bureau Reporting Level (Col 18) ___ should equal the Call #8, SEP @Bureau DSR Level (Col 1) ___. The difference is ___. Please correct the data or provide an explanation.
249	Policy Year __. The Schedule W, Part E-1, Paid Losses (Col 2) ___ should equal the Call #9, Indemnity Paid Losses (Col 9) ___. The difference is ___. Please correct the data or provide an explanation.
250	Policy Year __. The Schedule W, Part E-1, O/S Losses excl Bulk & IBNR (Col 4) ___ should equal the Call #9, [Indemnity O/S excl IBNR - Indemnity Bulk (Col 11-16)] ___. The difference is ___. Please correct the data or provide an explanation.
251	Policy Year __. The Schedule W, Part E-1, Bulk & IBNR Reserves (Col 6) ___ should equal the Call #9, [Indemnity IBNR + Indemnity Bulk (Col 13+16)] ___. The difference is ___. Please correct the data or provide an explanation.
252	Policy Year __. The Schedule W, Part E-1, Incurred Claims (Col 10) ___ should equal the Call #9, Incurred Indemnity Claim Count (Col 8) ___. The difference is ___. Please correct the data or provide an explanation.
253	Policy Year __. The Schedule W, Part E-1, Claims Closed with Payment (Col 12) ___ should equal the Call #9, Closed Indemnity Claim Count (Col 19) ___. The difference is ___. Please correct the data or provide an explanation.
254	Policy Year __. The Schedule W, Part E-1, Net Earned Premium (Col 16) ___ should equal the Call #9, Net Premium (Col 3) ___. The difference is ___. Please correct the data or provide an explanation.
255	Policy Year __. The Schedule W, Part E-1, Standard Earned Premium at Bureau Reporting Level (Col 18) ___ should equal the Call #9, Standard @ Bureau DSR Level (Col 1) ___. The difference is ___. Please correct the data or provide an explanation.
256	Policy Year __. The Schedule W, Part E-2, Paid Losses (Col 2) ___ should equal the Call #9, Medical Paid Losses (Col 10) ___. The difference is ___. Please correct the data or provide an explanation.
257	Policy Year __. The Schedule W, Part E-2, O/S Losses excl Bulk & IBNR (Col 4) ___ should equal the Call #9, [Medical O/S excl IBNR - Medical Bulk (Col 12-18)] ___. The difference is ___. Please correct the data or provide an explanation.
258	Policy Year __. The Schedule W, Part E-2, Bulk & IBNR Reserves (Col 6) ___ should equal the Call #9, [Medical IBNR + Medical Bulk (Col 14+18)] ___. The difference is ___. Please correct the data or provide an explanation.
259	Policy Year __. The Schedule W, Part E-2, Net Earned Premium (Col 16) ___ should equal the Call #9, Net Premium (Col 3) ___. The difference is ___. Please correct the data or provide an explanation.
260	Policy Year __. The Schedule W, Part E-2, Standard Earned Premium at Bureau Reporting Level (Col 18) ___ should equal the Call #9, Standard @ Bureau DSR Level (Col 1) ___. The difference is ___. Please correct the data or provide an explanation.

II. ACTUARIAL EDITS

All items on Calls #1, #4, #8, #9, #14, #15 and Schedule W will be checked for reasonableness. Specific examples include:

A. POLICY YEAR CALL #1

i. ACTUARIAL EDITS - EXCLUSIVE TO CALL #1

	Edit Description
261	The relationship between Standard Earned Premium at DSR Level and Standard Earned Premium at Company Level should be consistent with each company's filed deviations and/or loss cost multiplier(s). EDIT IS HANDLED MANUALLY BY THE EDITOR.
262	The value for Col (XX) for Policy Year 2022 ___ should not be equal to Col (XX), Line (Z) ___ unless both values are equal to zero, for Standard at Bureau DSR Level (Col 1), Standard at Company Level (Col 2), Net Premium (Col 3) and Total Incurred Losses Including IBNR (Col 7). If the data is correct, provide a detailed explanation regarding the relationship between the columns.
263	Line (Z) for Standard at Bureau Designated Stat. Reporting Level (Col 1), Net Premium (Col 3) and Total Incurred Losses Including IBNR (Col 7) must be copied to the reconciliation page of the Call. . IS HANDLED BY PULLING FUNCTION WITHIN FDRA.
264	If Net Earned Premium is reported, Section #3, Line (12), (Col 2) ___ then the amount reported on Section #3, Line (9), Terrorism Net Earned Premium (Col 2) should not equal zero. Please correct the data.
265	If Net Earned Premium is reported on Section #3, Line (12), (Col 2) ___ then the amount reported on Section #3, Line (9), Terrorism Standard at Bureau DSR Level (Col 1) should not equal zero. Please correct the data.
266	The ratio of [Section #3, Line (9), Terrorism Net Earned Premium (Col 2)] / [Section #3, Line (12), Net Earned Premium (Col 2)] ___ / ___) does not fall within the interval (0.00 - 0.05) ___. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
267	The ratio of [Section #3, Line (10), Catastrophe Net Earned Premium (Col 2)] / [Section #3, Line (12), Net Earned Premium (Col 2)] ___ / ___) does not fall within the interval (0.00 - 0.05) ___. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
268	When reporting Terrorism premium greater than zero, generally, Terrorism Standard Earned Premium, Section #3, Line (9), (Col 1) ___ should not equal Terrorism Net Earned Premium, Section #3, Line (9), (Col 2) ___. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
269	When reporting Catastrophe premium greater than zero, generally, Catastrophe Standard Earned Premium, Section #3, Line (10), (Col 1) ___ should not equal Catastrophe Net Earned Premium, Section #3, Line (10), (Col 2) ___. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
270	Policy Year___Net Earned Premium reported in (Col 3) is greater than $250,000_____without any Incurred Losses (Col 7). Please verify that there are no losses for this policy year and if necessary, send corrections. [Applicable to all policy years]
271	Policy Year___Medical Incurred reported (Col 10+12+14) is greater than $250,000_____without any Indemnity Incurred Losses (Col 9+11+13). Please verify that all losses are medical only and if necessary, send corrections. [Applicable to all policy years]
272	Policy Year___Indemnity Incurred reported (Col 9+11+13) is greater than $250,000_____without any Medical Incurred Losses (Col 10+12+14). Please verify that no medical losses are associated with these indemnity claims and if necessary, send corrections. [Applicable to all policy years]
273	If Net Earned Premium is reported on Section #3, Line (12), (Col 2) ___ then the amount reported on Section #3, Line (10), Catastrophe Net Earned Premium (Col 2) should not equal zero. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
274	If Net Earned Premium is reported on Section #3, Line (12), (Col 2) ___ then the amount reported on Section #3, Line (10), Catastrophe Standard at Bureau DSR Level (Col 1) should not equal zero. If the data is correct, provide a detailed explanation regarding the relationship between the columns.

