



January 17, 2013

Refreshed
1/18/13

DCRB CIRCULAR NO. 882

To All Members of the DCRB:

Re: **APPROVAL OF DCRB FILING NO. 1203**

- 1) **Revisions to Employers Liability and Admiralty or FELA Coverage Increased Limits Percentages and Factors – NCCI Item Filing B-1425, Related Manual Rule Housekeeping Revisions – EFFECTIVE JUNE 1, 2013**
- 2) **Statistical Plan Revisions Related to NCCI Item Filing B-1425 and Additional Revisions – EFFECTIVE JUNE 1, 2013 WITH SPECIFIED ITEMS EFFECTIVE JUNE 1, 2013 ON AN OPTIONAL BASIS, JANUARY 1, 2014 ON A MANDATORY BASIS**

The Delaware Compensation Rating Bureau, Inc. (DCRB) has filed and the Insurance Commissioner has approved Basic Manual and Statistical Plan Manual revisions to reflect countrywide changes in line with National Council on Compensation Insurance, Inc. (NCCI) Item Filing B-1425, which revises employer liability increased limits factors. Additionally, housekeeping revisions to both Manuals and miscellaneous revisions to the Statistical Plan Manual are also approved with the effective dates as shown below.

- 1) **Basic Manual** – these changes are effective June 1, 2013
 - Revisions to Section 1, Rule VIII – Table for Increased Limits
 - Miscellaneous housekeeping changes

NCCI Item Filing B-1425 provides two sets of employer liability increased factors, with the choice of lower or higher table factors based on each state's portion of employer liability losses relative to total workers compensation losses in that state. In Delaware, the lower table of factors has been filed and approved. This represents significant reductions to Delaware's factors.

The Manual changes are shown following:

SECTION 1

RULE II – EXPLANATION OF COVERAGES AND METHODS OF INSURING

A. PART ONE – WORKERS COMPENSATION INSURANCE

1. Description of Workers Compensation Coverage

No Change

C. PART TWO – EMPLOYERS LIABILITY INSURANCE

1. Description of Employers Liability Insurance

No Change

3. Admiralty Law or Federal Employers Liability Act

Employers liability insurance for liability of an employer under admiralty law or Federal Employers Liability Act is not provided by the Standard Policy. Refer to Rule XII for rules and endorsements to cover or, limit ~~or exclude~~ this exposure.

RULE VIII – LIMITS OF LIABILITY

Item 3-B of the Information Page

A. WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

1. Part One – Workers Compensation

There is no limit of liability in the standard policy for Part One. The policy provides all benefits required by the Delaware Workers Compensation Law.

2. Part Two – Employers Liability

a. Standard Limits

The standard limits of liability under Part Two are:

Bodily Injury by Accident: **\$100,000** – each accident
Bodily Injury by Disease: **\$100,000** – each employee
Bodily Injury by Disease: **\$500,000** – policy limit.

b. Increased Limits

The limit under Part Two may be increased, subject to the following:

(1) The limits of liability shall be the same for all states specified in Item 3-A of the Information Page.

(2) The additional premium for increased limits shall be determined by multiplying the total premium by the percentage in the following Table for Increased Limits. For this purpose, total premium shall be computed after ~~before~~ application of any carrier rate but before application of experience rating modification or retrospective rating adjustment.

TABLE FOR INCREASED LIMITS *

Classification Statistical Codes	Limits of Liability	Percentage
	(000s omitted)	
9803	100 / 100 / 1,000	70% <u>0.1%</u>
9804	100/100/2,500	1.20%
9805	100 / 100 / 5,000	4.70% <u>0.5%</u>
9806	100 / 100 / 10,000	2.40% <u>1.0%</u>
9807	500 / 500 / 500	4.90% <u>0.8%</u>
9808	500 / 500 / 1,000	2.20% <u>0.9%</u>
9809	500/500/2,500	2.70%
9810	500 / 500 / 5,000	3.20% <u>1.3%</u>
9811	500 / 500 / 10,000	3.90% <u>1.8%</u>
9812	1,000 / 1,000 / 1,000	3.30% <u>1.1%</u>
9813	1,000/1000,2,500	3.80%
9814	1,000 / 1,000 / 5,000	4.40% <u>1.5%</u>
9815	1,000 / 1,000 / 10,000	5.00% <u>2.0%</u>
9816	Over 1,000 / 1,000 / 10,000	(a)
<u>9837</u>	<u>All other</u>	<u>Refer to Table 1</u>
	<u>(a) Apply to DCRB for higher limit charges.</u>	

Table 1

	<u>Loss Limits</u>	<u>Minimum * Premiums</u>	<u>500</u>	<u>1,000</u>	<u>2,000</u>	<u>3,000</u>	<u>4,000</u>	<u>5,000</u>	<u>6,000</u>	<u>7,000</u>	<u>8,000</u>	<u>9,000</u>	<u>10,000</u>
<u>Bodily Injury by</u>	<u>100</u>		<u>0.00%</u>	<u>0.10%</u>	<u>0.20%</u>	<u>0.30%</u>	<u>0.40%</u>	<u>0.50%</u>	<u>0.60%</u>	<u>0.70%</u>	<u>0.80%</u>	<u>0.90%</u>	<u>1.00%</u>
<u>Accident</u>	<u>200</u>	<u>\$75</u>	<u>0.20%</u>	<u>0.30%</u>	<u>0.40%</u>	<u>0.50%</u>	<u>0.60%</u>	<u>0.70%</u>	<u>0.80%</u>	<u>0.90%</u>	<u>1.00%</u>	<u>1.10%</u>	<u>1.20%</u>
<u>Each</u>	<u>300</u>	<u>\$75</u>	<u>0.40%</u>	<u>0.50%</u>	<u>0.60%</u>	<u>0.70%</u>	<u>0.80%</u>	<u>0.90%</u>	<u>1.00%</u>	<u>1.10%</u>	<u>1.20%</u>	<u>1.30%</u>	<u>1.40%</u>
<u>Accident</u>	<u>400</u>	<u>\$75</u>	<u>0.60%</u>	<u>0.70%</u>	<u>0.80%</u>	<u>0.90%</u>	<u>1.00%</u>	<u>1.10%</u>	<u>1.20%</u>	<u>1.30%</u>	<u>1.40%</u>	<u>1.50%</u>	<u>1.60%</u>
<u>Limit and</u>	<u>500</u>	<u>\$75</u>	<u>0.80%</u>	<u>0.90%</u>	<u>1.00%</u>	<u>1.10%</u>	<u>1.20%</u>	<u>1.30%</u>	<u>1.40%</u>	<u>1.50%</u>	<u>1.60%</u>	<u>1.70%</u>	<u>1.80%</u>
<u>Bodily</u>	<u>1,000</u>	<u>\$120</u>	-	<u>1.10%</u>	<u>1.20%</u>	<u>1.30%</u>	<u>1.40%</u>	<u>1.50%</u>	<u>1.60%</u>	<u>1.70%</u>	<u>1.80%</u>	<u>1.90%</u>	<u>2.00%</u>
<u>Injury by</u>	<u>2,000</u>		-	-	<u>1.40%</u>	<u>1.50%</u>	<u>1.60%</u>	<u>1.70%</u>	<u>1.80%</u>	<u>1.90%</u>	<u>2.00%</u>	<u>2.10%</u>	<u>2.20%</u>
<u>Disease</u>	<u>3,000</u>		-	-	-	<u>1.60%</u>	<u>1.70%</u>	<u>1.80%</u>	<u>1.90%</u>	<u>2.00%</u>	<u>2.10%</u>	<u>2.20%</u>	<u>2.30%</u>
<u>Each</u>	<u>4,000</u>		-	-	-	-	<u>1.80%</u>	<u>1.90%</u>	<u>2.00%</u>	<u>2.10%</u>	<u>2.20%</u>	<u>2.30%</u>	<u>2.40%</u>
<u>Employee</u>	<u>5,000</u>		-	-	-	-	-	<u>2.00%</u>	<u>2.10%</u>	<u>2.20%</u>	<u>2.30%</u>	<u>2.40%</u>	<u>2.50%</u>
<u>Limit</u>	<u>6,000</u>		-	-	-	-	-	-	<u>2.20%</u>	<u>2.30%</u>	<u>2.40%</u>	<u>2.50%</u>	<u>2.60%</u>
<u>(\$000</u>	<u>7,000</u>		-	-	-	-	-	-	-	<u>2.40%</u>	<u>2.50%</u>	<u>2.60%</u>	<u>2.70%</u>
<u>Omitted)</u>	<u>8,000</u>		-	-	-	-	-	-	-	-	<u>2.60%</u>	<u>2.70%</u>	<u>2.80%</u>
-	<u>9,000</u>		-	-	-	-	-	-	-	-	-	<u>2.80%</u>	<u>2.90%</u>
	<u>10,000</u>		-	-	-	-	-	-	-	-	-	-	<u>3.00%</u>

* Increased limits of employers liability are available under the Delaware Insurance Plan upon request, subject to maximum limits of \$1million/\$1million/\$1million. Minimum premiums displayed with Table 1 are applicable to Delaware Residual Market. The same minimum premium applies for all the Bodily Injury by Disease policy limits within the same row.

(3) The premium for increased limits shall be subject to any experience rating modification, merit rating, deductible credit or retrospective rating. The premium for increased limits on non-ratable classifications is not subject to any experience rating modifications, merit rating and retrospective rating.

B. VOLUNTARY COMPENSATION INSURANCE

1. Standard Limits

The standard limits of liability under Part Two Employers Liability Insurance for employees subject to voluntary compensation are:

- Bodily Injury by Accident: **\$100,000** – each accident
- Bodily Injury by Disease: **\$100,000** – each employee
- Bodily Injury by Disease: **\$500,000** – policy limit

The limit of liability for Bodily Injury by Accident applies to all bodily injury arising out of any one accident. The limit of liability for Bodily Injury by Disease – each employee – applies as a separate limit to bodily injury by disease to any one employee and the limit of liability for Bodily Injury by Disease – policy limit – applies as an aggregate limit for all bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease.

2. Increased Limits

- (a) The standard limits under Part Two Employers Liability for employees subject to ~~V~~voluntary ~~C~~ompensation insurance may be increased.
- (b) The premium for the increased limits shall be determined by using on the basis of the Table factors in Rule A.2. b. the following table:

Limit of Liability	Factor
000s omitted	
100 / 100 / 1,000	1.053
100 / 100 / 2,500	1.127
100 / 100 / 5,000	1.225
100 / 100 / 10,000	1.284
500 / 500 / 500	1.186
500 / 500 / 1,000	1.206
500 / 500 / 2,500	1.286
500 / 500 / 5,000	1.368
500 / 500 / 10,000	1.424
1,000 / 1,000 / 1,000	1.280
1,000 / 1,000 / 2,500	1.357
1,000 / 1,000 / 5,000	1.436
1,000 / 1,000 / 10,000	1.509
Over 1,000 / 1,000 / 10,000	(a)
(a) Apply to Bureau for higher limit factor	

1. Premium Determination

Premium shall be determined on the basis of the workers compensation rules, classifications and DCRB rating values in this Manual for the state workers compensation law designated in the schedule in the Voluntary Compensation and Employers Liability Coverage Endorsement.

No Change

RULE XII – U.S. LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT

NOTE: The Delaware Compensation Rating Bureau, Inc. has no jurisdiction over the rates or classification for Admiralty or Federal Employers Liability exposure. The following rule was published by the National Council on Compensation Insurance and is shown here for information purposes only.

A. GENERAL EXPLANATION

- A. Description of Coverage Programs No Change
- B. Coverage No Change

~~**C. EXCLUSIONS**~~

~~Unless specifically excluded, coverage for liability of an employer under admiralty law or F.E.L.A. is provided by the policy under Part Two – Employers Liability. The policy may be endorsed to exclude such coverage as follows:~~

~~**1. Exclusion of Admiralty Law Liability**~~

~~To exclude admiralty liability, attach the Standard Maritime Exclusion Endorsement (WC 00 02 02).~~

~~**2. Exclusion of F.E.L.A. Liability**~~

~~To exclude F.E.L.A. liability, attach the Standard Federal Employers Liability Act Exclusion Endorsement (WC 00 01 05).~~

~~**D. E. LIMITS OF LIABILITY**~~

No Change

Questions regarding these changes should be addressed to Betty Ann Campbell, Director – Rating Rules & Policy Reporting, at Extension 4425 or bcampbell@dcrb.com.

2) Statistical Plan Manual

- **Changes effective June 1, 2013**
 - Revisions to Employers Liability and Admiralty or FELA Coverage Increased Limits Table
- **Changes effective June 1, 2013 on an OPTIONAL basis, January 1, 2014 on a MANDATORY basis**
 - Housekeeping revisions to include typographical errors and language standardization
 - Addition to and deletion of certain data elements
 - Addition of new code values
 - Clarification of language for reporting instructions and code values
 - Updated example forms (there is no material change to reporting requirements)

Complete Statistical Plan Manual revisions are attached to this circular.

Questions regarding Statistical Plan changes should be addressed to Bonnie Piacentino, Vice President – Data Management, at Extension 4456 or bpacentino@dcrb.com.

Both the Basic Manual and Statistical Plan Manual will be available on our website (www.dcrb.com) at a later date.

Timothy L. Wisecarver
President

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Remember to visit our web site at www.dcrb.com for more information about this and other topics.

DELAWARE STATISTICAL PLAN MANUAL CHANGES

Table for Increased Limits – Section IV, Item B.3.a.(1)
Mandatory Effective June 1, 2013

All Other Changes
Optional Effective June 1, 2013
Mandatory Effective January 1, 2014

SECTION I - GENERAL RULES/DEFINITIONS

A. Scope of Report

A report must be filed for every policy insuring liability under Delaware Workers' Compensation and Occupational Disease Acts, as well as for every voluntary compensation policy providing coverage in Delaware. All reports must be filed with the **Delaware Compensation Rating Bureau Inc., ~~The Widener United Plaza Building, 6th Floor Suite 1500, One South Penn Square~~ 30 South 17th Street, Philadelphia, PA ~~1910719103-35774077~~.**

Items **B through J** remain unchanged.

K. Loss Rules

Items Number **1 through 7** remain unchanged.

8. Correction and Subsequent Reports

Item **a.** remains unchanged.

b. Correction Reports

- (1) A correction report must be filed when any of the following occur between valuation dates:

Item **a.** remains unchanged.

- (b) The claim, or any part thereof, is declared non-compensable (as defined in ~~an the experience~~ Experience rating Rating plan Plan).

Item **c.** remains unchanged.

- (d) The claim's catastrophe code values are found to have been included or excluded in error.

If the claim was declared non-compensable, a Code "05" must be reported in the Type of Settlement portion of the Loss Conditions field. In the case of recovery against a third party, a Code "03" must be reported in the Type of Recovery portion of the Loss Conditions field, etc. (See Section IV, Codes)

Items **(2) through (3)** remain unchanged.

Item **c.** remains unchanged.

Items Number **9 through 10** remain unchanged.

Item **L** remains unchanged.

M. General Rules and Definitions

Items Number **1 through 9** remain unchanged.

10. Type of Coverage Claim

DELAWARE STATISTICAL PLAN MANUAL CHANGES

Table for Increased Limits – Section IV, Item B.3.a.(1)
Mandatory Effective June 1, 2013

All Other Changes
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Items **a. through c.** remain unchanged.

- d. ~~Liability Over. Refers to a particular Employers Liability coverage situation where a third party, who is being sued by an employee, in turn sues the employer. Any damages incurred to the employer are classified as liability over and are in addition to compensation payments made to the injured employee.~~

DELAWARE STATISTICAL PLAN MANUAL CHANGES

Table for Increased Limits – Section IV, Item B.3.a.(1)
Mandatory Effective June 1, 2013

All Other Changes
Optional Effective June 1, 2013
Mandatory Effective January 1, 2014

SECTION II – REPORTING REQUIREMENTS

A. Rules Common to Premiums and Losses

Item Number 1 remains unchanged.

2. Estimated Audits

If for any reason data is unavailable to the carrier before the filing date, an estimated audit must be filed with the Bureau and the Policy Conditions field "Estimated Exposures Audit Code" shall be marked with the symbol "Y" appropriate code.

Items Number 3 through 6 remain unchanged.

7. Policy Conditions

Report the 1-position indicator or code for each policy condition which is indicated by a "Y" in the appropriate box for each condition that applies: three-year fixed rate indicator, multistate policy indicator, estimated exposure indicator audit code, retrospective rated indicator, canceled mid-term indicator and managed care organization indicator.

Item Number 8 remains unchanged.

9. Deductible Type Codes

Report the two 42-digit codes that identify ies the type of deductible being reported.

First Two Positions Losses Subject to Deductible Code

Code Description

00	No Deductible
01	Medical Losses Only
02	Indemnity Losses Only
03	Medical & Indemnity Losses

Second Two Positions Basis of Deductible Calculation Code

Code Description

00	No Deductible
01	Per Claim
02	Per Accident
03	Per Policy <u>Aggregate Limit</u>
04	Percent of Claim Cost
05	Percent of Premium
06	Coinsurance Only <u>Percent with Per Claim Limit</u>
07	Benefits Coinsurance <u>Percent with Per Claim Amount and Coinsurance Limit</u>
08	Per Accident Coinsurance <u>Percent with Per Accident Amount and Coinsurance Limit</u>
09	Per Policy & Accident <u>Amount with Per Policy Aggregate Limit</u>
10	Per Claim <u>Amount with and Per Policy Aggregate Limit</u>
11	Coinsurance Percent With <u>Per Claim Amount Limit</u> and <u>Per Policy Aggregate Limits</u>
12	Variable

DELAWARE STATISTICAL PLAN MANUAL CHANGES

Table for Increased Limits – Section IV, Item B.3.a.(1)
Mandatory Effective June 1, 2013

All Other Changes
Optional Effective June 1, 2013
Mandatory Effective January 1, 2014

Items Number **10 through 12** remain unchanged.

