

**Financial Data Reporting Application
2004 Carrier User's Guidebook**

**For the Reporting of 2004 Data
Evaluated As Of December 31, 2004
And Due to be Reported During 2005**

Financial Data Reporting Application Carrier User's Guidebook
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Section One - General Application Instruction

I. Introduction

The Financial Data Reporting Application (FDRA) is an Internet-based system that allows carriers to enter, edit and submit Financial Calls and Schedule W (Calls) subject to the Financial Data Incentive Program (FDIP) to the Pennsylvania Compensation Rating Bureau and the Delaware Compensation Rating Bureau (herein collectively referred to as the Bureaus) and, for Schedule W only, to the Pennsylvania Insurance Department (Department). The FDRA is a system designed to increase the timeliness and quality of data submissions by eliminating paper submissions, providing carriers with immediate feedback of failed edits, and providing carriers with a central location for their data easing the review of multiple Calls. This system also provides carriers with the opportunity to view a log of criticisms sent by either the Department or the Bureaus.

This document will provide an overview of the functions available to carriers within the FDRA and helpful hints for using the application. It is recommended that the user read through this entire document before using the FDRA.

Proper use of the FDRA requires specialized knowledge of workers' compensation financial call reporting for the state of Pennsylvania and/or Delaware. This guide is not meant to replace individual Call instructions. The user will still need to refer to the individual Call instructions associated with a particular Call for the proper completion of the Call. **Individual Call instructions can be accessed via the Bureaus' website at www.pcrb.com or www.dcrb.com. Simply select the Data Reporting link, then click on Financial Data Reporting, and finally select the Financial Call Package to find the list of call instructions.** Schedule W instructions can be accessed on the Department's website at www.insurance.state.pa.us.

II. Annual Calls

The FDRA currently supports the submissions of the following:

- Acknowledgment Form
- Pennsylvania Call #1 - Policy Year Call for Compensation Experience
- Pennsylvania Call #4 - Large Claim Experience by Policy Year Call
- Pennsylvania Call #8 - Net (As Written) Large Deductible Policy Year Call
- Pennsylvania Call #9 - Gross (1st Dollar) Large Deductible Policy Year Call
- Pennsylvania Call #10 - Indemnity Pension Claim Call for Experience
- Pennsylvania Call #14 - Pennsylvania Calendar Year Expense Data Call
- Pennsylvania Call #15 - Policy Year Call For Experience #15 (Catastrophe Code 48)
- Pennsylvania Schedule W
- Pennsylvania Statutory Page 14
- Delaware Call #1 - Policy Year Call for Compensation Experience
- Delaware Call #2 - Calendar Year Expense Data Call
- Delaware Call #4 - Large Claim Experience by Policy Year Call
- Delaware Call #8 - Net (As Written) Large Deductible Policy Year Call
- Delaware Call #9 - Gross (1st Dollar) Large Deductible Policy Year Call
- Delaware Call #10 - Indemnity Pension Claim Call for Experience
- Delaware Call #12 - Assigned Risk Policy Year Call
- Delaware Call #15 - Policy Year Call For Experience #15 (Catastrophe Code 48)
- Delaware Statutory Page 14

All required Calls are included within the FDRA. Access to and instructions for these Calls are available via our websites, www.pcrb.com and www.dcrb.com.

The Calls supported by the FDRA were designed to resemble the Forms and Calls that have been submitted in the past. This layout will help you to quickly become familiar with the FDRA.

III. Support Requirements

Carriers must have Internet access to use the FDRA. Browser requirements: Netscape 4.7 / Microsoft Explorer 5.0. The user's browser must also support 128 bit encryption. If it does not, a free download is available for upgrade either on the Netscape or Microsoft web page. Platform requirements: Windows 95 or higher. The application contains optional functions for importing and exporting data that are compatible with Excel 97 or higher. If the user does not have access to Excel 97 or higher they must complete the Forms, Calls and Schedule W directly on the Internet and will not be able to save or analyze the data on their local hard drive or network. Note the application response time may vary depending on how you access the Internet i.e., direct dial-up, T1 line, etc. The pictures of screens shown in this guide may differ slightly from what you see on your screen depending on the resolution of your monitor.

The direct website for the FDRA is: <https://www.pcrbdata.com/carriergroup>. This website can also be accessed via a link on the Bureaus' websites www.pcrb.com or www.dcrb.com, **by first selecting the heading Data Reporting and then, on the following screen, Financial Data Reporting.** In order to use the FDRA, carriers must have a Bureau approved User ID and Password.

IV. Privacy and Security Statement

Carriers may view the Bureau's Privacy and Security Statement within the FDRA. The login screen for the FDRA contains a link which will provide access to the Privacy and Security Statement.

V. Terms of Service and Conditions of Use

Carriers may view the Bureau's Terms of Service and Conditions of Use for the FDRA. The login screen for the FDRA contains a link which will allow the user to view this agreement.

VI. Obtaining a User ID and Password

Each member carrier and carrier group will provide the Bureaus with up to four User ID's and Passwords based on the completion of the FDIP/FDRA Designation of Contact Person Form. The FDRA identifies a carrier or carrier group by the entry of their User ID and Password. All User ID's must be unique to each reporting entity. A carrier or carrier group may use the same User ID's and Passwords for the same reporting entity for both Pennsylvania and Delaware. The Bureaus will try to accommodate all User ID and Password requests, however, if a carrier chooses a User ID and Password that has already been chosen by another carrier group, the Bureau may require you to choose another. If a carrier does not respond to the Bureaus' request to choose a User ID or Password, the Bureau will assign a User ID and Password to a carrier group.

During 2001, carriers were asked to appoint a Contact Person to act as a contact between his/her employer, the Bureaus and the Department for purposes of coordinating and accomplishing timely and accurate submission of financial data for all carriers included within the indicated group. The Bureaus will provide this information to the Department so that all parties are aware of the appropriate contact at your group. The contact person does not have to be responsible for filling out financial calls or the Pennsylvania Schedule W, but will be responsible for seeing that calls and Pennsylvania Schedule W are submitted on a timely basis, securing responses to questions posed by either the Bureaus or the Department with respect to their group's financial calls or Pennsylvania Schedule W, and for communication regarding the FDIP including payment of any assessments levied against their company.

In addition to appointing a main Contact Person with User ID and Password, carriers also may provide the Bureaus with up to three additional User ID's and Passwords to be used by their staff.

Please be advised that the submission of the 2001 Contact Form established documentation of contact person information. Therefore, new carriers, or existing carriers with changes regarding the contact person, address, phone number, email address, FDRA User ID and Passwords, must send a new/revised Contact Form to the Bureau in writing so that we may update our records. Changes also include disabling a user.

A carrier may request that a user be disabled as they deem appropriate. All requests must be sent in writing to the Bureaus either by regular mail or electronic mail.

If a user forgets or wants to change their User ID and/or Password, they must contact the Bureaus. The FDRA administrator will look up or replace the User ID and/or Password and send notification via e-mail to the contact person only. The contact person is then responsible for notifying the user within their company with what the password is or that the change was completed.

VII. Logging In

A carrier must enter their approved User ID and Password into the appropriate fields to gain access to the application.



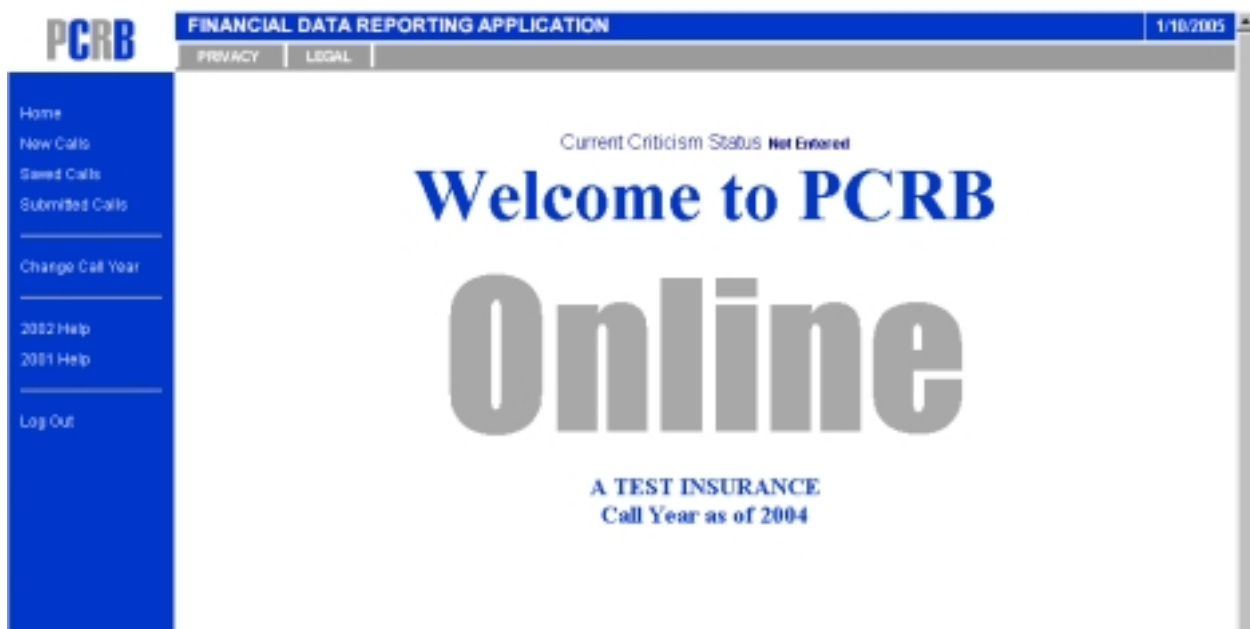
The screenshot shows a web browser window titled "FINANCIAL DATA REPORTING APPLICATION". The page features a blue header with the "PCRB" logo on the left. The main content area is white and contains the following elements:

- Carrier Group-Login**: A heading centered on the page.
- User ID:** A text input field.
- Password:** A text input field.
- Disclaimer:** A paragraph of text stating: "Click the 'I Agree' button to Submit your User ID and Password. Doing so acknowledges that you have read and accept the Bureau's 'Privacy and Security Statement' and 'Terms of Service and Conditions of Use' regarding use of the facilities on this website."
- Links:** Two blue, underlined links: "[Privacy and Security Statement](#)" and "[Terms of Service and Conditions of Use](#)".
- I Agree Button:** A grey button with the text "I Agree" centered below the links.

If a carrier chose to establish multiple User ID's and Passwords, the application will allow the multiple users within the carrier group to be logged on at the same time. The application will notify a user when they initially log on if another user within their organization is also logged on. All users will have access to all Calls. Carrier groups should institute specific internal policy regarding multiple users to ensure consistent data submissions. Otherwise, the potential exists that multiple users could all be working on and submitting the same Call simultaneously.

VIII. Menu Items

Once successfully logged onto the website, the carrier will observe the HOME screen depicted below. Based on the User ID and Password, the application will identify the carrier group and display the carrier group name on the HOME screen. On this screen carriers may access one of the six menu options: **New Calls, Saved Calls, Submitted Calls, Change Call Year, Help (specific to each reporting year) and Log Out.** A **“Current Criticism Status”** option is also available which allows the user to immediately see if a criticism has been issued—for a complete description, see Section Three, item XII. Bureau Criticisms.



A. New Calls

The New Calls option will display a window with all the Calls available to be modified, saved and submitted.

The display, an excerpt of which is shown below, will also list the following information: **Call Year**, if the Call is **Required** and if a version of the Call has previously been **Saved**.

The screenshot shows the Financial Data Reporting Application interface. At the top, there is a blue header with the PCRB logo on the left, the text 'FINANCIAL DATA REPORTING APPLICATION' in the center, and the date '1/10/2005' on the right. Below the header are two tabs: 'PRIVACY' and 'LEGAL'. The main content area is titled 'List of Calls for "A TEST INSURANCE"'. On the left side, there is a blue navigation menu with links for Home, New Calls, Saved Calls, Submitted Calls, Change Call Year, 2002 Help, 2001 Help, and Log Out. At the bottom of the menu is a 'Web Site Security Site' logo. The main area contains a table with the following columns: Call Name, Year, Required?, Call Previously Saved?, and Import a Call. Below the table is a note: 'NOTE: Click On a Call to Create a New Call'.

Call Name	Year	Required?	Call Previously Saved?	Import a Call
Acknowledgment	2004	Yes	No	
Call 1 DE	2004	Yes	No	Import Call 1 DE
Call 2 DE	2004	Yes	No	
Call 4 DE	2004	Yes	Yes	Import Call 4 DE
Call 8 DE	2004	Yes	No	Import Call 8 DE
Call 9 DE	2004	Yes	No	Import Call 9 DE
Call 10 DE	2004	Yes	Yes	Import Call 10 DE
Call 12 DE	2004	Yes	Yes	Import Call 12 DE
Call 15 DE	2004	Yes	No	Import Call 15 DE
Statutory Page 14 DE	2004	Yes	No	
Call 1 PA	2004	Yes	No	Import Call 1 PA
Call 4 PA	2004	Yes	No	Import Call 4 PA
Call 8 PA	2004	Yes	No	Import Call 8 PA
Call 9 PA	2004	Yes	No	Import Call 9 PA
Call 10 PA	2004	Yes	No	Import Call 10 PA
Call 14 PA	2004	Yes	No	Import Call 14 PA
Call 15 PA	2004	Yes	No	Import Call 15 PA
Schedule W PA	2004	Yes	No	Import Schedule W PA
Statutory Page 14 PA	2004	Yes	No	

NOTE: Click On a Call to Create a New Call

The Call year is defined as data that is being reported for Financial Calls valued as of December 31 of that year. For example, if the user chooses 2003 for the Call year, the data reported will be valued as of December 31, 2003.

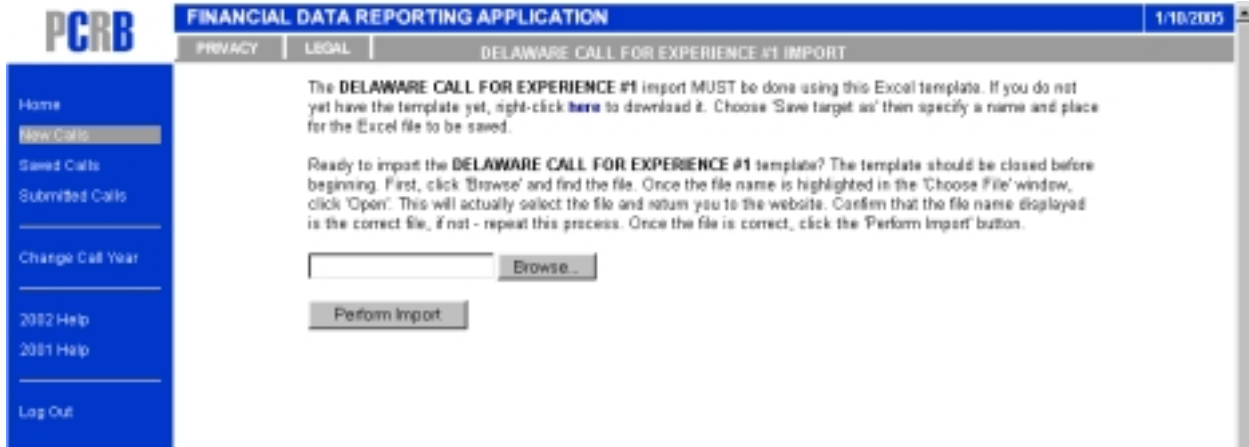
Required Calls are those Calls that a carrier group is obligated to complete. The Calls that a carrier is obligated to complete is based on various information obtained from the Statutory Page 14, Bureau membership records, Calls previously submitted by a carrier, and the Bureau Acknowledgement Form. If a Call is required, a **Yes** will appear in the **Required** column.

The last column **Import a Call** will provide the user with an opportunity to create a New Call in an Excel template, enter and save the data and then import the Call back into the application. This function is available to users with Excel 97 or higher for all Calls(except Delaware Call #2) and Schedule W.

Accordingly, this means that there are two methods available to create a new Call:

- **Creating a new Call from the website and entering data directly onto the website.** Click on the Call name on the list to create the new Call. The FDRA will load the Call and position the cursor on Page 1 of the Call you selected from the list. The user may begin typing data directly into the data fields. The user may only enter one field at a time using this method. The user may copy and paste a cell from Excel directly into a FDRA data field. Navigation in a Call on the FDRA is discussed below.
- **Creating a new Call by downloading the Excel template from the website and entering the data in Excel.** Click on the *Import* button located to the right

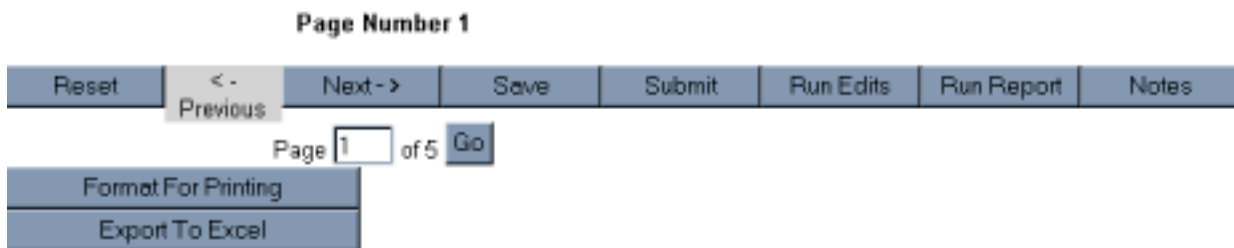
of the Call you wish to begin creating. The FDRA will load a new page that will provide instructions on how to download the Excel template.



The template of the Call can be downloaded to your local hard drive or network. This template can later be imported back into the FDRA. The import function will only work with the Excel template provided in the download. The user must return to this same screen when they are ready to import the Call back into the FDRA. The download function and the **Perform Import** function is discussed in detail in this section under *Item 2. Navigation in an Excel Template.*

1. Navigation in a Call on the FDRA

Only one Call can be opened/viewed at any given time. Along the top of each Call page are navigation buttons. See below.



It is recommended that the user move deliberately from cell to cell using the mouse. The application response time may vary depending on how the user accesses the Internet.

The *Enter* key on your keyboard is disabled when working in a Call. To move from one field to another on the same page, the user must use either their *Tab* key or their mouse. The *Tab* key, however, will not work in calculated cells. The user must navigate from cell to cell by using their mouse when in a calculated cell area. Also, if the entire Call page does not fit on the user's screen the user can use the scroll bar to navigate around the page.

Once inside a Call, users will have to click a Menu item to exit it; the Back browser button is not effective inside a Call. If a user leaves a Call before saving it, i.e. by opening a new call, saved call or submitted, the changes will be lost.

If at any time the application does not return the intended result, the user should click on the *Refresh* browser button. See below:



a. Reset

Clicking the *Reset* button will restore the Call data to the last saved version. If there is no prior saved version, the *Reset* button will reset the Call values to zero. Note that when the user leaves a page, the Internet temporarily saves the page and hence cannot reset that page back to zero even though the Call has not been **Saved** through the FDRA.

b. Previous, Next and Go

The *Previous* and *Next* buttons will allow the user to page through the Call. The user may also go to a specific page by entering the page number in the *Page ___ of ___* box, and pressing the *Go* button.

c. Save

The *Save* button will save the data entered into the fields without actually submitting the Call to the Bureaus. Once the Call is saved, a message will appear at the top of the screen indicating that the Call was successfully saved. The user should not exit the screen until the user receives such message. If the user moves out of a Call without receiving the “Saved Successfully” message, the data that was just entered will be lost. Also, if the user clicks on a Menu Item before saving a Call, the application will not save the changes.

