

Delaware Compensation Rating Bureau, Inc.



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August 26, 1998

BUREAU CIRCULAR NO. 709

To All Members of the Bureau:

Re: **REVISED WORKERS COMPENSATION RESIDUAL MARKET RATE**
AND VOLUNTARY MARKET LOSS COSTS
EFFECTIVE OCTOBER 1, 1998

The Insurance Commissioner has approved an amended version of Bureau Filing No. 9801, previously distributed to all member groups, effective October 1, 1998 on a new and renewal basis.

The residual market rates are effective on a new and renewal basis October 1, 1998. Members must file an amended (or re-file their existing) Insurer Adoption of DCRB Workers' Compensation Loss Costs form with the Delaware Department of Insurance to adopt the revised loss costs on a new and renewal basis on or after October 1, 1998. A copy of Bureau Circular No. 677, including forms applicable to these filings, is attached for member reference and use.

See attached letter dated August 24, 1998 from the Delaware Department of Insurance for additional information pertaining to carrier filing requirements pertinent to the October 1, 1998 revision of DCRB loss costs.

The following chart indicates the approved overall average changes in rating values:

<u>Rating Value(s)</u>	<u>Approved Overall Average Change</u>
Residual Market Rates - Collectible	-15.00%
Residual Market Rates - Manual	-17.62%
Voluntary Market Loss Costs - Collectible	-14.97%
Voluntary Market Loss Costs - Manual	-17.59%
Voluntary Market Loss Costs - Manual after Surcharge Offset	-18.28%

The approved residual market rates and voluntary market loss costs share common loss provisions based on the same loss development and trend analysis applied to statewide Delaware experience. The nominal differences between residual market rate changes and voluntary market rate changes result from revisions in expense provisions based on recent indications, as compared to currently approved values. The implied loss cost multiplier for current residual market rates is approximately 1.2791. On a comparable basis the implied loss cost multiplier for approved residual market rates effective October 1, 1998 is 1.2786. A comparison of current and approved October 1, 1998 residual market expense provisions is shown below:

RESIDUAL MARKET RATES

Expense Loading

	<u>Current Percentage</u>	<u>Approved August 1, 1997 Percentage</u>
LOSS AND LOSS ADJUSTMENT EXPENSE		
Losses	64.57	63.76
Loss Adjustment Expense	11.65	11.14 a
Loss & Loss Adjustment	76.22	74.90
UNDERWRITING EXPENSES		
Commission	4.92	5.15
Other Acquisition	3.10	2.80
General Expenses	4.17	2.82
Premium Discount	6.98	9.70
State Premium Tax	2.00	2.00
Other State Tax	0.80	0.30
Administrative Assessment	1.96	3.31 b
Second Injury Fund	5.00	4.00
Deviations	0.00	0.00
Policyholder Dividends	0.00	0.00
Underwriting Profit	-5.15	-4.98
Underwriting Expense Total	23.78	25.10

a As ratio to loss, loss adjustment expense = 0.1747

b As ratio to loss, administrative assessment = 0.0519

Attached for member reference is a table of rates, loss costs and expected loss factors by classification consistent with the Insurance Commissioner's approval of Filing No. 9801 as amended.

BACKGROUND FOR BUREAU FILING NO. 9801 AND AMENDMENT THERETO

As presented to the Department of Insurance, Bureau Filing No. 9801 proposed the following revisions to residual market rates and voluntary market loss costs effective on a new and renewal basis as of October 1, 1998:

<u>Proposed Rating Value(s)</u>	<u>Overall Average Change</u>
Residual Market Rates - Collectible	-11.92%
Residual Market Rates - Manual	-14.64%
Voluntary Market Loss Costs - Collectible	-11.89%
Voluntary Market Loss Costs - Manual	-14.61%
Voluntary Market Loss Costs - Manual Adjusted for DIP Surcharge	-15.33%

Subsequent to the presentation of the filing to the Department, discussions were held regarding supporting information pertinent to the filing, and additional information and alternative analyses were exchanged between the DCRB and the Department. Based on those collective discussions, information exchanges and analyses the Department indicated to the DCRB that amendments of the overall residual market rate and voluntary market loss cost indications to the approved levels set forth above would be acceptable to the Department.