B. Exposure Information

Items Number **1 through 3** remain unchanged.

4. Exposure Amount

- a. Payrolls reported must be audited payrolls even on minimum premium risks. When a final audit has not been made at the time of filing a report, the policy condition field Estimated **Exposures Audit Code** should be marked with the symbol "Y" and without further request MUST be replaced by a revised report as soon as audited payrolls are available.

Items **b. through d.** remain unchanged.

- e. The Manual rules provide that the payroll of all employees exposed to a foundry, abrasive, sand blasting hazard, carcinogen, radiation or federal black lung (except those rated under a classification where the Bureau Rating Values provide coverage for silicosis) will have a special supplementary disease rate charge in addition to the Bureau Loss Cost. Such payroll, together with the manual premium derived from the supplemental rate charge, shall be assigned to the appropriate code, such as ~~0066, 0133, 9985, 01760175~~, or **0164**. Refer to Section IV Item B.3. of this Plan for a complete list. The payroll reported for these codes shall be shown but shall not be used in determining the risk's total payroll. However, the premium resulting from the application of the supplemental disease rates shall be included in the total premium reported, on one of the lines captioned "D," "E" or "F."
- f. The Manual rules provide that the payroll of all employees exposed to or engaged in the following hazards will have a mandatory catastrophe reserve rate which is not subject to experience or retrospective rating in addition to the Bureau Loss Cost. Such payroll, together with the Manual premium from the mandatory catastrophe reserve rate charge, shall be assigned to the appropriate code:

Class	Hazard	Code
4771	Manufacturing of Explosives or Ammunition	0771
4773	Manufacturing of high explosives	0773
4774	Manufacturing of high explosives	0774
4775	Handling of explosives or mixing of fulminate	0775
4776	Handling of explosives or mixing of fulminate	0776
4779	Mixing and/or loading of charges	0779
7323	Stevedoring -- handling of ammunition	0763
7405	All members of the flying crew of scheduled and supplemental air carriers	7445
7413	All members of the flying crew of commuter air carriers	7453

Items Number **5 through 10** remain unchanged.

C. Loss Information

Item Number **1** remains unchanged.

DELAWARE STATISTICAL PLAN MANUAL CHANGES

Table for Increased Limits – Section IV, Item B.3.a.(1)
Mandatory Effective June 1, 2013

All Other Changes
Optional Effective June 1, 2013
Mandatory Effective January 1, 2014

2. Claim Number

Item **a.** remains unchanged.

~~b. Each claim on which the total loss (indemnity and medical combined) is greater than \$2,000 must be listed individually with the appropriate claim number.~~

~~c. At the option of the carrier all other medical only or temporary claims may be listed individually or may be grouped by Manual classification and by type of injury within each Manual classification.~~

~~The number of claims within each group shall be entered in the column captioned Accident Date/Number of Claims. In counting the number of claims, claims closed without payment shall be omitted. If one or more claims within the group are open, such a group shall be considered open and revised experience shall be reported in accordance with the rules of this Plan. If the grouping option is elected, claims must be grouped separately according to loss conditions codes as designated in Section IV, Item C.3.~~

~~**NOTE:** If claims otherwise eligible for the claim grouping option contained Catastrophe Code No. Numbers 48 or 87, these claims must be grouped separately with “48” or “87” reported in the Catastrophe Number field. Refer to Section II, C. 11. for definition of losses included under Catastrophe Code No. Numbers 48 or 87.~~

3. Accident Date/Number of Claims

~~For claims, which are listed individually, Entering of the accident date by reporting the month, day and year on which the injury occurred is required. Where a number of claims are summarized by the group option, report the number of claims contained in the reported grouped claim. Number of claims is not reported for individually listed claims.~~

Items Number **4 through 6** remain unchanged.

7. Injury Type

Items **a. through e.** remain unchanged.

f. *Permanent Partial Disability Code - 09*

(1) Cases involving partial disability or permanent injuries, as defined in Sections ~~306(b)~~2325 or ~~306(e)~~2326, respectively, of the Workers' Compensation Act. Such cases involve loss, or loss of use, of members of the body, sight or hearing and disfigurement of the head, neck or face. Do not include permanent injuries defined as Permanent Total above.

Item Number **2** remains unchanged.

Item Number **8** remains unchanged.

DELAWARE STATISTICAL PLAN MANUAL CHANGES

Table for Increased Limits – Section IV, Item B.3.a.(1)
Mandatory Effective June 1, 2013

All Other Changes
Optional Effective June 1, 2013
Mandatory Effective January 1, 2014

9. **Loss Conditions Codes**

Loss Coverage Act

Code	Description
01	State or Federal Act, excl. USL&HW
02	USL&HW "F" or non "F" Coverage
<u>03</u>	<u>Federal Coal Mine Health and Safety Act Only</u>
<u>04</u>	<u>Federal Coal Mine Health and Safety Act and/or the State Act</u>

Type of CoverageClaim

Code	Description
01	Workers' Compensation Only
02	Employers' Liability Only
03	Workers' Comp. & Employers' Liability-

Item Number **10** remains unchanged.

11. **Catastrophe Number (Cat. No.)**

Any accident resulting in two or more reported claims must be reported as a catastrophe. In reporting catastrophes, all claims (compensable as well as non-compensable and contract medical) resulting from this accident shall be designated by placing the numeral "1" in the column captioned Cat. No. opposite each claim. If there is more than one catastrophe under the policy, each succeeding catastrophe should be designated by means of a separate serial number "2", "3", etc., up to and including "10". After the number "10" is assigned the next number in the sequence will reprocess to number "1". Numbers "11" through "99" are reserved for ISO assigned catastrophe codes. A separate series of catastrophe numbers shall be used for each policy.

EXCEPTIONS: ~~Report Catastrophe Code No. 48 for all claims directly arising from the commercial airline hijackings of September 11, 2001 and the resulting subsequent events with accident dates of September 11, 2001 through September 14, 2001.~~

~~**Note:** Catastrophe Code Number 48 will apply to both single and multiple claims.~~

~~a. Report Catastrophe Code Number 48 for all claims directly arising from the commercial airline hijackings of September 11, 2001 and the resulting subsequent events with accident dates of September 11, 2001 through September 14, 2001.~~

~~b. Report Catastrophe Code Number 87 for all occupational diseases claims emanating from the rescue, recovery and clean-up operations at the World Trade Center site that were undertaken between September 11, 2001 and September 12, 2002, as defined in Article 8-A of the New York Workers' Compensation Law (Chapter 446 of the Laws of 2006).~~

~~**Note:** Catastrophe Code Number 48 and 87 will apply to both single and multiple claims.~~

Item Number **12** remains unchanged.

13. **Social Security Number (Optional)**

~~Report the claimant's social security number on individually reported claims.~~

Items Number **14 through 16** will be renumbered **13 through 15**.

DELAWARE STATISTICAL PLAN MANUAL CHANGES

Table for Increased Limits – Section IV, Item B.3.a.(1)
Mandatory Effective June 1, 2013

All Other Changes
Optional Effective June 1, 2013
Mandatory Effective January 1, 2014

16. Lump Sum Indicator
Report the value that identifies a lump sum agreement for the claim.

<u>Indicator</u>	<u>Description</u>
<u>Y</u>	<u>Claim has been settled by an agreement to a lump sum amount.</u>
<u>N</u>	<u>Claim has not been settled with a lump sum agreement.</u>

Items Number **17 through 21** remain unchanged.

22. Weekly Wage Amount
Report the actual weekly wage amount at the date of injury upon which the indemnity benefits are based. (Do not report the maximum or minimum weekly earnings specified in the state law.)

Items Number **22 through 23** will be renumbered **23 through 24**.

D. Loss Totals

1. Total Number of Claims

Report the total number of claims reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total. ~~Individually listed claims count as 1, while grouped claims equal the number of claims being grouped.~~

DELAWARE STATISTICAL PLAN MANUAL CHANGES

Table for Increased Limits – Section IV, Item B.3.a.(1)
Mandatory Effective June 1, 2013

All Other Changes
Optional Effective June 1, 2013
Mandatory Effective January 1, 2014

SECTION III - INDIVIDUAL CASE REPORTS

A. Individual Case Reports Rules

1. **Claims on Which Required.** Individual Case Reports shall be filed for the following:

Items **a. through b.** remain unchanged.

NOTE: Delaware has no statutory maximum for incurred indemnity.

Individual Case Reports shall be filed concurrently with the submission of individual risk experience. ~~Individual Case Reports in connection with subsequent reportings of experience are required if the incurred indemnity amounts, the classification code or the type of injury changes from the previous reporting. (For examples, see Section VI.)~~

2. **General Instructions** for Reporting Information on the Individual Case Reports.
ALL INFORMATION ON THE INDIVIDUAL CASE REPORT MUST AGREE WITH THE CORRESPONDING INFORMATION SHOWN ON THE UNIT REPORT.

Items **a. through j.** remain unchanged.

- k. *Policy Effective Date.* Report the date on which the policy became effective ~~coded as MM/DD/YY.~~

Item **l.** remains unchanged.

- m. *Claim Status Code.* Enter the appropriate Claim Status Code, use 0 for an open claim or 1 for a closed claim.

Item **n.** remains unchanged.

- o. *Loss Conditions Codes.* ~~This-These~~ fields ~~is-are~~ not required since the information is on the Unit Statistical Report. However, if reported, ~~this-these entry-entries~~ should be identical with the ~~entry-entries~~ in the Loss Condition fields on the corresponding unit report as provided in Section IV, Item C.3.

Items **p. through r.** remain unchanged.

- s. *Accident Date.* Enter the date of the accident ~~in this space coded as MM/DD/YY.~~

- t. *Date of Death.* (Death Claims Only) Enter the date of death ~~coded as MM/DD/YY.~~

- u. *Date Reported.* Enter the date at which the application for benefits was filed ~~coded as MM/DD/YY.~~

- v. *Date of Birth.* Enter the injured worker's date of birth ~~coded as MM/DD/YY.~~

Items **w. through y.** remain unchanged.

- z. *Worker's Sex.* Enter the code for the sex of the injured worker.

DELAWARE STATISTICAL PLAN MANUAL CHANGES

Table for Increased Limits – Section IV, Item B.3.a.(1) Mandatory Effective June 1, 2013

All Other Changes Optional Effective June 1, 2013 Mandatory Effective January 1, 2014

~~z~~**aa.** *Average Weekly Wage.* Enter the average weekly wage as computed in accordance with the statutory provisions regarding determination of average wage. The full wage should be reported rather than the wage sufficient to qualify for the maximum weekly compensation. Report amount rounded to the nearest whole dollar.

~~aa-~~
~~bb.~~ *Injury Description Code.* This field is not required since the information is on the Unit Statistical Report. However, if reported, enter the three 62-digit codes from the injury description and cause of injury code grid in Section IV, which most accurately describes the conditions of the injury.

Item ~~bb.~~ will be renumbered **cc.**

~~eedd.~~ *Date Closed.* Enter the date the claim was closed, if applicable, ~~coded MM/YY.~~

Items ~~dd.~~ through ~~ff.~~ will be renumbered **ee.** through **gg.**

~~gghh.~~ *Social Security Number.* This field is not required by Delaware. ~~However, if reported, enter the claimants 9-digit number assigned by the Social Security Administration.~~

~~hhij.~~ *Date Single Sum Paid.* Enter the date single sum settlement was paid ~~coded MM/DD/YY.~~

Items ~~ii.~~ through ~~jj.~~ will be renumbered **jj.** through **kk.**

3. **Specific Instructions for Reporting Information on Individual Case Reports, Other Than Pension.**

Item **a.** remains unchanged.

b. *Scheduled Indemnity.*

- (1) *Percent Disability.* Report the percentage of loss, or loss of use, of the specific extremity, digit, vision or hearing on which the benefit is based. ~~In Delaware, the percentage MUST be 100.~~

Item **c.** through **d.** remain unchanged.

e. *Vocational Rehabilitation Total Incurred.* Report the incurred amount (paid plus outstanding) of any vocational rehabilitation expenses incurred as of the valuation date. The corresponding ~~loss condition~~ Vocational Rehabilitation Indicator also must be used. See Section IV.

Item **f.** remains unchanged.

4. **Specific Instructions for Reporting Information on Individual Case Reports, Pension Benefits.**

a. *Beneficiary Data.* Report the 1-digit numeric code corresponding to each different type of beneficiary. Refer to Section IV, Item D.12. for the code list. A separate code must be given for each beneficiary even if more than one beneficiary falls within the same code. For each beneficiary report the date ~~of~~ when the beneficiary was born ~~coded as MM-DD-YY.~~

Items **b.** through **f.** remain unchanged.

Item Number **5** remains unchanged.

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Mandatory Effective June 1, 2013

All Other Changes
Optional Effective June 1, 2013
Mandatory Effective January 1, 2014

SECTION IV - CODES

A. Codes Common to Premiums and Losses

Items Number 1 through 4 remain unchanged.

5. Deductible Type Codes

Identifies the type of deductible being reported.

First Two Positions ~~Losses~~ Subject to Deductible Code

Code	Description
00	No Deductible
01	Medical Losses Only
02	Indemnity Losses Only
03	Medical & Indemnity Losses

Second Two Positions ~~Basis of~~ Deductible Calculation Code

Code	Description
00	No Deductible
01	Per Claim
02	Per Accident
03	Per Policy <u>Aggregate Limit</u>
04	Percent of Claim Cost
05	Percent of Premium
06	Coinsurance Only <u>Percent with Per Claim Cost</u>
07	Benefits Coinsurance <u>Percent with Per Claim Amount and Coinsurance Limit</u>
08	Per Accident Coinsurance <u>Percent with Per Claim Accident Amount and Coinsurance Limit</u>
09	Per Policy & Accident <u>Amount with Per Policy Aggregate Limit</u>
10	Per Claim <u>Amount with and Per Policy Aggregate Limit</u>
11	Coinsurance Percent With <u>Per Claim Amount Limit</u> and <u>Per Policy Aggregate Limits</u>
12	Variable

6. Policy Conditions

Report the 1-position indicator or code ~~"Y" or "N"~~ for each policy conditions.

Items a. through c. remain unchanged.

d. Estimated ~~Exposure Indicator~~ Audit Code

~~"Y"~~ = Exposures expressed on the unit report are estimated.

~~"N"~~ = Exposures expressed on the unit report are the result of ~~the an~~ audit.

U = Insured has refused or not responded to requests to provide carrier with access to books and records. Audit has been closed as uncooperative. Exposures expressed on unit report are estimated.

Items e. through g. remain unchanged.

B. Exposure Information Codes

Item Number 1 remains unchanged.

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Mandatory Effective June 1, 2013

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Optional Effective June 1, 2013
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2. Exposure Coverage

Code Description

- 01 State or Federal Act, excl. USL&HW
- 02 USL&HW "F" or non "F" Coverage
- 03 Federal Coal Mine Health and Safety Act Only
- 04 Federal Coal Mine Health and Safety Act and/or the State Act
- 10 Voluntary Coverage Not Mandatory by State Act

3. Premium Codes

- a. Premium Subject to Experience Modification (~~Reported Above Line "A"~~)
 - (1) Premium for Increased Limits

Table for Increased Limits Effective 01/01/8806/01/13

Limits of Liability (000's omitted)	Percentage	Codes
100/100/1,000	-.70%	9803
<u>100/100/2,500</u>	<u>1.20%</u>	<u>9804</u>
100/100/5,000	<u>1.70%</u>	9805
100/100/10,000	<u>2.40%</u>	9806
500/500/500	<u>1.90%</u>	9807
500/500/1,000	<u>2.20%</u>	9808
<u>500/500/2,500</u>	<u>2.70%</u>	<u>9809</u>
500/500/5,000	<u>3.20%</u>	9810
500/500/10,000	<u>3.90%</u>	9811
1,000/1,000/1,000	<u>3.30%</u>	9812
<u>1,000/1,000/2,500</u>	<u>3.80%</u>	<u>9813</u>
1,000/1,000/5,000	<u>4.40%</u>	9814
1,000/1,000/10,000	<u>5.00%</u>	9815
Over 1,000/1,000/10,000	a	9816
<u>All Other</u>		<u>9837</u>

Note: The ~~increased~~ limits factors applied to non-ratable classification exposures should be reported as not subject to the experience modification ~~on Line "D", "E" or "F"~~.

Items Number **(2) through (6)** remain unchanged.