The user may enter and save data as many times as the user wishes without incurring any resubmission fees under the FDIP.

By utilizing the *Save* option the user can work on a Call, come back to it later and submit the Call once they are satisfied with their data entries and/or failed edit explanations. Note however, only one version of a saved Call on the FDRA can exist at any given time. If the user is modifying a Saved Call and hits the *Save* button, this will overwrite the previously saved version.

The user should not *Run Edits* and cannot *Create Notes* without saving a Call. Carriers should choose to run the edits on a Saved Call so that they may review the edit failures and make the necessary corrections before actually submitting the Call. Since many of the edits are dependant on the individual Call’s relation to other Bureau Calls, it is recommended that the

user save ALL Calls to generate all the possible edit failures before submitting a single Call.

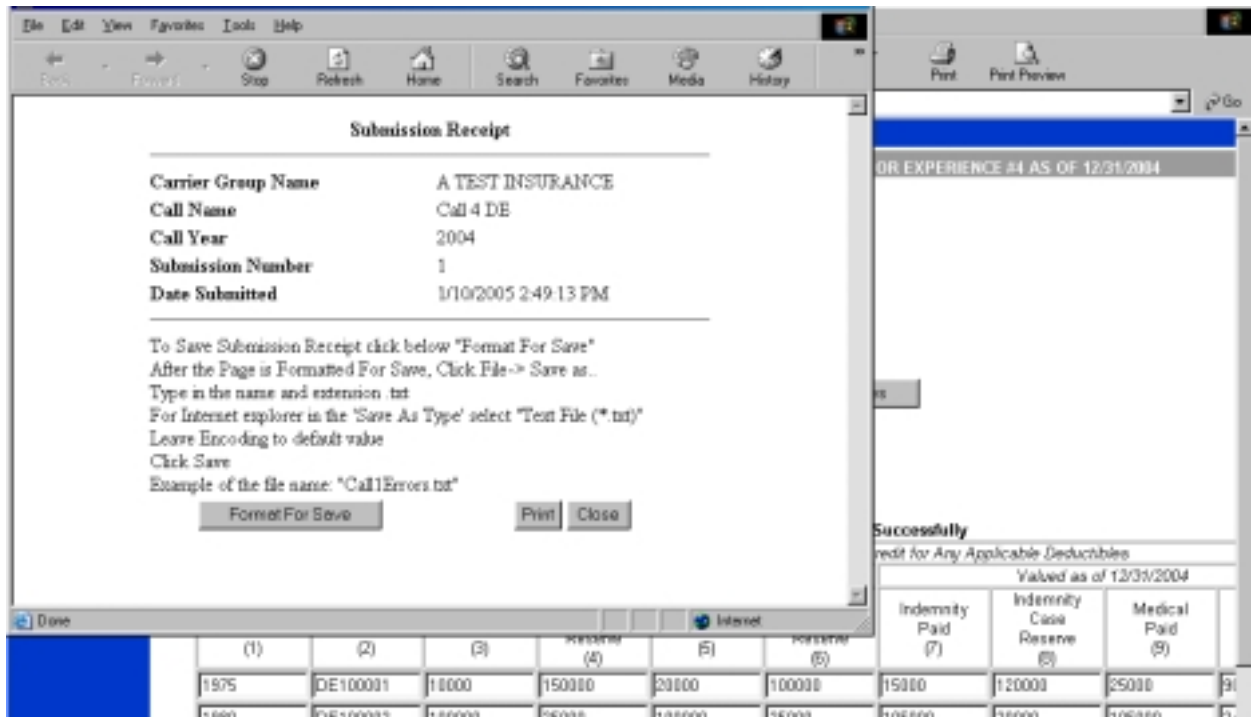
Except for the Acknowledgement Form and the Statutory Page 14, all the Call due dates for each state are the same so that the user can edit all Calls and Schedule W at one time.

d. Submit

The *Submit* button actually sends the Call to the Bureaus. Before the FDRA sends the Call to the Bureaus, it will automatically run the edits so the user is aware of the failed edits at the time of submission. The FDRA will then display a *Continue to Submit?* Button.

If the user no longer wants to submit the Call or got there by mistake, they can click on the *Close* button and this will end the submission process.

If the user wishes to continue submitting, they must click on the *Continue to Submit?* button (the user can submit a Call even if the Call generates failed edits). Once clicked, the submission process is completed and confirmed when the following "Submission Receipt" screen appears:



The Submission Receipt lists all the relevant information for the call being submitted and allows the user to print a copy of the receipt, save a copy of the receipt, or do both. The user has immediate confirmation and proof of submission.

The status of the Call is now **Submitted**. The **Submitted Call** is accessible only through the **Submitted Calls** Menu item.

For more information on **Submitted Calls** please refer to Item C. *Submitted Calls* in this section.

e. Run Edits

This function allows the user to review the quality of the Call data using the edits set forth in the FDIP. By reviewing the failed edits before submitting the Calls to the Bureaus, a carrier can resolve data problems or address data anomalies at the time of submission to possibly avoid the potential of incurring fines. A user may run edits as many times as needed on a Saved or Submitted Call. A complete review of Running Edits can be found in Section Three, Item IX.

Once the user clicks on the *Run Edits* button, the application will display a list of which Calls the application will be using for the comparison edits. The application will automatically default to using a Submitted version of a Call if a Saved version of a Call does not exist. If a Saved version of a Call does exist, the application will default to the Saved version of the Call.

If the user wishes to make no changes to the list of Calls being compared in the editing process, they should click on the *Continue* button. See Section Three, Item IX for instructions on how to modify default selections

The edit results will be displayed in a new window. The Call heading will appear at the top of the window. A Failed Edit List will appear below the Call heading. (All this information is discussed in more detail in *Section Three, Item IX. Running the Edits Contained within the FDRA.*) The edits are segregated into different sections:

- **Basic Edits Exclusive to Current Call.** These edits test the current Call for validation checks that identify conditions that can only occur as the result of an error or omission and can be determined based on a comparison of data elements within a single statistical Call. A major source of Basic Edit errors is incorrect arithmetic or careless data entry.
- **Basic Edits Comparing the Current Call to the Prior Call.** These edits test the current Call against the Call for the prior call year and can be determined based on a comparison of common data elements.
- **Basic Edits Comparing the Current Call to other Current FDRA Calls.** These edits test the current Call against other current Calls and are based on a comparison of common data elements.
- **Actuarial I Edits Exclusive to the Current Call.** These edits test the current Call for the reasonableness of data.

- **Actuarial I Edits Comparing the Current Call to the Prior Call.** These edits test the current Call against the Call for the prior call year for the reasonableness of data, generally testing development between the Calls.
- **Actuarial I Edits Comparing the Current Call to other Current FDRA Calls.** These edits test the current Call against other current Calls for the reasonableness of data, generally testing consistency among the Calls.
- **Actuarial I Edits Comparing the Current Call to other Prior FDRA Calls.** These edits test the current Call against other Calls for the prior call year for the reasonableness of data, generally testing development and consistency among the Calls.

A user can print the Failed Edit List and/or save the Failed Edit List as a text file. The following instructions appear above the *Format for Save* button and guides the user through the process:

- To Save Edit Results click below "Format For Save"
- After the Page is Formatted For Save, Click File-> Save as.
- Type in the name and extension .txt
- For Internet explorer in the 'Save As Type' select "Text File (*.txt)"
- Leave Encoding to default value
- Click Save

An example of a file name may be: "2002Call1Errors.txt".

At the bottom of the *Run Edit* screen is a *Create Notes* button. This will allow the user to create a note that will be attached to the Call. This note will be viewable by the Bureaus (and the Department for Schedule W) and should be used to address any errors or anomalies.

As previously mentioned, the edits will also run automatically when submitting the Call. This ensures that the carrier has seen all the failed edits (if any) at the time of submission.

i. Create Notes

This feature is provided so the user can address failed edits or data anomalies at the time of submission. The *Create Notes* section allows for a narrative of up to 5000 characters. If the user needs additional space to discuss a problem, they should type a message in this area indicating that additional Notes are being sent via e-mail or regular mail.

The *Create Notes* function is available only after a Call is saved. To begin creating Notes for the first time, the user must click on the *Create Notes* button located in the Run Edits mode. A new window will appear with the Call name at the top of the window. The user can begin typing. After entering the Notes the user should click on the *Save Notes* button

if the user wishes to save the Notes. The Notes have been saved when the Saved Successfully message appears in the window. If the user wishes to disregard the Notes typed, the user should click on the *Close Window* button.

All Notes are attached to a particular Call. Notes can be viewed (for both Saved or Submitted Calls) by clicking on the *Notes* button on each particular Call navigation toolbar. They can be viewed and modified when the Call status is **Saved**. Once the Call status changes to **Submitted**, the Call Notes can only be viewed.

Please Note that if you create and submit a revised Call from a previously submitted Call, the Notes **stay attached**. This feature allows Notes to be automatically pulled to a revised version of a previously submitted call, potentially saving the user time and effort. However, carriers are cautioned to closely review the Notes to verify that they are still applicable and/or are accurate.

More specific information regarding responding to failed edits is discussed in *Section Three, Item X. Responding to Failed Edits or Run Report Anomalies*.

f. Run Report

This feature is available for Policy Year Calls #1, #8, #9, and #12 only. When you click on the *Run Report* button, a report is generated that displays the ratio of Column 2 (Standard Earned Premium at Company Level) to Column 1 (Standard Earned Premium at Bureau Level).

The following message will appear along with the computed values by policy year:

The relationship between Standard Earned Premium at DSR Level and Standard Earned Premium at Company Level should be consistent with each company's filed deviations and/or loss cost multiplier(s) and underlying Loss Cost level(s). Please review.

In addition, a factor will also appear for the Pennsylvania and Delaware Call #1 Terrorism Risk Insurance Act (TRIA) Premium Factor, which will represent the ratio of TRIA premium to total earned premium.

The intent of displaying this report is to provide the user with an opportunity to review the relationship between the columns, correct any flagrant errors and to determine if the values in those columns are consistent with a company's filed deviations and/or loss cost multiplier(s) and underlying Loss Cost level(s). This is not a pass/fail edit but rather an informational report and the information will be checked for reasonableness as part of the Bureaus' review of a carrier's submission.

For Delaware Residual Market carriers, the Delaware Call #1 ratios appearing on the report reflect the combined experience of the voluntary and residual market components of a carrier's book of business. Carriers must consider the reasonableness of the relationship of Column (2) to Column (1) in light of the differing DSR levels for the voluntary and residual market components.

The user may print or save this report. This report will not automatically run prior to submitting the Call. Any anomalies discovered during a review of the report should be either corrected prior to submission or specifically addressed/explained in the *Notes* section.

g. Notes

The *Notes* button will allow the user to view the notes that they created for a particular Call only. The user will not be able to create notes for a particular Call using this button. *(For specific instructions on how to Create Notes please refer to Section One, Item VII. Create Notes.)*

h. Format for Printing

The *Format for Printing* button will allow you to print all the pages of the Call without printing each page separately. Because this is an Internet based application, however, the pages of the Call will print one after another, without page breaking at the end of each page.

i. Export to Excel

When you click on this button the Call data and headings are exported into an Excel workbook as a text file. This function requires the user to have Excel 97 or higher. If the user does not have Excel 97 installed on their computer the user will receive an error message.

Exported Excel files were modified slightly for the 2003 Financial Calls. Three columns (Columns A, B, C) were included to simplify the processing of downloaded Excel data files. The columns include Carrier Group Number (Column A), Carrier Group Name (Column B), and row sequence number (Column C). Carrier Group Number and Name are repeated for each row of data. The actual Call data fields begin at cell D1.

Once the Call exports to Excel the application is operating on the Internet and in Excel. You do not lose your Internet session. The Internet browser navigation buttons remain operative and the Menu Items (File, Edit, View, etc.) that appear at the top of the screen are a combination of both the Internet and Excel Menu Items.

If the user wishes to save the Call in Excel, they can go to *File, Save* and proceed to name the file as they would any Excel file. Once the file is saved, use the Internet browser navigation *Back* button to return to your FDRA session.

Some of the shortcomings of Internet printing and the *Format for Printing* function in the application can be overcome by using the *Export to Excel* option. Once the Call is in Excel you can use the standard Print and Page Setup features available in Excel to print a copy of the Call for your files.

Additionally, exporting the Call data to Excel will allow the user to perform various ad hoc reports at their convenience. The *Export to Excel* option will return a different Excel file layout than that of the Import template layout so users can distinguish the export from the import. Do not use the export option to import data.

2. Navigation in an Excel Call Template.

Users may find creating a new Call (or modifying a Call) on the Excel template easier than creating a new Call directly through the FDRA. If a user chooses to enter their Call data through Excel they must begin by downloading the Excel template provided in the FDRA. (This is generally referred to as the **import function** of the FDRA.) The user can access the required Excel template from the **New Calls** list under the column labeled **Import a Call**. Provided that the call is required to be reported, the user should click on the Import button. The FDRA will load a new page that will provide instructions on how to download the template.

Each call has a specific template that must be used. If the user attempts to import a template that does not correspond to the call, the user will receive an error message. The user should also be certain that the *Call Year of the Call* and the *Call Year of the template* is the same. Users should be aware that the *Template is Call Year specific, and it will be loaded into the Call Year for which it is meant.*

To obtain a copy of the template users are required to right-click on their mouse over the word “here” located in the first paragraph of instructions. This will allow carriers to save the template to their local hard drive or network. Users can rename a template if they desire.

Once the template is saved on the users local hard drive or network carriers can log off the FDRA and work directly in Excel. However, users must return to the FDRA when they are ready to import the Call they created in Excel back into the application.

a. Layout

Users will find that the Call layout is similar to the paper versions of the Call with the exception of including the reconciliation portion of the Call. The reconciliation page is not included in the template. It must be completed separately and directly within the FDRA.

b. Navigation

Users can navigate around the workbook as they would in any ordinary Excel workbook. All the standard Excel features and functions are available.

c. Data Entry

The template is a protected Excel workbook that includes calculated fields. Users should only enter data into cells formatted blue. Cells that are formatted white are calculated cells. Excel will automatically populate these calculated cells once the user enters data into the dependent cells. Users should not attempt to alter calculated fields. If any fields are altered, the template may not import into the FDRA correctly.

If the user chooses to paste data from another Excel file into the Excel template they must use the Edit, Paste Special, Values function. If the user chooses the general Paste function the formatting on the template will be lost.

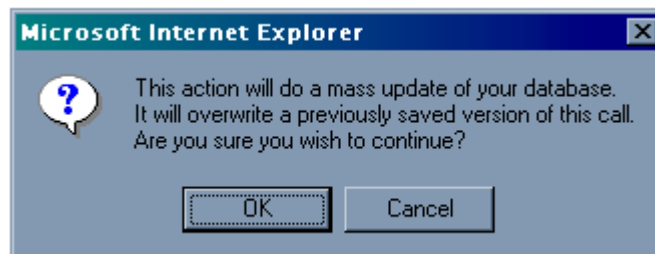
Line Y is automatically populated within the FDRA. When a call template is imported, however, the values in Line Y will be overwritten with the data that was entered into the template.

Once the template is imported into the FDRA, all of the formulas within the FDRA remain intact. Any changes made within the FDRA to the imported data will calculate accordingly.

3. Importing the template into the FDRA

Once the user has entered data into the template, the user must save the file to their local hard drive or network.

When the file is saved, access the “import a call” function again. Be sure that the template is closed before beginning. Click browse and find the appropriate excel template file containing the call data. Once the file is highlighted in the “choose file” window, click “open”. This will select the file and return you to the website. Confirm that the file name displayed is the correct file. If it isn’t, repeat the process. If the file is the correct one, click the “perform import” button. The user will get the following message:



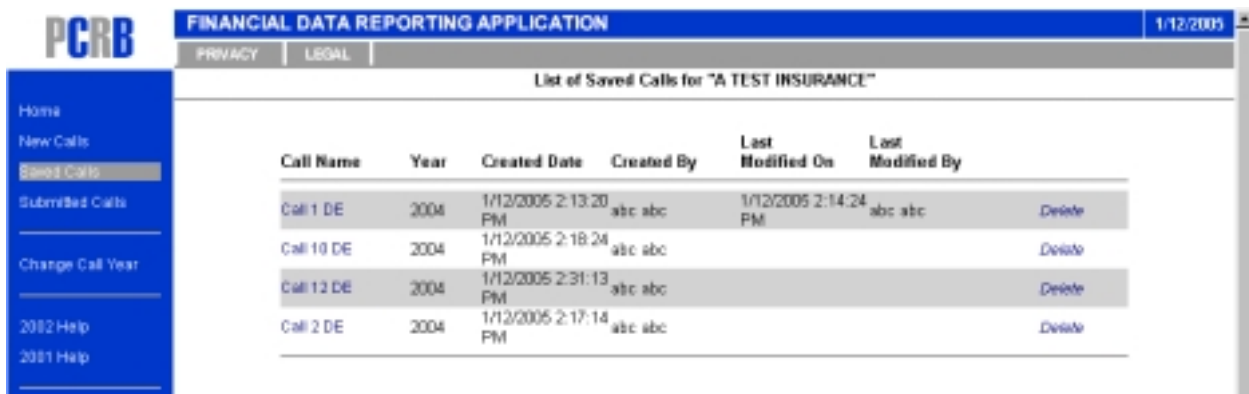
Click OK. The data that you entered into the template will then be displayed in the FDRA application and will be considered a saved call. From this point, the user can proceed normally, running edits, running reports, etc.

B. Saved Calls

The **Saved Calls** Menu item will display all the **Saved Calls** available to be modified or submitted. If there are no **Saved Calls** the following screen and message will appear:



If a **Saved Call(s)** exists the following type of screen will appear:



The user can access the previously Saved Calls by clicking directly on the Call name. The application will position the cursor onto Page 1 of the Saved Call selected. The user can begin making modifications on the Saved Call. When the user is finished, they must click on the Save button once again to save the new changes.

The Save button will save the data without actually submitting the Call to the Bureaus. Once the Call is saved, a message will appear at the top of the screen indicating the Call was successfully saved. The user should not exit the screen until they receive such message. The user may enter data and save data as many times as they wish without incurring any resubmission fees under the FDIP. The purpose of this option is to allow a user to save Calls in progress and modify or add their explanations at a later time.

Remember, only ONE version of a Saved Call can exist at any given time for each Call and Schedule W.

If the user is modifying a Saved Call and clicks on the Save button, this will overwrite the previously saved version of the Call. Keep in mind that the edits can run against Saved Calls or Submitted Calls. So, if the user has modified a Saved Call and has not re-saved the Call, the edits will resort back to the last saved version of the Call.

A Call will remain Saved until it has been submitted. Only the user, not the Bureaus or the Department, can view a Saved Call.

The user can also delete a Saved Call by clicking on the delete button located to the right of the Call name on the Saved Call list. Once a user deletes a Saved Call, it will no longer be available to the user.