The DCRB was mindful that pricing exercises such as this filing are necessarily technical and judgmental, so that some differences of opinion are very likely to arise between different analysts using a common base of information in preparing or reviewing such a proposal. While the DCRB would continue to assert that its original filing was appropriate and fully supported by information provided therewith and in subsequent exchanges with the Department, it also recognized that many significant points of agreement had been reached to date. The DCRB also believed that attempts to further reconcile the positions of the DCRB and the Department at this time would likely require extended periods of time and effort and that, even with the benefit of such a process, some specific issues would undoubtedly remain as points of difference. Thus, in the interests of implementing agreed revisions of residual market rates and voluntary market loss costs in a timely fashion based on Bureau Filing No. 9801, the DCRB agreed to amend that proposal consistent with the overall average changes cited immediately above.

The principal points of difference between the Department and DCRB analyses arose with regard to loss development and trend. In loss development the Department relied more extensively than had the DCRB on a case incurred loss development approach.

For indemnity trend the Department analyses reflected a nominal negative trend, while the DCRB had selected zero trend. For medical trend the Department and the DCRB had both applied exponential trend models which used seven of the latest eight policy year loss ratios, but corresponding trend indications were affected by differences in the loss development for the policy years used in trending.

Other components of the filing as proposed were approved as filed. In particular each of the following components of the filing were approved as originally presented:

- Continuation of the existing DIP surcharge program
- Creation of a new classification, Code 981, applicable to slot machine gambling
- DCCPAP revisions to qualifying wage table effective January 1, 1999
- Residual market expense constant
- Residual market minimum premium
- Excess loss factors
- Excess loss premium factors
- Retrospective rating
- Small Deductible Program
- State and hazard group relativities
- Workplace Safety Program

MANUAL REVISIONS

In addition to the creation of Code 981 noted above this filing included numerous Manual revisions to Sections 1, 2, 4 and 5. These included the following:

- Revision of minimum and maximum corporate officer weekly payrolls for premium computation purposes
- Various "housekeeping" amendments to current classification language

The Section 1 amendments and the addition to Section 2 are shown below with deleted wording bracketed and new wording underlined. Hazard groups for the new classification are listed on the rate table. Sections 2 and 5 housekeeping revisions will be reflected in the next Manual reprint which will be distributed in the usual fashion.

SECTION 1

RULE IV – CLASSIFICATIONS Item 4 of the Information Page

B. CLASSIFICATIONS

3. General Inclusions

a. Some operations and are:

[(10)](10) Where teams or automobiles, including drivers, chauffeurs and their helpers are employed under a contract with the owner of such teams or automobiles, the actual payroll of the driver, chauffeurs and helpers shall be included in the payroll of the insured employer at the proper compensation rate applicable to such employees. Such payroll shall, however, be excluded from premiums paid by the owners under any separate policy of insurance.]

[(11)](10) Tools, dies, molds [and] or fixtures made and/or repaired by an insured that are used in the insured's product[ion] manufacturing operations.

[(12)](11) Aircraft travel Exception Classifications.

[(13)](12) Child day his employees.

C. ASSIGNMENT OF CLASSIFICATIONS

8. Changing Classifications

a. The Bureau is empowered to determine, revise or modify the classifications [applicable] assigned to any individual insured. No written application by the carrier, agent of record or an insured to change [the established] an insured's authorized classifications shall be considered by the Bureau until the carrier has issued and filed a copy of its policy Information Page written in accordance with [the established] an insured's authorized classifications. The classifications [for] shown in any policy shall be subject to correction or modification[,] or both, if the Bureau finds by survey or otherwise that the classifications shown in the policy are [not properly applicable] inappropriate to the insured. No written application to change the classifications for an insured on the ground that the [risk] insured has been improperly classified shall be considered by the Bureau unless such written application is filed directly [in writing] with the Bureau by the insured, agent of record or the carrier during the policy period with respect to which the application is made or within 12 months after the termination thereof.

b. (1) A change in classification that results from a change in an insured's operations will be applied pro rata as of the date of the change in the insured's operations[.], regardless of the premium impact to the insured when the carrier becomes aware of the insured's operations change and makes a written application to the Bureau to change the insured's authorized classification(s) during the policy period in which the operations change has taken place or within 12 months after the termination thereof.

RULE IX – SPECIAL CONDITIONS OR OPERATIONS AFFECTING COVERAGE AND PREMIUM

A. EXECUTIVE OFFICERS

3. Premium Determination

- b. The minimum individual payroll for an executive officer is ~~[\$150]~~**200** per week.
- c. The maximum individual payroll for an executive officer is ~~[\$800]~~**1,000** per week.