- b. Premium Not Subject to Experience Modification (~~Reported on lines "D", "E" or "F"~~)

- ~~(1) Loss Constant~~ **Code 0032**
- ~~(2) Seat Surcharge~~ **Code 9108**
- ~~(3) Short Rate Penalty Premium~~ **Code 0931**
- ~~(4) Risk Minimum Premium~~ **Code 0990**
- ~~(5) Optional Supplemental Loadings~~
 - ~~For Class 447~~ **Code 0066**
 - ~~For Class 445~~ **Code 0067**
 - ~~For Class 512~~ **Code 0175**
 - ~~For Class 513~~ **Code 0176**
 - ~~For Black Lung Experience~~ **Code 0164**
 - ~~For Carcinogen Experience~~ **Code 0133**

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For Radiation Experience	Code 9985
(65) Mandatory Supplemental Loadings	
For Class 615	Code 0152
For Class 615	Code 0164
For Class 810	Code 0162
For Class 4771	Class 0771
For Class 4773	Code 0773
For Class 4774	Code 0774
For Class 4775	Code 0775
For Class 4776	Code 0776
For Class 4779	Code 0779
For Class 7323	Code 0763
For Class 7405	Code 7445
For Class 7413	Code 7453
(76) Delaware Construction Credit Premium Adjustment Program (DCCPAP)	Code 9046
(87) Certified Safety Committee Credit Program Delaware Workplace Safety Credit (DWSP)	Code 9880
(98) Assigned Risk Surcharge	Code 0277
(409) Deductible Applied to Manual Premium After Experience Modification Deductible	Code 9663
(4410) Merit Rating Plan Adjustment Neutral	Code 9884
(4211) Merit Rating Plan Adjustment - 5% Credit Adjustment	Code 9885
(4312) Merit Rating Plan Adjustment - 5% Debit Adjustment	Code 9886
(4413) Schedule Rating Plan Credit	Code 9887
(4514) Schedule Rating Plan Debit	Code 9889

Item c. remains unchanged.

C. Loss Information Codes

Items Number 1 through 2 remain unchanged.

3. Loss Conditions

Loss Coverage Act

Code	Description
01	State or Federal Act, excl. USL&HW
02	USL&HW "F" or non "F" Coverage
03	<u>Federal Coal Mine Health and Safety Act Only</u>
04	<u>Federal Coal Mine Health and Safety Act and/or the State Act</u>

Type of Coverage Claim

Code	Description
01	Workers' Compensation Only
02	Employers' Liability Only
03	Workers' Comp. & Employers' Liability

Items Number 4 through 6 remain unchanged.

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7. Lump Sum Indicator

<u>Indicator</u>	<u>Description</u>
<u>Y</u>	<u>Claim has been settled by an agreement to a lump sum amount.</u>
<u>N</u>	<u>Claim has not been settled with a lump sum agreement.</u>

8.7 Fraudulent Claim Code

D. Individual Case Report Codes

Items Number **1 through 2** remain unchanged.

3. Report Type

<u>Code</u>	<u>Description</u>
<u>1</u>	<u>Claim involving Life Pension Benefits</u>
<u>2</u>	<u>Claim not involving Life Pension Benefits</u>

4. Managed Care Organization Type Code

<u>Code</u>	<u>Description</u>
<u>00</u>	<u>The claim is not administered by an approved managed care organization (MCO).</u>
<u>01</u>	<u>The claim's medical losses are administered by an approved managed care organization (MCO) not specifically listed in Codes 02-05 below.</u>
<u>02</u>	<u>The claim's medical losses are administered by a health maintenance organization (HMO).</u>
<u>03</u>	<u>The claim's medical losses are administered by a preferred provider organization (PPO).</u>
<u>04</u>	<u>The claim's medical losses are administered by an exclusive provider organization (EPO).</u>
<u>05</u>	<u>The claim's medical losses are administered by an independent practice association (IPA).</u>

Item Number **4** is to be renumbered **8**.

Item Number **5** is to be renumbered **3**.

Items Number **6 through 7** are to be renumbered **5 through 6**.

7. Worker's Sex

<u>Code</u>	<u>Description</u>
<u>M</u>	<u>Male</u>
<u>F</u>	<u>Female</u>

9.8 Reserved Type

Items Number **9 through 11** are to be renumbered **10 through 12**.

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13.42 Beneficiary Code

Code	Description
1	Injured Worker
2	Widow
3	Widower
4	Sons or Daughters
5	Brothers or Sisters
6	Mothers or Fathers
7	Other
<u>9</u>	<u>Handicapped Child</u>

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Injury Description Coding	
Part of Body	
Code	Narrative Description
VI. Multiple Body Parts	
<u>99. Whole Body</u>	<u>A code referencing the anatomic classification of the injury.</u>

Injury Description Coding	
Cause of Injury	
Code	Narrative Description
I. Burn or Scald - Heat or Cold Exposures - Contact With	* -
01. Chemicals	<u>Includes hydrochloric acid, sulfuric acid, battery acid, methanol, antifreeze.</u>
02. Hot Objects or Substances	* -
03. Temperature Extremes	<u>Non-impact injuries resulting in a burn due to hot or cold temperature extremes. Includes freezing or frostbite.</u>
04. Fire or Flame	* -
05. Steam or Hot Fluids	* -
06. Dust, Gases, Fumes or Vapors	<u>Includes inhalation of carbon dioxide, carbon monoxide, propane, methane, silica (quartz), asbestos dust and smoke.</u>
07. Welding Operation	<u>Includes welder's flash (burns to skin or eyes as a result of exposure to intense light from welding.)</u>
08. Radiation	<u>Includes effects of ionizing radiation found in X-rays, microwaves, nuclear reactor waste, and radiating substances and equipment. Includes non-ionizing radiation such as sunburn.</u>
09. Contact With, NOC.	<u>Not otherwise classified in any other code. Includes cleaning agents and fertilizers.</u>
11. Cold Objects or Substances	* -
14. Abnormal Air Pressure	* -
84. Electrical Current	<u>Includes electric shock, electrocution and lightning.</u>
II. Caught In, Under or Between	* -
10. Machine or Machinery	<u>Running or meshing objects, a moving and a stationary object, two or more moving objects</u>

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12. Object Handled	<u>Includes medical hospital bed & parts, wheelchair, clothespin vise.</u>
13. Caught In, Under or Between, NOC.	<u>Not otherwise classified in any other code.</u>
20. Collapsing Materials (Slides of Earth)	Either Man Made or Natural
III. Cut, Puncture, Scrape Injured By	* -
15. Broken Glass	* -
16. Hand Tool, Utensil; Not Powered	<u>Includes needle, pencil, knife, hammer, saw, axe, screwdriver.</u>
17. Object Being Lifted or Handled	<u>Includes being cut, punctured or scraped by a person or object being lifted or handled.</u>
18. Powered Hand Tool, Appliance	<u>Includes drill, grinder, sander, iron, blender, welding tools, nail gun.</u>
19. Caught, Puncture, Scrape, NOC.	<u>Not otherwise classified in any other code. Includes power actuated tools.</u>
IV. Fall, Slip or Trip Injury	* -
25. From Different Level (Elevation)	<u>Off Wall, Catwalk, Bridge, Etc. Includes collapsing chairs, falling from piled materials, off wall, catwalk, bridge.</u>
26. From Ladder or Scaffolding	* -
27. From Liquid or Grease Spills	* -
28. Into Openings	<u>Shafts, Excavations, Floor Openings, Etc. Includes mining shafts, excavations, floor openings, elevator shafts.</u>
29. On Same Level	* -
30. Slipped, Do Not Fall	<u>Slip or trip and did not come in contact with the floor or ground.</u>
31. Fall, Slip or Trip, NOC.	<u>Not otherwise classified in any other code. Includes tripping over object, slipping on organic material, slip but fall not specified.</u>
32. On Ice or Snow	* -
33. On Stairs	* -
V. Motor Vehicle	* -
40. Crash of Water Vehicle	* -
41. Crash of Rail Vehicle	* -
45. Collision or Sideswipe With Another Vehicle	<u>Both Vehicles in Motion Vehicle collision, both vehicles in motion.</u>

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46. Collision with a Fixed Object	Standing Vehicle or Stationary Object Collision occurring with standing vehicle or stationary object.
47. Crash of Airplane	* —
48. Vehicle Upset	Includes overturned or jackknifed. Overturned or Jackknifed
50. Motor Vehicle, NOC.	Not otherwise classified in any other code. Includes injuries due to sudden stop or start, being thrown against interior parts of the vehicle and vehicle contents being thrown against occupants.
VI. Strain or Injury By	* —
52. Continual Noise	Injury to ears or hearing due to the cumulative effects of constant or repetitive noise.
53. Twisting	Free bodily motion that imposes stress or strain on some part of body. Includes assumption of unnatural position, involuntary motions induced by sudden noise, fright or loss of balance.
54. Jumping	* —
55. Holding or Carrying	Applies to objects or people. Includes restraining a person.
56. Lifting	Includes objects or people.
57. Pushing or Pulling	Includes objects or people.
58. Reaching	* —
59. Using Tool or Machinery	* —
60. Strain or Injury By, NOC.	Not otherwise classified in any other code.
61. Welding or Throwing	Physical effort or overexertion from attempts to resist a force applied by an object being handled.
97. Repetitive Motion	Carpel Tunnel Syndrome Cumulative injury or condition caused by continual, repeated motions; strain by excessive use. Includes Carpal Tunnel Syndrome.
VII. Striking Against or Stepping On	NOTE: Applies to cases in which the injury was produced by the impact created by the person, rather than by the source.
65. Moving Part of Machine	* —
66. Object Being Lifted or Handled	* —
67. Sanding, Scraping, Cleaning Operation	Include scratches or abrasions caused by sanding, scraping, cleaning operations.
68. Stationary Object	* —
69. Stepping on Sharp Object	* —
70. Striking Against or Stepping On, NOC.	Not otherwise classified in any other code.

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VIII. Struck or Injured By	Includes Kicked, Stabbed, Bit, Etc. NOTE: Applies to cases in which the injury was produced by the impact created by the source of injury, rather than by the injured person.
74. Fellow Worker; Patient	Not in Act of a Crime Struck by co-worker, either on purpose or accidentally. Includes being struck by a patient while lifting or moving them not in act of a crime.
75. Falling or Flying Object	* _
76. Hand Tool or Machine in Use	* _
77. Motor Vehicle	Applies when a person is struck by a motor vehicle, including rail vehicles, water vehicles, airplanes.
78. Moving Parts of Machine	* _
79. Object Being Lifted or Handled	Includes dropping object on body part.
80. Object Handled By Others	Includes another person dropping object on injured person's body part.
81. Struck or Injured, NOC.	Includes Kicked, Stabbed, Bit, Etc. Not otherwise classified in any other code. Includes kicked, stabbed, bitten.
85. Animal or Insect	Includes bite, sting or allergic reaction.
86. Explosion or Flare Back	Rapid expansion, outbreak, bursting, or upheaval. Includes explosion of cars, bottles, aerosol cans, or buildings. "Flare back" involves superheated air and combustible gases at temperatures just below the ignition temperature.
88. Natural Disaster	
91. Mold	
96. Terrorism	
IX. Rubbed or Abraded By	Not otherwise classified in any other code. Includes foreign body in ears.
94. Repetitive Motion	Callous, Blister, Etc. Caused by repeated rubbing or abrading; applies to non-impact cases in which the injury was produced by pressure, vibration or friction between the person and the source of injury. Includes callous, blister.
95. Rubbed or Abraded, NOC.	Not otherwise classified in any other code. Includes foreign body in ears.
X. Miscellaneous Causes	* _
82. Absorption, Ingestion or Inhalation, NOC	Not otherwise classified in any other code. Applies only to non-impact cases in which the injury resulted from inhalation, absorption (skin contact), or ingestion of harmful substances.

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87. Foreign Matter (Body) in Eye(s)	<u>Injury to eyes resulting from foreign matter that is not otherwise classified in any other code.</u>
<u>88. Natural Disaster</u>	<u>Injury resulting from natural disaster. Includes hurricane, earthquake, tornado, flood, forest fire.</u>
89. Person in Act of a Crime	<u>Robbery or Criminal Assault Specific injury, other than gunshot, caused as a result of contact between injured person and another person in the act of committing a crime. Includes robbery or criminal assault.</u>
90. Other Than Physical Cause of Injury	<u>Stress, shock, or psychological trauma that develops in relation to a specific incident or cumulative exposure to conditions.</u>
<u>91. Mold</u>	<u>Includes mildew.</u>
<u>93. Gunshot</u>	<u>Injury is caused by the discharge of a firearm. Includes instances where injury arises from being struck by the fired projectile, burned by muzzle blast or deafened by report of gunshot.</u>
<u>96. Terrorism</u>	<u>An act that causes injury to human life, committed by one or more individuals as part of an effort to coerce a population group(s) or to influence the policy or affect the conduct of any government(s) by coercion.</u>
98. Cumulative, NOC	<u>All Other Cumulative, not otherwise classified in any other code. Involves cases in which the cause of injury occurred over a period of time, any condition increasing in severity over time.</u>
99. Other - Miscellaneous, NOC	<u>Not otherwise classified in any other code.</u>

* Intentionally left blank.

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SECTION VI - EXAMPLES

Examples Number **1 through 21** have been updated to include the new data elements and to improve consistency in dates, presentation and wording only. No material changes have been made to the reporting requirements. See attached.

SECTION IX - ELECTRONIC SUBMISSION

The Workers Compensation Insurance Organizations (WCIO) has developed standards for the electronic transmission of information between insurers and rating/advisory organizations. The Workers Compensation Data Specifications Manual has been modified to provide for the Advisory Statistical Work Group (ASWG) changes. These specifications are available for unit statistical reporting and individual case reports. These standards are compiled into a series of flat file data specifications referred to as the Workers Compensation Data Specifications Manual. Delaware has adopted the Workers Compensation Insurance Organizations (WCIO) Data Processing Electronic Data Interchange (EDI) Subcommittee's changes to WCSTAT. The Bureau encourages the use of electronic submission. Carriers should contact the Bureau's Systems & Programming Systems or Statistical Departments at (215) 568-2371 to discuss establishing an approval and implementation schedule for submitting WCSTAT electronically. Carriers desiring a copy of the Workers Compensation Data Specifications Manual can be found on the WCIO website at www.wcio.org. may obtain it by contacting the Subcommittee's Manual Coordinator at the National Council on Compensation Insurance, Inc. (NCCI).

SECTION VI - EXAMPLES

Section VI contains **examples** of certain common types of reports required by the Bureau's Statistical Plan. The examples are for illustration purposes only. The rates should not be used for filing purposes, consult the Delaware Manual of Rules, Classifications and Rating Values for the appropriate rating values. For maximum benefit, the **examples** should be carefully studied in connection with the applicable instructions in the Plan. Some examples may show optional fields coded, refer to the coding sections of this plan for mandatory and optional filing requirements.

Questions regarding any phase of the Plan or the submission of reports should be referred directly to the Statistical Department of the Bureau.

In several instances related reports have been brought together to form a single illustration in order to make the **examples** more meaningful. Appropriate discussion, comments and notes follow.

The Unit Statistical Report **U** and the Individual Case Report must be submitted full size (8½" x 11").

Example 1 - First Report Requiring Two Unit Reports

In this **example** it is assumed that more than one experience modification applies during the policy period.

Note that it is necessary to use more than one unit card to report the experience. The Mod Effective Date references the effective date of each modification. The exposure and premium side of the card gives the information by classification and the experience modification for each period separately. The effective and expiration dates shown are for the entire policy period.

Note that the risk's totals for the entire policy period are shown on the second card.

UNIT STATISTICAL REPORT

POLICY INFORMATION																													
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No															
01				99998	WC4444	01/01/09	01/01/10	07																					
Insured's Name : : PDQ Refining Company										F.E.I.N. → 123456789		Pending File No.																	
Insured's Address:										T.P.E / F.E.I.N. →																			
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use										
11/01/09	11/01/09	3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03	01	1000														
EXPOSURE INFORMATION															LOSS INFORMATION														
CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims				Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type				
									Act	Type	Recv	Clm						Settl											
R		01	0581	129040	6.99	9020																							
R		01	0951	80950	.96	777		Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical											
R		01	0953	15010	.49	74		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
R		01	9664			385		Claim Number	Acc. Date/No. Claims				Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type				
R								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical											
R								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
A. Total Subject Premium						9486		Claim Number	Acc. Date/No. Claims				Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type				
R								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical											
B. Experience Mod (XX.XXX)						1.160		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
C. Total Modified Premium						11004		Claim Number	Acc. Date/No. Claims				Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type				
D.								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical											
E.								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
F.								Claim Number	Acc. Date/No. Claims				Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type				
G.				Total Standard Exposure		Total Standard Premium		Claim Number	Acc. Date/No. Claims				Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type				
				423344		19832		Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical											
H. 006_ Premium Discount Amount								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
I. 0900 Expense Constant Amount								LOSS TOTALS																					
R	J.	9740		.02	45			Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical															
R	K.	9741		.01	23			Tot. Claimant's Attnry. Fees	Tot. Employer's Attnry. Fees	Reserved For Future Use		Total ALAE Paid			Total ALAE Incurred														
L.								15000			12500			4235			4235												

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No					
01				99998	WC4444	01/01/09	01/01/10	07											
Insured's Name: PDQ Refining Company											F.E.I.N. → 123456789		Pending File No.						
Insured's Address:											T.P.E / F.E.I.N. →								
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use
11/01/08	11/01/08	3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03	01	1000				

EXPOSURE INFORMATION

LOSS INFORMATION

CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd. State	Cat. No.	MCO Type									
															Act	Type	Recv	Clm	Settl												
															Act	Type	Recv	Clm	Settl												
SUBJECT	R	01	0581	110486	6.99	7723	R	15000	04/22/09	125083	900	0581	09	0	01	01	01	01	00	07	00	00									
	Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical															
	90 04 01		Chemical Processor			N		00		31271			800																		
Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred																	
15000					12500																										
SUBJECT	R	01	0951	75008	.96	720		15001	05/02/09	9000	3000	0581	09	0	01	01	01	01	00	07	00	00									
	Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical															
	35 04 02					N		00		2250			2875																		
Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred																	
NOT SUBJECT							R	15002	06/25/09	1500	250	0581	09	0	01	01	01	01	00	07	00	00									
	Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical															
	42 52 27					N		00		1500			250																		
Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred																	
NOT SUBJECT	D.						R	15003	07/09/09	350	150	0581	05	1	01	01	01	01	00	07	00	00									
	Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical															
	34 49 60					N		00		350			150																		
Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred																	
AFTER SUBJECT							R	15004	09/18/09	360	160	0581	05	1	01	01	01	01	00	07	00	00									
	Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical															
	56 28 50					N		00		360			160																		
Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred																	
LOSS TOTALS																															
Reserved For Future Use								Total No. Claims				Total Incurred Indemnity				Total Incurred Medical				Reserved For Future Use				Total Paid Indemnity				Total Paid Medical			
Tot. Claimant's Attny. Fees								Tot. Employer's Attny. Fees				Reserved For Future Use				Total ALAE Paid				Total ALAE Incurred											

Example 2 - Exposure Correction Report

In this instance, missing statistical Code 9741 has been added to each split period and a change in payroll distribution has been assumed. Exposure correction cards revising each of the original unit cards are necessary.

