

TRANSMITTAL LETTER
WORKERS COMPENSATION LARGE CLAIM EXPERIENCE CALL #4
VALUED AS OF DECEMBER 31, 2000 AND DECEMBER 31, 2001

1. STATE: PENNSYLVANIA ☐ DELAWARE ☐
2. DUE DATE: APRIL 15, 2002
3. CARRIER NAME: _____
4. FILING AS: GROUP ☐ INDIVIDUAL COMPANY ☐
5. If filing as a group, list individual carrier names or NAIC carrier codes:

6. SUBMISSION TYPE: ORIGINAL ☐ CORRECTION ☐

MAIL CALL AND TRANSMITTAL LETTER TO:

PENNSYLVANIA / DELAWARE COMPENSATION RATING BUREAU
THE WIDENER BUILDING, 6TH FLOOR
ONE SOUTH PENN SQUARE
PHILADELPHIA, PA 19107-3577
ATTN: ACTUARIAL DEPARTMENT

PCRB/DCRB USE ONLY
Date Received

Receipt Mailed

PENNSYLVANIA / DELAWARE COMPENSATION RATING BUREAU
RECEIPT OF CALL NOTIFICATION
WORKERS COMPENSATION LARGE CLAIM EXPERIENCE CALL #4
VALUED AS OF DECEMBER 31, 2000 AND DECEMBER 31, 2001

7. STATE: PENNSYLVANIA ☐ DELAWARE ☐
8. DUE DATE: APRIL 15, 2002
9. SUBMISSION TYPE: ORIGINAL ☐ CORRECTION ☐
10. DATE RECEIVED AT PCRB/DCRB _____ BY _____
11. MAIL RECEIPT TO (Indicate specific individual):

PENNSYLVANIA / DELAWARE COMPENSATION RATING BUREAU
Workers' Compensation Large Claim Call for Experience #4 By Policy Year

| | | |
|--|---|-------------------------|
| CARRIER(S) * _____ _____ _____ | NAIC CARRIER CODE(S) | _____ _____ _____ |
| SUBMITTED BY _____ | TITLE _____ | |
| SIGNATURE _____ | STATE CODE (check one) PA(37) _____ DE(07) _____ | |
| TELEPHONE _____ | DATE SUBMITTED _____ | |

| | | Losses Evaluated Prior to Taking Credit for Any Applicable Deductibles | | | | | | | | | |
|-----------------------|------------------------|--|------------------------|-------------|------------------------|-----------------------|------------------------|-------------|-------------------------|------------------------------|--------------------------|
| Policy Year (1) | Claim Number (2) | Valued as of 12/31/00 | | | | Valued as of 12/31/01 | | | | Deductible Amount (11) | Coverage Code (12) |
| | | Indemnity | | Medical | | Indemnity | | Medical | | | |
| | | Paid (3) | Case Reserve (4) | Paid (5) | Case Reserve (6) | Paid (7) | Case Reserve (8) | Paid (9) | Case Reserve (10) | | |
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* If this is a group report, list individually all carriers for which any experience is reported.