275	Policy Year __, if the value for Standard at Bureau DSR Level (Col 1) ___ is greater than or equal to 500,000, then Standard at Bureau DSR Level (Col 1) ___ and Standard at Company Level (Col 2) ___ should not be equal to Net Premium (Col 3) ___. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
276	Policy Year __, if the value for Standard at Bureau DSR Level (Col 1) ___ is greater than or equal to 500,000, then Standard at Company Level (Col 2) ___ divided by Net Premium (Col 3) ___ should be between the range of (0.50 and 2.00) ___. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
277	Policy Year __, if the value for Standard at Bureau DSR Level (Col 1) ___ is greater than or equal to 500,000, then Standard at Bureau DSR Level (Col 1) ___ divided by Net Premium (Col 3) ___ should be between the range of (0.50 and 2.00) ___. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
278	The method of discounting reserves has changed from the prior year call.
279	An entry has been made in the Reason for Difference box.

ii. **ACTUARIAL EDITS - COMPARING THE CURRENT YEAR'S CALL #1 TO THE PRIOR YEAR'S CALL #1**

	Edit Description
280	Paid Losses (Col 4, 9, 10, 21 and 22) for the current valuation should generally not decrease from the prior valuation. Policy Year __, Col (XX) on the current Call ___ decreases by more than $50,000 from the prior Policy Year Call ___. Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data.
281	There has been a change in the discounting procedure contrary to your carrier group's 'No' response.
282	Policy Year_____Net Earned Premium (Col 3) was reported on last year's call___ but is not reported on this year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021 and prior]
283	Policy Year_____Net Earned Premium (Col 3) reported on this year's call___ but not reported on last year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021 and prior]
284	Policy Year_____Incurred Losses (Col 7) were reported on last year's call___ but are not reported on this year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021 and prior]
285	Policy Year_____Incurred Losses (Col 7) are reported on this year's call___ but were not reported on last year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021 and prior]
286	Policy Year_____Claim Counts (Col 8) were reported on last year's call___ but are not reported on this year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021 and prior]
287	Policy Year_____Claim Counts (Col 8) are reported on this year's call___ but were not reported on last year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021 and prior]
288	Policy Year __, Premium reported (XX) on the current year call ___ for Col (XX), compared to the prior year call ___ is greater than 50,000 ___ but their ratio ___ falls outside the range of (0.99 and 1.01). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to Policy Years 2017 & prior]
289	Policy Year __, Premium reported (XX) on the current year call ___ for Col (XX), compared to the prior year call ___ is greater than 50,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.05). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to Policy Years 2018-2019]
290	Policy Year __, Premium reported (XX) on the current year call ___ for Col (XX), compared to the prior year call ___ is greater than 50,000 ___ but their ratio ___ falls outside the range of (0.85 and 1.15). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to Policy Year 2020]
291	Policy Year __, Premium reported (XX) on the current year call ___ for Col (XX), compared to the prior year call ___ is greater than 50,000 ___ but their ratio ___ falls outside the range of (1.00 and 4.00). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to Policy Year 2021]

292	Policy Year __, Premium reported (XX) on the current year call ___ for Col (XX), compared to the prior year call ___ is greater than 10,000 ___ but their ratio ___ falls outside the range of (0.50 and 2.00). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to policy years 2020 and prior]
293	Policy Year __, Total Paid + O/S excl IBNR (Col 4+5) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.97 and 1.03). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2016 & prior]
294	Policy Year __, Total Paid + O/S excl IBNR (Col 4+5) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.96 and 1.04). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2017]
295	Policy Year __, Total Paid + O/S excl IBNR (Col 4+5) of the current year call ___ compared to the prior year call ___ for is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.06). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2018]
296	Policy Year __, Total Paid + O/S excl IBNR (Col 4+5) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.25). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2019]
297	Policy Year __, Total Paid + O/S excl IBNR (Col 4+5) of the current year call ___ compared to the prior year call ___ for is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.50). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2020]
298	Policy Year __, Total Paid + O/S excl IBNR (Col 4+5) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 5.00). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2021]
299	Policy Year __, Indemnity Paid + O/S excl IBNR (Col 9+11) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.96 and 1.04). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2016 & prior]
300	Policy Year __, Indemnity Paid + O/S excl IBNR (Col 9+11) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.06). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2017]
301	Policy Year __, Indemnity Paid + O/S excl IBNR (Col 9+11) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.08). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2018]
302	Policy Year __, Indemnity Paid + O/S excl IBNR (Col 9+11) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.32). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2019]
303	Policy Year __, Indemnity Paid + O/S excl IBNR (Col 9+11) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.65). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2020]