RULE XVI – APPEALS FROM APPLICATION OF THE RATING SYSTEM PROCEDURE

A. Any person, corporate or otherwise, aggrieved by an application of the rating system of the Delaware Compensation Rating Bureau, Inc. ("the Bureau"), as approved by the Insurance Commissioner pursuant to Title 18, Chapter 26 of the Delaware Code, may appeal such application to the Bureau in accordance with [these Rules] this Procedure. "Rating system" is defined herein to include but is not limited to the following: the assignment by the Bureau of an individual risk to a particular classification, the [assignment] continuation or discontinuation of an entity's(ies') previous experience to the experience rating of new ownership, an individual risk's eligibility for and/or the percentage of credit under the Delaware Construction Classification Premium Adjustment Program, the percentage credit for a risk eligible for the Delaware Workplace Safety Program or any other workers compensation insurance pricing

program filed by the Bureau with the Insurance Commissioner. Any appeal of the application of the rating system must be commenced by the aggrieved person within 12 months of the policy period in which the application was made by filing an appeal directly with the Bureau in accordance with [these Rules] this Procedure.

B. A risk to which the rating system is found on appeal to have been improperly applied as of the time of the aggrieved party's appeal to the Bureau in accordance with [these Rules] this Procedure may have such application amended effective only for the policy currently in effect at the time the aggrieved party first submitted its appeal to the Bureau in accordance with [Rule] Paragraph F, hereof and for the immediately preceding expired policy. In the case of a multiple year policy application of the rating system may be amended effective only for the policy year currently in effect at the time the aggrieved party first submitted its appeal to the Bureau in accordance with [Rule] Paragraph D, hereof and for the policy year expiring no more than 12 months prior to such appeal to the Bureau.

C. A risk for which application of the rating system is revised as a result of a change in the Bureau's interpretation of the rating system approved for use by the Insurance Commissioner may have such application amended effective as of the date determined by the Bureau's Classification and Rating Committee, which date may be prospective or retroactive as determined by the Committee; provided, however, that any retroactive effect shall not exceed the time period authorized in [Rule] Paragraph B, hereof.

D. A risk Insurance Commissioner.

E. Nothing in [these Rules] this Procedure shall permit a risk for which application of the rating system is revised on a new and renewal basis only to have such application amended effective before the risk's next normal policy anniversary date.

F. An aggrieved party who wants to appeal an application of the rating system must first submit a written request for review thereof to the Bureau, together with all information in support of its appeal. The Bureau staff shall review the request and supporting information. To make certain the facts of an appeal are fully agreed upon by the Bureau and the appellant, the Bureau staff may (as circumstances warrant) visit the appellant's Delaware workplace(s). The Bureau shall notify the appellant in writing of [the results of] its final decision resulting from the Bureau staff's review. If the appellant is still aggrieved by the rating system application following completion of the Bureau staff's review and final decision, the appellant shall have the right to present its appeal to the Bureau's Classification and Rating Committee in accordance with the provisions of [these Rules] this Procedure. A further appeal by an appellant of the Classification and Rating Committee decision may be taken to the Insurance Commissioner pursuant to Title 18, Section 2614 of the Delaware Code only after the appellant has first exhausted its rights pursuant to [these Rules] this Procedure.

G. Any part aggrieved by a final decision of the Bureau staff pursuant to [Rule] Paragraph F, shall have the right to appeal to the Classification and Rating Committee of the Bureau. Any Committee member having a direct pecuniary interest in the aggrieved party's appeal shall recuse its representative from the appeal proceeding.

Such appeal must be received by the Bureau no later than 90 days from the date of the Bureau[s] staff's [notice] final decision referred to in [Rule] Paragraph F.

H. All appeals pursuant to [Rule] Paragraph G, hereof must be filed with the Bureau and must meet the following requirements:

1. The appeal must be in writing.

2. The appeal must set forth in detail the nature of the complaint, all reasons for believing the Bureau decision to be in error, all documents in support of the appeal, the specific nature of relief desired, and [whether a hearing] that the aggrieved party or its designated representative will appear before the Classification and Rating Committee [is requested] at a to-be-determined hearing date.

3. In the event an appeal does not fulfill the requirements of [Rule] Paragraph H. 2., hereof the Bureau shall make a written request for the needed additional information from the aggrieved party who shall have 30 days to comply. Upon a written showing by the aggrieved party that the requested additional information cannot be provided within 30 days, the Bureau may grant an extension consistent with the circumstances. If the requested additional information is not submitted within the specified time period as extended, the appeal shall be dismissed.

