



## Pennsylvania Compensation Rating Bureau

The Widener Building • 6th Floor

One South Penn Square • Philadelphia, PA 19107-3577 • (215) 568-2371 • FAX (215) 564-4328

February 14, 2002

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### PENNSYLVANIA AND DELAWARE CALL FOR EXPERIENCE #4

CALL FOR WORKERS' COMPENSATION LARGE CLAIM EXPERIENCE BY POLICY YEAR, VALUED AS OF DECEMBER 31, 2000 AND DECEMBER 31, 2001 -- DUE APRIL 15, 2002

This call requests additional information on those policy year incurred losses which you are required to report to the Bureau in Calls for Experience #1, #3, #8, and #9. Please reference those calls for definitions and specific exclusions.

**Note: Call #4 is to be reported on the appropriate forms and submitted to the Bureau in hard copy format as has been done in previous years. Call #4 is not supported by the Financial Data Reporting Application (FDRA) nor is it subject to the Financial Data Incentive Program (FDIP).**

We are asking for detailed claim data on any claim for which the sum of the accumulated total paid losses and total case reserve valued as of December 31, 2000 and/or December 31, 2001 exceeds **\$250,000 in Delaware** or **\$500,000 in Pennsylvania**, in any of the policy periods from prior to 1981 to 2001. For each such claim you must provide the Bureau with data for both the 12/31/00 and the 12/31/01 valuation regardless of whether one of the two evaluations falls below the threshold.

Losses are to be reported on a gross basis, i.e., prior to any reduction for reimbursable deductibles. Please indicate the amount of the deductible if applicable in Column 11.

**Column 12 indicates the type of coverage. Please use the following coverage codes:**

- (1) Losses under All Workers' Compensation Experience EXCEPT the following:  
"F" Classification, Coal Mine, Excess Policies, Reinsurance, National Defense Projects, Large Deductible Policies, etc. as described in Call #1.
- (2) Losses under "F" Classification
- (3) Losses under Large Deductible Policies (Deductible amount must be indicated)

Included is a copy of the reporting form for the required information. Since a separate form is required for each state, carriers are asked to reproduce these forms and to provide the appropriate state name and state code on each form.

Please report all amounts in **WHOLE DOLLARS ONLY**.

All questions should be directed to the Actuarial Department at (215) 568-2371.