304	Policy Year __, Indemnity Paid + O/S excl IBNR (Col 9+11) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 6.5). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2021]
305	Policy Year __, Medical Paid + O/S excl IBNR (Col 10+12) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.96 and 1.04). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2016 & prior]
306	Policy Year __, Medical Paid + O/S excl IBNR (Col 10+12) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.06). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2017]
307	Policy Year __, Medical Paid + O/S excl IBNR (Col 10+12) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.08). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2018]
308	Policy Year __, Medical Paid + O/S excl IBNR (Col 10+12) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.32). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2019]
309	Policy Year __, Medical Paid + O/S excl IBNR (Col 10+12) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.65). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2020]
310	Policy Year __, Medical Paid + O/S excl IBNR (Col 10+12) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 6.50). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2021]
311	Policy Year __, Indemnity Claim Counts (Col 8) of the current year call ___ compared to the prior year call ___ is greater than 10 ___. Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to Policy Years 2019 & prior]
312	Policy Year __, Indemnity Claim Counts (Col 8) of the current year call ___ compared to the prior year call ___ is greater than 10 ___ but their ratio ___ falls outside the range of (1.00 and 1.20). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to Policy Year 2020]
313	Policy Year __, Indemnity Claim Counts (Col 8) of the current year call ___ compared to the prior year call ___ is greater than 10 ___ but their ratio ___ falls outside the range of (1.00 and 4.00). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to Policy Year 2021]
314	Policy Year __, Total Paid (Col 4) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.03). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2016 & prior]
315	Policy Year __, Total Paid (Col 4) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.06). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2017]

316	Policy Year __, Total Paid (Col 4) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.12). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2018]
317	Policy Year __, Total Paid (Col 4) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.35). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2019]
318	Policy Year __, Total Paid (Col 4) of the current year call ___ compared to the prior year call ___ for is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.90). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2020]
319	Policy Year __, Indemnity Paid (Col 9) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.04). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2016 & prior]
320	Policy Year __, Indemnity Paid (Col 9) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.08). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2017]
321	Policy Year __, Indemnity Paid (Col 9) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.12). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2018]
322	Policy Year __, Indemnity Paid (Col 9) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.47). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2019]
323	Policy Year __, Indemnity Paid (Col 9) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 2.20). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2020]
324	Policy Year __, Medical Paid (Col 10) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.04). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2016 & prior]
325	Policy Year __, Medical Paid (Col 10) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.08). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2017]
326	Policy Year __, Medical Paid (Col 10) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.12). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2018]
327	Policy Year __, Medical Paid (Col 10) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.47). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2019]

328	Policy Year __, Medical Paid (Col 10) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 2.20). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2020]

iii.   ACTUARIAL EDITS - COMPARING CALL #1 TO OTHER FINANCIAL DATA INCENTIVE PROGRAM CALLS

	Edit Description
329	Call #1, Section #3, Line (2), Standard at Bureau DSR Level (Col 1) ___ should equal Call #8, Line (Z), Standard at Bureau DSR Level (Col 1) ___. Please correct the data or provide an explanation.
330	Call #1, Section #3, Line (2) (Col 2)___ should equal Call #8, Line (Z), Net Earned Premium (Col 3) ___. Please correct the data or provide an explanation.
331	Call #1, Section #3, Line (2), Incurred Losses (Col 3) ___ should equal Call #8, Line (Z), Total Incurred Losses Including IBNR (Col 7) ___. Please correct the data or provide an explanation.
332	The absolute difference between Net Premium and the Annual Statement reported on Call #1, Section #3, Line (14) is greater than 5000 ___. An explanation is required in the FDRA.
333	The absolute difference between Incurred Losses and the Annual Statement reported on Call #1, Section #3, Line (14) is greater than 5000 ___. An explanation is required in the FDRA.

B.   LARGE CLAIM CALL #4

i.   ACTUARIAL EDITS - COMPARING THE CURRENT YEAR'S CALL #4 TO THE PRIOR YEAR'S CALL #4

334	Policy Year _____, Claim Number _____. Indemnity Incurred reported for the current valuation (columns 7 + 8)_____ changed by more than $500,000 from the prior valuation (columns 3 + 4)_____ and the ratio exceeds the range (0.5,1.5)_____. Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the development of the data.
335	Policy Year _____, Claim Number _____. Medical Incurred reported for the current valuation (columns 9 + 10) _____changed by more than $500,000 from the prior valuation (columns 5 + 6) ___ and the ratio exceeds the range (0.5,1.5)___. Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the development of the data.

C. NET LARGE DEDUCTIBLE CALL #8

i. ACTUARIAL EDITS - EXCLUSIVE TO CALL #8

	Edit Description
336	The relationship between Standard Earned Premium at DSR Level and Standard Earned Premium at Company Level should be consistent with each company's filed deviations and/or loss cost multiplier(s). **EDIT IS HANDLED MANUALLY BY EDITOR.**
337	The value for Col (XX) for Policy Year 2022 ___ should not be equal to Col (XX), Line (Z) ___ unless both values are equal to zero, for Standard at Bureau DSR Level (Col 1), Standard at Company Level (Col 2), Net Premium (Col 3) and Total Incurred Losses Including IBNR (Col 7). If the data is correct, provide a detailed explanation regarding the relationship between the columns.
338	Policy Year___Net Earned Premium reported in (Col 3) is greater than $250,000_____without any Incurred Losses (Col 7). Please verify that there are no losses for this policy year and if necessary, send corrections. [Applicable to all policy years]
339	Policy Year___Medical Incurred reported (Col 10+12+14) is greater than $250,000_____without any Indemnity Incurred Losses (Col 9+11+13). Please verify that all losses are medical only and if necessary, send corrections. [Applicable to all policy years]
340	Policy Year___Indemnity Incurred reported (Col 9+11+13) is greater than $250,000_____without any Medical Incurred Losses (Col 10+12+14). Please verify that no medical losses are associated with these indemnity claims and if necessary, send corrections. [Applicable to all policy years]
341	Policy Year __, if the value for Standard at Bureau DSR Level (Col 1) ___ is greater than or equal to 500,000, then Standard at Bureau DSR Level (Col 1) ___ and Standard at Company Level (Col 2) ___ should not be equal to Net Premium (Col 3) ___. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
342	Policy Year __, if the value for Standard at Bureau DSR Level (Col 1) ___ is greater than or equal to 500,000, then Standard at Company Level (Col 2) ___ divided by Net Premium (Col 3) ___ should be between the range of (0.50 and 2.00) ___. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
343	Policy Year __, if the value for Standard at Bureau DSR Level (Col 1) ___ is greater than or equal to 500,000, then Standard at Bureau DSR Level (Col 1) ___ divided by Net Premium (Col 3) ___ should be between the range of (0.50 and 2.00) ___. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
344	The method of discounting reserves has changed from the prior year call.