Note that the first line of exposure information is the previously reported information indicated by a **P** in the Update Type field. The second line of exposure information is the revised information indicated by a **R** in the Update Type field.

Note: When reporting electronically and changing an experience modification it is required that all Previous and Revised exposure records that are subject to the experience modification be reported.

Only the second revised unit card carries the risk's totals.

UNIT STATISTICAL REPORT

POLICY INFORMATION

Table with columns: Report No., Corr. No., Corr. Type, Replace Rpt. Ind, Carrier Code, Policy Number, Policy Effective Date, Policy Expiration Date, Expos State, State Effective Date, Certificate Number, Card Serial No., Risk ID Number, Page No, Last Page No. Includes Insured's Name: PDQ Refining Company, Insured's Address, and Policy Conditions table.

EXPOSURE INFORMATION

LOSS INFORMATION

Main data table with columns for Exposure (C O D E S, U p d T y p e, Exp. Cov., Class Code, Exposure Amount, Manual Rate, Premium Amount) and Loss (C l a i m N u m b e r, Acc. Date/No. Claims, Incurred Indemnity, Incurred Medical, Class Code, Injury, Status, Loss Conditions, Jurisdic State, Cat. No., MCO Type). Includes summary rows A-F and LOSS TOTALS.

UNIT STATISTICAL REPORT

POLICY INFORMATION																															
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No																	
01	01	E		99998	WC4444	01/01/09	01/01/10	07																							
Insured's Name: : PDQ Refining Company											F.E.I.N. →123456789		Pending File No.																		
Insured's Address:											T.P.E / F.E.I.N. →																				
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use												
11/01/08	11/01/08	3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03	01	1000																
EXPOSURE INFORMATION																LOSS INFORMATION															
CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type									
															Act	Type	Recv	Clm	Settl												
SUBJECT	P	01	0581	110486	6.99	7723																									
	R	01	0581	120486	6.99	8422		Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical													
	P	01	9664			332		Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid	ALAE Incurred																		
SUBJECT	R	01	9664			359		Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type									
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical													
								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid	ALAE Incurred																		
NOT SUBJECT	A. Total Subject Premium					8846		Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type									
	R	B. Experience Mod (XX.XXX)					1.080		Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical												
		C. Total Modified Premium					9554		Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid	ALAE Incurred																	
NOT SUBJECT	D.							Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type									
	E.							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical													
	F.							Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid	ALAE Incurred																		
AFTER SUBJECT	G.							Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type									
	H.	006_	Premium Discount Amount					Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical													
	I.	0900	Expense Constant Amount					Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid	ALAE Incurred																		
STANDARD	P	J.	9740		.02	40		LOSS TOTALS																							
	R	K.	9740		.02	42		Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical																	
	R	L.	9741		.01	21		Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use	Total ALAE Paid	Total ALAE Incurred																			

Example 3 - Loss Correction Report

The correction was necessary because of the revised jurisdiction state. The jurisdiction state is the governing jurisdiction which will administer the claim and which statutes will apply to the claim adjustment process when that state is different from the exposure state.

When revising loss information on a loss correction report, report all information on the previous and revised sides of the claim. The risk totals shown must be the revised totals only.

Note: Even if the totals were being changed due to a change in an amount on a claim, the correction type would still be a "L".

UNIT STATISTICAL REPORT

POLICY INFORMATION																																			
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No																					
01	02	L		99998	WC4444	01/01/09	01/01/10	07																											
Insured's Name: PDQ Refining Company											F.E.I.N. → 123456789		Pending File No.																						
Insured's Address:											T.P.E / F.E.I.N. →																								
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use																
		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std			1000																				
		N	Y		N	N	N	N		01	01	01	03	01																					
EXPOSURE INFORMATION										LOSS INFORMATION																									
CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type									
								15000	04/22/09	125083	900	0581	09	0	Act				Type	Recv	Clm	Settl	07				00	00							
																													01	01	01	01	00		
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical													
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred															
								15000						12500																					
SUBJECT	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type									
								15000	04/22/09	125083	900	0581	09	0	Act				Type	Recv	Clm	Settl	37				00	00							
																													01	01	01	01	00		
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical													
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred															
								15000						12500																					
NOT SUBJ	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type									
								A. Total Subject Premium																											
								B. Experience Mod (XX.XXX)																											
C. Total Modified Premium																																			
NOT SUBJ	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type									
								D.																											
								E.																											
F.																																			
AFTER	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type									
								G.																											
								Total Standard Exposure																											
STANDARD	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type									
								H.																											
								006_																											
I.																																			
J.																																			
K.																																			
L.																																			
LOSS TOTALS																																			
Reserved For Future Use								Total No. Claims			Total Incurred Indemnity			Total Incurred Medical			Reserved For Future Use			Total Paid Indemnity			Total Paid Medical												
								5			136293			4460						35731			4235												
Tot. Claimant's Attny. Fees								Tot. Employer's Attny. Fees			Reserved For Future Use						Total ALAE Paid			Total ALAE Incurred															
15000																	12500																		

Example 4 - Deductible; Rated Risk

This deductible is to be applied after the experience modification. Additional premium for Employers Liability Increased Limits is subject to the deductible credit.

Note: When reporting electronically both the modification effective date and the rate effective date must be reported for each exposure record. Within each split period, these dates should equal each other and should reflect the applicable anniversary rating date.

UNIT STATISTICAL REPORT

POLICY INFORMATION																										
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No												
01				12345	WC14579	01/01/09	01/01/10	07																		
Insured's Name: ABC, Inc.											F.E.I.N. →123456789		Pending File No.													
Insured's Address:											T.P.E / F.E.I.N. →															
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use							
		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std			1000											
		N	Y		N	N	N	N		01	01	01	03	02												
EXPOSURE INFORMATION																										
CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type				
															Act	Type	Recv	Clm	Settl							
R		01	0928	155121	3.68	5708																				
R		01	0951	182051	.96	1748		Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical								
R		01	0952	111599	1.89	2109		Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement	Weekly Wage		ALAE Paid		ALAE Incurred										
R		01	0953	58493	.49	287		Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisd State	Cat. No.	MCO Type				
R		01	9807			187		Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical								
								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement	Weekly Wage		ALAE Paid		ALAE Incurred										
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisd State	Cat. No.	MCO Type				
								A. Total Subject Premium	10039																	
R								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical								
								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement	Weekly Wage		ALAE Paid		ALAE Incurred										
								B. Experience Mod (XX.XXX)	0.968																	
								C. Total Modified Premium	9718																	
R		D.	9663			340		Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisd State	Cat. No.	MCO Type				
		E.						Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical								
		F.						Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement	Weekly Wage		ALAE Paid		ALAE Incurred										
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisd State	Cat. No.	MCO Type				
								G.	Total Standard Exposure	507264		Total Standard Premium	9378													
		H.	006_					Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical								
		I.	0900					Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement	Weekly Wage		ALAE Paid		ALAE Incurred										
		J.	9740			.02	101	LOSS TOTALS																		
		K.	9741			.01	51	Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical												
		L.						Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use			Total ALAE Paid		Total ALAE Incurred											

Example 5 - Deductible; Rated Risk with Construction Credit

This deductible is to be applied after the experience modification. Additional premium for Employers Liability Increased Limits is subject to the deductible credit.

The Delaware Construction Credit Adjustment Program (DCCPAP) is applied to the modified premium inclusive of the non-ratable elements and supplement surcharge premiums.

UNIT STATISTICAL REPORT

POLICY INFORMATION																															
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No																	
01				12345	WC9949	01/01/09	01/01/10	07																							
Insured's Name: XYZ Industries											F.E.I.N. → 123456789		Pending File No.																		
Insured's Address:											T.P.E / F.E.I.N. →																				
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use												
		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std			1000																
		N	Y		N	N	N	N		01	01	01	03	02																	
EXPOSURE INFORMATION																LOSS INFORMATION															
CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type									
															Act	Type	Recv	Clm	Settl												
R		01	0609	742345	12.10	89824																									
SUBJECT	R	01	0951	1169584	.96	11228		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical									
	R	01	0953	835267	.49	4093		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred										
SUBJECT	R	01	9807			1998	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type									
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical									
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred										
NOT SUBJECT	A. Total Subject Premium					107143	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type									
	B. Experience Mod (XX.XXX)							Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical									
	C. Total Modified Premium							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred										
SUBJECT	R	D.	9046		.23	24643	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type									
	R	E.	9663			2888		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical									
		F.						Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred										
AFTER SUBJECT	G.				Total Standard Exposure	Total Standard Premium	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type									
					2747196	79612		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical									
	R	H.	0063	Premium Discount Amount	8678			Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred										
	R	I.	0900	Expense Constant Amount	200			LOSS TOTALS																							
	R	J.	9740		.02	549		Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical																	
	R	K.	9741		.01	275		Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use	Total ALAE Paid	Total ALAE Incurred																			
		L.																													

Example 6 - Short Rate Cancellation; Rated Risk

When a policy is canceled short term, the actual payroll and manual premium developed shall be reported. The additional premium charged as a penalty for short-term policies is determined by extending the payrolls to a full policy period, determining the resulting premiums and applying the appropriate factor from the short rate cancellation table. Refer to the Delaware Manual of Rules, Classifications and Rating Values for Workers Compensation and for Employers Liability Insurance for the Short Rate Cancellation Table.

Premium developed from actual exposure

$$\$15,312 + \$1,878 = \$17,190$$

Short Rate Penalty Premium Calculation

1) Actual Policy Period = 6 months

2) Payroll extended to an annual basis

$$180,559 \times \frac{365 \text{ days}}{181 \text{ days}} = 364,111$$

$$3,894 \times \frac{365 \text{ days}}{181 \text{ days}} = 7,853$$

3) Annual Premiums

a) Rated

Class	Payroll	Rate	Premium
0513	364,111	8.75	\$31,860
0953	7,853	0.49	\$ 38
Total Subject Premium			\$31,898
Experience Modification			.968
Total Modified Premium			\$30,877
Total Standard Premium			\$30,877 + \$3,787 = \$34,664

b) Non-rated

Class	Payroll	Rate	Premium
0176	364,111	1.04	\$3,787

4) Short Rate Percentage 6 months = .60

5) Short Rate premium for canceled policy = \$34,664 x .60 = \$20,798

6) Short Rate penalty premium code 0931 = \$20,798 - \$17,190 = \$3,608

POLICY INFORMATION																								
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No										
01				78972	60666	01/01/09	07/01/09	07																
Insured's Name: AZA Company											F.E.I.N. → 123456789		Pending File No.											
Insured's Address:											T.P.E / F.E.I.N. →													
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use					
		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std												
		N	N		N	N	Y	N		01	01	01												
EXPOSURE INFORMATION										LOSS INFORMATION														
CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
															Act	Type	Recv	Clim	Settl					
R		01	0513	180559	8.75	15799																		
SUBJECT	R		01	0953	3894	.49	19	Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type		
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
NOT SUBJECT	A. Total Subject Premium					15818		Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type		
	R	B. Experience Mod (XX.XXX)					0.968		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical	
		C. Total Modified Premium					15312		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred		
R	D.	0176	180559	1.04	1878			Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type		
SUBJECT	R	E.	0931		3608			Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
		F.						Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type		
G.				Total Standard Exposure		Total Standard Premium		Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type		
				184453		20798		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
AFTER SUBJECT		H.	006_	Premium Discount Amount				Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
		I.	0900	Expense Constant Amount				LOSS TOTALS																
	R	J.	9740		.02	37		Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical										
R	K.	9741		.01	18		Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use			Total ALAE Paid			Total ALAE Incurred									
	L.																							

Example 7 - Ratable Class; Mandatory Non-Ratable Element

For class codes such as 4771, 7405 and 7413 where there is a Mandatory Non-Ratable Element established by the Bureau and shown on the Bureau Data Card. When reporting these classifications, the ratable element is reported above line "A" on the hard copy unit and the premium is subject to the experience modification. The mandatory non-ratable element is reported below line "C", on the hard copy unit.

Example 8 - Ratable Class; Optional Non-Ratable Element

An Optional Non-Ratable Element is established by the Bureau and shown on the Bureau Data Card when the non-ratable element is authorized by the Bureau's Classification Department. This example reflects ratable class Code 0512 and the optional, non-ratable Code 0175. Note that while this specific example uses these two classes only, it is also applicable to any other Bureau established, optional non-ratable codes such as those associated with classification Code 0513, Code 7421 and classifications with radiation or carcinogen exposure.

When reporting these classifications, the ratable element is reported above line "A" on the hard copy unit, and the premium is subject to the experience modification. The optional non-ratable element is reported below line "C" on the hard copy unit.

UNIT STATISTICAL REPORT

POLICY INFORMATION																															
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No																	
01				16928	97523A	01/01/09	01/01/10	07																							
Insured's Name: GEE Corp											F.E.I.N. → 123456789		Pending File No.																		
Insured's Address:											T.P.E / F.E.I.N. →																				
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use												
		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std																			
		N	Y		N	N	N	N		01	01	01																			
EXPOSURE INFORMATION																LOSS INFORMATION															
CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisic State	Cat. No.	MCO Type									
															Act	Type	Recv	Clm	Settl												
R		01	0512	258870	55.37	143336																									
R		01	0953	1328	.49	7		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical									
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred										
SUBJECT	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisic State	Cat. No.	MCO Type									
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical									
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred										
NOT SUBJ	Upd Type	A. Total Subject Premium				143343	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisic State	Cat. No.	MCO Type									
		R							Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical								
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred											
							Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical										
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred											
AFTER	Upd Type	G. Total Standard Exposure				260198	Total Standard Premium				132686	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisic State	Cat. No.	MCO Type				
		R						Case Number	Part	Nature	Cause		Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical								
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred											
STANDARD	Upd Type	LOSS TOTALS																													
		R	J.	9740		.02	52	Reserved For Future Use			Total No. Claims			Total Incurred Indemnity			Total Incurred Medical			Reserved For Future Use			Total Paid Indemnity			Total Paid Medical					
		R	K.	9741		.01	26	Tot. Claimant's Attny. Fees			Tot. Employer's Attny. Fees			Reserved For Future Use			Total ALAE Paid			Total ALAE Incurred											
			L.																												

Example 9 - First Report Requiring an Individual Case Report; Rated Risk

Note the treatment of the experience modification on lines "A", "B", "C" on the hard copy unit. ■

Also note this risk has qualified for the Delaware Workplace Safety Program (Code 9880). The Delaware Workplace Safety Program Credit is to be applied to the manual premium after the application of the experience modification. When applicable the employers liability should be calculated and the Increased Limits premium is subject to the Delaware Workplace Safety Program Credit.