I. Following receipt of an appeal to the Classification and Rating Committee the Bureau will notify the appellant of the time and place in Delaware of the Classification and Rating Committee meeting at which the matter shall be heard. If an appellant, after due notice pursuant to Paragraph K. hereof, fails to be present or represented at three such scheduled hearings, the [Committee may in its own discretion proceed at the third hearing with the adjudication of the controversy in the absence of the appellant] appeal shall be dismissed.

J. The procedure under consideration.

4. The appellant [and/]or the Bureau may also present witnesses and documentary evidence relevant evidence relevant to the appeal, and the appellant[,] and the Bureau shall have the opportunity to direct questions to any witness who has testified before the Committee on appeal.

5. After all Committee's decision.

6. After the executive session.

7. The decision shall be set forth in writing, shall specify all factual and other bases for the decision and shall be sent to the appellant no later than 30 days after the hearing.

8. The decision the Bureau.

9. The minutes of the Classification and Rating Committee meeting shall be kept by the Bureau staff. As hearings before the Classification and Rating Committee are as informal as possible, there shall be no stenographic, audio or video record thereof.

10. If travel is required for the aggrieved person to be heard in person by the Classification and Rating Committee, the aggrieved person will be reimbursed for travel expenses in the same manner as members of the Classification and Rating Committee.

K. An appellant the appellant.

L. All requests pursuant to [Rule] Paragraph F., appeals pursuant to [Rule] Paragraph G. or notice of appearance by an appellant's attorney pursuant to [Rule] Paragraph K. hereof must be filed with the Bureau (to the Bureau's office - The Widener Building, 6th Floor, One South Penn Square, Philadelphia, PA 19107-3577).

M. Notices of any requirement for additional information pursuant to [Rule] Paragraph H. 3. or of the time and place in Delaware of the Classification and Rating Committee hearing shall be given to the appellant or its attorney pursuant to [Rule] Paragraph K. in writing personally or by certified mail (with return receipt). The notice the Bureau.

N. During the course of all proceedings governed by [these Rules] this Procedure the Classification and Rating Committee shall have the power to interpret and apply the foregoing [Rules] Paragraphs and such interpretation shall be binding upon the parties.

O. Appeals from a final decision of the Classification and Rating Committee pursuant to [these Rules] this Procedure must be filed with the Insurance Commissioner within 30 days of the mailing date of the Committee's decision as provided in [s]Section 2614, Title 18 of the Delaware Code.

P. Unless otherwise specifically provided by [these Rules of] this Procedure, all periods of time shall be calculated from the postmark on materials sent by first class or certified mail through the United States Postal Service or the date of any hand delivery, whichever date is earlier.

Q. Nothing contained in [these Rules] this Procedure shall prevent efforts to resolve any controversies governed by [these Rules] this Procedure on an informal basis at any stage of the proceedings before the Bureau or the Classification and Rating Committee.

SECTION 2

New Classification

981 SLOT MACHINE GAMBLING.

For all personnel in the slot machine gaming area including but not limited to: floor attendants, vault cashiers, merchandising clerks, guest service representatives, service technicians, parking valets or money counters.

There are also numerous "housekeeping" amendments to current classification language which will be reflected in the next Manual revision.

ADDITIONAL REVISIONS TO RATING VALUES

The amended filing retained various rating values intact from the original presentation of Filing No. 9801. For ease of reference and to confirm the approved values for those items they are reproduced below.

Residual Market Premium Discount Table

<u>Premium Range</u>	<u>Schedule Y</u>
First \$ 5,000	0.0%
Next \$ 95,000	10.9%
Next \$400,000	12.6%
Over \$500,000	14.4%

Residual Market Expense Constant

The expense constant is increased from \$180 to **\$190**.

Retrospective Rating Values (Other than USL&HW Coverages)

Residual Market Tax Multiplier

The residual market tax multiplier is **1.1589**.

Optional Loss Development Factors

First Adjustment	0.3965
Second Adjustment	0.2628
Third Adjustment	0.1835

State & Hazard Group Relativities

Hazard Group I	1.317
II	1.217
III	0.906
IV	0.714

Delaware Construction Classification Premium Adjustment Program: **Effective January 1, 1999**

<u>DCCPAP Credit</u>	<u>Average Hourly Wage</u>	
0%	11.99	or less
5%	12.00	14.00
6%	14.01	14.25
7%	14.26	14.50
8%	14.51	14.75
9%	14.76	15.00
10%	15.01	15.25
11%	15.26	15.50
12%	15.51	15.75
13%	15.76	16.00
14%	16.01	16.25
15%	16.26	16.50
16%	16.51	16.75
17%	16.76	17.25
18%	17.26	17.75
19%	17.76	18.25
20%	18.26	18.75
21%	18.76	19.25
22%	19.26	19.75
23%	19.76	20.50
24%	20.51	21.25
25%	Over 21.25	