ii. ACTUARIAL EDITS - COMPARING THE CURRENT YEAR'S CALL #8 TO THE PRIOR YEAR'S CALL #8

	Edit Description
345	Paid Losses (Col 4, 9, 10, 21 and 22) for the current valuation should generally not decrease from the prior valuation. Policy Year __, Col (XX) on the current Call ___ decreases by more than $50,000 from the prior Policy Year Call ___. Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data.
346	There has been a change in the discounting procedure contrary to your carrier group's 'No' response.
347	Policy Year_____Net Earned Premium (Col 3) was reported on last year's call___ but is not reported on this year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021 and prior]
348	Policy Year_____Net Earned Premium (Col 3) reported on this year's call___ but not reported on last year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021 and prior]
349	Policy Year_____Incurred Losses (Col 7) were reported on last year's call___ but are not reported on this year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021 and prior]
350	Policy Year_____Incurred Losses (Col 7) are reported on this year's call___ but were not reported on last year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021 and prior]
351	Policy Year_____Claim Counts (Col 8) were reported on last year's call___ but are not reported on this year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021 and prior]

352	Policy Year_____Claim Counts (Col 8) are reported on this year's call___ but were not reported on last year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021 and prior]
353	Policy Year __, Premium reported (XX) on the current year call ___ for Col (XX), compared to the prior year call ___ is greater than 50,000 ___ but their ratio ___ falls outside the range of (0.99 and 1.01). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to Policy Years 2017 & prior]
354	Policy Year __, Premium reported (XX) on the current year call ___ for Col (XX), compared to the prior year call ___ is greater than 50,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.05). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to Policy Years 2018-2019]
355	Policy Year __, Premium reported (XX) on the current year call ___ for Col (XX), compared to the prior year call ___ is greater than 50,000 ___ but their ratio ___ falls outside the range of (0.85 and 1.15). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to Policy Year 2020]
356	Policy Year __, Premium reported (XX) on the current year call ___ for Col (XX), compared to the prior year call ___ is greater than 50,000 ___ but their ratio ___ falls outside the range of (1.00 and 4.00). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to Policy Year 2021)
357	Policy Year __, Premium reported (XX) on the current year call ___ for Col (XX), compared to the prior year call ___ is greater than 10,000 ___ but their ratio ___ falls outside the range of (0.50 and 2.00). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to policy years 2020 and prior]
358	Policy Year __, Total Paid + O/S excl IBNR (Col 4+5) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.97 and 1.03). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2016 & prior]
359	Policy Year __, Total Paid + O/S excl IBNR (Col 4+5) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.96 and 1.04). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2017]
360	Policy Year __, Total Paid + O/S excl IBNR (Col 4+5) of the current year call ___ compared to the prior year call ___ for is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.06). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2018]
361	Policy Year __, Total Paid + O/S excl IBNR (Col 4+5) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.25). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2019]
362	Policy Year __, Total Paid + O/S excl IBNR (Col 4+5) of the current year call ___ compared to the prior year call ___ for is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.50). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2020]
363	Policy Year __, Total Paid + O/S excl IBNR (Col 4+5) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 5.00). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2021]
364	Policy Year __, Indemnity Paid + O/S excl IBNR (Col 9+11) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.96 and 1.04). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2016 & prior]

365	Policy Year __, Indemnity Paid + O/S excl IBNR (Col 9+11) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.06). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2017]
366	Policy Year __, Indemnity Paid + O/S excl IBNR (Col 9+11) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.08). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2018]
367	Policy Year __, Indemnity Paid + O/S excl IBNR (Col 9+11) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.32). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2019]
368	Policy Year __, Indemnity Paid + O/S excl IBNR (Col 9+11) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.65). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2020]
369	Policy Year __, Indemnity Paid + O/S excl IBNR (Col 9+11) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 6.50). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2021]
370	Policy Year __, Medical Paid + O/S excl IBNR (Col 10+12) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.96 and 1.04). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2016 & prior]
371	Policy Year __, Medical Paid + O/S excl IBNR (Col 10+12) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.06). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2017]
372	Policy Year __, Medical Paid + O/S excl IBNR (Col 10+12) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.08). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2018]
373	Policy Year __, Medical Paid + O/S excl IBNR (Col 10+12) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.32). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2019]
374	Policy Year __, Medical Paid + O/S excl IBNR (Col 10+12) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.65). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2020]
375	Policy Year __, Medical Paid + O/S excl IBNR (Col 10+12) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 6.50). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2021]
376	Policy Year __, Indemnity Claim Counts (Col 8) of the current year call ___ compared to the prior year call ___ is greater than 10 ___. Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to Policy Years 2019 & prior]