UNIT STATISTICAL REPORT

POLICY INFORMATION																															
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No																	
01				94999	WC54321	07/01/09	07/01/10	07																							
Insured's Name: PAZ Industries Corporation											F.E.I.N. → 123456789		Pending File No.																		
Insured's Address:											T.P.E / F.E.I.N. →																				
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use												
		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std																			
		N	N		N	Y	N	N		01	01	01																			
EXPOSURE INFORMATION																LOSS INFORMATION															
C O D E S	Upd. Typ	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd. Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd. State	Cat. No.	MCO Type									
															Act	Type	Recv	Clm	Settl												
R		01	0101	1214435	6.91	83917	R	46096	07/28/09	181500	7027	0101	09	0	01	01	01	01	00		00	00									
S U B J E C T	R	01	0951	675210	.96	6482		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical									
								31	02	86	Miller	N		00					7025	3600											
	R	01	0953	20800	.49	102		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred										
								35000							20000																
	R						R	46114	08/05/09	1323	137	0101	05	1	01	01	01	01	00		00	00									
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical									
								35	40	10		N		00					900	137											
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred										
N O T S B J		A. Total Subject Premium				90501	R	46122	10/01/09	273743	13000	0101	02	0	01	01	01	01	00		00	00									
	R	B. Experience Mod (XX.XXX)				1.620		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical									
								30	13	10	Miller	N		00					20871	6000											
		C. Total Modified Premium				146612		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred										
	R	D.	9880		.05	7331		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical									
								35	40	10		N		00					900	137											
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred										
		G.				1910445		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical									
								35	40	10		N		00					900	137											
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred										
A F T E R S T D		H.	006_	Premium Discount Amount				LOSS TOTALS																							
		I.	0900	Expense Constant Amount				Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical																	
	R	J.	9740	.02	382			3	456566	20164		28796	9737																		
	R	K.	9741	.01	191			Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use	Total ALAE Paid	Total ALAE Incurred																			
								35000			20000																				

Example 9a - Individual Case Report; Permanent Total Disability

Use Table III-M-A

Type Claim - State Act Trauma
Average Weekly Wage - \$459
Effective Date - 07/01/09
Date of Valuation - 01/01/11
1st Level Report - Open

Date of Accident - 10/01/09
Date of Birth - 04/01/57
Employee's age @ Valuation - 53 (sex - M)
No. Wks. Benefits Pd. to Valuation
Date - 457 days / 7 days = 65.286 wks

Present Value of Future Payments
Weekly Benefit = $.6667 \times (\$459) = \306
Present Value of \$1 @ Age 53 = 15.948 {Table III-M-A}
 $\$306 \times 52 \times 15.948 = \$253,765$

Indemnity Paid to Valuation
Date - $65.286 \times 306 = 19,978$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0101	REPORT NO. CODE* 01	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 02	CARRIER NUMBER 94999	CARRIER NAME					PAYROLL STATE CODE* 07	ADM. FILE NUMBER							
POLICY NUMBER WC54321		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 09		CLAIM NO. 46122	STAT CODE* 0	DATE ATTNY DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE 01 01 01 01 00					JURIS STATE 07	MCO TYPE 00		
INSURED NAME PAZ Industries Corporation						ACC. DATE MO DAY YR 10 01 09			DATE OF DEATH MO DAY YR			DATE REPORTED MO DAY YR 10 01 09			DATE OF BIRTH MO DAY YR 04 01 57		SURG CODE 1	ATTNY CODE* 3
WORKER LAST NAME Jones		WORKERS SEX M	AVG. WEEKLY WAGE 459	INJURY DESC. CODE* →	PART 30	NATURE 13	CAUSE 10	OCCUPATION Miller					DATE CLOSED MO YR		RESERVE CODE* SUM	LUMP 00	FRAUD CODE 00	S/S OFF-SET
SOCIAL SECURITY NUMBER			DATE SINGLE SUM PAID →	MO DAY YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →			DATE OF HIRE →			MO DAY YR 09 01 80					
BENEFITS OTHER THAN PENSION								PENSION BENEFITS										
KIND OF BENEFIT			% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*				DATA PROVIDER COMMENTS					
1. TEMPORARY INDEMNITY			X X X	X X X					CODE 1	DATE OF BIRTH MO DAY YR 04 01 57			Paid to valuation date					
2. SCHEDULED INDEMNITY													65.286 x 306 = 19978					
3. NON-SCHEDULED INDEMNITY				X X X	XXXX								Future Payments					
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY													306.00 x 52 x 15.948 = 253765					
5. VOCATIONAL REHABILITATION TOTAL INCURRED																		
6. CLAIMANT LEGAL EXPENSE									7. PENSION INDEM. PAID TO VAL. DATE				19978					
PHYSICIAN PAID					TEMP. DISABILITY PAID				8. PENS. INDEM. PREV. RSVD., NOT PAID									
HOSPITAL PAID					PERM. PARTIAL PAID				9. PRES. VALUE FUTURE INDEM. PMNT.				253765					
APP. MED. EVAL. PAID					PERM. TOTAL PAID				10. FUNERAL ALLOWANCE									
DEFENSE MED. EVAL PAID					DEATH PAID				11. LUMP SUM REMARRIAGE									
INDEP. MED. EVAL. PAID					SINGLE LUMP SUM				12. TOTAL INCURRED INDEM.,(SUM 1-11)				273743					
LEGAL EXP. - DEFENSE					V.R. PAID				13. TOTAL INCURRED MEDICAL				13000					
ANNUITY PURCHASE AMT.					V.R. INDEM. INCURRED				14. TOTAL INDEM. PAID TO VAL. DATE				20871					
TOTAL GROSS INCURRED					V.R. TRAINING INCURRED				15. TOTAL MED. PAID TO VAL. DATE				6000					
					V.R. EVAL. INCURRED				16. SOC. SEC. OR OTHER OFFSET AMT.									

*SEE MANUAL FOR CODING

Example 10 - Individual Risk Experience with USL & HW Coverage

Note that the Federal Class 6843F has exposure coverage and **loss coverage act** Code 02. ■

An Individual Case Report must be filed concurrently with the submission of individual risk experience when the claim is filed as a death or permanent total claim.

Note: USL & HW and Federal class exposures are included when calculating Terrorism, Code 9740 and Catastrophe (other than Certified Acts of Terrorism), Code 9741.

Refer to **Example** 10a and 10b for the Individual Case Reports.

UNIT STATISTICAL REPORT

POLICY INFORMATION																				
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No						
01				16928	99887	07/01/09	07/01/10	07												
Insured's Name: Steve Ho Corp											F.E.I.N. → 123456789			Pending File No.						
Insured's Address:											T.P.E / F.E.I.N. →									
Mod. Effective Date		Rate Effective Date		Policy Conditions						Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use	
3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std										
N	N		N	N	N	N		01	01	01										
EXPOSURE INFORMATION																				
CODES	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
													Act	Type	Recv	Clm	Settl			
R	02	6843	127896	23.90	30567	R 789803	10/01/09	276957	25000	6843	02	0	02	01	01	01	00		00	00
SUBJECT	R	01	0718	279132	11.77	32854	Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
							42	49	56	Iron Worker		N		00		8008		15000		
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred			
CODES	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
R						R 789749	08/01/09	235408	0	0718	01	0	01	01	01	01	00		00	00
SUBJECT							Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
							90	13	75	Ship Builder		N		00		13346				
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred			
A. Total Subject Premium					63421															
B. Experience Mod (XX.XXX)					0.975															
C. Total Modified Premium					61835															
D.																				
E.																				
F.																				
G.			Total Standard Exposure	407028	Total Standard Premium	61835														
AFTER	R	H.	0063	Premium Discount Amount	5627															
	R	I.	0900	Expense Constant Amount	270															
STANDARD	R	J.	9740	.01	41															
	R	K.	9741	.01	41															
	L.																			
LOSS TOTALS																				
Reserved For Future Use							Total No. Claims	Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use			Total Paid Indemnity	Total Paid Medical				
							2	512365		25000					21354	15000				
Tot. Claimant's Attny. Fees							Tot. Employer's Attny. Fees		Reserved For Future Use			Total ALAE Paid			Total ALAE Incurred					

Example 10a - Individual Case Report with USL & HW Coverage; Permanent Total Disability

Use Table III-M-C- (USLH-III- Male)

Type - USL & HW-Trauma
Average Weekly Wage - \$459
Effective Date - 07/01/09
Date of Valuation - 01/01/11
1st Level Report - Open

Date of Accident - 10/01/09
Date of Birth - 03/15/45
Employee's age @ Valuation Date - 66 (sex - M)
Loss Conditions - 02/01/01/01/00

Present Value of Future Payments
Weekly Benefit = .6667 x (\$459) = \$306
Present Value of \$1 = 16.150 {USLH Table III-M-C}
\$306 x 52 x 16.150 = \$256,979
(Wkly Benefit) x (52 Wks) x (Pres. Val. Factor)

Indemnity Paid to Valuation Date
Benefits Paid from 10/01/09 to 01/01/11 [457 days / 7 = 65.286 (Wks)]
65.286 x \$306 = \$19,978

Total Indemnity Incurred = \$256,979+ \$19,978 = \$276,957

Class code, occupation, cause of accident and injury description code must relate to each other. An adjustment to allow for survivorship benefits would be needed if the beneficiary has a spouse.

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 6843	REPORT NO. CODE* 01	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 02	CARRIER NUMBER 16928	CARRIER NAME					PAYROLL STATE CODE* 07	ADM. FILE NUMBER					
POLICY NUMBER 99887		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 09		CLAIM NO. 789803		STAT CODE* 0	DATE ATTNY DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTL 02 01 01 01 00			JURIS STATE 07	MCO TYPE 00	
INSURED NAME Steve Ho Corporation							ACC. DATE MO DAY YR 10 01 09		DATE OF DEATH MO DAY YR		DATE REPORTED MO DAY YR 10 01 09		DATE OF BIRTH MO DAY YR 03 15 45		SURG CODE	ATTNY CODE*
WORKER LAST NAME Vee	WORKERS SEX M	AVG. WEEKLY WAGE 459	INJURY DESC. CODE* → 42		PART 49	NATURE 56	CAUSE	OCCUPATION Iron Worker			DATE CLOSED MO YR		RESERVE CODE* SUM	LUMP CODE	FRAUD CODE	OFF-SET S/S
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO	DAY	YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →			DATE OF HIRE →		MO	DAY	YR	
BENEFITS OTHER THAN PENSION								PENSION BENEFITS								
KIND OF BENEFIT			% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*			DATA PROVIDER COMMENTS				
1. TEMPORARY INDEMNITY			X X X	X X X					CODE	DATE OF BIRTH MO DAY YR						
2. SCHEDULED INDEMNITY									1	03	15	45	Paid to valuation date 65.286 x 306 = 19978			
3. NON-SCHEDULED INDEMNITY				X X X	XXXX								Future payments			
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY													306.00 x 52 x 16.150 = 256979			
5. VOCATIONAL REHABILITATION TOTAL INCURRED																
6. CLAIMANT LEGAL EXPENSE									7. PENSION INDEM. PAID TO VAL. DATE			19978				
PHYSICIAN PAID						TEMP. DISABILITY PAID			8. PENS. INDEM. PREV. RSVD., NOT PAID							
HOSPITAL PAID						PERM. PARTIAL PAID			9. PRES. VALUE FUTURE INDEM. PMNT.			256979				
APP. MED. EVAL. PAID						PERM. TOTAL PAID			10. FUNERAL ALLOWANCE							
DEFENSE MED. EVAL PAID						DEATH PAID			11. LUMP SUM REMARRIAGE							
INDEP. MED. EVAL. PAID						SINGLE LUMP SUM			12. TOTAL INCURRED INDEM.,(SUM 1-11)			276957				
LEGAL EXP. - DEFENSE						V.R. PAID			13. TOTAL INCURRED MEDICAL			25000				
ANNUITY PURCHASE AMT.						V.R. INDEM. INCURRED			14. TOTAL INDEM. PAID TO VAL. DATE			8008				
TOTAL GROSS INCURRED						V.R. TRAINING INCURRED			15. TOTAL MED. PAID TO VAL. DATE			15000				
						V.R. EVAL. INCURRED			16. SOC. SEC. OR OTHER OFFSET AMT.							

*SEE MANUAL FOR CODING

Example 10b - Individual Case Report; Death, Widow Only

Use Table I-A & Table II-A

Type - State Act-Trauma
Average Weekly Wage - \$475
Effective Date - 07/01/09
Date at Valuation - 01/01/11
Date of Accident - 08/01/09

Widow's Date of Birth - 05/01/44
Age at Widowhood - 65
Age at Valuation - 66
1st Level Report - Open
Date of Death - 08/01/09

Present Value of Future Payments

Weekly Benefit = $.6667 \times (\$475) = \316.68

Present Value of \$1 = 12.611 - Widowhood at age 65, $^a[x] + 1$ Value

$\$316.68 \times 52 \times 12.611 = \$207,670$

Lump Sum Dowry Benefit

Duration - 2 years = 104 weeks

Weekly Benefit - \$316.68

Present Value of Remarriage Dowry = .0244

$\$316.68 \times 104 \times .0244 = \804

Indemnity Paid to Valuation Date

Benefits Paid from 08/01/09 to 01/01/11 - 518 days / 7 = 74 Wks

$(74 \text{ Wks}) \times \$316.68 = \$23,434$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0718	REPORT NO. CODE* 01	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 01	CARRIER NUMBER 16928	CARRIER NAME					PAYROLL STATE CODE* 07	ADM. FILE NUMBER									
POLICY NUMBER 99887		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 09			CLAIM NO. 789749		STAT CODE* 0	DATE ATTNY DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE 01 01 01 01 00					JURIS STATE 07	MCO TYPE 00		
INSURED NAME Steve Ho Corporation							ACC. DATE MO DAY YR 08 01 09			DATE OF DEATH MO DAY YR 08 01 09			DATE REPORTED MO DAY YR 08 01 09			DATE OF BIRTH MO DAY YR 07 25 44			SURG CODE	ATTNY CODE*
WORKER LAST NAME Stevens	WORKERS SEX M	AVG. WEEKLY WAGE 475	INJURY DESC. CODE* → 90		PART 13	NATURE 75	CAUSE	OCCUPATION Ship Builder				DATE CLOSED MO YR		RESERVE CODE*	LUMP SUM	FRAUD CODE	S/S OFF-SET			
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO	DAY	YR	EMPLOYMENT STATUS →	YEAR LAST EXPOSED →	DATE OF HIRE →			MO	DAY	YR	01	01	80				
BENEFITS OTHER THAN PENSION								PENSION BENEFITS												
KIND OF BENEFIT			% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED		BENEFICIARY DATA*				DATA PROVIDER COMMENTS								
1. TEMPORARY INDEMNITY			X X X	X X X				CODE	DATE OF BIRTH MO DAY YR											
2. SCHEDULED INDEMNITY								2	05	01	44	Paid to valuation date 74 x 316.68 = 234.34								
3. NON-SCHEDULED INDEMNITY				X X X	XXXX							Future payments 316.68 x 52 x 12.611 = 207670								
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY																				
5. VOCATIONAL REHABILITATION TOTAL INCURRED																				
6. CLAIMANT LEGAL EXPENSE								7. PENSION INDEM. PAID TO VAL. DATE				23434								
PHYSICIAN PAID						TEMP. DISABILITY PAID		8. PENS. INDEM. PREV. RSVD., NOT PAID												
HOSPITAL PAID						PERM. PARTIAL PAID		9. PRES. VALUE FUTURE INDEM. PMNT.				207670								
APP. MED. EVAL. PAID						PERM. TOTAL PAID		10. FUNERAL ALLOWANCE				3500								
DEFENSE MED. EVAL PAID						DEATH PAID		11. LUMP SUM REMARRIAGE				804								
INDEP. MED. EVAL. PAID						SINGLE LUMP SUM		12. TOTAL INCURRED INDEM.,(SUM 1-11)				235408								
LEGAL EXP. - DEFENSE						V.R. PAID		13. TOTAL INCURRED MEDICAL				0								
ANNUITY PURCHASE AMT.						V.R. INDEM. INCURRED		14. TOTAL INDEM. PAID TO VAL. DATE				13346								
TOTAL GROSS INCURRED						V.R. TRAINING INCURRED		15. TOTAL MED. PAID TO VAL. DATE				0								
						V.R. EVAL. INCURRED		16. SOC. SEC. OR OTHER OFFSET AMT.												

*SEE MANUAL FOR CODING

Example 11 - Second Reporting of Losses for Unit for Example 10

Note that all claims previously reported as open have been reported and revalued as of 30 months after the effective date of the policy (valuation 01/12).

Note that the first loss record is the claim's previously reported information, indicated by a P in the Update Type field. The second loss record is the claim's revised information, indicated by an R in the Update Type field. The loss totals are the revised totals only.

;

When reporting loss information on a subsequent level report, report all information on the previous and revised sides of the claim. The risk totals shown must be the revised totals only.

Refer to Examples 11a and 11b for Individual Case Reports.