C. Submitted Calls

Submitted Calls will display all the Calls that have previously been submitted. If a particular Call has been submitted more than one time, the user will be able to view all previous submissions, but will not be able to modify them. The following is an example of a list of Submitted Calls:

The screenshot shows the 'FINANCIAL DATA REPORTING APPLICATION' interface. The top navigation bar includes 'PRIVACY' and 'LEGAL' links, and a date indicator '1/12/2005'. A left-hand menu contains options: 'Home', 'New Calls', 'Saved Calls', 'Submitted Calls' (highlighted), 'Change Call Year', '2002 Help', and '2001 Help'. The main content area is titled 'List of Submitted Calls for "A TEST INSURANCE"'. It contains a table with the following data:

Call Name	Year	Submission #	Submitted Date	Submitted By
Call 1 DE	2004	1	1/12/2005 2:49:30 PM	abc abc
Call 10 DE	2004	1	1/5/2005 8:10:52 AM	abc abc
Call 10 DE	2004	2	1/11/2005 10:13:48 AM	abc abc
Call 10 PA	2004	1	11/23/2004 10:35:25 AM	John Doe
Call 10 PA	2004	2	1/5/2005 11:14:52 AM	abc abc
Call 2 DE	2004	1	1/12/2005 2:51:46 PM	abc abc
Call 4 DE	2004	1	1/10/2005 2:49:13 PM	abc abc

If there are no Submitted Calls a message will appear indicating that no Calls have been submitted.

The Submitted Calls screen displays the following information:

- **Call Name:** Calls will be listed by name.
- **Call Year:** Call year will be displayed. If you find that you are working in the wrong Call year, click on the **Change Call Year** Menu item.
- **Submission Number:** The submission number will display the submission number in the sequence in which the Call was received. If the Call was submitted for the first time, the submission number will equal 1. If a Call has been resubmitted, the submission number will equal 2. And so on.
- **Submission Date:** The submission date will display the date the submission was received by the Bureaus.

- **Submitted By:** The Submitted By field will display the name of the user that Submitted the Call based on information provided by the contact person.

The user can gain access to previously Submitted Calls by clicking directly on the Call name. The application will position the cursor onto Page 1 of the Submitted Call.

The user can view or run edits on a Submitted Call. If a user would like to re-submit a Call, based on the previously submitted version of the Call, the user can begin typing in the data fields of the Submitted Call and then clicking the Save button. By clicking on the Save button the user will not overwrite what has already been submitted but rather, they will create another version of the previously Submitted Call, that is now a Saved version of the old Call. This Saved Call will not become a Submitted Call until the user clicks the *Submit* button while in the Saved Call.

D. Change Call Year

The FDRA is designed to manage multiple Call Years.

For all Calls and Schedule "W" the FDRA will allow users to view, modify and submit the Calls for reporting years 2001 and subsequent. The application will allow users only to view the 2000 Calls, evaluated at December 31, 2000.

Additionally, several fields on the 2000 calls have not been populated by the FDRA because they were not available on our main databases that were used to populate this application, for example, the reconciliation page. If a carrier needs to modify a Call for reporting years 2000 and earlier, they must submit the changes in hardcopy form as done in previous years.

Calls #4, #14, and #15 are available in the FDRA for the reporting of 2002 data evaluated as of December 31, 2002. The application will allow users to view, modify and submit the 2001 Calls, evaluated at December 31, 2001. If a carrier needs to modify one of these Calls valuated prior to December 31, 2001 they must submit the changes in hardcopy form as done in previous years.

Each time a user logs in, the Call Year will default to the current year. If, during any session, the carrier wishes to see another Call Year, they can change the Call Year via this Menu option. When the user clicks on this Menu item the following screen will appear:

Please Select A Call Year As Of

Change Call Year

The user can toggle among the available Call years, then press the *Change Call Year* button. This change will be reflected for any portion of the website but will only

be in effect for that particular login session. If the user logs out and immediately back in, the Call Year defaults back to the current year.

E. Help

The Help section of the application will provide the user with a link to these FDRA instructions. The user should consult the FDRA instructions for basic instruction on how to use the application. If the instructions do not specifically address the users' question or if the user experiences any trouble with the application they may contact the Bureau's Actuarial Department at (215) 568-2371 for immediate assistance

F. Log Out

To log out of the application, click on the **Log Out** option on the menu. If a user exits the application without using the **Log Out** function, the system still considers the user to be logged in. If the user then tries to log back in, the application will notify the user that they are already logged in. In order to avoid receiving this message the user must log out at the end of each session.

Since this application is web-based it has been designed to automatically disable the user if the application becomes inactive for a period of time. Any changes that were not saved will be lost. Make a point to save regularly.

If the user becomes disabled they will need to log into the application again to resume their session. The application will notify the user that they are already logged in. This message appears because the application disabled them while they were logged in. In order to avoid receiving this message the user should log out if they plan to be away from their computer for a period of time.

Section Two – General Information on Entering Call Data

I. State Specification

The FDRA supports all FDIP Calls for both the state of Delaware and the state of Pennsylvania. The user does not have to do anything extraordinary within the application to be in either state's version of the application. State specification is assigned to the Call name, e.g., *Delaware Call #1* or *Pennsylvania Call #1*. When a carrier group is a Delaware only carrier group the system will operate with a green background. However, if a carrier group is a Pennsylvania only or a Pennsylvania and Delaware carrier group the system will operate with a blue background.

II. Group Reporting

Carriers may choose to report data on an individual company or group basis, or for separate subsets of carriers within a group. Carriers accomplish this with their submission of a carrier Contact Form which is then used in setting up the FDRA. Statutory Page 14 information should be entered on an individual carrier basis for each company within the reporting entity. (*For specific Statutory Page 14 Information please refer to Section Three, Item IX.*) If a carrier group elects to submit separate Calls for individual carriers within their group or to submit separate Calls for subsets of the carriers comprising their entire group, each separate Call submission will be treated separately for all purposes of the FDRA and the FDIP.

Carriers are required to report all Calls and Schedule W on a consistent basis and as defined in the carrier Contact Form. If a carrier feels that the FDRA does not properly reflect a carrier or group's reporting preference, the carrier should contact the Bureaus immediately. Once the Acknowledgement Form is submitted, the Bureaus will prepare the application to process the data accordingly. Carriers are encouraged to consider potential ramifications of the FDIP and FDRA in deciding on the basis (carrier, group or subgroup) to be used in reporting their data.

III. Call Layout

The electronic page layouts are similar to the paper versions used throughout the years. Some pages (questionnaire and signature pages) have been eliminated because they are no longer necessary or practical when completing Calls in a web-based application. Please refer to the Bureau website if you would like to print a hard copy of the Call forms for reference.

IV. Entering Data

The user may begin typing data directly into the blank data fields. The application accepts only whole numbers and rejects any decimals. Negative values should be entered with a negative sign preceding the numeric value. The application does not read values enclosed in parenthesis as a negative value. The application does NOT accept non-numerical entries in numerical data fields.

The user may copy and paste cells from Excel into the data fields. However, the user should never copy and paste into calculated fields. Altering calculated fields may result in failed edits and the potential to incur large fines.

Since this is an Internet based application, some keyboard functions are disabled. For example, the *Tab* key will not work in calculated cells. The user must navigate from cell to cell by using their mouse when in a calculated cell area. The *Tab* key is functional on non-calculated cells.

IT IS RECOMMENDED THAT THE USER MOVE DELIBERATELY FROM CELL TO CELL USING THE MOUSE. THE APPLICATION RESPONSE TIME MAY VARY DEPENDING ON HOW THE USER ACCESSES THE INTERNET.

If at any time the application does not return the intended result the user should click on the *Refresh* browser button. See below:



When entering data for multiple reporting entities, you must NOT use the *Back* button on your browser to move among the Calls. Instead, users should log in and out of the FDRA to ensure that the FDRA registers the identification information.

V. Calculated Fields

For the user's convenience, some Call fields in the application are calculated or are automatically populated by the application. Columns and rows with titles appearing in **red** are calculated/populated fields. The user must not alter or try to alter calculated fields. Altering calculated fields may result in failed edits and the potential to incur large fines.

Fields that the application automatically populates will constantly be refreshed when the Call is either New or Saved. Once a Call is submitted the fields are frozen.

VI. No Experience

Calls should not be submitted for any state in which the carrier(s) has (have) never had experience. In this case, the Acknowledgment Form should be completed with *None to Report* checked off.

If a carrier has no Statutory Page 14, Line 16, Workers' Compensation experience, the user should enter zeroes directly into the Statutory Page 14 fields. This will allow the Bureau to distinguish between carriers who incorrectly submit a blank Statutory Page 14 versus those with true zeros.

In instances where for one or more, but not all, of the Policy Year lines on the call, the carriers failed to have experience in a given state, input zeros across the appropriate Policy Year line(s) for that state, or simply leave those fields blank.

Section Three – Specific Information on Entering Call Data

I. Acknowledgment Form

The Acknowledgment Form must be submitted on a timely basis per the Call Instructions. The Acknowledgment Form consists of three pages. The FDRA will automatically populate the first page of the Acknowledgment Form with the Group Name, Carrier Name(s) and NAIC Number(s) based on the entry of User ID and Password. The user is required to confirm the Carrier Group Name as well as each individual Carrier Name and NAIC number that is included in the carrier group. Carrier names will be limited to carriers who are (or were) actual Bureau members. Therefore, if a carrier was listed on the contact form that was not a Bureau member, they will not be included as part of the Carrier Group.

If the carrier does not report on a group basis, Group Name and Carrier Name will be the same.

It is important to ensure that this information is correct because a Statutory Page 14 entry will be required for every carrier listed on Page 1 of the Acknowledgment Form. See an excerpt of Page 1 of the Acknowledgment Form below:

The screenshot shows the 'FINANCIAL DATA REPORTING APPLICATION' interface. At the top, it says 'ANNUAL CALLS FOR EXPERIENCE ACKNOWLEDGMENT FORM AS OF 12/31/2004'. The 'Carrier Group Name' is 'A TEST INSURANCE' and the 'Carrier Group Panch Number' is '000'. The page is labeled 'Page Number 1'. Navigation buttons include 'Reset', '< - Previous', 'Next ->', 'Save', 'Submit', and 'Run Edits'. There are also buttons for 'Format For Printing' and 'Export To Excel'. The 'Carrier Identification' section includes a welcome message and a table of carrier information:

Field	Value	Carrier NAIC #
State Code	PA-DE	
Carrier Group Name	A TEST INSURANCE	
Individual Carrier Names	ABC Carrier	0002
Individual Carrier Names	EFG Carrier	0003
Individual Carrier Names	Test Insurance	0000

Below the table, there is a confirmation prompt: 'Is This information Correct?' with radio buttons for 'Yes' and 'No'. A black arrow points to the 'No' button. At the bottom, there is a note: 'Please verify the carrier group and carrier information. If you would like to modify this information please contact the Actuarial Department immediately at (215) 568-2371. All carriers must complete Page 2 of this form based on data valued as of December 31, 2004. Page 3 of this form must be completed by Pennsylvania carriers or groups only. Page 3 represents a series of questions designed to determine the need for completing the Pennsylvania Schedule "W". The Acknowledgment Form must be submitted on or before April 1, 2005.'

If the information displayed on Page 1 is correct, indicate so by clicking the “Yes” button and proceed to Page 2 of the Acknowledgment Form. If any of the information provided on Page 1 is incorrect, the user must contact the Actuarial Department immediately at (215) 568-2371—for completion purposes, indicate that the Page 1 information provided is incorrect by clicking the “No” button and proceed to Page 2 of the Acknowledgment Form.

Page 2 of the Acknowledgment Form lists each Call, Statutory Page 14, and Schedule W with the following columns to be checked off for each:

- Pennsylvania Submission Required or
- Pennsylvania None to Report
- Delaware Submission Required or
- Delaware None to Report

The user must choose one response, per State, per Call. For all Calls, "None to Report" is the Page 2 default. See an excerpt of Page 2 of the Acknowledgment Form below:

The screenshot shows a web application interface for 'Annual Financial Calls for Experience'. It includes a navigation menu on the left with options like 'New Calls', 'Saved Calls', and 'Submitted Calls'. The main content area displays a table with the following structure:

	Pennsylvania		Delaware	
	Submission to Required	None to Report	Submission to Required	None to Report
1) Policy Year Call for Compensation Experience Due April 15, 2005	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
2) Delaware Call for Calendar Year Expense Data Due April 15, 2005			<input type="radio"/>	<input checked="" type="radio"/>

A carrier can change their responses by clicking on the radio button that reflects their correct response.

A *Pennsylvania Submission Required* response will be interpreted to mean that the carrier meets the reporting requirements for submitting the Call and the carrier will submit data for that particular Call. A *Pennsylvania None to Report* response will be interpreted to mean that the carrier meets the reporting requirements for not submitting the Call and the carrier does not have to submit data for that particular Call. A *Delaware Submission Required* response will be interpreted to mean that the carrier meets the reporting requirements for submitting the Call and the carrier will submit data for that particular Call. A *Delaware None to Report* response will be interpreted to mean that the carrier meets the reporting requirements for not submitting the Call and the carrier does not have to submit data for that particular Call. If the user indicates that the carrier has no experience to report for that Call, the Bureaus will verify this information based on Statutory Page 14 submissions, Bureau membership records and Calls previously submitted by the carrier. No additional submission is required (e.g., a None To Report Verification Form) for Calls that have no experience.

Page 3 of the Acknowledgment Form presents a series of questions, previously included on the Questionnaire Page of Schedule W, designed to determine the carrier's Schedule W reporting requirement. The No response and the None to Report response are the default responses on Page 3. Carriers should click on the response that reflects their response to the question.

Once the user has completed Page 3, they should save the form and run the Acknowledgment Form edits. **NOTE: It is recommended that the user complete and save the Statutory Page 14 for the required state(s) prior to running the Acknowledgement Form edits.** If the user is satisfied with the edit results they should proceed to submit the Acknowledgment Form.

Once the Bureaus receive the Acknowledgment Form, the carrier responses will be reviewed and the required Calls will be activated.

Since the Acknowledgment Form must be submitted before year-end data may be available, the user is asked to complete the form based on the best available information. If during the year the user receives information that would change their reporting requirements, they may re-submit the Acknowledgment Form. The FDRA does allow for multiple submissions of the Acknowledgment Form for a particular Call Year.

II. Policy Year Calls (#1, 8, 9 and 12)

Policy Year Calls #1, 8, 9 and 12 must be submitted using the FDRA. The layout of all the Policy Year Calls collected within the FDRA is generally the same. The Calls differ only in the types of coverage collected, the amount of policy years collected and the additional reconciliation page required on Call #1.

The Policy Year Call layout requires 26 Columns to be completed for Delaware, and 22 Columns to be completed for Pennsylvania.

A. Premiums (Columns 1, 2 and 3)

All data is to be entered on an accumulated basis. The proper entering of premium fields is essential to successfully passing the Call edits.

Once the premium data is entered and saved, the user can click on the *Run Report* button. When you click on the button, a report is generated in a new window that displays the ratio of Column 2 (Standard Earned Premium at Company Level) to Column 1 (Standard Earned Premium at Bureau Level).

The intention of displaying this report is to provide the user with an opportunity to review the relationship between the columns, correct any errors and to determine if the values in those columns are consistent with a company's filed deviations and/or loss cost multiplier(s) and underlying Loss Cost level(s).

B. Losses (Columns 4 through 7, Columns 9 through 18, Columns 21 through 26)

Since Columns 4 through 7 are calculated columns the user **must begin entering loss information on Page 2 of the Call starting with Columns 9 through 14.**

The application will automatically calculate Columns 4 through 7 as you complete Columns 9 through 14.

Once Columns 9 through 14 are entered, the user should proceed to Page 3. Page 3 of the Call consists of three questions and data fields.

All carriers are **required** to respond to each Question. The user's response to Question #1 will determine if a carrier needs to complete the data fields on this page. If the user answers "YES" to Question #1, the application will not allow entry into Columns 15 through 18.

If the user answers "NO" to Question #1, the application will allow entry into Columns 15 through 18.

(The user should refer to the specific Call instructions and consult with the appropriate people within their organization to determine the proper response to these questions.)

Columns 21 and 22 should be completed next. Columns 23 through 26 are required on Delaware Calls only.

C. Claim Counts (Columns 8, 19 and 20)

Column 8 is not a calculated field. The user must enter claim count information into Column 8 as well as in Columns 19 and 20. The sum of Columns 19 and 20 will be verified against Column 8 during the edit process.

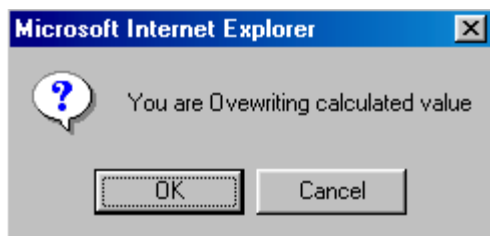
D. Line X (all Columns)

Line X is a calculated field that cannot be altered. Line X is the sum of Lines A through V.

E. Line Y (all Columns)

Based on the Call instructions, the prior year's Call Line X should equal the current Call's Line Y. The application will automatically populate the current Call's Line Y based on the prior Call's Line X. Although Line Y is automatically populated by the application, the user can overwrite it if necessary. Note, however, that if a carrier uses the template, Line Y must be completed within that template since the Line Y formulas within the FDRA will be overwritten by the template.

When the user manually tries to enter values into Line Y and then clicks out of the field the following message box will appear:



If the user clicks on the *OK* button, the application will allow the values to be entered into the field. If the user clicks on the *Cancel* button, the application will restore the values populated by the application.

If the user chooses to overwrite the Line Y values, they are required to explain why they made these changes at the time of submission either in the *Create Notes* section or in a letter via electronic or regular mail.

F. Line Z (all Columns)

Line Z is a calculated field that cannot be altered. Line Z represents the current year's Calendar Year contribution by subtracting Line Y from Line X.

G. Reconciliation Page

Page 5 of Call #1 is a Reconciliation Page. This page reconciles Call #1 data, various other Call data and other direct coverage data with the Statutory Page 14. The actual entry into data fields on this page is minimal, if at all required. The user must enter data on Lines 3, 5, 6, 7, 8, and 9, if applicable. The application will automatically calculate the data. If a difference greater than \$1000 or less than \$-1000, exists between the Calls and the Statutory Page 14, then an explanation must be provided in the text box. It is important to enter an explanation because the application will generate a failed edit message for those Calls submitted without an explanation for a difference on Page 5.

III. Delaware Calendar Year Expense Data - Call # 2

Delaware Call #2 must be submitted via the application. Data must be submitted on the same basis as reported on Call #1, i.e., individual versus group basis.

The Call consists of three pages, some of which contain calculated fields. Page 3 continues to be a Reconciliation Page. The application will complete the Page 3 data fields for the user by pulling values from other Call data fields within the program. If no imbalance exists between the Call data and Statutory Page 14 the user will not be required to enter any additional information on this page. However if a difference exists, the user will be required to enter information in the appropriate explanation boxes located on the page.