Small Deductible Program Loss Elimination Ratios and Premium Credits

<u>Deductible Level</u>	<u>Loss Elimination Ratio</u>	<u>Premium Credit</u>
500	0.050	0.040
1,000	0.075	0.055
1,500	0.090	0.065
2,000	0.100	0.075
2,500	0.110	0.085
3,000	0.120	0.095
3,500	0.130	0.105
4,000	0.140	0.110
4,500	0.150	0.115
5,000	0.155	0.120

In addition to the above rating values the amended filing included excess loss premium factors and excess loss pure premium factors, both including and excluding loss adjustment expense. Tables of the approved values (which are unchanged from the original values in Filing No. 9801) are attached to this circular.

Complete Manual pages presenting amendments consistent with the Insurance Commissioner's approval of Filing No. 9801 will be prepared and distributed in the usual fashion.

Carriers are advised that Filing No. 9801 did not include any proposals relative to USL&HW loss costs, rates or other rating values. Accordingly, those values remain as previously approved and announced in Bureau Circulars No. 691 and 693.

Any questions concerning this circular may be addressed to Michael J. Doyle, Chief Actuary, at Extension 213 or me at Extension 210.

Timothy L. Wisecarver
President

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Attachments

Delaware Compensation Rating Bureau, Inc.



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(302) 654-1435 (215) 568-2371
FAX (215) 564-4328

April 15, 1994

BUREAU CIRCULAR NO. 677

To All Members of the Bureau:

Re: **PROCEDURES APPLICABLE TO INDIVIDUAL INSURER EXPENSE FACTOR FILINGS FOR LOSS COST PRICING OF VOLUNTARY WORKERS COMPENSATION BUSINESS**

The Department of Insurance has prepared forms and procedures which will be applicable to the presentation of individual insurer expense factor filings in Delaware pursuant to provisions of H.B. 241. These procedures and forms are modeled after many features of the filing system used in the Commonwealth of Virginia, adapted to the specific requirements of Delaware law.

Copies of the Department's prescribed procedures are attached for carrier reference and use. Each member is strongly encouraged to review these materials independently as a means of preparing for the submission of expense multipliers for use in Delaware. Any questions regarding these materials should be directed to:

Mr. Everett E. Gale, Jr.
Rating Section
Department of Insurance
State of Delaware
841 Silver Lake Boulevard
Dover, DE 19901
(302) 739-4251

The Bureau will continue to advise members of additional developments concerning the pending 1994 residual market and loss cost filing.

Timothy L. Wisecarver
President

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Attachments

State of Delaware



DONNA LEE H WILLIAMS
INSURANCE COMMISSIONER

841 SILVER LAKE BLVD.
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302 / 739 - 4251
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Department of Insurance

FORMS AND RATES BULLETIN NO. 14

ADOPTION OF LOSS COSTS FILED BY THE DELAWARE COMPENSATION RATING BUREAU

TO: All Insurers Licensed to Write Workers'
Compensation Insurance in Delaware

DATE: March 30, 1994

The Delaware Compensation Rating Bureau ("DCRB") has filed loss costs for the voluntary workers' compensation insurance market with a proposed effective date of May 1, 1994. This filing is in compliance with the law change adopted in 1993 which prohibits rate service organizations from filing final rates on behalf of their members and subscribers for workers' compensation insurance.

The DCRB voluntary market loss costs, when approved, will become available for use by individual insurers in conjunction with those insurer's own expense multipliers. Carriers will be required to make expense multiplier filings not later than 90 days after the effective date of approval of the DCRB loss costs. In accordance with Title 18 Del. C. Section 2610 of Delaware law, copy attached, carrier filings which produce rates not less than the DCRB loss costs in each classification will be effective upon filing for use in Delaware. Other carrier filings must specify an effective date, and such effective date may not be less than 30 days after the receipt of the filing by the Insurance Commissioner. Until a carrier has filed an expense multiplier in Delaware, all new and renewal voluntary business written by that carrier must continue to use the rates currently approved for that carrier.

In addition to expense multipliers, insurers must file any expense constants, premium discount tables, size-of-premium expense tables for retrospective rating plans, and minimum premium formulas they intend to use in Delaware. Retrospective rating expense tables will be used with DCRB's table of insurance charges unless otherwise stated in the exception pages.