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No					
02				16928	99887	07/01/09	07/01/10	07											
Insured's Name: Steve Ho Corporation											F.E.I.N. → 123456789		Pending File No.						
Insured's Address:											T.P.E / F.E.I.N. →								
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use
		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std							
		N	N		N	N	N	N		01	01	01							

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
								789803	10/01/09	276957	25000	6843	02	0	Act	Type	Recv	Clm	Settl	00	00	
								02	01	01	01	00										
S U B J E C T								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical				
								42	49	56	Iron Worker	N		00		8008	15000					
								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid	ALAE Incurred									
N O T S B J	Upd Type	D.	E.	F.	Total Standard Exposure	Total Standard Premium	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
								789749	08/01/09	235408	0	0718	01	0	01	01	01	01	00			
								01	01	01	01	00										
A F T E R S T D								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical				
								90	13	75	Ship Builder	N		00		13346						
								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid	ALAE Incurred									
LOSS TOTALS																						
								Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical								
								2	527928	27500		41501	20000									
								Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use	Total ALAE Paid	Total ALAE Incurred										

Example 11a - Individual Case Report; Permanent Total Disability; 2nd Report Level

Use Table III-M-C- (USLH-III-Male)

Type - USL & HW-Trauma
Average Weekly Wage - \$459
Effective Date - 07/01/09
Date of Valuation - 01/01/12

Date of Accident - 10/01/09
Date of Birth - 03/15/45
Employee's Age at Valuation Date - 67 (sex - M)
Maximum Weekly Benefit - \$1,224.66

Present Value of Future Payments
 $\$306 \times 52 \times 15.430 = \$245,522$

Indemnity Paid to Valuation Date
Benefits Paid from 10/01/09 to 01/01/12 [822 days / 7 = 117.429 (Wks)]
(117.429 Wks) x \$306 = \$35,933

Total Indemnity Incurred - $\$245,522 + \$35,933 = \$281,455$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 6843	REPORT NO. CODE* 02	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 02	CARRIER NUMBER 16928	CARRIER NAME						PAYROLL STATE CODE* 07	ADM. FILE NUMBER							
POLICY NUMBER 99887		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 09		CLAIM NO. 789803		STAT CODE* 0	DATE ATTNY DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTL 02 01 01 01 00			JURIS STATE 07	MCO TYPE 00				
INSURED NAME Steve Ho Corp							ACC. DATE MO DAY YR 10 01 09			DATE OF DEATH MO DAY YR			DATE REPORTED MO DAY YR 10 01 09			DATE OF BIRTH MO DAY YR 03 15 45		SURG CODE	ATTNY CODE*
WORKER LAST NAME Vee		WORKERS SEX M	AVG. WEEKLY WAGE 459		INJURY DESC. CODE* →	PART 42	NATURE 49	CAUSE 56		OCCUPATION Iron Worker			DATE CLOSED MO YR		RESERVE CODE* 00	LUMP SUM	FRAUD CODE	S/S OFF-SET	
SOCIAL SECURITY NUMBER			DATE SINGLE SUM PAID →		MO DAY YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →			DATE OF HIRE →		MO DAY YR 01 01 80						
BENEFITS OTHER THAN PENSION									PENSION BENEFITS										
KIND OF BENEFIT			% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*			DATA PROVIDER COMMENTS							
1. TEMPORARY INDEMNITY			XXX	XXX					CODE	DATE OF BIRTH MO DAY YR									
2. SCHEDULED INDEMNITY									1	03	15	45	Paid to valuation date 117.429 x 306.00 = 35933						
3. NON-SCHEDULED INDEMNITY				XXX	XXXX								Future payments						
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY													306.00 x 52 x 15.430 = 245522						
5. VOCATIONAL REHABILITATION TOTAL INCURRED																			
6. CLAIMANT LEGAL EXPENSE									7. PENSION INDEM. PAID TO VAL. DATE			35933							
PHYSICIAN PAID						TEMP. DISABILITY PAID			8. PENS. INDEM. PREV. RSVD., NOT PAID										
HOSPITAL PAID						PERM. PARTIAL PAID			9. PRES. VALUE FUTURE INDEM. PMNT.			245522							
APP. MED. EVAL. PAID						PERM. TOTAL PAID			10. FUNERAL ALLOWANCE										
DEFENSE MED. EVAL PAID						DEATH PAID			11. LUMP SUM REMARRIAGE										
INDEP. MED. EVAL. PAID						SINGLE LUMP SUM			12. TOTAL INCURRED INDEM..(SUM 1-11)			281455							
LEGAL EXP. - DEFENSE						V.R. PAID			13. TOTAL INCURRED MEDICAL			27500							
ANNUITY PURCHASE AMT.						V.R. INDEM. INCURRED			14. TOTAL INDEM. PAID TO VAL. DATE			18715							
TOTAL GROSS INCURRED						V.R. TRAINING INCURRED			15. TOTAL MED. PAID TO VAL. DATE			20000							
						V.R. EVAL. INCURRED			16. SOC. SEC. OR OTHER OFFSET AMT.										

*SEE MANUAL FOR CODING

Example 11b - Individual Case Report; Death, Widow Only; 2nd Report Level

Use Table I-A & Table II-A

Type - State Act-Trauma
Average Weekly Wage - \$475
Effective Date - 07/01/09
Date at Valuation - 01/01/12
Date of Accident - 08/01/09

Widow's Date of Birth - 05/01/44
Age at Widowhood - 65
Age at Valuation - 67
2nd Level Report - Open
Date of Death - 08/01/09

Present Value of Future Payments

Weekly Benefit = $.6667 \times (\$475) = \316.68

Present Value of \$1 = 12.290 - Widowhood at age 65, $^a[x] + 2$ Value

$\$316.68 \times 52 \times 12.290 = \$202,384$

Lump Sum Dowry Benefit

Duration - 2 years = 104 weeks

Weekly Benefit - \$316.68

Present Value of Remarriage Dowry = .0195

$\$316.68 \times 104 \times .0195 = \642

Indemnity Paid to Valuation Date

Benefits Paid from 08/01/09 to 01/01/12 - 883 days / 7 = 126.143 Wks

$(126.143 \text{ Wks}) \times \$316.68 = \$39,947$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0718	REPORT NO. CODE* 02	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 01	CARRIER NUMBER 16928	CARRIER NAME					PAYROLL STATE CODE* 07	ADM. FILE NUMBER							
POLICY NUMBER 99887		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 09		CLAIM NO. 789749	STAT CODE* 0	DATE ATTNY DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE 01 01 01 01 00			JURIS STATE	MCO TYPE 00				
INSURED NAME Steve Ho Corp						ACC. DATE MO DAY YR 08 01 09			DATE OF DEATH MO DAY YR 08 01 09			DATE REPORTED MO DAY YR 08 01 09			DATE OF BIRTH MO DAY YR 07 25 44		SURG CODE	ATTNY CODE*
WORKER LAST NAME Stevens		WORKERS SEX M	AVG. WEEKLY WAGE 475	INJURY DESC. CODE* →	PART 90	NATURE 13	CAUSE 75	OCCUPATION Shup Builder			DATE CLOSED MO YR		RESERVE CODE* 00	LUMP SUM	FRAUD CODE	S/S OFF-SET		
SOCIAL SECURITY NUMBER			DATE SINGLE SUM PAID →	MO DAY YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →			DATE OF HIRE →		MO DAY YR 01 01 80						
BENEFITS OTHER THAN PENSION								PENSION BENEFITS										
KIND OF BENEFIT			% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*			DATA PROVIDER COMMENTS						
1. TEMPORARY INDEMNITY			XXX	XXX					CODE	DATE OF BIRTH MO DAY YR 05 01 44			Paid to valuation date					
2. SCHEDULED INDEMNITY													126.143 x 316.68 = 39947					
3. NON-SCHEDULED INDEMNITY				XXX	XXXX								Future payments					
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY													316.68 x 52 x 12.290 = 202384					
5. VOCATIONAL REHABILITATION TOTAL INCURRED																		
6. CLAIMANT LEGAL EXPENSE									7. PENSION INDEM. PAID TO VAL. DATE			39947						
PHYSICIAN PAID					TEMP. DISABILITY PAID				8. PENS. INDEM. PREV. RSVD., NOT PAID									
HOSPITAL PAID					PERM. PARTIAL PAID				9. PRES. VALUE FUTURE INDEM. PMNT.			202384						
APP. MED. EVAL. PAID					PERM. TOTAL PAID				10. FUNERAL ALLOWANCE			3500						
DEFENSE MED. EVAL PAID					DEATH PAID				11. LUMP SUM REMARRIAGE			642						
INDEP. MED. EVAL. PAID					SINGLE LUMP SUM				12. TOTAL INCURRED INDEM..(SUM 1-11)			246473						
LEGAL EXP. - DEFENSE					V.R. PAID				13. TOTAL INCURRED MEDICAL			0						
ANNUITY PURCHASE AMT.					V.R. INDEM. INCURRED				14. TOTAL INDEM. PAID TO VAL. DATE			22786						
TOTAL GROSS INCURRED					V.R. TRAINING INCURRED				15. TOTAL MED. PAID TO VAL. DATE			0						
					V.R. EVAL. INCURRED				16. SOC. SEC. OR OTHER OFFSET AMT.									

*SEE MANUAL FOR CODING

Example 12 - Unit Reporting; Individual Risk Experience Including Premiums for Operation Subject to the USL & HW Act for a "Non-F" Classification

When reporting a classification, which includes coverage for the USL & HW Act, increase the rating value by **the applicable USL & HW percentage** and apply all other Manual rules as required. The increased rate shall apply only to the payroll of those employees engaged in operations subject to the USL & HW Act.

Note: USL & HW and Federal class exposures are included when calculating Terrorism, Code 9740 and Catastrophe (other than Certified Acts of Terrorism), Code 9741.

Note: Class 665's rating value as of **7/1/09** is **8.36**, the rating value including coverage for the USL & HW Act is **$\$8.36 \times 1.508 \times 1.580 = \19.92** . Refer to Section I, Rule XII of the Delaware Manual of Rules, Classifications and Rating Values for Workers Compensation and Employers Liability Insurance for further instructions concerning the USL & HW Act.

Refer to **Example 12a** for Individual Case Report.

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No						
01				99622	198265	07/01/09	07/01/10	07												
Insured's Name: Iron Erectors Inc.											F.E.I.N. → 123456789		Pending File No.							
Insured's Address:											T.P.E / F.E.I.N. →									
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use	
		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std								
		N	Y		Y	N	N	N		01	01	01								

EXPOSURE INFORMATION

LOSS INFORMATION

CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic. State	Cat. No.	MCO Type
															Act	Type	Recv	Clm	Settl			
SUBJECT	R	02	0655	120000	19.92	23904	R	845	02/01/10	696968	25000	0655	02	0	02	01	01	01	00	07	00	00
	R	01	0655	1000000	12.61	126100		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
	R	01	0951	95000	.96	912		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred				
	R	01	0953	105000	.49	515	R	896	03/01/10	600	350	0655	05	1	01	01	01	01	00	00	00	00
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred				
							R	897	03/15/10	750	800	0655	05	1	01	01	01	01	00	00	00	00
		R						Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred				
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred				
	NOT SUBJECT	D.						R	898	04/11/10		250	0953	06	1	01	01	01	01	00	00	00
E.								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
F.								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred				
G.				Total Standard Exposure		Total Standard Premium		Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic. State	Cat. No.	MCO Type
G.				1320000		136288																
AFTER SUBJECT	R	H.	0063	Premium Discount Amount		12065		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
	R	I.	0900	Expense Constant Amount		270		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred				
	R	J.	9740		.01	132		LOSS TOTALS														
	R	K.	9741		.01	132		Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical								
	L.						Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use			Total ALAE Paid		Total ALAE Incurred								
							50000					25000		13400								

Example 12a - Individual Case Report; Permanent Total Claim with Survivorship Benefits

Use Tables III-M-C (USLH-III-MALE) and IV-B (USLH-IV-B)

Type - USL & HW-Trauma	Claimant's Birth Date - 05/01/62
Average Weekly Wage - \$500	Spouse's Birth Date - 07/01/64
Date of Accident - 02/01/10	Date of Valuation - 01/01/11
Effective Date - 07/01/09	Claimants Age at Valuation - 48 (sex - M)
Maximum Benefit - 200% NAWW = \$1,224.66	Spouse's Age at Valuation - 46

Present Value of Future Payments

Claimants - $.6667 \times (\$500) = \333.35 wk

Present Value of \$1 = 31.954

Future Payments - $\$333.35 \times 31.954 \times 52 = \$553,897$

Survivorship - $.5 \times (\$500) = \250

Benefits

Present Value of Benefits = 9.782

Future Payout = $250 \times 9.782 \times 52 = \$127,166$

Indemnity to Valuation Date Benefits Paid from 02/01/10 to 01/01/11 - 334 days / 7 = 47.714 Wks
 $\$333.35 \times 47.714 = \$15,905$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0655	REPORT NO. CODE* 01	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 02	CARRIER NUMBER 99622	CARRIER NAME						PAYROLL STATE CODE* 07	ADM. FILE NUMBER						
POLICY NUMBER 198265		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 09			CLAIM NO. 845	STAT CODE*	DATE ATTNY DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE 02 01 01 01 00					JURIS STATE 07	MCO TYPE 00	
INSURED NAME Doelron Erections, Inc.						ACC. DATE MO DAY YR 02 01 10			DATE OF DEATH MO DAY YR			DATE REPORTED MO DAY YR 02 01 10			DATE OF BIRTH MO DAY YR 05 01 62		SURG CODE	ATTNY CODE*
WORKER LAST NAME Doe		WORKERS SEX M	AVG. WEEKLY WAGE 500	INJURY DESC. CODE* →		PART 40	NATURE 28	CAUSE 25	OCCUPATION Iron Worker				DATE CLOSED MO YR		RESERVE CODE* 00	LUMP SUM	FRAUD CODE	S/S OFF-SET
SOCIAL SECURITY NUMBER			DATE SINGLE SUM PAID →		MO DAY YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →			DATE OF HIRE →			MO DAY YR 01 01 80				
BENEFITS OTHER THAN PENSION									PENSION BENEFITS									
KIND OF BENEFIT			% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*				DATA PROVIDER COMMENTS					
1. TEMPORARY INDEMNITY			X X X	X X X					CODE	DATE OF BIRTH MO DAY YR								
2. SCHEDULED INDEMNITY									1	05	01	62	Paid to valuation date					
									2	07	01	64	47.714 x 333.35 = 15905					
3. NON-SCHEDULED INDEMNITY				X X X	XXXX								Future payments					
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY													(333.35 x 52 x 31.954) +					
5. VOCATIONAL REHABILITATION TOTAL INCURRED													(250.00 x 52 x 9.782) = 681063					
6. CLAIMANT LEGAL EXPENSE									7. PENSION INDEM. PAID TO VAL. DATE				15905					
PHYSICIAN PAID						TEMP. DISABILITY PAID			8. PENS. INDEM. PREV. RSVD., NOT PAID									
HOSPITAL PAID						PERM. PARTIAL PAID			9. PRES. VALUE FUTURE INDEM. PMNT.				681063					
APP. MED. EVAL. PAID						PERM. TOTAL PAID			10. FUNERAL ALLOWANCE									
DEFENSE MED. EVAL PAID						DEATH PAID			11. LUMP SUM REMARRIAGE									
INDEP. MED. EVAL. PAID						SINGLE LUMP SUM			12. TOTAL INCURRED INDEM.,(SUM 1-11)				696968					
LEGAL EXP. - DEFENSE						V.R. PAID			13. TOTAL INCURRED MEDICAL				25000					
ANNUITY PURCHASE AMT.						V.R. INDEM. INCURRED			14. TOTAL INDEM. PAID TO VAL. DATE				17201					
TOTAL GROSS INCURRED						V.R. TRAINING INCURRED			15. TOTAL MED. PAID TO VAL. DATE				12000					
						V.R. EVAL. INCURRED			16. SOC. SEC. OR OTHER OFFSET AMT.									

*SEE MANUAL FOR CODING

Example 13 - Correction of Header Information Only

In the following example the only information that needs correcting is the policy number. Since the policy number field has two lines, the previous reported policy number (incorrect number) goes on the first line and the revised policy number (correct number) goes on the second line.

If a header field needs to be corrected and the field only has one line, report the revised information only.

When reporting a header correction only the Report Number, Correction Number, **Correction Type**, Carrier Code, Policy Number, Policy Effective Date, Exposure State and Insured's Name need to be filled in, along with any other policy information that is changing.

UNIT STATISTICAL REPORT

POLICY INFORMATION																										
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No												
01				99998	WC12345	01/01/09																				
01	01	H		99998	WC54321	01/01/09	01/01/10	07																		
Insured's Name: ABC Corp											F.E.I.N. →		Pending File No.													
Insured's Address:											T.P.E / F.E.I.N. →															
Mod. Effective Date	Rate Effective Date	Policy Conditions										Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use					
		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std														
EXPOSURE INFORMATION										LOSS INFORMATION																
C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdc State	Cat. No.	MCO Type
								Act	Type	Recv	Clm	Settl														
								Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred								
S U B J E C T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdc State	Cat. No.	MCO Type
								Act	Type	Recv	Clm	Settl														
								Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred								
A. T O T A L S U B J E C T P R E M I U M	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdc State	Cat. No.	MCO Type
								Act	Type	Recv	Clm	Settl														
								Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred								
B. E X P E R I E N C E M O D (X X . X X X)	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdc State	Cat. No.	MCO Type
								Act	Type	Recv	Clm	Settl														
								Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred								
C. T O T A L M O D I F I E D P R E M I U M	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdc State	Cat. No.	MCO Type
								Act	Type	Recv	Clm	Settl														
								Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred								
D. N O T S U B J E C T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdc State	Cat. No.	MCO Type
								Act	Type	Recv	Clm	Settl														
								Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred								
E. T O T A L S T A N D A R D E X P O S U R E	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdc State	Cat. No.	MCO Type
								Act	Type	Recv	Clm	Settl														
								Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred								
F. P R E M I U M D I S C O U N T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdc State	Cat. No.	MCO Type
								Act	Type	Recv	Clm	Settl														
								Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred								
G. E X P E N S E C O N S T A N T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdc State	Cat. No.	MCO Type
								Act	Type	Recv	Clm	Settl														
								Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred								
H. P R E M I U M D I S C O U N T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdc State	Cat. No.	MCO Type
								Act	Type	Recv	Clm	Settl														
								Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred								
I. E X P E N S E C O N S T A N T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdc State	Cat. No.	MCO Type
								Act	Type	Recv	Clm	Settl														
								Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred								
J. R E S E R V E D F O R F U T U R E U S E	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdc State	Cat. No.	MCO Type
								Act	Type	Recv	Clm	Settl														
								Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred								
K. R E S E R V E D F O R F U T U R E U S E	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdc State	Cat. No.	MCO Type
								Act	Type	Recv	Clm	Settl														
								Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred								
L. T O T A L A L A E P A I D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdc State	Cat. No.	MCO Type
								Act	Type	Recv	Clm	Settl														
								Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred								
M. T O T A L A L A E I N C U R R E D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdc State	Cat. No.	MCO Type
								Act	Type	Recv	Clm	Settl														
								Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred								
N. R E S E R V E D F O R F U T U R E U S E	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdc State	Cat. No.	MCO Type
								Act	Type	Recv	Clm	Settl														
								Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred								
O. T O T A L A L A E I N C U R R E D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdc State	Cat. No.	MCO Type
								Act	Type	Recv	Clm	Settl														
								Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred								
P. R E S E R V E D F O R F U T U R E U S E	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdc State	Cat. No.	MCO Type
								Act	Type	Recv	Clm	Settl														
								Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred								
Q. T O T A L A L A E P A I D	Upd Type	Exp. Cov.																								