IV. Large Claim Experience by Policy Year Call #4

The Large Claim Experience by Policy Year Call #4 must be submitted using the FDRA. The layout of the Call #4 collected within the FDRA is generally the same as the hard copy version used previously. There are, however, some helpful tools such as a feature which automatically sums each Policy Year within each particular coverage code to allow the user to make immediate comparisons to data reported in other Policy Year Calls; and, there is a feature which automatically loads the relevant prior year data into the current submission.

A. Layout

The Large Claim Experience by Policy Year Call #4 layout resembles the hard copy version previously used. Here is an excerpt of Page 1 of the Large Claim Experience by Policy Year Call #4 included within the application:

The user should enter the claim information into the twelve columns provided on Page 1. If more claims need to be entered than the number of lines provided, simply click on “ **Add New Row >>”, and additional rows may be added. Please note that an **Import** function is available for this call.

Below is an excerpt of the headings of Page 2 of the Large Claim Experience by Policy Year Call #4 included within the application (note the Column titles appear in **red** indicating calculated/populated fields):

Page 2 of the Large Claim Experience by Policy Year Call #4 is a feature which automatically sums each column of claim loss information by Policy Year and by particular coverage code within Policy Year. After entering data on Page 1, simply click over to Page 2 and the totals will be listed. This allows the user to make data quality comparisons of Policy Year loss information with the other Policy Year Calls.

Here is an example of Page 2 of Call #4 with data included:

PA WORKERS' COMPENSATION LARGE CLAIM CALL FOR EXPERIENCE #4 AS OF 12/31/2002											
er Group Name		Carrier Demo Group									
er Group Punch Number		998									
mission Date		1/14/2003 10:08:23 AM									
Page Number 2											
Print		< Previous		Next >		Save		Submit		Run Edits	
Page 2		of 2		Go							
Format For Printing											
Export To Excel											
Losses Evaluated Prior to Taking Credit for Any Application Deductibles											
Policy Year (1)	All Claims (2)	Valued as of 12/31/2001				Valued as of 12/31/2002				All Deductible Amounts (11)	Coverage Code (12)
		Indemnity Paid (3)	Indemnity Case Reserve (4)	Medical Paid (5)	Medical Case Reserve (6)	Indemnity Paid (7)	Indemnity Case Reserve (8)	Medical Paid (9)	Medical Case Reserve (10)		
1982		600000	400000	200000	8000	540000	340000	250000	7500		1
1984		1240000	280000	1260000	72000	1680000	200000	1680000	64000		1
1985		400000	400000	400000	60000	1000000	1000000	1000000	52000		1
1987		400000	400000	400000	24000	500000	400000	500000	20000		1
1988		604000	480000	260000	80000	640000	440000	264000	76000		1
1989		1890000	1520000	810400	384000	2012000	1400000	818400	372000		1
1990		1340000	1180000	900000	920000	1380000	1140000	1000000	888000		1
1991		400000	400000	400000	400000	460000	360000	600000	200000		1
1991		600000	14000	420000	0	800000	12000	440000	0		3
1995		909000	416000	778000	400000	940000	602000	796000	520000		1
1999		60000	380000	12800	8000	200000	820000	80000	1040000		1
1999		88000	330000	660000	1080000	920000	780000	1500000	1100000		3
2001		0	0	0	0	64000	740000	80000	148000		1

Any Policy Year that had a claim reported on Page 1 is now listed on Page 2, and whether there was one claim or multiple claims within that Policy Year, the total of all those claims is shown. Note, however, that Policy Year 1991 and Policy Year 1999 are listed twice. This is due to the fact that these Policy Years had multiple claims with different types of Coverage, therefore the totals are separated by Coverage Code. Now the user can quickly and easily make Policy Year comparisons between Call #4 data and data reported in other Policy Year Calls.

Another feature of the Call #4 collected within the FDRA is a “prior year” feature which will automatically load the relevant prior year data into the current submission. For example, if a carrier had submitted a Call #4 as of 12/31/2001, the carrier—after logging into the FDRA and selecting Call #4, 2002 from the **New Calls** menu—will see the new call appear on the screen with the relevant Call #4 as of 12/31/2001 data already loaded into the “Valued as of 12/31/01” side of the Policy Year Call #4 as of December 31, 2002. See example below:

Policy Year	Claim Number	Losses Evaluated Prior to Taking Credit for Any Application Deductibles							
		Valued as of 12/31/2001		Valued as of 12/31/2002					
		Indemnity Paid (3)	Indemnity Case Reserve (4)	Medical Paid (5)	Medical Case Reserve (6)	Indemnity Paid (7)	Indemnity Case Reserve (8)	Medical Paid (9)	Medical Case Reserve (10)
1982	PA180003	80000	40000	28000	8000	0	0	0	0
1984	PA180004	80000	16000	88000	40000	0	0	0	0
1984	PA180005	44000	12000	46000	32000	0	0	0	0
1986	PA180006	48000	40000	48000	60000	0	0	0	0
1987	PA180007	48000	40000	48000	24000	0	0	0	0
1988	PA180008	60400	48000	26000	80000	0	0	0	0
1989	PA180009	96000	80000	18400	0	0	0	0	0
1989	PA180010	92000	72000	88000	38400	0	0	0	0
1990	PA180011	78000	52000	58000	48000	0	0	0	0
1990	PA180012	84000	66000	48000	24000	0	0	0	0

It is important to note that only the relevant data will be loaded; that is to say, only those Large Claims that were still above their state required thresholds as of the current valuation (right side) of a prior year's call will be loaded into the previous valuation (left side) of a current year's call. Those claims that were below their state required thresholds were omitted.

The carrier now only has to enter the current valuations for the claims carried over and, if necessary, add any new claims that are exceeding their state required thresholds as of the current valuation—being sure to also provide the prior valuation information as well.

Instructions for the Large Claim Experience by Policy Year Call #4 are available within the Financial Call Package section of our Pennsylvania and Delaware websites—just go to www.pcrb.com or www.dcrb.com, click on **Data Reporting**, then click on **Financial Data Reporting**, now select the Financial Call Package and the instructions are listed.

V. Indemnity Pension Claim Call for Experience Call #10

The Indemnity Pension Claim Call for Experience Call #10 must be submitted using the FDRA. The layout of the Call #10 collected within the FDRA resembles the hard copy version that has been issued in the past.

A. Layout

Page 1 of the Indemnity Pension Claim Call for Experience Call #10 within the FDRA is the same as the hard copy version previously used. Simply complete the

questionnaire on Page 1 of this call and this will determine whether a carrier must continue to complete Page 2. Here is an excerpt of Page 1 of the Indemnity Pension Claim Call for Experience Call #10 included within the application:

PCRB FINANCIAL DATA REPORTING APPLICATION 1/11/2005

PRIVACY LEGAL PENNSYLVANIA CALL FOR EXPERIENCE #10 AS OF 12/31/2004

Carrier Group Name: A TEST INSURANCE
Carrier Group Punch Number: 000

Page Number 1

Reset <- Previous Next -> Save Submit Run Edits

Page 1 of 2 Go

Format For Printing
Export To Excel

Call for Indemnity Pension Claim Experience

- Does your company have any open Workers' Compensation indemnity pension claims as of 2004 with reserve amounts included in Bureau Calls #1 or #9? Yes No
- Were these open indemnity pension claims reserved on a tabular basis using either the 1999 U.S. Life Tables (new) or the 1993-1991 U.S. Decennial Life Tables (old) which reflect a discount for interest at 3.5 percent? Yes No

If you responded "Yes" to both of these questions, you must complete Page 2 of this call. If you responded "No" to either questions, please do not complete Page 2. Answers must be consistent with Question #2 on page 3 of Call #1, #9 and #9.

If the carrier meets the necessary criteria, Page 2 must be completed (Note: If the answer to both questions on Page 1 is "No", the carrier can submit the Call without completing Page 2. In such cases, the carrier should have originally indicated "None to Report" for Call #10 on the Acknowledgement Form). The user should enter the pension claim information into the ten columns provided. Below is an excerpt of the headings of Page 2 of the Indemnity Pension Claim Call for Experience Call #10 included within the application:

PCRB FINANCIAL DATA REPORTING APPLICATION 1/11/2005

PRIVACY LEGAL PENNSYLVANIA CALL FOR EXPERIENCE #10 AS OF 12/31/2004

Carrier Group Name: A TEST INSURANCE
Carrier Group Punch Number: 000

Page Number 2

Reset <- Previous Next -> Save Submit Run Edits

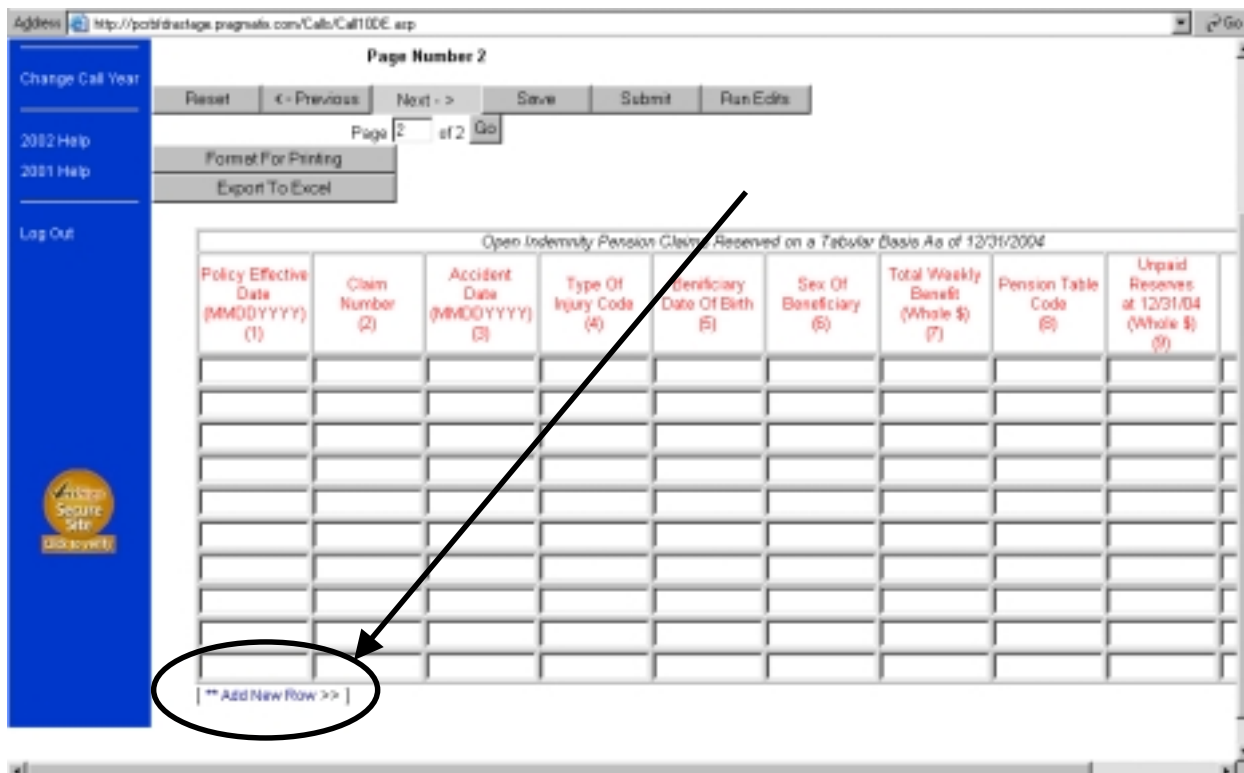
Page 2 of 2 Go

Format For Printing
Export To Excel

Open Indemnity Pension Claims Reserved on a Tabular Basis As of 12/31/2004

Policy Effective Date (MMDDYYYY) (1)	Claim Number (2)	Accident Date (MMDDYYYY) (3)	Type Of Injury Code (4)	Beneficiary Date Of Birth (5)	Sex Of Beneficiary (6)	Total Weekly Benefit (Whole \$) (7)	Pension Table Code (8)	Unpaid Reserves at 12/31/04 (Whole \$) (9)	Coverage Code (10)

If more claims need to be entered than the number of lines provided, simply click on “**Add New Row >>”, and additional rows may be added.



Please note that an **Import** function is available for this call. **However, when preparing the template for import, great care should be taken in entering data so as to conform with the format requirements of this call. Specific care should be taken when cut and pasting from Call #10 data that is exported from Excel—several data fields in the exported file will contain formatting that will not allow importing of the template—be sure to fix manually.** Instructions for the Indemnity Pension Claim Call for Experience Call #10 are available within the Financial Call Package section of our Pennsylvania and Delaware websites—just go to www.pcrb.com or www.dcrb.com, click on **Data Reporting**, then click on **Financial Data Reporting**, now select the Financial Call Package and the instructions are listed.

VI. Pennsylvania Calendar Year Expense Data Call #14

The Pennsylvania Calendar Year Expense Data Call #14 must be submitted using the FDRA. The layout of the Call #14 collected within the FDRA resembles the hard copy version that had been issued in the past.

A. Layout

Page 1 of the Pennsylvania Calendar Year Expense Data Call #14 within the FDRA is the same as the hard copy version previously used. Simply enter the data in the fields provided and proceed to the next page. Here is an excerpt of Page 1 of the Pennsylvania Calendar Year Expense Data Call #14 included within the application:

PCRB FINANCIAL DATA REPORTING APPLICATION 1/11/2005

PRIVACY LEGAL PA CALL #14 - 2004 CALENDAR YEAR EXPENSE DATA

Carrier Group Name: A TEST INSURANCE
Carrier Group Punch Number: 000

Page Number 1

Reset < Previous Next > Save Submit Run Edits

Page 1 of 2 Go

Format For Printing
Export To Excel

(1) Loss Adjustment Expenses

(a) Allocated Loss Adjustment Expenses -- PAID (1a)

(b) Allocated Loss Adjustment Expenses -- INCURRED (1b)

(c) Unallocated Loss Adjustment Expenses -- PAID (1c)

(d) Unallocated Loss Adjustment Expenses -- INCURRED (1d)

(2) Acquisition

(a) Commission and Brokerage -- INCURRED (2a)

(b) Other Acquisition -- INCURRED (2b)

(3) General Expenses -- INCURRED (3)

(4) Taxes, Licenses and Fees -- INCURRED (4)

Page 2 of Call #14 within the FDRA looks similar to the old hard copy version of the Page 2 Reconciliation Report, however, the user no longer enters any values. Page 2 of the Call #14 within the FDRA is a reconciliation report that automatically pulls data from Page 1 and compares it with data pulled from the Statutory Page 14. Any differences are calculated. A "Reason for differences:" field is provided where any imbalance must be explained. Below is an excerpt of Page 2 of the Call #14 included within the FDRA:

PCRB FINANCIAL DATA REPORTING APPLICATION 1/11/2005

PRIVACY LEGAL PA CALL #14 - 2004 CALENDAR YEAR EXPENSE DATA

Carrier Group Name: A TEST INSURANCE
Carrier Group Punch Number: 000

Page Number 2

Reset < Previous Next > Save Submit Run Edits

Page 2 of 2 Go

Format For Printing
Export To Excel

This is to certify the reconciliation of 2004 Calendar Year Data reported to the Bureau on Call for Experience #14, and the data reported in Statutory Page 14.

	Direct ALAE Paid	Direct ALAE Incurred	Commission & Brokerage Expenses	Taxes, Licenses & Fees
I. Calendar Year Call #14				
Sheet 1, Line (1a)	<input type="text" value="0"/>			
Sheet 1, Line (1b)		<input type="text" value="0"/>		
Sheet 1, Line (2a)			<input type="text" value="0"/>	
Sheet 1, Line (4)				<input type="text" value="0"/>
II. Statutory Page 14	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
III. Difference (explain below)** (2) - (1)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Please note that an **Import** function is available for this call. Instructions for the Pennsylvania Calendar Year Expense Data Call #14 are available within the Financial Call Package section of our Pennsylvania website—just go to www.pcrb.com, click on **Data Reporting**, then click on **Financial Data Reporting**, now select the Financial Call Package and the instructions are listed.

VII. Policy Year Call For Experience #15 (Catastrophe Code 48)

The Policy Year Call For Experience #15 (Catastrophe Code 48) must be submitted using the FDRA. The layout of the Call #15 collected within the FDRA is generally the same as the hard copy version that was issued for the first time in February 2002 as part of Bureau Circular NO. 1436, although the current version of the FDRA includes an increase in policy years shown.

A. Layout

The Call #15 within the application is three pages and simply requires the entry of the appropriate Catastrophe Code 48 loss information. Keep in mind, however, that the Delaware Call #15—in contrast to the PA Call #15—also collects Catastrophe Code 48 loss information on residual market business consistent with Delaware Call #12. Please note that an **Import** function is available for this call. Below is an excerpt of the Policy Year Call For Experience #15 (Catastrophe Code 48) included within the application:

Policy Year	Indemnity Claim Count Closed with pay (1)	Indemnity Claim Count Open (2)	Indemnity Claim Count Total (3)	Paid Losses Indemnity (4)	Paid Losses Medical (5)	Case Outstanding Loss Indemnity (6)	Case Outstanding Loss Medical (7)
Call#15 - Policy Year Call							
(A) 2000							
(B) 2001							
(C) 2002							
(D) 2003							
(E) 2004							

Instructions for the Policy Year Call For Experience #15 (Catastrophe Code 48) are available within the Financial Call Package section of our Pennsylvania and Delaware websites—just go to www.pcrb.com or www.dcrb.com, click on **Data Reporting**, then click on **Financial Data Reporting**, now select the Financial Call Package and the instructions are listed.

VIII. Pennsylvania Schedule W

The FDRA is designed to capture data for the following parts of the Pennsylvania Schedule W:

- Part A-1, Part A-9740 and Part A-5
- Part B-1 and Part B-5
- Part C-1 and Part C-5
- Part D-1 and Part D-2
- Part E-1 and Part E-2

Part A-Statistical Code 9740 collects premium information with respect to the Terrorism Risk Insurance Act (TRIA) coverage.

Once the above pages are submitted, the application will automatically make the data pages available to both the Bureau and the Pennsylvania Insurance Department hence, eliminating the need for two separate submissions of these parts.

The Schedule W consists of 11 pages. Page 1 captures A-1 data. Page 2 captures Part A-Statistical Code 9740 data. Page 3 captures A-5 data. Page 4 captures B-1 data. Page 5 captures B-5 and so on. The pages are similar in layout to the previous hardcopy version.

The Schedule W parts not collected within the application (A2 through A4, B2 through B4 and C2 through C4) must be submitted to the Department by the methods described in the Schedule W instructions available on the Pennsylvania Insurance Department's website.