377	Policy Year __, Indemnity Claim Counts (Col 8) of the current year call ___ compared to the prior year call ___ is greater than 10 ___ but their ratio ___ falls outside the range of (1.00 and 1.20). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to Policy Year 2020]
378	Policy Year __, Indemnity Claim Counts (Col 8) of the current year call ___ compared to the prior year call ___ is greater than 10 ___ but their ratio ___ falls outside the range of (1.00 and 4.00). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to Policy Year 2021]
379	Policy Year __, Total Paid (Col 4) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.03). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2016 & prior]
380	Policy Year __, Total Paid (Col 4) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.06). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2017]
381	Policy Year __, Total Paid (Col 4) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.12). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2018]
382	Policy Year __, Total Paid (Col 4) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.35). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2019]
383	Policy Year __, Total Paid (Col 4) of the current year call ___ compared to the prior year call ___ for is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.90). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2020]
384	Policy Year __, Indemnity Paid (Col 9) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.04). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2016 & prior]
385	Policy Year __, Indemnity Paid (Col 9) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.08). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2017]
386	Policy Year __, Indemnity Paid (Col 9) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.12). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2018]
387	Policy Year __, Indemnity Paid (Col 9) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.47). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2019]
388	Policy Year __, Indemnity Paid (Col 9) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 2.20). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2020]

389	Policy Year __, Medical Paid (Col 10) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.04). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2016 & prior]
390	Policy Year __, Medical Paid (Col 10) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.08). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2017]
391	Policy Year __, Medical Paid (Col 10) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.12). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2018]
392	Policy Year __, Medical Paid (Col 10) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.47). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2019]
393	Policy Year __, Medical Paid (Col 10) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 2.20). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2020]

Policy Year __

iii.
ACTUARIAL EDITS - COMPARING CALL #8 TO OTHER FINANCIAL DATA INCENTIVE PROGRAM CALLS

	Edit Description
394	All non-zero data entries on Call #8, Policy Year __, Col (X) ___ should be less than the corresponding data entries on Call #9, Policy Year __, Col (X) ___ except for Total IBNR (Col 6), Indemnity IBNR (Col 13), Medical IBNR (Col 14), Indemnity Bulk (Col 16) and Medical Bulk (Col 18) where Call #8 may be less than or equal to Call #9. Please correct the data.

D. GROSS LARGE DEDUCTIBLE CALL #9

i.
ACTUARIAL EDITS - EXCLUSIVE TO CALL #9

	Edit Description
395	The relationship between Standard Earned Premium at DSR Level and Standard Earned Premium at Company Level should be consistent with each company's filed deviations and/or loss cost multiplier(s). EDIT IS HANDLED MANUALLY BY EDITOR.
396	The value for Col (XX) for Policy Year 2022 ___ should not be equal to Col (XX), Line (Z) ___ unless both values are equal to zero, for Standard at Bureau DSR Level (Col 1), Standard at Company Level (Col 2), Net Premium (Col 3) and Total Incurred Losses Including IBNR (Col 7). If the data is correct, provide a detailed explanation regarding the relationship between the columns.
397	Policy Year___Net Earned Premium reported in (Col 3) is greater than $250,000_____without any Incurred Losses (Col 7). Please verify that there are no losses for this policy year and if necessary, send corrections. [Applicable to all policy years]
398	Policy Year___Medical Incurred reported (Col 10+12+14) is greater than $250,000_____without any Indemnity Incurred Losses (Col 9+11). Please verify that all losses are medical only and if necessary, send corrections. [Applicable to all policy years]
399	Policy Year___Indemnity Incurred reported (Col 9+11+13) is greater than $250,000_____without any Medical Incurred Losses (Col 10+12). Please verify that no medical losses are associated with these indemnity claims and if necessary, send corrections. [Applicable to all policy years]
400	Policy Year __, if the value for Standard at Bureau DSR Level (Col 1) ___ is greater than or equal to 500,000, then Standard at Bureau DSR Level (Col 1) ___ and Standard at Company Level (Col 2) ___ should not be equal to Net Premium (Col 3) ___. If the data is correct, provide a detailed explanation regarding the relationship between the columns.

401	Policy Year __, if the value for Standard at Bureau DSR Level (Col 1) ___ is greater than or equal to 500,000, then Standard at Company Level (Col 2) ___ divided by Net Premium (Col 3) ___ should be between the range of (0.50 and 2.00) ___. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
402	Policy Year __, if the value for Standard at Bureau DSR Level (Col 1) ___ is greater than or equal to 500,000, then Standard at Bureau DSR Level (Col 1) ___ divided by Net Premium (Col 3) ___ should be between the range of (0.50 and 2.00) ___. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
403	The method of discounting reserves has changed from the prior year call.

ii.

ACTUARIAL EDITS - COMPARING THE CURRENT YEAR'S CALL #9 TO THE PRIOR YEAR'S CALL #9

	Edit Description
404	Paid Losses (Col 4, 9, 10, 21 and 22) for the current valuation should generally not decrease from the prior valuation. Policy Year __, Col (XX) on the current Call ___ decreases by more than $50,000 from the prior Policy Year Call ___. Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data.
405	There has been a change in the discounting procedure contrary to your carrier group's 'No' response.
406	Policy Year_____Net Earned Premium (Col 3) was reported on last year's call___ but is not reported on this year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021 and prior]
407	Policy Year_____Net Earned Premium (Col 3) reported on this year's call___ but not reported on last year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021 and prior]
408	Policy Year_____Incurred Losses (Col 7) were reported on last year's call___ but are not reported on this year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021 and prior]
409	Policy Year_____Incurred Losses (Col 7) are reported on this year's call___ but were not reported on last year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021 and prior]
410	Policy Year_____Claim Counts (Col 8) were reported on last year's call___ but are not reported on this year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021 and prior]
411	Policy Year_____Claim Counts (Col 8) are reported on this year's call___ but were not reported on last year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021and prior]
412	Policy Year __, Premium reported (XX) on the current year call ___ for Col (XX), compared to the prior year call ___ is greater than 50,000 ___ but their ratio ___ falls outside the range of (0.99 and 1.01). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to Policy Years 2017 & prior]
413	Policy Year __, Premium reported (XX) on the current year call ___ for Col (XX), compared to the prior year call ___ is greater than 50,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.05). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to Policy Years 2018-2019]
414	Policy Year __, Premium reported (XX) on the current year call ___ for Col (XX), compared to the prior year call ___ is greater than 50,000 ___ but their ratio ___ falls outside the range of (0.85 and 1.15). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to Policy Year 2020]
415	Policy Year __, Premium reported (XX) on the current year call ___ for Col (XX), compared to the prior year call ___ is greater than 50,000 ___ but their ratio ___ falls outside the range of (1.00 and 4.00). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to Policy Year 2021]
416	Policy Year __, Premium reported (XX) on the current year call ___ for Col (XX), compared to the prior year call ___ is greater than 10,000 ___ but their ratio ___ falls outside the range of (0.50 and 2.00). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to policy years 2020 and prior]

