

DELAWARE

**WORKERS COMPENSATION EXPERIENCE RATING
FOR SELF-INSUREDS**

Name of Risk _____

State _____

Risk Identification No. _____

Effective Date _____

(1) Effective Month/Day Year	(2) Class Code	(3) Payroll	(4) Claim Number	(5) Injury Type Open/ Closed	(6) Paid Losses	(7) Reserves	(6 + 7 = 8) Actual Incurred Losses

Please follow the instructions on the back page for completing this worksheet.

INSTRUCTIONS FOR SUBMITTING EXPERIENCE RATING DATA

Payroll And Losses Must Be Rounded To The Nearest Whole Dollar

Column 1. Fill in the effective month, day and year of the period for which information will be provided. In accordance with Delaware Experience Rating Plan rules, a total of three years of experience can be included in the rating, not including the year immediately prior to the effective date of this rating. Each year's payroll and losses occurring in that year should be listed separately.

Column 2. Fill in the appropriate workers compensation classification code(s) which best describes your type of business. If you have questions regarding classifications, please contact the Bureau's Classification Department at 302-654-1435, Extension 4488

Column 3. Fill in the payroll amount for each classification code reported in Column 1.

Column 4. Fill in unique claim number for all losses other than lumped medical or combined indemnity and medical under \$2,000.

Column 5. Fill in the appropriate injury type (see following list). Indicate whether the claim is open or final by placing an O or F in the column. Injury types must be noted for each entry.

- 1 = Death
- 2 = Permanent Total Disability
- 3 = Temporary Total or Temporary Partial Disability
- 4 = Medical Only
- 5 = Contract Medical or Hospital Allowance
- 6 = Permanent Partial Disability

For combined indemnity and medical claims or medical only claims under \$2,000 it is only necessary to lump them together for reporting purposes. Indicate the aggregate losses in column 5 and the number of claims represented by the lumped dollar values in Column 4.

Columns 6,7,8 In Column 6 fill in any actual losses for medical and indemnity claims by year. If no claims occurred, place a 0 in that space. Column 7 should contain the amount of any reserves established for open claims in that year. Column 8 is the total of Columns 6 and 7.

The experience rating will be completed in accordance with the **Delaware Experience Rating Plan**.

AGREEMENT

We hereby certify that the information given in this report is correct to the best of our knowledge and belief. By submission of this information, we request that the Delaware Compensation Rating Bureau, Inc. produce an experience modification factor for the risk(s) listed.

_____ (Employer)

Signed _____ Title _____

Carrier Representative Signature _____ Title _____ Date _____