A. Part A-1, Part A-Statistical Code 9740, and Part A-5

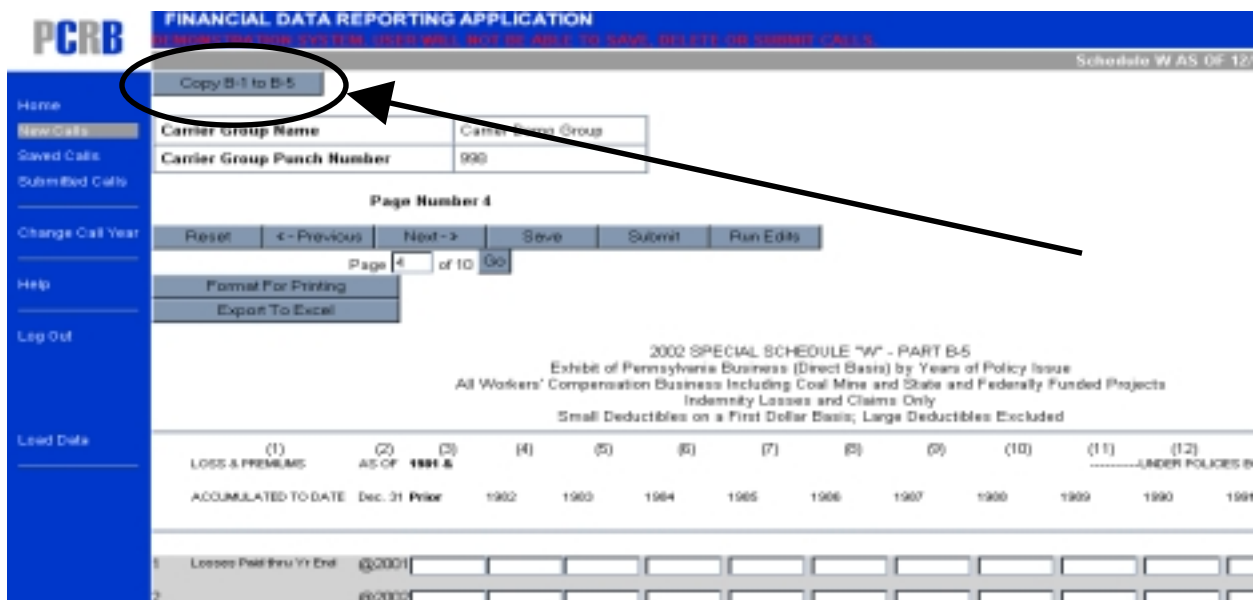
Parts A-1, Part A-9740, and A-5 collect calendar year data. Although Parts A-1 and A-5 are identical in layout, they collect different coverages on a calendar year basis and therefore require the user to input data into both of these sections. Carriers should complete these sections based on the Schedule W instructions

Parts A-1, Part A-9740, and A-5 do contain calculated fields. Those fields have titles that are formatted in the color **red** and should not be altered. Altering calculated fields may result in failed edits and the potential to incur large fines.

B. Parts B-1 and B-5

Parts B-1 and B-5 collect indemnity policy year data. Parts B-1 and B-5 are similar in layout except for the type of coverages and the fact that B-5 does not have a Line 17 and 18 as does B-1.

Carriers should complete these sections based on the Schedule W instructions. If the carrier finds that their B-1 and B-5 data are identical, they may use the *Copy B-1 to B-5* button to complete Part B-5 from the data previously entered on B-1. This eliminates the need to retype the same data onto B-5. See excerpt below:



Parts B-1 and B-5 do contain calculated fields. Those fields have titles that are formatted in the color **red** and should not be altered. Altering calculated fields may result in failed edits and the potential to incur large fines.

C. Parts C-1 and C-5

Parts C-1 and C-5 collect medical policy year data. Parts C-1 and C-5 are similar in layout except for the type of coverages and the fact that C-5 does not have a Line 17 and 18 as does C-1.

Carriers should complete these sections based on the Schedule W instructions. If the carrier finds that their C-1 and C-5 data are identical, they may use the *Copy C-1 to C-5* button to complete Part C-5 from the data previously entered on C-1. This eliminates the need to retype the same data onto C-5.

Parts C-1 and C-5 do contain calculated fields. Those fields have titles that are formatted in the color **red** and should not be altered. Altering calculated fields may result in failed edits and the potential to incur large fines.

D. Parts D-1 and D-2

Parts D-1 and D-2 collect indemnity and medical data for large deductible business on a Net, as written, basis. These parts are identical in layout with the exception that D-1 is indemnity and D-2 is medical. Carriers should complete these sections based on the Schedule W instructions.

Parts D-1 and D-2 do contain calculated fields. Those fields have titles that are formatted in the color **red** and should not be altered. Altering calculated fields may result in failed edits and the potential to incur large fines.

E. Parts E-1 and E-2

Parts E-1 and E-2 collect indemnity and medical data for large deductible business on a Gross, first dollar, basis. These parts are identical in layout with the exception that E-1 is indemnity and E-2 is medical. Carriers should complete these sections based on the Schedule W instructions.

Parts E-1 and E-2 do contain calculated fields. Those fields have titles that are formatted in the color **red** and should not be altered. Altering calculated fields may result in failed edits and the potential to incur large fines.

F. Schedule W Review

Schedule W is subject to review by the Department and the Bureau. For the user's convenience, the application contains one set of Schedule W edits that will be viewed by both entities. Therefore, carriers will only need to respond to one set of failed edits within the application for each submission. However, both entities may generate separate, additional edits based on reasonableness of the data that are not contained within the application and may require an additional response by the carrier to that single entity.

Part of the edits contained within the Schedule W section, reconcile Schedule W data fields to their counterparts on the Bureau Calls. These same comparison edits will run when editing Schedule W and when editing the Bureau Calls. The edits are contained within both sections so that if a change is made to Schedule W, it will alert the user to carry over the changes to the Bureau Calls and vice versa. Accordingly, the user may address the Schedule W and Call comparison edit failures when submitting the Calls or when submitting the Schedule W or in both places. Keep in mind that if you respond to the comparison edit failures when you submit the Schedule W, the Department will be able to view your responses in addition to the Bureau viewing the responses.

For additional information regarding responding to failed edits please refer to *Section Three, Item XI. Responding to Failed Edits or Run Report Anomalies.*

IX. Statutory Page 14

A Statutory Page 14 entry is required for a carrier or each carrier in a carrier group. The application will automatically populate the carrier name and NAIC number based on information previously provided to the Bureau. If the user is completing Calls on a group basis, the application will list each individual carrier for which an entry is required. The FDRA will automatically calculate a carrier group grand total that will be used for reconciliation purposes throughout the application.

A. Layout

The Statutory Page 14 layout resembles the hard copy version contained within the Statutory Page 14. Here is an excerpt of the Statutory Page 14 included within the application:

The user should enter the values that appear on the company's Statutory Page 14 Line 16, Workers Compensation. When reporting on a group basis the application will populate the Statutory Page 14 with all the individual companies associated with your group, regardless of state. If a carrier has no experience for one particular carrier the user should enter zeros for that carrier. Since a hardcopy of Statutory Page 14 is no longer required with the Call submissions, Statutory Page 14 values will be verified against the Bureau Premium Call and A.M. Best Publications.

X. Running the Edits Contained within the FDRA

(Refer to Section One General Application Instruction, 1. Navigation in a Call, e. Run Edits, for additional detail.)

One of the features of the FDRA is that it allows the user to run all Basic and Actuarial Level I edits on the Calls and the Schedule W prior to submitting them. The user is provided an opportunity to resolve errors and/or explain any data problems or data anomalies that exist in a given submission.

Edits will run prior to the Call being submitted. The types of edits contained within the application are:

- **Basic Edits Exclusive to Current Call.** These edits test the current Call for validation checks that identify conditions that can only occur as the result of an error or omission and can be determined based on a comparison of data elements within a single statistical Call. A major source of Basic Edit errors is incorrect arithmetic or careless data entry.
- **Basic Edits Comparing the Current Call to the Prior Call.** These edits test the current Call against the Call for the prior call year and can be determined based on a comparison of common data elements.

- **Basic Edits Comparing the Current Call to other Current FDRA Calls.** These edits test the current Call against other current Calls and are based on a comparison of common data elements.
- **Actuarial I Edits Exclusive to the Current Call.** These edits test the current Call for the reasonableness of data.
- **Actuarial I Edits Comparing the Current Call to the Prior Call.** These edits test the current Call against the Call for the prior call year for the reasonableness of data, generally testing development between the Calls.
- **Actuarial I Edits Comparing the Current Call to other Current Calls.** These edits test the current Call against other current Calls for the reasonableness of data, generally testing consistency among the Calls.
- **Actuarial I Edits Comparing the Current Call to Prior Calls.** These edits test the current Call against other Calls for the prior call year for the reasonableness of data, generally testing development and consistency among the Calls.

(Note all Calls will be subject to additional editing by Bureau and Department staff. The additional Actuarial edits do NOT conform to rigid criteria and therefore cannot be included within the FDRA. Generally these edits identify unusual data reporting patterns and will require further investigation or verification by the carrier.)

Edits can be run on **Saved** and **Submitted** Calls as many times as necessary. The user can also run edits on any combination of the Calls. Once the user clicks on the *Run Edits* button a new window will appear showing them the Calls the application is using for comparison edits.

By default, the application will choose Saved Calls over Submitted Calls. If no Saved Call exists, the FDRA will default to the most recently submitted Call. If the user wishes to change the default Calls they must click on the **Select Call** radio button located at the left side of the window. See the example below:

Carrier Group Name	A TEST INSURANCE
Carrier Group Punch Number	000
Created Date	1/12/2005 8:47:24 AM
Last Modified on	N/A

Select 2003 Call 1 DE for Comparison

Select Call	Submit Number	Saved Call	Date Last Modified
<input type="radio"/>	3	No	4/20/2004 1:57:02 PM
<input type="radio"/>	6	No	3/24/2004 10:53:16 AM
<input type="radio"/>	1	No	12/30/2003 1:40:07 PM

Select Call 12 DE for Comparison

Select Call	Submit Number	Saved Call	Date Last Modified
<input type="radio"/>		Yes	

**Call 8 DE is not Available
Comparison Edit Will Not Run**

The user can click on the radio button next to the version of the Call they wish to use for the comparative edits. Once the user has made their choices, the user can click on the *Continue* button.

Before running the edits, users should complete and save all of their required Calls because many of the Call edits are a function of another Call's entries.

If the user runs the edits prior to having all the Calls saved, the application will indicate that the Call is not available instead of displaying the version it is using for comparative purposes. In the example below, the user is trying to edit a Delaware Call #8. Submitted and Saved versions of Call #1 and Call #2 are available but the Call #9 is not.

DELAWARE CALL FOR EXPERIENCE #8 AS OF 11/31/2003

Carrier Group Name	A TEST INSURANCE
Carrier Group Punch Number	000
Submission Number	2
Submission Date	1/13/2004 11:49:09 AM

Select 2002 Call 8 DE for Comparison

Select Call	Submit Number	Saved Call	Date Last Modified
<input type="radio"/>	1	No	1/14/2003 11:40:41 AM
<input type="radio"/>	0	Yes	

Select Call 2 DE for Comparison

Select Call	Submit Number	Saved Call	Date Last Modified
<input type="radio"/>	1	No	11/25/2003 12:58:24 PM
<input type="radio"/>	0	Yes	12/9/2003 9:38:40 AM

Call 9 DE is not Available
Comparison Edit Will Not Run

If the user wishes to proceed editing without the other Calls being available, they can click on the *Continue* button. If the user decides not to proceed they should close the window by using the X box in the upper right hand corner.

Once the application performs all of the edits, it will return a new window with the edit results. If the Call passes all edits contained within the application, the user will receive the following message:

*This Call passed all edits contained within the FDRA.
Please note the Call will be subject to additional
Actuarial Edits performed by the Bureau to determine
the reasonableness of data.*

If the Call does not pass all the FDRA edits the application will return a Failed Edit List. The listing is segregated by type of edit. (Refer to Section I, Run Edits, for more detail.) The user should page down to review the entire list of failed edits. Here is an example of a Failed Edit List for a PA Call #8:

PENNSYLVANIA CALL FOR EXPERIENCE #8 AS OF 12/31/2001

Failed Edits List

Edit 4

1. Edit 4 failed. Sum of Rows J-V (U) is not equal to Row X.(469667867) for Column 2.

Actuarial-1 Edit 1

2. Actuarial-1 Edit 1 failed. The value for Column 1 Row V (U) should not be equal to Column 1 Row Z (U).

3. Actuarial-1 Edit 1 failed. The value for Column 3 Row V (U) should not be equal to Column 3 Row Z (U).

4. Actuarial-1 Edit 1 failed. The value for Column 7 Row V (U) should not be equal to Column 7 Row Z (U).

Comparison Edit 1 Failed

Call Year 2000 Data is not available. Comparison Edit 1 DID NOT Run

Actuarial-1 Comparison Edit 1 Failed

Call Year 2000 Data is not available. Actuarial-1 Comparison Edit 1 DID NOT Run

Close

Refresh

Print

Create Notes

(If the user receives neither the "Passed All Edits" message, nor a Failed Edit Listing, they must *Refresh* their data. For some users (generally Netscape users), the Failed Edit window may not completely load because the page you are trying to access took too long to open. *Refresh* will always make sure that the user has the latest version of the current Web page.)

At the bottom of the Failed Edits List window are the following buttons: *Close*, *Refresh*, *Print*, *Create Notes* and *Format for Save*.

Close will simply close the new window – clearing away any failed edit items. *Refresh* will return the Call information/edits (see above). *Print* will send all information on the Failed Edits List to the printer. *Create Notes* allows the user to attach a note to a Call that can be viewed by the Bureaus or Department. This feature is discussed below in Section VII, Item B. *Format for Save* will allow the user to save the edit listing in a text file. The specific instructions on how to save the Failed Edit List are listed directly above the *Format for Save* button.

This Failed Edit List, combined with the ability to immediately correct the items on the Failed Edit List, is an important attribute of this application. The ability to edit the data prior to submitting will provide carriers with an effective and efficient method of improving the quality of data submissions. For some carriers, reviewing the Failed Edit List may initially be time-consuming, but the benefit will quickly outweigh the time spent if additional resubmissions and interactions between the carriers and the Bureaus were necessary.

XI. Responding to Failed Edits or Run Report Anomalies

The user can respond to failed edits by one of three methods:

- Through the Create Notes option of the application.
- Through electronic mail.
- Through regular mail.

During the following periods:

- At the time of submission.
- After submission but before official Bureau criticism.
- After Bureau criticism.

If the carrier discovers loss cost multiplier (LCM) anomalies when using the *Run Report* feature, the carrier may respond at the same time and use the same method in which they choose to address their failed edits.

A. Create Notes Method of Explaining Errors (at the Time of Submission)

The *Create Notes* method provides the user with an opportunity to explain failed edits and data anomalies at the time of the electronic submission. Using this feature may eliminate the need for additional communication among the Department, the Bureau and the carriers.

The *Create Notes* section allows for a narrative of up to 5000 characters, which is the equivalent of approximately a two page Word document. If the user needs additional space to discuss a problem, they should type a note in this area indicating that additional Notes are being sent via e-mail or regular mail.

The *Create Notes* function is available only after a Call is saved. To begin creating notes for the first time, the user must click on the *Create Notes* button located at the bottom of the Failed Edit List window. When the user clicks on the button, a new window will appear with the Call name at the top of the window. The user can begin typing. After entering the Notes the user should click on the *Save Notes* button if the user wishes to save the Notes. The Notes have been saved when the *Saved Successfully* message appears in the window. If the user wishes to disregard the Notes they typed they should click on the *Close Window* button.

If the user is responding to a particular failed edit, they should reference the edit number followed by the explanation.

All Notes are attached to a particular Call. The Notes can be viewed by clicking on the *Create Notes* button in the Run Edit mode or by clicking on the *Notes* button on each particular Call's navigation toolbar. The Notes can be viewed and modified when the Call status is **Saved**. If the user would like to add more Notes after they already **Created Notes**, they can do so by accessing the *Notes* button on the Call navigation toolbar.

Once the Call status changes to Submitted, the Call Notes can only be viewed. Notes can be viewed (for both Saved or Submitted Calls) by clicking on the *Notes* button on the Call navigation toolbar.

Please Note that if you create and submit a revised Call from a previously submitted Call, the Notes stay attached. This feature allows Notes to be automatically pulled to a revised version of a previously submitted call, potentially saving the user time and effort. However, carriers are cautioned to closely review the Notes to verify that they are still applicable and/or are accurate.

B. Carrier Notes sent via Electronic Mail or Regular Mail, After Call Submission

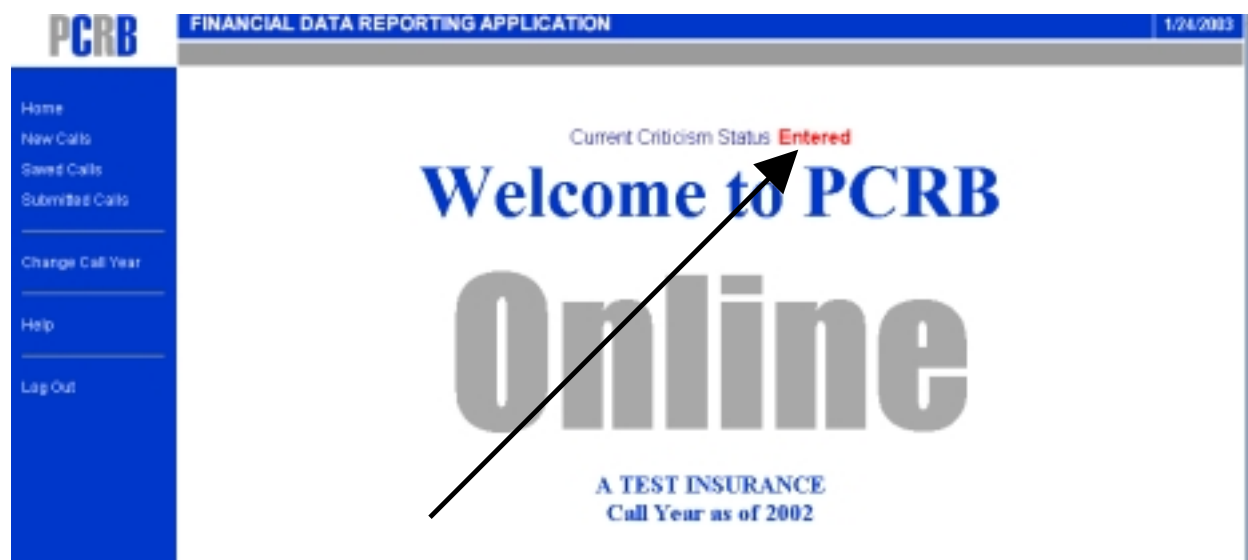
A carrier may wish to address edit failures at a time other than at the time of submission. The user may type a message in the *Notes* section (by using the *Create Notes* feature) that state when and by what method they plan to discuss their edit failures.

XII. Bureau Criticisms

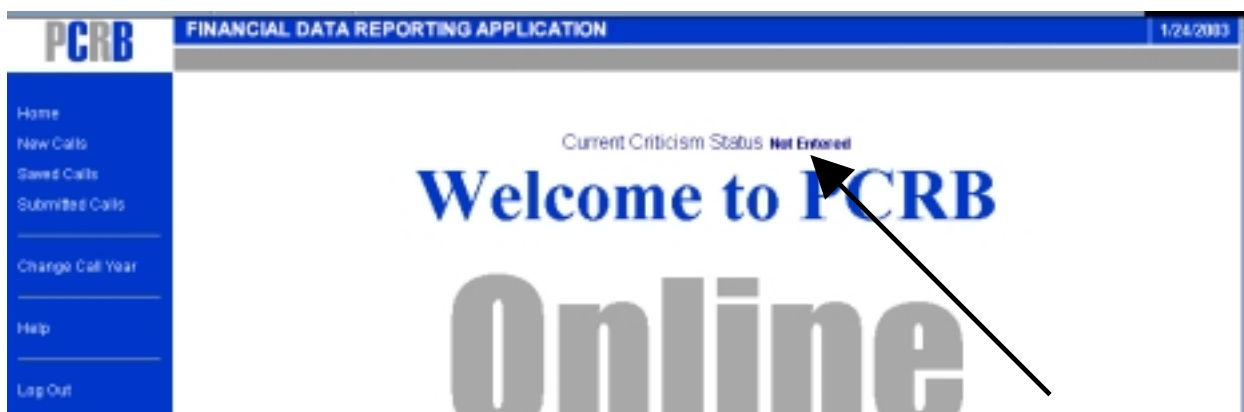
After receipt of a carrier's submission, the Bureau will edit the carrier's data. The Bureau will review all *Notes* accompanying each submission during the edit process. If the submitted *Notes* do not address all failed edits or anomalies discovered when running edits, the Bureau will notify the carrier by letter via certified mail with return receipt requested.