417	Policy Year __, Total Paid + O/S excl IBNR (Col 4+5) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.97 and 1.03). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2016 & prior]
418	Policy Year __, Total Paid + O/S excl IBNR (Col 4+5) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.96 and 1.04). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2017]
419	Policy Year __, Total Paid + O/S excl IBNR (Col 4+5) of the current year call ___ compared to the prior year call ___ for is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.06). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2018]
420	Policy Year __, Total Paid + O/S excl IBNR (Col 4+5) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.25). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2019
421	Policy Year __, Total Paid + O/S excl IBNR (Col 4+5) of the current year call ___ compared to the prior year call ___ for is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.50). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2020]
422	Policy Year __, Total Paid + O/S excl IBNR (Col 4+5) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 5.00). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2021]
423	Policy Year __, Indemnity Paid + O/S excl IBNR (Col 9+11) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.96 and 1.04). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2016 & prior]
424	Policy Year __, Indemnity Paid + O/S excl IBNR (Col 9+11) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.06). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2017]
425	Policy Year __, Indemnity Paid + O/S excl IBNR (Col 9+11) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.08). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2018]
426	Policy Year __, Indemnity Paid + O/S excl IBNR (Col 9+11) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.32). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2019]
427	Policy Year __, Indemnity Paid + O/S excl IBNR (Col 9+11) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.65). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2020]
428	Policy Year __, Indemnity Paid + O/S excl IBNR (Col 9+11) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 6.50). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2021]

429	Policy Year __, Medical Paid + O/S excl IBNR (Col 10+12) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.96 and 1.04). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2016 & prior]
430	Policy Year __, Medical Paid + O/S excl IBNR (Col 10+12) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.06). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2017]
431	Policy Year __, Medical Paid + O/S excl IBNR (Col 10+12) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.08). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2018]
432	Policy Year __, Medical Paid + O/S excl IBNR (Col 10+12) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.32). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2019]
433	Policy Year __, Medical Paid + O/S excl IBNR (Col 10+12) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.65). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2020]
434	Policy Year __, Medical Paid + O/S excl IBNR (Col 10+12) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 6.50). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2021]
435	Policy Year __, Indemnity Claim Counts (Col 8) of the current year call ___ compared to the prior year call ___ is greater than 10 ___. Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to Policy Years 2019 & prior]
436	Policy Year __, Indemnity Claim Counts (Col 8) of the current year call ___ compared to the prior year call ___ is greater than 10 ___ but their ratio ___ falls outside the range of (1.00 and 1.20). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to Policy Year 2020]
437	Policy Year __, Indemnity Claim Counts (Col 8) of the current year call ___ compared to the prior year call ___ is greater than 10 ___ but their ratio ___ falls outside the range of (1.00 and 4.00). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to Policy Year 2021]
457	Policy Year __, Total Paid (Col 4) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.03). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2016 & prior]
458	Policy Year __, Total Paid (Col 4) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.06). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2017]
459	Policy Year __, Total Paid (Col 4) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.12). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2018]

460	Policy Year __, Total Paid (Col 4) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.35). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2019]
461	Policy Year __, Total Paid (Col 4) of the current year call ___ compared to the prior year call ___ for is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.90). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2020]
462	Policy Year __, Indemnity Paid (Col 9) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.04). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2016 & prior]
463	Policy Year __, Indemnity Paid (Col 9) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.08). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2017]
464	Policy Year __, Indemnity Paid (Col 9) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.12). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2018]
465	Policy Year __, Indemnity Paid (Col 9) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.47). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2019]
466	Policy Year __, Indemnity Paid (Col 9) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 2.20). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2020]
467	Policy Year __, Medical Paid (Col 10) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.04). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2016 & prior]
468	Policy Year __, Medical Paid (Col 10) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.08). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2017]
469	Policy Year __, Medical Paid (Col 10) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.12). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2018]
470	Policy Year __, Medical Paid (Col 10) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.47). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2019]
471	Policy Year __, Medical Paid (Col 10) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 2.20). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2020]

iii.

ACTUARIAL EDITS - COMPARING CALL #9 TO OTHER FINANCIAL DATA INCENTIVE PROGRAM CALLS

	Edit Description
472	Data reported for Large Deductible Policies should generally be larger on a gross basis than a net basis. Policy Year __, Call #9, Col (XX) ___ should be greater than Policy Year __, Call #8, Col (XX) ___ except for IBNR and Bulk Reserves (Col 6, 13, 14, 16 and 18). Please correct the data or provide an explanation.

E.   PENNSYLVANIA CALENDAR YEAR EXPENSE CALL #14

i.