Example 14 - Correction of Loss Totals Only

In the following example the only information that needs correcting is the loss totals. Because there is only one line per field for the loss totals, only the revised totals are shown. The key policy information must also be shown (Report Number, Correction Number, **Correction Type**, Carrier Code, Policy Number, Policy Effective Date, Exposure State and Insured's Name)

Note: The exposure, premium and loss totals must all be provided when submitting 1st level total corrections.

UNIT STATISTICAL REPORT

POLICY INFORMATION																								
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No										
02	04	T		99998	WC54321	01/01/09	01/01/10	07																
Insured's Name:											F.E.I.N. →		Pending File No.											
Insured's Address:											T.P.E / F.E.I.N. →													
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use					
		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std												
EXPOSURE INFORMATION										LOSS INFORMATION														
C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
															Act	Type	Recv	Clm	Settl					
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
S U B J E C T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
		A. Total Subject Premium						Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
		B. Experience Mod (XX.XXX)						Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
		C. Total Modified Premium						Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
N O T S B J	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
			D.					Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
			E.					Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
			F.					Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
		G.		Total Standard Exposure	Total Standard Premium			Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
A F T E R S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	LOSS TOTALS																
								Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical										
			H. 006_	Premium Discount Amount				14	136033	7000		35471	6775											
			I. 0900	Expense Constant Amount				Tot. Claimant's Attny.	Tot. Employer's Attny. F	Reserved For Future Use	Total ALAE Paid	Total ALAE Incurred												
			J.					15000			12500													
			K.																					
			L.																					

Example 15 - Correction of Old Form Information on New Form

The following example shows the information reported on the old form prior to the adoption of the ASWG form.

Refer to **Example 15a** showing the correction on the ASWG form.

REPORT 1	POLICY NUMBER WC12345	STATE DE	STATE NO. 07	CARRIER				CARRIER NO. 99999	DATE RECEIVED	ADM FILE NO.			
EFFECTIVE DATE 12/20/95	TERM	EXPIRATION DATE 10/26/96	INSURED	ABC CORP.									
COND.	91	92	93	94	95	96	97	98					
EXP COV	CLASS CODE	EXPOSURE	MANUAL RATE	PREMIUM	CLAIM NUMBER	ACCIDENT DATE OR NO. OF CLAIMS	CLASS CODE	INJ	INCURRED LOSSES		OPEN OR CLOSED	LOSS COV.	CAT. NO.
									INDEMNITY	MEDICAL			
11	0953	175485	0.49	860		3	0953	06		875	1	11	00
11	0951	83368	0.96	800	23456	02/05/96	0951	06		1000	1	11	00
					34567	07/03/96	0953	09	4750	1225	0	11	00
					45678	10/25/96	0951	05	2950	595	0	21	00
A - TOTAL SUBJECT PREMIUM				1660									
B - EXPERIENCE MODIFICATION				.850									
C - TOTAL MODIFIED PREMIUM (A) X (B)				1411									
D													
E													
F													
G													
RISK	STD	258853	XXX	1411									
	OTHER		XXX	XXX									
TOTALS	0064	PREMIUM DISCOUNT	XXX	(140)	TOTALS	6	XXXX	X	7700	3695	X	X	X
	0900	EXPENSE CONSTANT											

Example 15a - Correction of Old Form Information on New Form

The following example is a correction of exposure and loss information on the ASWG form. Please note that only the information that was reported on the original unit is transferred to the new form (new fields do not need to be filled in).

Also note the claim 56789 is being added as a new claim, therefore there is an Update Type "P" with all fields left blank because there was no previously reported information. Update Type "R" has all the new claim information.

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No							
01	01	M		99999	WC12345	12/20/95	12/20/96	07													
Insured's Name: ABC Corp.											F.E.I.N. →		Pending File No.								
Insured's Address:											T.P.E / F.E.I.N. →										
Mod. Effective Date	Rate Effective Date	Policy Conditions										Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use
		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std									

EXPOSURE INFORMATION

LOSS INFORMATION

CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type				
															Act	Type	Recv	Clm	Settl							
SUBJECT	P	11	0953	175485	.49	860	P	23456	02/05/96		1000	0951	06	1	11											
		R	11	0953	233945	.49	1146		Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical							
									Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
		R						R	23456	02/05/96		1565	0951	06	1	11										
NOT SUBJECT							P																			
		R							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical							
									Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
AFTER		D.					R	56789	09/30/96		7935	4000	0953	05	0	11										
		E.							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical							
		F.							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
STANDARD				Total Standard Exposure		Total Standard Premium																				
		G.		317313		1654																				
		H.	006_		Premium Discount Amount				Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical							
		I.	0900		Expense Constant Amount				Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
	J.							LOSS TOTALS																		
	K.							Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical												
	L.							Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use			Total ALAE Paid		Total ALAE Incurred											

Example 16 - Combination Example

This example shows a first reporting requiring two unit cards with a Deductible, schedule rating credit, Delaware Construction Credit, Delaware Workplace Safety Program Credit, USL & H coverage, ratable class with a mandatory non-ratable element and a claim requiring an Individual Case Report.

Note: Both the Delaware Workplace Safety Program Credit and the Delaware Construction Credit are calculated based upon the manual premium after the application of the experience mod, any non-ratable or occupational disease class premiums and the schedule rating credit, this is to say that the Delaware Workplace Safety Program is not used to calculate the construction credit and the construction credit is not used to calculate the Delaware Workplace Safety Program.

Also, Note: USL & HW and Federal class exposures are included when calculating Terrorism, Code 9740 and Catastrophe (other than Certified Acts of Terrorism), Code 9741.

Refer to Example 16a for the Individual Case Report.

UNIT STATISTICAL REPORT

POLICY INFORMATION																															
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No																	
01				12345	1234567	12/01/08	12/01/09	07																							
Insured's Name: 123, Inc.											F.E.I.N. → 123456789		Pending File No.																		
Insured's Address:											T.P.E / F.E.I.N. →																				
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use												
10/01/08	10/01/08	3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03	01	1000																
EXPOSURE INFORMATION																LOSS INFORMATION															
CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type									
															Act	Type	Recv	Clm	Settl												
SUBJECT	Upd Type	Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical	Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid	ALAE Incurred													
																			Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
R	A. Total Subject Premium					2183	Upd Type																								
		B. Experience Mod (XX.XXX)						1.198																							
			C. Total Modified Premium					2615																							
NOT SUBJECT	D. 9663					48	Upd Type																								
		E.																													
			F.																												
AFFETER STD	G.	Total Standard Exposure			Total Standard Premium	Upd Type																									
		R H. 0063	Premium Discount Amount				80																								
			R I. 0900	Expense Constant Amount			46																								
R	J. 9740				.01	3																									
		R K. 9741				.01	3																								
			L.																												
LOSS TOTALS																															
Reserved For Future Use								Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use		Total Paid Indemnity	Total Paid Medical																	
								4	183219	9000			17153	5500																	
Tot. Claimant's Attny. Fees								Tot. Employer's Attny. Fees	Reserved For Future Use			Total ALAE Paid		Total ALAE Incurred																	

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No						
01				12345	1234567	12/01/08	12/01/09	07												
Insured's Name: 123, Inc.											F.E.I.N. → 123456789		Pending File No.							
Insured's Address:											T.P.E / F.E.I.N. →									
Mod. Effective Date	Rate Effective Date	Policy Conditions									Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use
10/01/09	10/01/09	3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03	01	1000					

EXPOSURE INFORMATION

LOSS INFORMATION

CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
															Act	Type	Recv	Clim	Settl						
R		01	0609	6600	10.04	663																			
R		01	4771	11550	4.15	479		Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical							
R		01	0951	1650	.85	14		Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid	ALAE Incurred												
R		01	0953	1650	.43	21		Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type			
R		02	6843	9900	10.16	1006		Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical							
								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid	ALAE Incurred												
A. Total Subject Premium								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type			
B. Experience Mod (XX.XXX)								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical							
C. Total Modified Premium								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid	ALAE Incurred												
R		D.	0771	11550	1.03	119		Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type			
R		E.	9887		.25	684		Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical							
R		F.	9046		.22	451		Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid	ALAE Incurred												
G.				Total Standard Exposure	Total Standard Premium			Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type			
		H.	006_	Premium Discount Amount				Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical							
		I.	0900	Expense Constant Amount				Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid	ALAE Incurred												
LOSS TOTALS																									
		J.						Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical											
		K.						Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use	Total ALAE Paid	Total ALAE Incurred													
		L.																							

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No					
01				12345	1234567	12/01/08	12/01/09	07											
Insured's Name: 123, Inc.											F.E.I.N. → 123456789		Pending File No.						
Insured's Address:											T.P.E / F.E.I.N. →								
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use
10/01/08	10/01/08	3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03	01	1000				

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
															Act	Type	Recv	Clim	Settl				
S U B J E C T								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred			
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type	
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred			
N O T S B J								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type	
	R	D.	9046		.20	1425		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred			
	R	E.	9663			160		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred			
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type	
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred			
A F T E R S T D								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred			
								LOSS TOTALS															
								Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical									
								Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use			Total ALAE Paid			Total ALAE Incurred							
	R	H.	0063	Premium Discount Amount		280		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical	
	R	I.	0900	Expense Constant Amount		224		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred			
	R	J.	9740			.01	11																
	R	K.	9741			.01	11																

UNIT STATISTICAL REPORT

POLICY INFORMATION																															
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No																	
01				12345	1234567	12/01/08	12/01/09	07																							
Insured's Name: 123, Inc.										F.E.I.N. → 123456789		Pending File No.																			
Insured's Address:										T.P.E / F.E.I.N. →																					
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use												
10/01/08	10/01/08	3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03	01	1000																
N	Y		Y	N	N	N				01	01	01																			
EXPOSURE INFORMATION																LOSS INFORMATION															
CODE	Upd Typ	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type									
															Act	Type	Recv	Clm	Settl												
R		01	0609	20000	12.10	2420	R	1234	02/13/09	2000	1500	0609	05	0	01	01	01	01	00		00	00									
SUBJECT	R	01	4771	35000	5.37	1880		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical									
								40	28	25	Laborer			N		00		1000			1000										
SUBJECT	R	01	0951	5000	.96	48		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred										
SUBJECT	R	01	0953	15000	.49	74	R	4321	01/23/09	500	500	0953	05	1	01	01	01	01	00		00	00									
	R	02	6843	30000	9.24	2772		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical									
								36	40	19	Laborer			N		00		500			500										
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred										
SUBJECT							R	3214	04/20/09	179719	5000	4771	01	0	01	01	01	01	00		00	00									
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical									
								44	03	99	Laborer			N		00		14653			2000										
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred										
SUBJECT	R	D.	0771	35000	1.36	476	R	4123	06/01/09	1000	2000	0951	05	1	01	01	01	01	00		00	00									
	R	E.	9887		.25	2374		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical									
								36	40	19	Laborer			N		00		1000			2000										
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred										
SUBJECT	R	F.	9880		.05	356		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical									
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred										
SUBJECT	G.			Total Standard Exposure		Total Standard Premium		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical									
SUBJECT		H.	006_	Premium Discount Amount				Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical									
		I.	0900	Expense Constant Amount				Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred										
SUBJECT		J.						LOSS TOTALS																							
		K.						Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical																	
	L.						Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use				Total ALAE Paid			Total ALAE Incurred															

Example 16a - Individual Case Report; Death, Widow Only

Type - State Act-Trauma

Average Weekly Wage - \$378

Effective Date - 12/01/08

Date at Valuation - 06/01/10

Date of Accident - 04/20/09

Widow's Date of Birth - 05/09/43

Age at Widowhood - 65

Age at Valuation - 67

1st Level Report - Open

Date of Death - 04/20/09

Present Value of Future Payments

Weekly Benefit = $.6667 \times (\$378) = \252.01

Present Value of \$1 = 12.290 - Widowhood at age 65, $^a[x] + 2$ Value

$\$252.01 \times 52 \times 12.290 = \$161,055$

Lump Sum Dowry Benefit

Duration - 2 years = 104 weeks

Weekly Benefit - \$252.01

Present Value of Remarriage Dowry = .0195

$\$252.01 \times 104 \times .0195 = \511

Indemnity Paid to Valuation Date

Benefits Paid from 04/20/09 to 06/01/10 - 407 days / 7 = 58.143 Wks

$(58.143 \text{ Wks}) \times \$252.01 = \$14,653$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 4771	REPORT NO. CODE* 01	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 01	CARRIER NUMBER 12345	CARRIER NAME						PAYROLL STATE CODE* 07	ADM. FILE NUMBER						
POLICY NUMBER 1234567		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 12 01 08			CLAIM NO. 3214	STAT CODE* 0	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE 01 01 01 01 00					JURIS STATE 07	MCO TYPE 00	
INSURED NAME 123, Inc.						ACC. DATE MO DAY YR 04 20 09			DATE OF DEATH MO DAY YR 04 20 09			DATE REPORTED MO DAY YR 04 20 09			DATE OF BIRTH MO DAY YR 09 27 42		SURG CODE	ATTNY CODE*
WORKER LAST NAME Hilty		WORKERS SEX M	AVG. WEEKLY WAGE 378	INJURY DESC. CODE* →	PART 44	NATURE 03	CAUSE 99	OCCUPATION Laborer				DATE CLOSED MO YR		RESERVE CODE* SUM	LUMP SUM	FRAUD CODE 00	S/S OFF-SET	
SOCIAL SECURITY NUMBER			DATE SINGLE SUM PAID →	MO DAY YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →			DATE OF HIRE →			MO DAY YR					
BENEFITS OTHER THAN PENSION								PENSION BENEFITS										
KIND OF BENEFIT			% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*			DATA PROVIDER COMMENTS						
1. TEMPORARY INDEMNITY			XXX	XXX					CODE	DATE OF BIRTH MO DAY YR								
2. SCHEDULED INDEMNITY									2	05	09	43	Paid to valuation date					
													58.143 x 252.01 = 14653					
3. NON-SCHEDULED INDEMNITY				XXX	XXXX								Future payments					
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY													252.01 x 52 x 12.290 = 161055					
5. VOCATIONAL REHABILITATION TOTAL INCURRED																		
6. CLAIMANT LEGAL EXPENSE									7. PENSION INDEM. PAID TO VAL. DATE			14653						
PHYSICIAN PAID					TEMP. DISABILITY PAID				8. PENS. INDEM. PREV. RSVD., NOT PAID									
HOSPITAL PAID					PERM. PARTIAL PAID				9. PRES. VALUE FUTURE INDEM. PMNT.			161055						
APP. MED. EVAL. PAID					PERM. TOTAL PAID				10. FUNERAL ALLOWANCE			3500						
DEFENSE MED. EVAL PAID					DEATH PAID				11. LUMP SUM REMARRIAGE			511						
INDEP. MED. EVAL. PAID					SINGLE LUMP SUM				12. TOTAL INCURRED INDEM.,(SUM 1-11)			179719						
LEGAL EXP. - DEFENSE					V.R. PAID				13. TOTAL INCURRED MEDICAL			5000						
ANNUITY PURCHASE AMT.					V.R. INDEM. INCURRED				14. TOTAL INDEM. PAID TO VAL. DATE			14653						
TOTAL GROSS INCURRED					V.R. TRAINING INCURRED				15. TOTAL MED. PAID TO VAL. DATE			2000						
					V.R. EVAL. INCURRED				16. SOC. SEC. OR OTHER OFFSET AMT.									

*SEE MANUAL FOR CODING

Example 17 - Second Reporting of Losses for Unit for Example 16

Note that all claims previously reported as open have been reported and revalued as of 30 months after the effective date of the policy (valuation 06/03).

Note that the first loss record is the claim's previously reported information, indicated by a P in the Update Type field. The second loss record is the claim's revised information, indicated by an R in the Update Type field. The loss totals are the revised totals only.

!

When reporting loss information on a subsequent level report, report all information on the previous and revised sides of the claim. The risk totals shown must be the revised totals only.

Also note that claim 1234 is a subrogated claim.

Refer to Example 17a for Individual Case Report.