Within the FDRA, the Bureau will then log each criticism date in the **Criticism** section of the application. The **Criticism** feature allows the user to immediately see if a criticism has been issued.

The user can see if a criticism letter exists simply by logging-on to the application. If a criticism exists (or ever existed) "**Current Criticism Status Entered**" will appear at the top of the carrier group home page. See below.

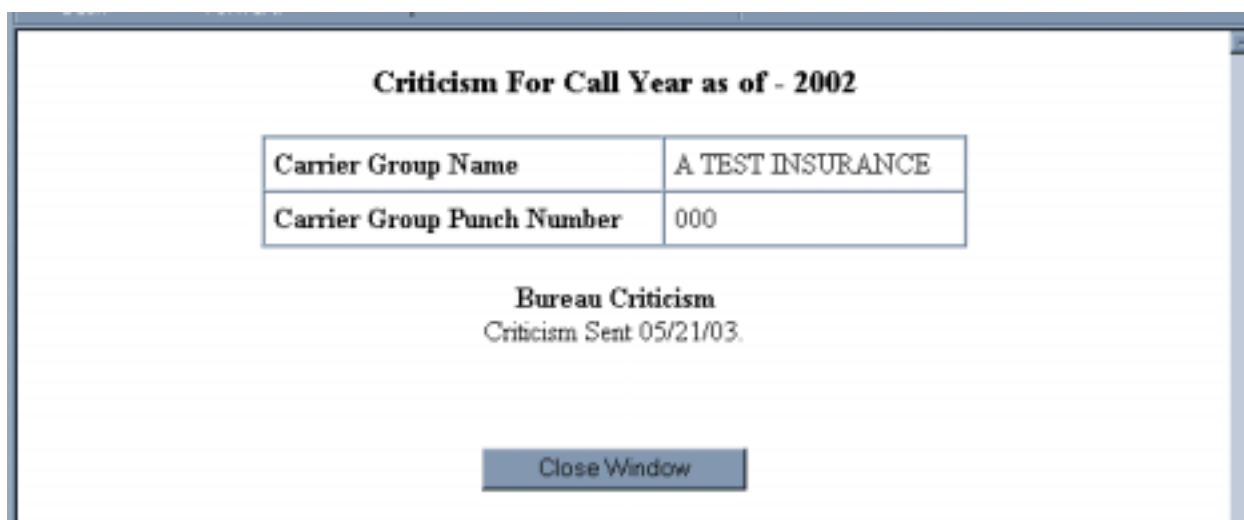


If a criticism letter has not yet been issued, the user—after logging-on to the application—will see the phrase "**Current Criticism Status Not Entered**" at the top of the carrier group home page. See below.



Please Note that if **Entered** appears as the Current Criticism Status, it means that one or more criticism letters have been issued. **It does not address the current status of the criticism letter(s).** Likewise, if **Not Entered** appears as the Current Criticism Status, it should be interpreted to mean that as of that date, a criticism does not exist for any submissions. **A Not Entered response does not preclude the submission from being criticized at a later date.**

By clicking on “Current Criticism Status **Entered**”, the user can access the list indicating the date(s) when a criticism letter had been sent. Below is what the criticism looks like with an example of the type of message the user may find in the Criticism window:



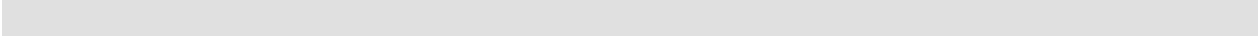
The user should review the list of Bureau criticism letters. The user should then make the necessary changes to the data and resubmit the Call and/or send an explanation to the Bureau through either the Notes section of the application when resubmitting, or by electronic or regular mail when not resubmitting.

Please note that the provisions of the FDIP are applicable and are specific regarding responses that are found to be incomplete. Copies of all criticism letters will continue to be mailed to the carrier’s Designated Contact Person via certified mail.

XIII. Trouble Shooting

If at any time the application does not return the intended result the user should click on the *Refresh* button located on the Internet browser toolbar.

If the user experiences any problems with the application that they cannot resolve, please contact the Bureaus at (215) 568-2371.



Edit Descriptions

Edit Number Listing

PENNSYLVANIA

Basic Edits

Policy Year Call #1

BASIC EDITS EXCLUSIVE TO CALL #1

Edit #	Edit Description	Comments
4	For columns (1) through (22), the sum of lines (A) through (V) must be equal to line (X) for all columns.	
5	The sum of columns (4), (5) and (6) must be equal to column (7) for all lines.	
6	The sum of columns (9) and (10) must be equal to column (4) for all lines.	
7	The sum of columns (11) and (12) must be equal to column (5) for all lines.	
8	The sum of columns (13) and (14) must be equal to column (6) for all lines.	
9	There must be responses to the two questions on Page 3 of the Call.	
10	If the response to Question #1 on page 3 is "No" then: The sum of columns (15) and (16) must be equal to column (11) for all lines. The sum of columns (17) and (18) must be equal to column (12) for all lines.	
11	If the response to Question #1 on page 3 is "Yes" then leave Columns (15) through (18) blank.	
12	The sum of columns (19) and (20) must be equal to column (8) for lines (G) through (V).	Mandatory reporting for Policy Years 1987 and subsequent
13	For columns (1) through (22), line (Z) must be equal to line (X) minus line (Y).	
14	For columns (1) through (22), lines (A) through (V) and (X), all data items should be non-negative (greater than or equal to zero). Except columns (6), (13), (14), (16) and (18).	
15	If there is a value in Column (7) then there must also be a value in Columns (1) (2) and (3)	
16	For lines (B) through (V), if Columns (9) or (11) are greater than zero then Column (8) must be greater than zero.	
17	If columns (9) through (11) are equal to 0 then Column (8) should be equal to 0.	
18	For lines (G) through (V), if the amount reported in column (19) is greater than zero, then column (9) must be greater than zero.	If there are closed claims, there should be associated paid indemnity amounts.
19	For lines (G) through (V), if column (9) equals zero, then column (19) must be equal to zero.	If there is no paid indemnity, there should be no closed claims.
20	For lines (G) through (V), if column (20) is greater than zero, then column (11) should be greater than zero.	If there are open claims, there must be indemnity case reserves.
21	For lines (G) through (V), if column (20) is equal to zero, then column (11) should be equal to zero, unless only bulk reserves are being reported.	If there are no open claims, then there should be no indemnity case reserves.
22	For lines (A) through (V), column (21) must be less than or equal to column (9).	
23	For lines (A) through (V), column (22) must be less than or equal to column (10).	

BASIC EDITS-COMPARING THE CURRENT YEAR'S CALL #1 WITH THE PRIOR YEAR'S CALL #1

Edit #	Edit Description	Comments
1	For columns (1) through (22), line (Y) from the current Call must equal line (X) from the preceding Policy Year Call.	

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

Edit #	Edit Description	Comments
1	All data must be consistent and comparable to Pennsylvania Schedule W.	

Net #8 and Gross #9 Large Deductible Calls

BASIC EDITS EXCLUSIVE TO CALL #8 and #9

Edit #	Edit Description	Comments
4	For columns (1) through (22), the sum of lines (J) through (V) must be equal to line (X) for all columns.	
5	The sum of columns (4) through (6) must be equal to column (7) for all lines.	
6	The sum of columns (9) and (10) must be equal to column (4) for all lines.	
7	The sum of columns (11) and (12) must be equal to column (5) for all lines.	
8	The sum of columns (13) and (14) must be equal to column (6) for all lines.	
9	There must be responses to the two questions on Page 3 of the Call.	
10	If the response to Question #1 on page 3 is "No" then: The sum of columns (15) and (16) must be equal to column (11) for all lines. The sum of columns (17) and (18) must be equal to column (12) for all lines.	
11	If the response to Question #1 on page 3 is "Yes" then leave Columns (15) through (18) blank.	
12	For lines (J) through (V), the sum of columns (19) and (20) must be equal to column (8).	Mandatory reporting for Policy Years 1990 and subsequent
13	For all columns (1) through (22), line (Z) must be equal to line (X) minus line (Y).	
14	For columns (1) through (22), lines (J) through (V) and (X), all data items should be non-negative (greater than or equal to zero). Except columns (6), (13), (14), (16) and (18).	
15	For any policy year, [lines (J) through (V)], where incurred losses are reported in column (7), there must be corresponding premium reported in columns (1), (2) and (3).	
16	For lines (J) through (V), if columns (9) and (11) are greater than 0 then Column (8) must be greater than zero.	
17	If columns (9) and (11) are equal to zero then column (8) should be equal to 0.	
18	For lines (J) through (V), if the amount reported in column (19) is greater than zero, then column (9) must be greater than zero.	If there are closed claims, there should be associated paid indemnity amounts.
19	For lines (J) through (V), if column (9) equals zero, then column (19) must be equal to zero.	If there is no paid indemnity, there should be no closed claims.
20	For lines (J) through (V), if column (20) is greater than zero, then column (11) should be greater than zero.	If there are open claims, there must be indemnity case reserves.
21	For lines (J) through (V), if column (20) is equal to zero, then column (11) should be equal to zero unless only bulk reserves are being reported.	If there are no open claims, then there should be no indemnity case reserves.
22	For lines (J) through (V), column (21) must be less than or equal to column (9).	
23	For lines (J) through (V), column (22) must be less than or equal to column (10).	

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

Edit #	Edit Description	Comments
1	For columns (1) through (22), line (Y) from the current Call must equal line (X) from the preceding Policy Year Call.	

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

Edit #	Edit Description	Comments
1	All data must be consistent and comparable to Pennsylvania Schedule W.	

Schedule W

BASIC EDITS EXCLUSIVE TO SCHEDULE W

Edit #	Edit Description	Comments
4	The sum of lines (1) and (2) must equal line (3) on Parts A-1 & A-5.	
5	Line (3) less line (4) must equal line (5) on Parts A-1 & A-5.	
6	The sum of lines (6A) through (6G) must equal line (6H) on Parts A-1 & A-5.	
7	The sum of lines (5) and (6H) must equal line (7) on Parts A-1 & A-5.	
8	For lines (9A) through (9H), column (1) + column (2) - column (3) must equal column (4) on Parts A-1 & A-5.	
9	For columns (1) through (4), the sum of line (9A) and (9B) must equal line (9C) on Parts A-1 & A-5.	
10	For columns (1) through (4), the sum of lines (9D) through (9G) must equal line (9H) on Parts A-1 & A-5.	
11	Line (1) on Part A-5 must be greater than or equal to Line (1) on Part A-1.	
12	Line (5) on Part A-5 must be greater than or equal to the Line (5) on Part A-1.	
13	Part A-5, line (9A), column (1) must be greater than or equal to Part A-1, line (9A), column (1).	
14	Part A-5, line (9B), column (1) must be greater than or equal to Part A-1, line (9B), column (1).	
15	Part A-5, line (9C), column (1) must be greater than or equal to Part A-1, line (9C), column (1).	
16	Part A-5, line (9A), column (2) must be greater than or equal to Part A-1, line (9A), column (2).	
17	Part A-5, Line (9B), column (2) must be greater than or equal to Part A-1, line (9B), column (2).	
18	Part A-5, line (9C), column (2) must be greater than or equal to Part A-1, line (9C), column (2)	
19	Part A-5, line (9A), column (3) must be greater than or equal to Part A-1, line (9A), column (3).	
20	Part A-5, line (9B), column (3) must be greater than or equal to Part A-1, line (9B), column (3).	
21	Part A-5, line (9C), column (3) must be greater than or equal to Part A-1, line (9C), column (3).	
22	For columns (3) through (23), line (7) must equal the sum of lines (1), (3) and (5) on Parts B-1 & C-1.	
23	For columns (3) through (24), line (8) must equal the sum of lines (2), (4) and (6) on Parts B-1 & C-1.	
24	For lines (1),(3),(5),(7),(9),(11),(13),(15), and (17), column (25) must equal the sum of columns (3) through (23) on Parts B-1 & C-1.	
25	For lines (2),(4),(6),(8),(10),(12),(14),(16), and (18), column (25) must equal the sum of columns (3) through (24) on Parts B-1 & C-1.	
26	All values should be non-negative with the possible exception of lines (5) and (6) on Parts B-1 & C-1.	
27	For Columns (3) through (23), Part B-1, line (15) should equal Part C-1, line (15) on Parts B-1 & C-1.	

28	For Columns (3) through (24), Part B-1, line (16) should equal Part C-1, line (16) on Parts B-1 & C-1.	
29	For Columns (3) through (23), Part B-1, line (17) should equal Part C-1, line (17) on parts B-1 & C-1.	
30	For Columns (3) through (24), Part B-1, line (18) should equal Part C-1, line (18) on Parts B-1 & C-1	
33	[Part B-1, line (16), column (25)+Part D-1, line (16), column (16)] - [Part B-1, line (15), column (25)+Part D-1, line (15), column (16)] should equal Part A-1, line (5)	
34	[Part B-1, line (18), column (25)+Part D-1, line (18), column (16)] - [Part B-1, line (17), Column (25)+Part D-1, line (17), column (16)] should equal Part A-1, line (7).	
35	[Part B-1, line (2), column (25)+Part D-1, line (2), column (16)] - [Part B-1, line (1), column (25)+Part D-1, line (1), column (16)] should equal [Part A-1, line (9A), column (1)+ Part A-1, line (9D), column (1)].	
36	[Part B-1, line (3), column (25)+Part D-1, line (3), column (16)] + [Part B-1, line (5), column (25)+Part D-1, line (5), column (16)] should equal [Part A-1, line (9A), column (3)+ Part A-1, line (9D), column (3)].	
37	[Part B-1, line (4), column (25)+Part D-1, line (4), column (16)] + [Part B-1, line (6), column (25)+Part D-1, line (6), column (16)] should equal [Part A-1, line (9A), column (2)+ Part A-1, line (9D), column (2)].	
38	[Part B-1, line (8), column (25)+Part D-1, line (8), column (16)] - [Part B-1, line (7), column (25)+Part D-1, line (7), column (16)] should equal [Part A-1, line (9A), column (4)+ Part A-1, line (9D), column (4)].	
39	[Part C-1, line (2), column (25)+Part D-2, line (2), column (16)] - [Part C-1, line (1), column (25)+Part D-2, line (1), column (16)] should equal [Part A-1, line (9B), column (1)+ Part A-1, line (9E), column (1)].	
40	[Part C-1, line (3), column (25)+Part D-2, line (3), column (16)] + [Part C-1, line (5), column (25)+Part D-2, line (5), column (16)] should equal [Part A-1, line (9B), column (3)+ Part A-1, line (9E), column (3)].	
41	[Part C-1, line (4), column (25)+Part D-2, line (4), column (16)] + [Part C-1, line (6), column (25)+Part D-2, line (6), column (16)] should equal [Part A-1, line (9B), column (2)+ Part A-1, line (9E), column (2)].	
42	[Part C-1, line (8), column (25)+Part D-2, line (8), column (16)] - [Part C-1, line (7), column (25)+Part D-2, line (7), column (16)] should equal [Part A-1, line (9B), column (4)+ Part A-1, line (9E), column (4)].	
43	For columns (3) through (14), line (7) must equal the sum of lines (1), (3) and (5) on Parts D-1 through E-2.	
44	For columns (3) through (15), line (8) must equal the sum of Lines (2), (4) and (6) on Parts D-1 through E-2.	
45	For lines (1),(3),(5),(7),(9),(11),(13),(15) and (17), column (16) must equal the sum of columns (3) through (14) on Parts D-1 through E-2.	
46	For lines (2),(4),(6),(8),(10),(12),(14),(16) and (18), column (16) must equal the sum of columns (3) through (15) on Parts D-1 through E-2.	
47	For columns (3) through (15), lines (15),(16),(17) and (18) of Part D-1 should equal the corresponding value on Part D-2.	
48	For columns (3) through (15), lines (15),(16),(17) and (18) of Part E-1 should equal the corresponding value on Part E-2.	
49	All values should be non-negative with the possible exception of lines (5) and (6) on Parts D-1 through E-2.	
50	For column (16), the difference of Part E-1 line (2) less line (1) and Part D-1 line (2) less line (1) must equal Part A-1, line (9F), column (1).	
51	For column (16), the difference of Part E-2 line (2) less line (1) and Part D-2 line (2) less line (1) must equal Part A-1, Line (9G), column (1).	
52	For column (16), the difference of Part E-1 line (8) less line (7) and Part D-1 line (8) less line (7) must equal Part A-1, line (9F) column (4).	
53	For column (16), the difference of Part E-2 line (8) less line (7) and Part D-2 line (8) less line (7) must equal Part A-1, line (9G), column (4).	

54	For column (16), the difference of Part E-1 line (18) less line (17) and Part D-1 line (18) less line (17) must equal Part A-1, line (8B).	
55	For columns (3) through (23), line (7) must equal the sum of lines (1), (3) and (5) on Parts B-5 & C--5.	
56	For columns (3) through (24), line (8) must equal the sum of lines (2), (4) and (6) on Parts B-5 & C-5.	
57	For lines (1),(3),(5),(7),(9),(11),(13),(15), and (17), column (25) must equal the sum of columns (3) through (23) on Parts B-5 & C-5.	
58	For lines (2),(4),(6),(8),(10),(12),(14),(16), and (18), column (25) must equal the sum of columns (3) through (24) on Parts B-5 & C-5.	
59	All values should be non-negative with the possible exception of lines (5) and (6) on Parts B-5 & C-5.	
60	For Columns (3) through (23), Part B-1, line (15) should equal Part C-1, line (15) on Parts B-5 & C-5.	
61	For Columns (3) through (24), Part B-1, line (16) should equal Part C-1, line (16) on Parts B-5 & C-5.	

Actuarial Edits

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

Policy Year Call #1

ACTUARIAL EDITS - EXCLUSIVE TO CALL#1

Edit #	Edit Description	Comments
carrier info report	The relationship between Standard Earned Premium at DSR Level and Standard Earned Premium at Company Level should be consistent with each company's filed deviations and/or loss cost multiplier(s).	
1	For columns (1), (2), (3) and (7) line (V) should not be equal to line (Z).	
2	Line (Z) for columns (1), (3) and (7) must be copied to the reconciliation page of the Call.	

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

Edit #	Edit Description	Comments
1	For all paid losses, columns (4),(9), (10), (21) and (22), lines (A) through (U) will be checked when the losses on the current Call for a specific policy year are at least 200,000 less than the losses on the preceding Policy Year Call for the same policy year. (Note the current line A equals the sum of line A and B from prior call. Line (B) on current call should be compared to line (C) from prior call and so forth.)	