ACTUARIAL EDITS - COMPARING CALL #14 TO OTHER FINANCIAL DATA INCENTIVE PROGRAM CALLS

	Edit Description
473	If Incurred Losses are reported on Schedule W, Part A-5, Line (9C), Col (4) ___, Call #14, ULAE - Paid, Line (1c) should not be equal to zero. Please correct the data.
474	If Incurred Losses are reported on Schedule W, Part A-5, Line (9C), Col (4) ___, Call #14, ULAE - Incurred, Line (1d) should not be equal to zero. Please correct the data.
475	If Net Earned Premium is reported on Schedule W, Part A-5, Line (5) ___, Call #14, Other Acquisition - Incurred, Line (2b) should not be equal to zero. Please correct the data.
476	If Net Earned Premium is reported on Schedule W, Part A-5, Line (5) ___, Call #14, General Expense, Line (3) should not be equal to zero. Please correct the data.
477	[Line (1b) + Line (1d)]/[Schedule W, Part A-5, Line (9C), Column (4) + Line (9H), Column (4)] (0.00) does not fall within the interval [0.01-0.35].
478	[Line (2a)]/[Schedule W, Part A-5, Line (7)] (0.00) does not fall within the interval [0.01-0.15].
479	[Line (2b)]/[Schedule W, Part A-5, Line (7)] (-0.01) does not fall within the interval [0.00-0.12].
480	[Line (3)]/[Schedule W, Part A-5, Line (7)] (0.01) does not fall within the interval [0.02-0.20].
481	[Line (4)]/[Schedule W, Part A-5, Line (7)] (0.00) does not fall within the interval [0.01-0.20].

F.   CATASTROPHE EXPERIENCE CALL #15

i.

ACTUARIAL EDITS - EXCLUSIVE TO CALL #15

	Edit Description
482	All non-zero data entries on a Gross Large Deductible basis, Section 3 should be greater than the corresponding data entries on a Net Large Deductible basis, Section 2. Policy Year __, Col (XX) ___ must be less than or equal to Policy Year __, Col (XX) ___, for Columns (1) through (7), for all policy years. Please correct the data or provide an explanation.
483	If Question #1 is answered 'Yes', then claims should be reported on Call #15. Please correct the data or provide an explanation.

ii.

ACTUARIAL EDITS - COMPARING THE CURRENT YEAR'S CALL #15 TO THE PRIOR YEAR'S CALL #15

	Edit Description
484	Claims Closed with Payment reported Section #XX, Policy Year __, on the current year call ___ should not decrease compared to the prior year call ___, for PY 2000 through PY 2021, Sections 1 through 3. Please correct the data or provide an explanation.
485	Total Claims reported Section #XX, Policy Year __, on the current year call ___ should not decrease compared to the prior year call ___, for PY 2000 through PY 2021, Sections 1 through 3. Please correct the data or provide an explanation.
486	Indemnity Paid reported Section #XX, Policy Year __, on the current year call ___ should not decrease compared to the prior year call ___, for PY 2000 through PY 2021, Sections 1 through 3. Please correct the data or provide an explanation.
487	Medical Paid reported Section #XX, Policy Year __, on the current year call ___ should not decrease compared to the prior year call ___, for PY 2000 through PY 2021, Sections 1 through 3. Please correct the data or provide an explanation.

iii.

ACTUARIAL EDITS - COMPARING CALL #15 TO OTHER FINANCIAL DATA INCENTIVE PROGRAM CALLS

	Edit Description
488	All data reported on Call #15 Section #1 should be reported on Call #1. Policy Year __, Col (XX) ___ should be less than or equal to Call #1, Policy Year __, Col (XX) ___. Please correct the data or provide an explanation.
489	All data reported on Call #15 Section #2 should be reported on Call #8. Policy Year __, Col (XX) ___ should be less than or equal to Call #8, Policy Year __, Col (XX) ___. Please correct the data or provide an explanation.
490	All data reported on Call #15 Section #3 should be reported on Call #9. Policy Year __, Col (XX) ___ should be less than or equal to Call #9, Policy Year __, Col (XX) ___. Please correct the data or provide an explanation.

G. SCHEDULE W

i.

ACTUARIAL EDITS - EXCLUSIVE TO SCHEDULE W

	Edit Description
491	Claims Closed without Payment for the current valuation should be greater than or equal to the prior valuation. Policy Year __. Parts B-1 & C-1, Col (14), Policy Year (XX) ___ should be greater than or equal to Parts B-1 & C-1, Col (13), Policy Year (XX) ___, for all policy years. The difference is ___. Please correct the data or provide an explanation.
492	Claims Closed with Payment for the current valuation should be greater than or equal to the prior valuation. Policy Year __. Parts B-1 & C-1, Col (12), Policy Year (XX) ___ should be greater than or equal to Parts B-1 & C-1, Col (11), Policy Year (XX) ___, for all policy years. The difference is ___. Please correct the data or provide an explanation.
493	Incurred Claim Count should be greater than Claims Closed with Payment. Policy Year __. Parts B-1 & C-1, Col (9), Policy Year (XX) ___ should be greater than or equal to Parts B-1 & C-1, Col (11), Policy Year (XX) ___, for all policy years. The difference is ___. Please correct the data or provide an explanation.
494	Incurred Claim Count should be greater than Claims Closed with Payment. Policy Year __. Parts B-1 & C-1, Col (10), Policy Year (XX) ___ should be greater than or equal to Part B-1 & C-1, Col (12), Policy Year (XX) ___, for all policy years. The difference is ___. Please correct the data or provide an explanation.
495	Policy Year __. Part C-1, Col (XX), Policy Year (XX) ___ should be greater than Part B-1, Col (XX), Policy Year (XX) ___ unless both values are equal to zero, for all policy years, Cols (9) through (12). The difference is ___. Please correct the data or provide an explanation.
496	Policy Year __. Part D-1, Col (XX), Policy Year (XX) ___ should be less than Part E-1, Col (XX), Policy Year (XX) ___ unless both values are equal to zero, for all policy years, Cols (1) through (18). The difference is ___. Please correct the data or provide an explanation.
497	Policy Year __. Part D-2, Col (XX), Policy Year (XX) ___ should be less than Part E-2, Col (XX), (XX) Policy Year ___ unless both values are equal to zero, for all policy years, Cols (1) through (18). The difference is ___. Please correct the data or provide an explanation.
498	Premium Discount Adjustment should be non-negative. Parts A-1 & A-5, Line (6B) ___ Please correct the data or provide an explanation.
499	Premium Credits for PA Certfied Safety Committee Credit Program should be non-negative. Parts A-1 & A-5, Line (6D) ___ Please correct the data or provide an explanation.
500	Deductible Premium Adjustments should be non-negative. Parts A-1 & A-5, Line (XX) ___ Please correct the data or provide an explanation.
501	Ratio of Premium Discount Adjustment (6B) to Net Earned Premium + Premium Discount Adjustment (5+6B), Parts A-1 & A-5, should be within the range [0.00 and 0.126] ___ Please correct the data or provide an explanation.
502	Parts A-1 & A-5, the ratio of [Line (6D) /(Line (7) - Line (6C) - Line (6D) - Line (6E) - Line (6F))] ___ should be less than or equal to 0.05 and greater than or equal to 0.00. Please correct the data or provide an explanation.
503	Parts A-1 & A-5, the ratio of [Line (6E) / (Line (7) - Line (6C) - Line (6F))] ___ should be within the range (-0.26 and 0.26). Please correct the data or provide an explanation.