UNIT STATISTICAL REPORT

POLICY INFORMATION																						
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No							
02				12345	1234567		12/01/08	12/01/09	07													
Insured's Name: 123 Inc.												F.E.I.N. → 123456789			Pending File No.							
Insured's Address:												T.P.E / F.E.I.N. →										
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use			
		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std			1000							
		N	Y		Y	N	N	N		01	01	01	03	01								
EXPOSURE INFORMATION																						
CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
							P	1234	02/13/09	2000	1500	0609	05	0	Act	Type	Recv	Clim	Settl		00	00
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								40	28	25	Laborer			N		00		1000		1000		
SUBJECT								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid		ALAE Incurred				
							R	1234	02/13/09	1000	1000	0609	05	1	01	01	01	01	00		00	00
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								40	28	25	Laborer			N		00		1000		1000		
								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid		ALAE Incurred				
NOTES							P	3214	04/20/09	179719	5000	4771	01	0	01	01	01	01	00		00	00
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								44	03	99	Laborer			N		00		14653		2000		
								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid		ALAE Incurred				
SUBJECT		D.					R	3214	04/20/09	188393	7500	4771	01	0	01	01	01	01	00		00	00
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								44	03	99	Laborer			N		00		22087		5500		
								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid		ALAE Incurred				
AFTER								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								44	03	99	Laborer			N		00		22087		5500		
								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid		ALAE Incurred				
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
STANDARD								44	03	99	Laborer			N		00		22087		5500		
								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid		ALAE Incurred				
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								44	03	99	Laborer			N		00		22087		5500		
								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid		ALAE Incurred				
LOSS TOTALS																						
								Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical								
								4	190893	11000		24587	9000									
								Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use			Total ALAE Paid		Total ALAE Incurred							

Example 17a - Individual Case Report; Death, Widow Only; 2nd Report Level

Type - State Act-Trauma

Average Weekly Wage - \$378

Effective Date - 12/01/08

Date at Valuation - 06/01/11

Date of Accident - 04/20/09

Widow's Date of Birth - 05/09/43

Age at Widowhood - 65

Age at Valuation - 68

2nd Level Report - Open

Date of Death - 04/20/09

Present Value of Future Payments

Weekly Benefit = .6667 x (\$378) = \$252.01

Present Value of \$1 = 11.958 - Widowhood at age 65, ^a[x] + 3 Value

\$252.01 x 52 x 11.958 = \$156,704

Lump Sum Dowry Benefit

Duration - 2 years = 104 weeks

Weekly Benefit - \$252.01

Present Value of Remarriage Dowry = .0151

\$252.01 x 104 x .0151 = \$396

Indemnity Paid to Valuation Date

Benefits Paid from 04/20/09 to 06/01/11 - 772 days / 7 = 110.286 Wks

(110.286 Wks) x \$252.01 = \$27,793

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 4771	REPORT NO. CODE* 02	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 01	CARRIER NUMBER 12345	CARRIER NAME						PAYROLL STATE CODE* 07	ADM. FILE NUMBER						
POLICY NUMBER 1234567		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 12 01 08			CLAIM NO. 3214	STAT CODE* 0	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE 01 01 01 01 00					JURIS STATE 07	MCO TYPE 00	
INSURED NAME 123, Inc.						ACC. DATE MO DAY YR 04 20 09			DATE OF DEATH MO DAY YR 04 20 09			DATE REPORTED MO DAY YR 04 20 09			DATE OF BIRTH MO DAY YR 09 27 42		SURG CODE	ATTNY CODE*
WORKER LAST NAME Hilty		WORKERS SEX M	AVG. WEEKLY WAGE 378	INJURY DESC. CODE* →		PART 44	NATURE 03	CAUSE 99		OCCUPATION Laborer				DATE CLOSED MO YR	RESERVE CODE* SUM	LUMP SUM	FRAUD CODE 00	S/S OFF-SET
SOCIAL SECURITY NUMBER			DATE SINGLE SUM PAID →	MO DAY YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →			DATE OF HIRE →			MO DAY YR					
BENEFITS OTHER THAN PENSION									PENSION BENEFITS									
KIND OF BENEFIT				% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*			DATA PROVIDER COMMENTS					
1. TEMPORARY INDEMNITY				XXX	XXX					CODE	DATE OF BIRTH MO DAY YR							
2. SCHEDULED INDEMNITY										2	05	09	43	Paid to valuation date				
														110.286 x 252.01 = 27793				
3. NON-SCHEDULED INDEMNITY					XXX	XXXX								Future payments				
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY														252.01 x 52 x 11.958 = 156704				
5. VOCATIONAL REHABILITATION TOTAL INCURRED																		
6. CLAIMANT LEGAL EXPENSE										7. PENSION INDEM. PAID TO VAL. DATE			27793					
PHYSICIAN PAID					TEMP. DISABILITY PAID						8. PENS. INDEM. PREV. RSVD., NOT PAID							
HOSPITAL PAID					PERM. PARTIAL PAID						9. PRES. VALUE FUTURE INDEM. PMNT.			156704				
APP. MED. EVAL. PAID					PERM. TOTAL PAID						10. FUNERAL ALLOWANCE			3500				
DEFENSE MED. EVAL PAID					DEATH PAID						11. LUMP SUM REMARRIAGE			396				
INDEP. MED. EVAL. PAID					SINGLE LUMP SUM						12. TOTAL INCURRED INDEM.,(SUM 1-11)			188393				
LEGAL EXP. - DEFENSE					V.R. PAID						13. TOTAL INCURRED MEDICAL			7500				
ANNUITY PURCHASE AMT.					V.R. INDEM. INCURRED						14. TOTAL INDEM. PAID TO VAL. DATE			22087				
TOTAL GROSS INCURRED					V.R. TRAINING INCURRED						15. TOTAL MED. PAID TO VAL. DATE			5500				
					V.R. EVAL. INCURRED						16. SOC. SEC. OR OTHER OFFSET AMT.							

*SEE MANUAL FOR CODING

Example 18 - First Report Requiring an ICR, Widow with 2 Children

Claim 68235 is a death claim.

Refer to **Example 18a** for the Individual Case Report with a Widow and 2 Children.

UNIT STATISTICAL REPORT

POLICY INFORMATION																										
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No											
01				99998	111222		07/01/09	07/01/10	07																	
Insured's Name: Bob's Roofing												F.E.I.N. → 123456789		Pending File No.												
Insured's Address:												T.P.E / F.E.I.N. →														
Mod. Effective Date		Rate Effective Date		Policy Conditions						Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use							
3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std																
N	N		N	N	N	N		01	01	01																
EXPOSURE INFORMATION																										
CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	LOSS INFORMATION																		
								Claim Number	Acc. Date/No. Claims		Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type			
R		01	0659	98076	41.13	40339	R	68235	11/01/09		195196	500	0659	01	0	Act	Type	Recv	Clm	Settl		00	00			
R		01	9807			766		Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
SUBJECT							Upd Type	Claim Number	Acc. Date/No. Claims		Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisd State	Cat. No.	MCO Type			
								Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
							Upd Type	Claim Number	Acc. Date/No. Claims		Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisd State	Cat. No.	MCO Type			
								A. Total Subject Premium		41105																
							R	Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
								B. Experience Mod (XX.XXX)		0.990																
								C. Total Modified Premium		40694																
NOT SUBJECT							Upd Type	Claim Number	Acc. Date/No. Claims		Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisd State	Cat. No.	MCO Type			
								Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
							Upd Type	Claim Number	Acc. Date/No. Claims		Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisd State	Cat. No.	MCO Type			
								Total Standard Exposure		98076		Total Standard Premium		40694												
AFTER								Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
STANDARD								LOSS TOTALS																		
								Reserved For Future Use	Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity			Total Paid Medical						
									1		195196		500				6799			500						
								Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees			Reserved For Future Use			Total ALAE Paid			Total ALAE Incurred								

Example 18a - Individual Case Report; Death Claim, Widow with 2 Children

Type - State Act-Trauma

Average Weekly Wage - \$295

Effective Date - 07/01/09

Date at Valuation - 01/01/11

Date of Accident - 11/01/09

Widow's Date of Birth - 09/01/70

Age at Widowhood - 39

Age at Valuation - 40

1st Level Report - Open

Date of Death - 11/01/09

Present Value of Future Payments

1) Widow's Benefit plus child #1 Benefits

Weekly Benefit = $.6667 \times (\$295) = \196.68

Present Value of \$1 = 17.046 - Widowhood at age 39, $a[x] + 1$ Value

$\$196.68 \times 52 \times 17.046 = \$174,336$

2) Child #2 Benefits - Payable until child is 18 years old.

Weekly Benefit = $.0333 \times (\$295) = \9.82

No. of Weeks Payable = 01/01/11 to 12/01/11 + 334 days / 7 = 47.714 wks.

$\$9.82 \times 47.714 = \469

3) Remarriage Dowry

Weekly Benefit - \$196.68

Present Value of Remarriage Dowry = .2114

No. of Weeks Payable = 104 weeks

Value of Payments = $\$196.68 \times 104 \times .2114 = \$4,324$

4) Indemnity Paid to Valuation Date

Weekly Benefit = $.70 \times (\$295) = \206.50

No. of Weeks Payable = 11/01/09 to 01/01/11 - 426 days / 7 = 60.857 Wks

$\$206.50 \times 60.857 = \$12,567$

5) Funeral Allowance = \$3,500

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0659	REPORT NO. CODE* 01	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 01	CARRIER NUMBER 99998	CARRIER NAME						PAYROLL STATE CODE* 07	ADM. FILE NUMBER						
POLICY NUMBER 111222		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 09			CLAIM NO. 68235	STAT CODE* 0	DATE ATTNY DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE 01 01 01 01 00					JURIS STATE 07	MCO TYPE 00	
INSURED NAME Bob's Roofing						ACC. DATE MO DAY YR 11 01 09			DATE OF DEATH MO DAY YR 11 01 09			DATE REPORTED MO DAY YR 11 01 09			DATE OF BIRTH MO DAY YR 12 01 59		SURG CODE	ATTNY CODE*
WORKER LAST NAME Harris	WORKERS SEX M	AVG. WEEKLY WAGE 295	INJURY DESC. CODE* →		PART 90	NATURE 13	CAUSE 25	OCCUPATION Roofer				DATE CLOSED MO YR		RESERVE CODE* SUM	LUMP SUM	FRAUD CODE 00	S/S OFF-SET	
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO	DAY	YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →			DATE OF HIRE →			MO	DAY	YR		
BENEFITS OTHER THAN PENSION								PENSION BENEFITS										
KIND OF BENEFIT			% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*				DATA PROVIDER COMMENTS					
1. TEMPORARY INDEMNITY			X X X	X X X					CODE	DATE OF BIRTH MO DAY YR								
2. SCHEDULED INDEMNITY									2	09	01	70	Paid to valuation date					
									4	12	01	93	60.857 x 206.50 = 12567					
3. NON-SCHEDULED INDEMNITY				X X X	XXXX				4	05	01	95	Future payments					
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY													(196.68 x 52 x 17.046 = 174336) +					
5. VOCATIONAL REHABILITATION TOTAL INCURRED													(9.82 x 47.714) = 174805					
6. CLAIMANT LEGAL EXPENSE									7. PENSION INDEM. PAID TO VAL. DATE				12567					
PHYSICIAN PAID						TEMP. DISABILITY PAID			8. PENS. INDEM. PREV. RSVD., NOT PAID									
HOSPITAL PAID						PERM. PARTIAL PAID			9. PRES. VALUE FUTURE INDEM. PMNT.				174805					
APP. MED. EVAL. PAID						PERM. TOTAL PAID			10. FUNERAL ALLOWANCE				3500					
DEFENSE MED. EVAL PAID						DEATH PAID			11. LUMP SUM REMARRIAGE				4324					
INDEP. MED. EVAL. PAID						SINGLE LUMP SUM			12. TOTAL INCURRED INDEM.,(SUM 1-11)				195196					
LEGAL EXP. - DEFENSE						V.R. PAID			13. TOTAL INCURRED MEDICAL				500					
ANNUITY PURCHASE AMT.						V.R. INDEM. INCURRED			14. TOTAL INDEM. PAID TO VAL. DATE				6799					
TOTAL GROSS INCURRED						V.R. TRAINING INCURRED			15. TOTAL MED. PAID TO VAL. DATE				500					
						V.R. EVAL. INCURRED			16. SOC. SEC. OR OTHER OFFSET AMT.									

*SEE MANUAL FOR CODING

Example 19 - Merit Rating

Merit rating adjustments are applicable below line C and are calculated as a percentage of the earned premium. Each insured who does not qualify for an experience mod is reviewed to determine if a merit rating adjustment applies.

There are three types of merit rating adjustments based upon an insured's occurrence of lost time (indemnity) losses: Code 9884 (no credit/no debit), Code 9885 (5% credit), Code 9886 (5% debit).

UNIT STATISTICAL REPORT

POLICY INFORMATION																									
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No											
01				12345	123456789	01/01/09	01/01/10	07																	
Insured's Name: Dee's Electric											F.E.I.N. → 123456789		Pending File No.												
Insured's Address:											T.P.E / F.E.I.N. →														
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use						
01/01/09	01/01/09	3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	00	00											
N	Y		N	N	N	N	N	N		01	01	01													
EXPOSURE INFORMATION										LOSS INFORMATION															
CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdc State	Cat. No.	MCO Type			
															Act	Type	Recv	Clm	Settl						
R		01	0661	40000	5.71	2284																			
R		01	9807			43		Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical							
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
SUBJECT	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdc State	Cat. No.	MCO Type			
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical							
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
NOT SUBJ	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdc State	Cat. No.	MCO Type			
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical							
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
AFTER	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdc State	Cat. No.	MCO Type			
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical							
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
STANDARD	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdc State	Cat. No.	MCO Type			
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical							
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
LOSS TOTALS																									
								Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical											
								Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use						Total ALAE Paid		Total ALAE Incurred							

Example 20 – Assigned Risk Surcharge

Assigned risk surcharges are applicable below Line C and are calculated as a percentage after the application of any schedule rating debit/credit. See Algorithm Section X for specific premium calculation sequence.

UNIT STATISTICAL REPORT

POLICY INFORMATION																								
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No										
01				00200	WC123456789	10/01/09	10/01/10	07																
Insured's Name: A. B. C. Inc.											F.E.I.N. → 123456789		Pending File No.											
Insured's Address:											T.P.E / F.E.I.N. →													
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use					
10/01/09	10/01/09	3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	00	00										
		N	Y		N	N	N	N		01	01	01												
EXPOSURE INFORMATION										LOSS INFORMATION														
CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
															Act	Type	Recv	Clim	Settl					
R		01	0951	35000	.72	252																		
SUBJECT	R		01	0953	17950	.49	88	Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred				
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type		
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred				
NOT SUBJECT								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type		
	R		D.	0277	.39	190		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred				
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred				
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type		
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred				
AFTER SUBJECT								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred				
								LOSS TOTALS																
								Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical										
								Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use			Total ALAE Paid		Total ALAE Incurred									

Example 21 – Anniversary Rated Policy with the Premium Charge for Terrorism and Catastrophe (other than Certified Acts of Terrorism)

In this example it is assumed that more than one experience modification applies during the policy period and the premium charge for Terrorism and Catastrophe (other than Certified Acts of Terrorism) is applicable.

Note: In the following example all premiums are calculated in the same sequence outlined in **Example 16** (combination example).

The premium charge for Terrorism, **Code 9740**, and Catastrophe (other than Certified Acts of Terrorism), **Code 9741**, is derived by adding up all payroll exposures for a given split period divided by \$100 and multiplying the result times the carrier's rating value for each code. The resulting premium charges should be reported on lines "J" through "K" under Code 9740 and 9741.

As with most pricing programs in the state of Delaware, e.g., Construction Credit – Code 9046, Merit Rating Credit – Code 9885 and the premium charges for Terrorism, Code 9740, and Catastrophe (other than Certified Acts of Terrorism), Code 9741, are applicable, as of each risk's Anniversary Rating Date.

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No					
01				00200	WC123456789	12/01/08	12/01/09	07											
Insured's Name: A. B. C. Inc.											F.E.I.N. → 123456789		Pending File No.						
Insured's Address:											T.P.E / F.E.I.N. →								
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use
11/01/09	11/01/09	3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03	01	100000				

EXPOSURE INFORMATION

LOSS INFORMATION

CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
															Act	Type	Recv	Clm	Settl						
R		01	0665	255000	7.54	19227																			
R		01	0953	48000	.20	96		Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical							
R		01	9664			2126		Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid	ALAE Incurred												
							Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical							
								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid	ALAE Incurred												
							Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical							
								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid	ALAE Incurred												
							Upd Type	A. Total Subject Premium		17197															
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical							
								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid	ALAE Incurred												
							Upd Type	B. Experience Mod (XX.XXX)		0.953															
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical							
								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid	ALAE Incurred												
							Upd Type	C. Total Modified Premium		16389															
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical							
								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid	ALAE Incurred												
							Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical							
								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid	ALAE Incurred												
							Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical							
								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid	ALAE Incurred												
							Upd Type	G.		606000	16234														
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical							
								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid	ALAE Incurred												
								LOSS TOTALS																	
								Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical											
								Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use	Total ALAE Paid	Total ALAE Incurred													

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No					
01				00200	WC123456789	12/01/08	12/01/09	07											
Insured's Name: A. B. C. Inc.											F.E.I.N. → 123456789		Pending File No.						
Insured's Address:											T.P.E / F.E.I.N. →								
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use
11/01/08	11/01/08	3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03	01	100000				

EXPOSURE INFORMATION

LOSS INFORMATION

CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
															Act	Type	Recv	Clim	Settl					
R		01	0665	255000	7.84	19992																		
R		01	0953	48000	.24	115		Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical						
R		01	9664			3277		Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid	ALAE Incurred											
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type		
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical						
								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid	ALAE Incurred											
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type		
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical						
								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid	ALAE Incurred											
								A. Total Subject Premium																
								B. Experience Mod (XX.XXX)																
								C. Total Modified Premium																
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type		
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical						
								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid	ALAE Incurred											
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type		
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical						
								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid	ALAE Incurred											
								G.	Total Standard Exposure	Total Standard Premium														
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical						
								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid	ALAE Incurred											
								LOSS TOTALS																
								Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical										
								Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use	Total ALAE Paid	Total ALAE Incurred												