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

Edit #	Edit Description	Comments
1	The entries on page 5, the Calendar Year Reconciliation Report will be verified, this data must be pulled correctly from Calls #1, #8, #9 and Statutory Page 14. Any differences greater than \$1,000 and less than (\$1,000) must be explained. These explanations will be reviewed for reasonableness.	

Net Large Deductible Policy Year Call #8

ACTUARIAL EDITS - EXCLUSIVE TO CALL#8

Edit #	Edit Description	Comments
carrier info report	The relationship between Standard Earned Premium at DSR Level and Standard Earned Premium at Company Level should be consistent with each company's filed deviations and/or loss cost multiplier(s).	
1	For columns (1), (2), (3) and (7) line (V) should not be equal to line (Z).	
2	Line (Z) for columns (1), (3) and (7) must be copied to the reconciliation page of the Call.	

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

Edit #	Edit Description	Comments
1	For all paid losses, columns (4),(9), (10), (21) and (22), lines (J) through (U) will be checked when the losses on the current Call for a specific policy year are at least 200,000 less than the losses on the preceding Policy Year Call for the same policy year. (Note, line (J) on current call should be compared to line (K) from prior call and so forth.)	

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

Edit #	Edit Description	Comments
1	All data entries on the Net Large Deductible Call should be less than the corresponding data entries on the Gross Large Deductible Call except for columns (6), (13), (14), (16), (18) where Call #8 may be less than or equal to Call #9.	

Gross Large Deductible Policy Year Call #9

ACTUARIAL EDITS - EXCLUSIVE TO CALL#9

Edit #	Edit Description	Comments
carrier info report	The relationship between Standard Earned Premium at DSR Level and Standard Earned Premium at Company Level should be consistent with each company's filed deviations and/or loss cost multiplier(s).	
1	For columns (1), (2), (3) and (7) line (V) should not be equal to line (Z).	

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

Edit #	Edit Description	Comments
1	For all paid losses, columns (4),(9), (10), (21) and (22), lines (J) through (U) will be checked when the losses on the current Call for a specific policy year are at least 200,000 less than the losses on the preceding Policy Year Call for the same policy year. (Note, line (J) on current call should be compared to line (K) from prior call and so forth.)	

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

Edit #	Edit Description	Comments
1	All data entries on the Net Large Deductible Call should be less than the corresponding data entries on the Gross Large Deductible Call except for columns (6), (13), (14), (16), (18) where Call #8 may be less than or equal to Call #9.	

Schedule W

ACTUARIAL EDITS - EXCLUSIVE TO SCHEDULE W

Edit #	Edit Description	Comments
1	Part B-1 & C-1; For columns (3) through (23), line (14) should be greater than or equal to line (13).	
2	Part B-1 & C-1; (3) through (23), line (12) should be greater than or equal to line (11).	
3	Part B-1 & C-1; For columns (3) through (23), line (9) should be greater than or equal to line (11).	
4	Part B-1 & C-1; For columns (3) through (24), line (10) should be greater than or equal to line (12).	
5	For columns (3) through (24), Part C-1 should be greater than Part B-1 for lines (9) through (12) unless both values are equal to zero.	
6	For columns (3) through (14), lines (1) through (18) on Part D-1 should be less than on Part E-1 unless both values are equal to zero.	
7	For columns (3) through (14), lines (1) through (18) on Part D-2 should be less than on Part E-2 unless both values are equal to zero.	
8	Part A-1 & A-5; Line (6B) should be greater than or equal to zero.	
9	Part A-1 & A-5; Line (6D) should be positive greater than or equal to zero.	
10	Part A-1 & A-5; Line (8A) should be positive greater than or equal to zero.	
11	Part A-1 & A-5; The ratio of [Line (6B)/(Line (5)+Line (6B))] should be less than or equal to 0.125 and greater than or equal to 0.0.	
12	Part A-1 & A-5; The ratio of Line [(6D)/(Line (7)-Line (6D)-Line (6E)-Line (6F))] should be less than or equal to 0.05 and greater than or equal to 0.0.	
13	Part A-1 & A-5; The ratio of [Line (6E)/(Line (7)-Line (6C)-Line (6F))] should be less than or equal to 0.25 and greater than or equal to -0.25.	
14	Part A-1 & A-5; The ratio of [Line (6F)/(Line (7)-Line (6C))] should be less than or equal to 0.05 and greater or equal to -0.05.	
15	Statutory Page 14 Call total for Column (1) must equal Part A-5, Line (1)	
16	Statutory Page 14 Call total for Column (2) must equal Part A-5, Line (5)	
17	Statutory Page 14 Statement Call total for Column (5) must equal Part A-5, Line (9C), Column (1)	
18	Statutory Page 14 Call total for Column (7) must equal Part A-5, Line (9C), Column (2)	
19	Statutory Page 14 Call total for Column (6) must equal Part A-5, Line (9C), Column (4)	

CALL #4 - CALL FOR PENNSYLVANIA WORKERS' COMPENSATION LARGE CLAIM EXPERIENCE

Edits Exclusive to Call #4

Basic Edits

Edit #	Edit Description	Type
1.	For all lines, the sum of Columns 3 through 6 and / or 7 through 11 must equal or be greater than 500,000.	Calculate & Edit
2.	For all lines, data reported should be greater than or equal to zero for Columns 3 through 10.	Edit
3.	Lines 1, 2, or 3 must be reported in column 12.	Edit
4.	Lines, when a "3" is shown in Column 12, the Large Deductible amount in Column 11 must be equal to or greater than 100,000.	Edit
5.	Lines the Indemnity Paid loss in Column 7 should be equal to or greater than the Indemnity Paid loss reported in Column 3.	Edit
6.	Lines the Medical Paid loss in Column 9 should be equal to or greater than the Medical Paid loss reported in Column 5.	Edit

Edits that Compare the Present Year's Call to the Prior Year's Call

Basic Edits

1.	For all lines, if the sum of Columns 3 through 6 on the present year Call is equal to or greater than 500,000, the same amounts should appear in Columns 7 through 10 of the prior year Call and show the same Claim Number in Column 2.	Calculate & Edit
2.	For all lines, if the sum of Columns 7 through 10 on the prior year Call is equal to or greater than 500,000, the same amounts should appear in Columns 3 through 6 of the present year Call and show the same Claim Number in Column 2.	Calculate & Edit
3.	For all lines in which the claim number is the same in Column 2 of the present and prior year Calls, the Policy year in Column 1 should also be the same on both.	Edit
4.	For all lines in which the claim number is the same in Column 2 of the present and prior year Calls, the Deductible Amount in Column 11 should also be the same on both.	Edit
5.	For all lines in which the claim number is the same in Column 2 of the present and prior year Calls, the Coverage Code in Column 12 should also be the same on both.	Edit

Edits with other Financial Data Calls

The following edits will compare values in the Call #4 Carrier Summary Report with Calls #1 and 9.

Basic Edits

Edit #	Edit Description	Type
1.	For each policy year appearing in the Carrier Summary Report for Coverage Code "1", the amount in Column 7 must be equal to or less than that reported in policy year Call #1 Column 9 for that same policy year.	Edit
2.	For each policy year appearing in the Carrier Summary Report for Coverage Code "1", the amount in Column 8 must be equal to or less than that reported in policy year Call #1 Column 11 for that same policy year.	Edit
3.	For each policy year appearing in the Carrier Summary Report for Coverage Code "1", the amount in Column 9 must be equal to or less than that reported in policy year Call #1 Column 10 for that same policy year.	Edit
4.	For each policy year appearing in the Carrier Summary Report for Coverage Code "1", the amount in Column 10 must be equal to or less than that reported in policy year Call #1 Column 12 for that same policy year.	Edit
5.	For each policy year appearing in the Carrier Summary Report for Coverage Code "3", the amount in Column 7 must be equal to or less than that reported in policy year Call #9 Column 9 for that same policy year.	Edit
6.	For each policy year appearing in the Carrier Summary Report for Coverage Code "3", the amount in Column 8 must be equal to or less than that reported in policy year Call #9 Column 11 for that same policy year.	Edit
7.	For each policy year appearing in the Carrier Summary Report for Coverage Code "3", the amount in Column 9 must be equal to or less than that reported in policy year Call #9 Column 10 for that same policy year.	Edit
8.	For each policy year appearing in the Carrier Summary Report for Coverage Code "3", the amount in Column 10 must be equal to or less than that reported in policy year Call #9 Column 12 for that same policy year.	Edit

CALL #14 - CALL FOR PENNSYLVANIA CALENDAR YEAR (2002) EXPENSE DATA

Edits Exclusive to Call #14

Actuarial Edits

Edit #	Edit Description	Type
1.	The entries on Sheet #2, Line III, Column1 (Direct ALAE Paid) should equal zero.	Edit
2.	The entries on Sheet #2, Line III, Column2 (Direct ALAE Incurred) should equal zero.	Edit
3.	The entries on Sheet #2, Line III, Column3 (Commision & Brokerage Expense) should equal zero	Edit
4.	The entries on Sheet #2, Line III, Column4 (Taxes, Licenses & Fees) should equal zero.	Edit

PA- Call #15- Catastrophe Code 48 data as of 12/31/02

Edits Exclusive to Call #15

Basic Edits

Edit #	Edit Description	Type
1.	For Lines A through F, the sum of Columns 1 & 2 must equal Column 3	Calculate
2.	For Lines A through F, if there are indemnity closed claims with payment reported in Column 1, then there must be Indemnity Paid Losses reported in Column 4	Edit
3.	For Lines A through F, if there are open indemnity claims reported in Column 2, then the sum of the	Edit

	Outstanding Losses reported in Columns 6 & 7 must be greater than zero.	
4.	For Lines A through F, if there are Indemnity Paid Losses reported in Column 4 then there must be Incurred Claims reported in Column 3.	Edit
5.	For Lines A through F, if there are Indemnity Outstanding Losses reported in Column 6 then there must be Open Indemnity claims reported in Column 2.	Edit

Actuarial Edits I

Edit #	Edit Description	Type
1.	For Columns 1 through 7, Line C must be less than or equal to Line E	Edit
2.	For Columns 1 through 7, Line D must be less than or equal to Line F	Edit

Edits Comparing the Call#15 to other FDRA Calls

Actuarial Edits I

Edit #	Edit Description	Type
1.	Line A, Column 1 should be less than or equal to Call#1, Column 19, Line T	Edit
2.	Line B, Column 1 should be less than or equal to Call#1, Column 19, Line U	Edit
3.	Line A, Column 2 should be less than or equal to Call#1, Column 20, Line T	Edit
4.	Line B, Column 2 should be less than or equal to Call#1, Column 20, Line U	Edit
5.	Line A, Column 3 should be less than or equal to Call#1, Column 8, Line T	Edit
6.	Line B, Column 3 should be less than or equal to Call#1, Column 8, Line U	Edit
7.	Line A, Column 4 should be less than or equal to Call#1, Column 9, Line T	Edit
8.	Line B, Column 4 should be less than or equal to Call#1, Column 9, Line U	Edit
9.	Line A, Column 5 should be less than or equal to Call#1, Column 10, Line T	Edit
10.	Line B, Column 5 should be less than or equal to Call#1, Column 10, Line U	Edit
11.	Line A, Column 6 should be less than or equal to Call#1, Column 11, Line T	Edit
12.	Line B, Column 6 should be less than or equal to Call#1, Column 11, Line U	Edit
13.	Line A, Column 7 should be less than or equal to Call#1, Column 12, Line T	Edit
14.	Line B, Column 7 should be less than or equal to Call#1, Column 12, Line U	Edit
15.	Line C, Column 1 should be less than or equal to Call#8, Column 19, Line T	Edit
16.	Line D, Column 1 should be less than or equal to Call#8, Column 19, Line U	Edit

Edit Descriptions

Edit Number Listing

DELAWARE

Basic Edits

Policy Year Call #1

BASIC EDITS - EXCLUSIVE TO CALL#1

Edit #	Edit Description	Comments
4	For columns (1) through (26), the sum of lines (A) through (V) must be equal to line (X) for all columns.	
5	The sum of columns (4), (5) and (6) must be equal to column (7) for all lines.	
6	The sum of columns (9) and (10) must be equal to column (4) for all lines.	
7	The sum of columns (11) and (12) must be equal to column (5) for all lines.	
8	The sum of columns (13) and (14) must be equal to column (6) for all lines.	
9	There must be responses to the two questions on Page 3 of the Call.	
10	If the response to Question #1 on page 3 is "No" then: a.) The sum of columns (15) and (16) must be equal to column (11) for all lines. b.) The sum of columns (17) and (18) must be equal to column (12) for all lines.	
11	If the response to Question #1 on page 3 is "Yes" then leave Columns (15) through (18) blank.	
12	The sum of columns (19) and (20) must be equal to column (8) for lines (M) through (V).	mandatory reporting for Policy Years 1993 and subsequent.
13	For all columns (1) through (26), line (Z) must be equal to line (X) minus line (Y).	
14	The sum of columns (23) through (25) must be equal to column (26) for all lines.	
15	For columns (1) through (26), lines (A) through (V) and (X), all data items should be non-negative (greater than or equal to zero). Except columns (6), (13), (14), (16), (18) and (25).	
16	For lines (A) through (V) if there is a value in Column (7) there must also be a value in Columns (1), (2) and (3).	
17	For lines (A) through (V), if columns (9) and (11) are greater than 0 then Column (8) must be greater than zero.	
18	For lines (M) through (V), if columns (9) and (11) are equal to 0 then Column (8) should be equal to 0.	

19	For lines (M) through (V), if the amount reported in column (19) is greater than zero, then column (9) must be greater than zero.	If there are closed claims, there should be associated paid indemnity amounts.
20	For lines (M) through (V), if column (9) equals zero, then column (19) must equal zero.	If there is no paid indemnity, there should be no closed claims.
21	For lines (M) through (V), if column (20) is greater than zero, then column (11) should be greater than zero.	If there are open claims, there must be case indemnity reserves.
22	For lines (M) through (V), if column (20) is equal to zero, then column (11) should equal zero unless only bulk reserves are being reported.	If there are no open claims, then there should be no indemnity case reserves.
23	For lines (A) through (V), column (21) must be less than or equal to column (9).	
24	For lines (A) through (V), Column (22) must be less than or equal to column (10).	

BASIC EDITS - COMPARING THE CURRENT YEAR'S CALL#1 TO THE PRIOR YEAR'S CALL#1

Edit #	Edit Description	Comments
1	For columns (1) through (26), line (Y) from the current Call must equal line (X) from the preceding Policy Year Call.	Policy Year Call.

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

Calendar Year Expense Data Call #2

BASIC EDITS - EXCLUSIVE TO CALL #2

Edit #	Edit Description	Comments
1	Line (3G) must equal the sum of lines (3A)+(3B)+(3C)+(3D)+(3E)+(3F).	
2	Line (4) should equal the sum of Lines (2) + (3G)	
3	Allocation Codes for lines (6A) to (11) must be a number between (1) and (7) inclusive unless the expense amounts in Column (2) and & Column (3) both equal zero.	
4	Line (13) must be one of the following letters: N, P, M, R, F or X.	

Net #8 and Gross #9 Large Deductible Policy Year Calls

BASIC EDITS - EXCLUSIVE TO CALLS #8 AND #9

Edit #	Edit Description	Comments
4	For columns (1) through (26), the sum of lines (J) through (V) must be equal to line (X) for all columns.	

5	The sum of columns (4) through (6) must be equal to column (7) for all lines.	
6	The sum of columns (9) and (10) must be equal to column (4) for all lines.	
7	The sum of columns (11) and (12) must be equal to column (5) for all lines.	
8	The sum of columns (13) and (14) must be equal to column (6) for all lines.	
9	There must be responses to the two questions on Page 3 of the Call.	
10	If the response to Question #1 on page 3 is "No" then: a.) The sum of columns (15) and (16) must be equal to column (11) for all lines. b.) The sum of columns (17) and (18) must be equal to column (12) for all lines.	
11	If the response to Question #1 on page 3 is "Yes" then leave Columns (15) through (18) blank.	
12	The sum of columns (19) and (20) must be equal to column (8) for lines (M) through (V)	Mandatory reporting for Policy Years 1993 and subsequent
13	For columns (1) through (26), line (Z) must be equal to line (X) minus line (Y).	
14	The sum of columns (23) through (25) must be equal to column (26).	
15	For columns (1) through (26), lines (J) through (V) and (X), all data items should be non-negative (greater than or equal to zero). Except columns (6), (13), (14), (16) and (18).	
16	For lines (J) through (V), if there is a value in column (7) then there must also be a value in Columns (1), (2) and (3).	
17	For lines (J) through (V), if columns (9) and (11) are greater than 0 then Column (8) must be greater than 0.	
18	For lines (J) through (V), if columns (9) and (11) are equal to 0 then Column (8) should be equal to 0.	
19	For lines (M) through (V), if column (19) is greater than zero, then column (9) must be greater than zero.	If there are closed claims, there should be associated paid indemnity amounts.
20	For lines (M) through (V), if column (9) equals zero, then column (19) must be equal to zero.	If there is no paid indemnity, there should be no closed claims.
21	For lines (M) through (V), if column (20) is greater than zero, then column (11) must be greater than zero.	If there are open claims, there must be indemnity case reserves.
22	For lines (M) through (V), if column (20) is equal to zero, then column (11) should be equal to zero unless only bulk reserves are being reported.	If there are no open claims, then there should be no indemnity case reserves.
23	For lines (J) through (V), column (21) must be less than or equal to column (9).	

24	For lines (J) through (V), column (22) must be less than or equal to column (10).	
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BASIC EDITS - COMPARING THE CURRENT YEAR'S CALL#8 AND #9 TO THE PRIOR YEAR'S CALL#8 AND #9, RESPECTIVELY

Edit #	Edit Description	Comments
1	For columns (1) through (26), line (Y) from the current Call must equal line (X) from the preceding Policy Year Call.	

Assigned Risk Policy Year Call #12

BASIC EDITS - EXCLUSIVE TO CALLS #12

Edit #	Edit Description	Comments
3	For columns (1) through (26), the sum of lines (M) through (V) must be equal to line (X) for all columns.	
4	The sum of columns (4), (5) and (6) must be equal to column (7) for all lines.	
5	The sum of columns (9) and (10) must be equal to column (4) for all lines.	
6	The sum of columns (11) and (12) must be equal to column (5) for all lines.	
7	The sum of columns (13) and (14) must be equal to column (6) for all lines.	
8	There must be responses to the two questions on Page 3 of the Call.	
9	If the response to Question #1 on page 3 is "No" then: a.) The sum of columns (15) and (16) must equal column (11) for all lines. b.) The sum of columns (17) and (18) must equal column (12) for all lines	
10	If the response to Question #1 on page 3 is "Yes" then leave Columns (15) through (18) blank.	
11	The sum of columns (19) and (20) must be equal to column (8) for lines (M) through (V).	
12	For columns (1) through (26), line (Z) must be equal to line (X) minus line (Y).	
13	The sum of columns (23) through (25) must be equal to column (26) for lines (M) through (V).	
14	For columns (1) through (26), lines (M) through (V) and (X), all data items should be non-negative(greater than or equal to zero). Except columns (6), (13), (14), (16) and (18).	
15	For lines (M) through (V), if there is a value in Column (7), then there also must be a value in columns (1), (2) and (3).	