Insurers will be required to use the attached form to adopt the DCRB loss costs and file their multipliers. The form is self-explanatory, and contemplates a single multiplier applicable to all classification codes. The pending filing is DCRB reference filing no. 94-01. Manual exception pages should be attached showing any expense constants, premium discount tables, retro expense tables, or minimum premium formulas to be applied. Changes to insurers' multipliers and exception pages must be filed with the Insurance Department in accordance with Title 18 Del. C. Section 2610.

Should any insurer wish to modify, either upward or downward, the DCRB loss costs approved by the Insurance Department (other than by the filing of an expense multiplier), such filings will be considered to be independent rate filings and, as such, will be subject to the 30-day delayed effect filing provisions of Title 18 Del. C. Section 2610 of the Delaware Insurance Code.

Future loss costs filed by DCRB and approved by the Insurance Department will supersede the loss costs previously in effect as of the effective date of the revised loss costs. In order to have final rates available for use with policies effective on or after the effective date of the revised loss costs, insurers will need to file a revised loss cost form.

DCRB has filed, for the Insurance Department's approval, final rates for the assigned risk workers' compensation market. Since these rates must be uniform, they will be filed as final rates, including provisions for expenses and underwriting profit, rather than as loss costs. Insurers' multipliers will not be applicable to assigned risk rates.

Questions regarding loss costs adoption procedures for workers' compensation insurance may be directed to Department Rating Section, at (302)739-4251.

INSURER ADOPTION OF DCRB
WORKERS' COMPENSATION LOSS COSTS
REFERENCE FILING

Submission Date: _____

DCRB Reference Filing No.: _____

Applicable to policies effective on and after: _____

INSURER NAME: _____

INSURER NAIC NO: _____ SELECTED MULTIPLIER: _____

The above insurer hereby declares that it is a member or subscriber of the Delaware Compensation Rating Bureau ("DCRB"). The insurer hereby files to be deemed to have independently submitted as its own filing the prospective loss costs in the captioned reference filing.

The insurer's rates will be the combination of the DCRB loss costs approved by the Delaware Insurance Department and the company's selected multiplier, as shown above, along with any expense constant, premium discount table, size-of-premium expense table for retrospective rating plans, and minimum premium formula specified in the company's attached manual exception pages.

The selected multiplier, along with any expense constant, premium discount table and the minimum premium formula filed, represent a rate level increase _____ or decrease _____ of _____%, and a premium level increase _____ or decrease _____ of _____%.

Note (1): The selected multiplier and the attached exception pages apply only to the DCRB reference filing indicated above. The insurer understands that this will necessitate the submission of a new adoption form and exception pages prior to the effective date of any future loss costs reference filing.

NOTE (2): Insurers may amend their multipliers, expense constants, premium discount tables, retrospective rating size-of-premium expense tables, or minimum premium formulas at any time by filing an amended adoption form and manual exception pages.

CHECK ALL THAT APPLY:

Manual exception pages attached for :

Minimum Premium Formula

Expense Constant

Discount Table

Retro Expense Table

**SUMMARY OF SUPPORTING INFORMATION
WORKERS COMPENSATION LOSS COST MULTIPLIER**

INSURER: _____ NAIC NO: _____

DCRB REFERENCE FILING NO: _____

EFFECTIVE DATE OF MULTIPLIER: _____

Development of Expected Loss Ratio (Expressed as a percent of standard premium at company rates):

A. Commission	_____	%
B. Other Acquisition	_____	%
C. General Expense	_____	%
D. Taxes, Licenses & Fees	_____	%
E. Underwriting Profit & Contingencies	_____	%
F. Residual Market Costs	_____	%
G. Other (explain)	_____	%
H. TOTAL	_____	%
Expected Loss Ratio (100% - H)	_____	%

Actual Incurred Expense Ratios for three (3) most recent available calendar years. (Commission and General Expense expressed as a percent of written premium at company rates. Other components expressed as percents of standard earned premium at company rates):

	CY _____	CY _____	CY _____
A. Commission	_____ %	_____ %	_____ %
B. Other Acquisition	_____ %	_____ %	_____ %
C. General Expense	_____ %	_____ %	_____ %
D. Taxes, Licenses & Fees	_____ %	_____ %	_____ %
E. Underwriting Profit & Contingencies	_____ %	_____ %	_____ %
F. Residual Market Costs	_____ %	_____ %	_____ %
G. Other (explain)	_____ %	_____ %	_____ %
H. TOTAL	_____ %	_____ %	_____ %

Indicated Company Loss Cost Multiplier: _____ *

Selected Company Loss Cost Multiplier: _____ *

(Explained any differences between the indicated multiplier and the selected multiplier) _____

* Multipliers must be expressed as a factor to be applied to Loss Costs (for example, 1.25).