504	Parts A-1 & A-5, the ratio of [Line (6F) / (Line (7) - Line (6C))] ___ should be within the range (-0.05 and 0.05) Please correct the data or provide an explanation.
505	Net Written Premium on the Annual Statement (Col 1) ___ must equal Schedule W, Part A-5, Line (1) ___. The difference is ___. Please correct the data or provide an explanation.
506	Net Earned Premium on the Annual Statement (Col 2) ___ must equal Schedule W, Part A-5, Line (5) ___. The difference is ___. Please correct the data or provide an explanation.
507	Paid Losses on the Annual Statement (Col 5) ___ must equal Schedule W, Part A-5, Line (9C), Col (1) ___. The difference is ___. Please correct the data or provide an explanation.
508	Unpaid Current Year on the Annual Statement (Col 7) ___ must equal Schedule W, Part A-5, Line (9C), Col (2) ___. The difference is ___. Please correct the data or provide an explanation.
509	Incurred Losses on the Annual Statement (Col 6) ___ must equal Schedule W, Part A-5, Line (9C), Col (4) ___. The difference is ___. Please correct the data or provide an explanation.
510	The ratio of [Part A-9740, Line (5)] / [Part A-5, Line (5)] ___ should be within the range (0.00 and 0.05). Please correct the data or provide an explanation.
511	If Net Earned Premium is reported for Part A-5, Line (5) ___ then the Terrorism amount reported for Part A-9740, Line (5) ___ should not equal zero. Please correct the data or provide an explanation.
512	The ratio of [Part A-9741, Line (5)] / [Part A-5, Line (5)] ___ should be within the range (0.00 and 0.05) Please correct the data or provide an explanation.
513	If Net Earned Premium is reported for Part A-5, Line (5) ___ then the Catastrophe amount reported for Part A-9741, Line (5) ___ should not equal zero. Please correct the data or provide an explanation.
514	Generally, Terrorism Standard Earned Premium, Part A-9740, Line (7) ___ should not equal Terrorism Net Earned Premium, Part A-9740, Line (5) ___. Please correct the data or provide an explanation.
515	Generally, Catastrophe Standard Earned Premium, Part A-9741, Line (7) ___ should not equal Catastrophe Net Earned Premium, Part A-9741, Line (5) ___. Please correct the data or provide an explanation.
516	Indemnity Small Deductible Adjustment should be non-negative. Parts A-1 & A-5, Line (9D), Col (1) ___. Please correct the data or provide an explanation.
517	Medical Small Deductible Adjustment should be non-negative. Parts A-1 & A-5, Line (9E), Col (1) ___. Please correct the data or provide an explanation.
518	Indemnity Large Deductible Adjustment should be non-negative. Parts A-1 & A-5, Line (9F), Col (1) ___. Please correct the data or provide an explanation.
519	Medical Large Deductible Adjustment should be non-negative. Parts A-1 & A-5, Line (9G), Col (1) ___. Please correct the data or provide an explanation.
520	The sum of the current Incurred Claims (Col 10) and Claims Closed w/o Payment (Col 14) ___ should be greater than or equal to the sum of the prior Incurred Claims (Col 9) and Claims closed w/o Payment (Col 13) ___ for Part B-1, Policy Year (XX). The difference is ___. Please correct the data or provide an explanation.
521	The current Claims Closed with Payment (Col 12) ___ should be greater than or equal to the prior Claims Closed with Payment (Col 11) ___ for Part D-1, Policy Year (XX). The difference is ___. Please correct the data or provide an explanation.
522	Part A-1, if Net Earned Premium is reported (Line 5) ___ then the Merit Rating Adjustment (Line 6F) ___ should not equal zero. Please correct the data or provide an explanation.
523	The sum of the current Incurred Claims and Claims Closed w/o Payment (Col 10+14) ___ should be greater than or equal to the sum of the prior Incurred Claims and Claims closed w/o Payment (Col 9+13) ___ for Part D-1, Policy Year (XX). The difference is ___. Please correct the data or provide an explanation.
524	Part A-1, if Net Earned Premium is reported (Line 5) ___ then the Merit Rating Adjustment (Line 6F) ___ should not equal zero. Please correct the data or provide an explanation.