16	For lines (M) through (V), if columns (9) and (11) are greater than 0 then column (8) must be greater than zero.	
17	For lines (M) through (V), if columns (9) and (11) are equal to 0 then column (8) should be equal to 0.	
18	For lines (M) through (V), if column (19) is greater than zero, then column (9) must be greater than zero.	If there are closed claims, there should be associated paid indemnity amounts.
19	For lines (M) through (V), if column (9) equals zero, then column (19) must equal zero.	If there is no paid indemnity, there should be no closed claims.
20	For lines (M) through (V), if column (20) is greater than zero, then column (11) should be greater than zero.	If there are open claims, there must be indemnity case reserves.
21	For lines (M) through (V), if column (20) is equal to zero, then column (11) should equal zero unless only bulk reserves are being reported.	If there are no open claims, then there should be no indemnity case reserves.
22	For lines (M) through (V), column (21) must be less than or equal to column (9).	
23	For lines (M) through (V), column (22) must be less than or equal to column (10).	

BASIC EDITS - COMPARING THE CURRENT YEAR'S CALL#12 TO THE PRIOR YEAR'S CALL#12

Edit #	Edit Description	Comments
1	For columns (1) through (26), line (Y) from the current Call must equal line (X) from the preceding Policy Year Call.	

Actuarial Edits

All items on Calls #1, #2, #8, #9 and #12 will be checked for reasonableness. Specific examples include:

Policy Year Call #1

ACTUARIAL EDITS - EXCLUSIVE TO CALL#1

Edit #	Edit Description	Comments
carrier info report	The relationship between Standard Earned Premium at DSR Level and Standard Earned Premium at Company Level should be consistent with each company's filed deviations and/or loss cost multiplier(s) and underlying loss cost levels.	
1	For columns (1), (2), (3) and (7) line (V) should not equal line (Z) unless both are equal.	
2	Line (Z) for columns (1), (3) and (7) must be copied to the reconciliation page of the Call.	

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

Edit #	Edit Description	Comments
1	For all paid losses, columns (4),(9), (10), (21) and (22), lines (A) through (U) will be checked when the losses on the current Call for a specific policy year are at least 200,000 less than the losses on the preceding Policy Year Call for the same policy year. (Note the current line A equals the sum of line A and B from prior call. Line (B) on current call should be compared to line (C) from prior call and so forth.)	

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

Edit #	Edit Description	Comments
1	The entries on page 5, the Calendar Year Reconciliation Report will be verified, this data must be pulled correctly from Calls #1, #8, #9 and Statutory Page 14. Any differences greater than \$1,000 and less than (\$1,000) must be explained. These explanations will be reviewed for reasonableness.	
2	The values on Call #1 must be greater than the corresponding values on Call #12.	

Calendar Year Expense Data Call #2

ACTUARIAL EDITS - COMPARING CALL#2 TO OTHER FINANCIAL DATA INCENTIVE PROGRAM CALLS

Edit #	Edit Description	Comments
1	The entries on page 3, the Calendar Year Reconciliation Report will be verified, this data must be pulled correctly from Calls #1, #2 and Statutory Page 14t. Any differences greater than \$1,000 and less than (\$1,000) must be explained. These explanations will be reviewed for reasonableness.	
2	Line 5C should equal Call #9, Line (Z), Column (1), minus Call #8, Line (Z), Column (1).	
3	Line 5D should equal Call #9, Line (Z), Column (3), minus Call #8, Line (Z), Column (3).	
4	Line 12B, Column 2(Paid) should equal Call #9, Line (Z), Column (4), minus Call #8, Line (Z), Column (4).	
5	Line 12B, Column 3(Incurred) should equal Call #9, Line (Z), Column (7), minus Call #8, Line (Z), Column (7).	
6	All expense items should match corresponding expense items in Statutory Page 14.	

	Line (1) should equal Column (1) of Statutory Page 14.	
	Line (2) should equal Column (2) of Statutory Page 14.	
	Line (7) Paid should equal Column (5) of Statutory Page 14.	
	Line (7) Incurred should equal Column (6) of Statutory Page 14.	
	Line (9) Paid should equal Column (8) of Statutory Page 14.	
	Line (9) Incurred should equal Column (9) of Statutory Page 14.	
	Line (6a) Incurred should equal Column (11) of Statutory Page 14.	
	Line (11) Incurred should equal Column (12) of Statutory Page 14.	

Net Large Deductible Policy Year Call #8

ACTUARIAL EDITS - EXCLUSIVE TO CALL#8

Edit #	Edit Description	Comments
carrier info report	The relationship between Standard Earned Premium at DCRB DSR Level and Standard Earned Premium at Company Level should be consistent with each company's filed deviations and/or loss cost multiplier(s) and underlying loss cost levels.	

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

Edit #	Edit Description	Comments
1	For all paid losses, columns (4),(9), (10), (21) and (22), lines (J) through (U) will be checked when the losses on the current Call for a specific policy year are at least 200,000 less than the losses on the preceding Policy Year Call for the same policy year. (Note, line (J) on current call should be compared to line (K) from prior call and so forth.)	

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

Edit #	Edit Description	Comments
1	All data entries on the Net Large Deductible Call should be less than the corresponding data entries on the Gross Large Deductible Call except for columns (6), (13), (14), (16), (18) and (25) where Call #8 may be less than or equal to Call #9.	

Gross Large Deductible Policy Year Call #9

ACTUARIAL EDITS - EXCLUSIVE TO CALL#9

Edit #	Edit Description	Comments
carrier info report	The relationship between Standard Earned Premium at DCRB DSR Level and Standard Earned Premium at Company Level should be consistent with each company's filed deviations and/or loss cost multiplier(s) and underlying loss cost levels.	
1	For columns (1), (2), (3) and (7) line (V) should not equal line (Z) unless both values equal zero..	

ACTUARIAL EDITS - COMPARING THE CURRENT YEAR'S CALL#8 TO THE PRIOR YEAR'S CALL#9

Edit #	Edit Description	Comments
1	For all paid losses, columns (4),(9), (10), (21) and (22), lines (J) through (U) will be checked when the losses on the current Call for a specific policy year are at least 200,000 less than the losses on the preceding Policy Year Call for the same policy year. (Note, line (J) on current call should be compared to line (K) from prior call and so forth.)	

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

Edit #	Edit Description	Comments
1	All data entries on the Net Large Deductible Call should be less than the corresponding data entries on the Gross Large Deductible Call except for columns (6), (13), (14), (16), (18) and (25) where Call #8 may be less than or equal to Call #9.	

Assigned Risk Policy Year Call #12

ACTUARIAL EDITS - EXCLUSIVE TO CALL#12

Edit #	Edit Description	Comments
carrier info report	Standard Earned Premium at DSR Level should equal Standard Earned Premium at Company Level.	
1	For lines (M) through (V), Column (1) must equal Column (2).	
2	For columns (1), (2), (3) and (7) line (V) should not equal line (Z).	

ACTUARIAL EDITS - COMPARING THE CURRENT YEAR'S CALL#12 TO THE PRIOR YEAR'S CALL#12

Edit #	Edit Description	Comments
1	For all paid losses, columns (4),(9), (10), (21) and (22), lines (J) through (U) will be checked when the losses on the current Call for a specific policy year are at least 200,000 less than the losses on the preceding Policy Year Call for the same policy year. (Note, line (J) on current call should be compared to line (K) from prior call and so forth.)	

ACTUARIAL EDITS - COMPARING CALL#12 TO OTHER FINANCIAL DATA INCENTIVE PROGRAM CALLS

Edit #	Edit Description	Comments
1	Policy Year entries in lines (M) - (V) should be less than or equal to the corresponding entries on Call #1	

ALL #4 - CALL FOR DELAWARE WORKERS' COMPENSATION LARGE CLAIM EXPERIENCE

Edits Exclusive to Call #4

Basic Edits

Edit #	Edit Description	Type
1.	For all lines, the sum of Columns 3 through 6 and / or 7 through 11 must equal or be greater than 250,000.	Calculate & Edit
2.	For all lines, data reported should be greater than or equal to zero for Columns 3 through 10.	Edit
3.	For all lines a "1", "2", or "3" must be reported in column 12.	Edit
4.	For all lines, when a "3" is shown in Column 12, the Large Deductible amount in Column 11 must be equal to or greater than 100,000.	Edit
5.	For all lines the Indemnity Paid loss in Column 7 should be equal to or greater than the Indemnity Paid loss reported in Column 3.	Edit
6.	For all lines the Medical Paid loss in Column 9 should be equal to or greater than the Medical Paid loss reported in Column 5.	Edit

Edits that Compare the Present Year's Call to the Prior Year's Call

Basic Edits

1.	For all lines, if the sum of Columns 3 through 6 on the present year Call is equal to or greater than 250,000, the same amounts should appear in Columns 7 through 10 of the prior year Call and show the same Claim Number in Column 2.	Calculate & Edit
2.	For all lines, if the sum of Columns 7 through 10 on the prior year Call is equal to or greater than 250,000, the same amounts should appear in Columns 3 through 6 of the present year Call and show the same Claim Number in Column 2.	Calculate & Edit
3.	For all lines in which the claim number is the same in Column 2 of the present and prior year Calls, the Policy year in Column 1 should also be the same on both.	Edit

4.	For all lines in which the claim number is the same in Column 2 of the present and prior year Calls, the Deductible Amount in Column 11 should also be the same on both.	Edit
5.	For all lines in which the claim number is the same in Column 2 of the present and prior year Calls, the Coverage Code in Column 12 should also be the same on both.	Edit

Edits with other Financial Data Calls

The following edits will compare values in the Call #4 Carrier Summary Report with Calls #1, 3, and 9.

Basic Edits

Edit #	Edit Description	Type
1.	For each policy year appearing in the Carrier Summary Report for Coverage Code "1", the amount in Column 7 must be equal to or less than that reported in policy year Call #1 Column 9 for that same policy year.	Edit
2.	For each policy year appearing in the Carrier Summary Report for Coverage Code "1", the amount in Column 8 must be equal to or less than that reported in policy year Call #1 Column 11 for that same policy year.	Edit
3.	For each policy year appearing in the Carrier Summary Report for Coverage Code "1", the amount in Column 9 must be equal to or less than that reported in policy year Call #1 Column 10 for that same policy year.	Edit
4.	For each policy year appearing in the Carrier Summary Report for Coverage Code "1", the amount in Column 10 must be equal to or less than that reported in policy year Call #1 Column 12 for that same policy year.	Edit
5.	For each policy year appearing in the Carrier Summary Report for Coverage Code "2", the amount in Column 7 must be equal to or less than that reported in policy year Call #3 Column 9 for that same policy year.	Edit
6.	For each policy year appearing in the Carrier Summary Report for Coverage Code "2", the amount in Column 8 must be equal to or less than that reported in policy year Call #3 Column 11 for that same policy year.	Edit
7.	For each policy year appearing in the Carrier Summary Report for Coverage Code "2", the amount in Column 9 must be equal to or less than that reported in policy year Call #3 Column 10 for that same policy year.	Edit
8.	For each policy year appearing in the Carrier Summary Report for Coverage Code "2", the amount in Column 10 must be equal to or less than that reported in policy year Call #3 Column 12 for that same policy year.	Edit
9.	For each policy year appearing in the Carrier Summary Report for Coverage Code "3", the amount in Column 7 must be equal to or less than that reported in policy year Call #9 Column 9 for that same policy year.	Edit
10.	For each policy year appearing in the Carrier Summary Report for Coverage Code "3", the amount in Column 8 must be equal to or less than that reported in policy year Call #9 Column 11 for that same policy year.	Edit
11.	For each policy year appearing in the Carrier Summary Report for Coverage Code "3", the amount in Column 9 must be equal to or less than that reported in policy year Call #9 Column 10 for that same policy year.	Edit
12.	For each policy year appearing in the Carrier Summary Report for Coverage Code "3", the amount in Column 10 must be equal to or less than that reported in policy year Call #9 Column 12 for that same policy year.	Edit

DE - Call #15- Catastrophe Code 48 data as of 12/31/02

Edits Exclusive to Call #15

Basic Edits

Edit #	Edit Description	Type
1.	For Lines A through H, the sum of Columns 1 & 2 must equal Column 3	Calculate
2.	For Lines A through H, if there are indemnity closed claims with payment reported in Column 1, then there must be Indemnity Paid Losses reported in Column 4	Edit
3.	For Lines A through H, if there are open indemnity claims reported in Column 2, then the sum of the Outstanding Losses reported in Columns 6 & 7 must be greater than zero.	Edit
4.	For Lines A through H, if there are Indemnity Paid Losses reported in Column 4 then there must be Incurred Claims reported in Column 3.	Edit
5.	For Lines A through H, if there are Indemnity Outstanding Losses reported in Column 6 then there must be Open Indemnity claims reported in Column 2.	Edit

Actuarial Edits I

Edit #	Edit Description	Type
1.	For Columns 1 through 7, Line G must be less than or equal to Line A	Edit
2.	For Columns 1 through 7, Line H must be less than or equal to Line B	Edit
3.	For Columns 1 through 7, Line C must be less than or equal to Line E	Edit
4.	For Columns 1 through 7, Line D must be less than or equal to Line F	Edit

Edits Comparing the Call#15 to other FDRA Calls

Actuarial Edits I

Edit #	Edit Description	Type
1.	Line A, Column 1 should be less than or equal to Call#1, Column 19, Line T	Edit
2.	Line B, Column 1 should be less than or equal to Call#1, Column 19, Line U	Edit
3.	Line A, Column 2 should be less than or equal to Call#1, Column 20, Line T	Edit
4.	Line B, Column 2 should be less than or equal to Call#1, Column 20, Line U	Edit
5.	Line A, Column 3 should be less than or equal to Call#1, Column 8, Line T	Edit
6.	Line B, Column 3 should be less than or equal to Call#1, Column 8, Line U	Edit
7.	Line A, Column 4 should be less than or equal to Call#1, Column 9, Line T	Edit
8.	Line B, Column 4 should be less than or equal to Call#1, Column 9, Line U	Edit
9.	Line A, Column 5 should be less than or equal to Call#1, Column 10, Line T	Edit
10.	Line B, Column 5 should be less than or equal to Call#1, Column 10, Line U	Edit
11.	Line A, Column 6 should be less than or equal to Call#1, Column 11, Line T	Edit
12.	Line B, Column 6 should be less than or equal to Call#1, Column 11, Line U	Edit
13.	Line A, Column 7 should be less than or equal to Call#1, Column 12, Line T	Edit
14.	Line B, Column 7 should be less than or equal to Call#1, Column 12, Line U	Edit
15.	Line C, Column 1 should be less than or equal to Call#8, Column 19, Line T	Edit
16.	Line D, Column 1 should be less than or equal to Call#8, Column 19, Line U	Edit
17.	Line C, Column 2 should be less than or equal to Call#8, Column 20, Line T	Edit
18.	Line D, Column 2 should be less than or equal to Call#8, Column 20, Line U	Edit
19.	Line C, Column 3 should be less than or equal to Call#8 Column 8, Line T	Edit

20.	Line D, Column 3 should be less than or equal to Call#8, Column 8, Line U	Edit
21.	Line C, Column 4 should be less than or equal to Call#8, Column 9, Line T	Edit
22.	Line D, Column 4 should be less than or equal to Call#8, Column 9, Line U	Edit
23.	Line C, Column 5 should be less than or equal to Call#8, Column 10, Line T	Edit
24.	Line D, Column 5 should be less than or equal to Call#8, Column 10, Line U	Edit
25.	Line C, Column 6 should be less than or equal to Call#8, Column 11, Line T	Edit
26.	Line D, Column 6 should be less than or equal to Call#8, Column 11, Line U	Edit
27.	Line C, Column 7 should be less than or equal to Call#8, Column 12, Line T	Edit
28.	Line D, Column 7 should be less than or equal to Call#8, Column 12, Line U	Edit
29.	Line E, Column 1 should be less than or equal to Call#9, Column 19, Line T	Edit
30.	Line F, Column 1 should be less than or equal to Call#9, Column 19, Line U	Edit
31.	Line E, Column 2 should be less than or equal to Call#9, Column 20, Line T	Edit
32.	Line F, Column 2 should be less than or equal to Call#9, Column 20, Line U	Edit
33.	Line E, Column 3 should be less than or equal to Call#9 Column 8, Line T	Edit
34.	Line F, Column 3 should be less than or equal to Call#9, Column 8, Line U	Edit
35.	Line E, Column 4 should be less than or equal to Call#9, Column 9, Line T	Edit
36.	Line F, Column 4 should be less than or equal to Call#9, Column 9, Line U	Edit
37.	Line E, Column 5 should be less than or equal to Call#9, Column 10, Line T	Edit
38.	Line F, Column 5 should be less than or equal to Call#9, Column 10, Line U	Edit
39.	Line E, Column 6 should be less than or equal to Call#9, Column 11, Line T	Edit
40.	Line F, Column 6 should be less than or equal to Call#9, Column 11, Line U	Edit
41.	Line E, Column 7 should be less than or equal to Call#9, Column 12, Line T	Edit
42.	Line F, Column 7 should be less than or equal to Call#9, Column 12, Line U	Edit
43.	Line G, Column 1 should be less than or equal to Call#12, Column 19, Line T	Edit
44.	Line H, Column 1 should be less than or equal to Call#12, Column 19, Line U	Edit
45.	Line G, Column 2 should be less than or equal to Call#12, Column 20, Line T	Edit
46.	Line H, Column 2 should be less than or equal to Call#12, Column 20, Line U	Edit
47.	Line G, Column 3 should be less than or equal to Call#12 Column 8, Line T	Edit
48.	Line H, Column 3 should be less than or equal to Call#12, Column 8, Line U	Edit
49.	Line G, Column 4 should be less than or equal to Call#12, Column 9, Line T	Edit
50.	Line H, Column 4 should be less than or equal to Call#12, Column 9, Line U	Edit
51.	Line G, Column 5 should be less than or equal to Call#12, Column 10, Line T	Edit
52.	Line H, Column 5 should be less than or equal to Call#12, Column 10, Line U	Edit
53.	Line G, Column 6 should be less than or equal to Call#12, Column 11, Line T	Edit
54.	Line H, Column 6 should be less than or equal to Call#12, Column 11, Line U	Edit
55.	Line G, Column 7 should be less than or equal to Call#12, Column 12, Line T	Edit
56.	Line H, Column 7 should be less than or equal to Call#12, Column 12, Line U	Edit

Edits Comparing the Present Year's Call to the Prior Year's Call

Actuarial Edits I

Edit #	Edit Description	Type
1.	For Column 1, Lines A through H on the current years call should not decrease compared to Lines A through H, respectively, on the prior years Call	Edit
2.	For Column 3, Lines A through H on the current years call should not decrease compared to Lines A through H, respectively, on the prior years Call	Edit
3.	For Column 4, Lines A through H on the current years call should not decrease compared to Lines A through H, respectively, on the prior years Call	Edit

4.	For Column 5, Lines A through H on the current years call should not decrease compared to Lines A through H, respectively, on the prior years Call	Edit
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