COMPLETED BY: _____
(Print or type name)

TITLE: _____

TELEPHONE NUMBER: _____

SIGNATURE: _____

NOTE: If an insurer wishes to make any modification to the loss costs filed by DCRB (other than the application of a multiplier to represent the insurer's expenses, profit and contingencies), the resulting rates will be considered to be independent rates, and shall be subject to the 30 day review provision of Title 18 Del. C. Section 2610.

The following Certification must be completed with respect to the portion of the insurer's workers' compensation rates which represents an allowance for expenses, profit and contingencies.

CERTIFICATION

(Name of Insurance Company)

DCRB Reference Filing Number: _____

This loss costs multiplier is being filed for policies effective on and after: _____.

I, being a qualified actuary, certify that appropriate risk consideration has been given in this filing to the factors and contingencies specified in Title 18 Del. C. Chapter 26 of the Delaware Insurance Code. For the purpose of this certification, a qualified actuary is defined as (1) a member in good standing of the American Academy of Actuaries, or (2) a fellow or associate of the Casualty Actuarial Society, or (3) an individual who has both the educational background necessary for the practice of actuarial science and at least four years of property and casualty actuarial experience.

I am a qualified actuary in accordance with (1) _____, (2) _____, or (3) _____ above.

NAME (Please print or type)

SIGNATURE

DATE

(_____) _____
TELEPHONE NUMBER

DONNA LEE H. WILLIAMS
INSURANCE COMMISSIONER

State of Delaware



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DOVER, DELAWARE 19904-2465
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Department of Insurance

August 24, 1998

Timothy L. Wisecarver
President
Delaware Compensation Rating Bureau
The Widener Building
6th Floor
One South Penn Square
Philadelphia, PA 19107-3577

RE: DCRB Filing No. 9801

Dear Mr. Wisecarver:

The Department of Insurance is issuing the following instructions for the benefit of all DCRB members regarding filing requirements pertinent to the approval of revised voluntary market loss costs under DCRB Filing No. 9801.

In order to adopt revised DCRB loss costs resulting from Filing No. 9801, carriers are required to make an expense multiplier filing reflecting the most recent three (3) years of expense data from the Insurance Expense Exhibit. Such filings must be made subsequent to the approval of revised loss costs and not later than 90 days after the effective date of approval of these loss costs.

As revised DCRB loss costs were approved on August 20, 1998, with an effective date of October 1, 1998, carrier expense multiplier filings must be made with the Department of Insurance after August 20, 1998 and not later than January 1, 1999. For any period of time between October 1, 1998 and January 1, 1999 in which a carrier has not yet made the required expense multiplier filing, it must continue to use rates currently approved for that carrier by the Department of Insurance.

Carrier filings which produce rates not less than the DCRB loss costs in each classification will be effective upon filing for use in Delaware. Other carrier filings must specify an effective date not less than 30 days after receipt of the filing by the Department of Insurance.

In the event that any carrier fails to make an expense multiplier filing with the Department of Insurance subsequent to August 20, 1998 and not later than January 1, 1999, the Department of Insurance will impose the approved October 1, 1998 residual market rates

Timothy L. Wisecarver
August 24, 1998
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by classification effective as the approved rates for such carrier(s) effective January 1, 1999.

In addition to expense multipliers, carriers must file any expense constants, premium discount tables, size-of-premium expense tables for retrospective rating plans and minimum premium formulas they intend to use in Delaware.

Any questions regarding the Department of Insurance's procedures and/or forms for carrier expense multiplier filings should be directed to:

Ann M. Lyon
Rating Section
Department of Insurance
State of Delaware
841 Silver Lake Boulevard
Dover, Delaware 19904
(302) 739-4251, ext. 125

Very truly yours,



Everett E. Gale, Jr.
Actuary

EEG/aml

**MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS
FOR DELAWARE COMPENSATION INSURANCE**

Effective October 1, 1998 on New and Renewal Business

CODE NO	BUREAU* ADVISORY LOSS COSTS	ASSIGNED RISK MANUAL RATE	ASSIGNED RISK MIN PREM.	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE**			HAZ GRP
				A-1	A-2	A-3	
005	15.37	19.82	2,450	8.17	9.59	10.33	III
0006	7.47	9.63	1,585	3.97	4.66	5.02	II
007	7.22	9.31	1,540	3.84	4.51	4.85	II
0008	2.72	3.51	700	1.45	1.70	1.83	II
009	27.93	36.01	2,450	14.84	17.43	18.77	III
0011	2.94	3.79	740	1.56	1.83	1.98	II
0013	4.35	5.61	1,005	2.31	2.72	2.92	II
0016	4.19	5.40	975	2.23	2.61	2.82	II
025	6.58	8.49	1,420	3.34	3.83	4.14	IV
028	4.14	5.34	965	2.10	2.41	2.60	III
0034	5.73	7.39	1,260	3.05	3.58	3.85	II
0036	4.72	6.08	1,070	2.51	2.94	3.17	II
050	7.66	9.88	1,625	3.88	4.46	4.81	III
051	4.44	5.72	1,020	2.25	2.58	2.79	III
053	4.44	5.72	1,020	2.25	2.58	2.79	III
055	6.26	8.07	1,360	3.17	3.64	3.93	III
059	6.95	8.96	1,490	3.52	4.04	4.36	III
0083	6.74	8.69	1,450	3.58	4.21	4.53	II
101	5.50	7.09	1,220	2.72	3.09	3.32	III
104	4.43	5.71	1,020	2.19	2.49	2.67	II
105	4.61	5.94	1,050	2.28	2.59	2.78	III
106	5.82	7.51	1,280	2.88	3.27	3.52	II
107	3.38	4.36	820	1.67	1.90	2.04	I
108	6.92	8.92	1,485	3.42	3.89	4.18	II
109	5.72	7.38	1,260	2.83	3.22	3.46	III
110	3.64	4.69	870	1.80	2.04	2.20	II
111	6.03	7.78	1,320	2.98	3.39	3.64	II
112	9.86	12.71	2,035	4.87	5.54	5.95	II
113	6.44	8.30	1,395	3.18	3.62	3.89	II
114	8.33	10.74	1,745	4.12	4.68	5.03	III
115	2.54	3.28	665	1.26	1.43	1.54	I
119	6.90	8.90	1,480	3.41	3.88	4.17	II
130	6.82	8.80	1,465	3.37	3.84	4.12	III
132	2.92	3.76	735	1.44	1.64	1.76	II
134	3.26	4.20	800	1.61	1.83	1.97	II
135	1.54	1.98	475	0.76	0.86	0.93	I
136	1.90	2.45	545	0.94	1.07	1.15	II
139	5.71	7.36	1,255	2.82	3.21	3.45	II
141	4.44	5.73	1,020	2.20	2.50	2.68	II
142	2.49	3.21	655	1.23	1.40	1.50	II
161	2.75	3.54	705	1.36	1.54	1.66	II
163	2.79	3.60	710	1.38	1.57	1.69	II
165	4.81	6.20	1,090	2.38	2.70	2.90	III
166	2.53	3.26	665	1.25	1.42	1.53	II

* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

** Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

**MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS
FOR DELAWARE COMPENSATION INSURANCE**

Effective October 1, 1998 on New and Renewal Business

CODE NO	BUREAU* ADVISORY LOSS COSTS	ASSIGNED RISK MANUAL RATE	ASSIGNED RISK MIN PREM.	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE**			HAZ GRP
				A-1	A-2	A-3	
185	4.43	5.71	1,020	2.19	2.49	2.67	II
187	3.38	4.36	820	1.67	1.90	2.04	I
191	2.75	3.54	705	1.36	1.54	1.66	II
201	5.32	6.86	1,185	2.63	2.99	3.21	II
204	2.31	2.98	620	1.14	1.30	1.40	II
205	3.09	3.98	765	1.53	1.73	1.86	I
221	5.03	6.49	1,130	2.49	2.83	3.04	II
222	5.23	6.75	1,170	2.59	2.94	3.16	II
225	5.30	6.84	1,180	2.62	2.98	3.20	II
227	4.26	5.49	985	2.10	2.39	2.57	II
255	5.15	6.64	1,155	2.55	2.89	3.11	II
257	6.29	8.11	1,365	3.11	3.53	3.80	II
259	3.61	4.65	865	1.78	2.03	2.18	II
261	5.49	7.08	1,215	2.71	3.09	3.32	II
263	3.61	4.65	865	1.78	2.03	2.18	II
265	3.61	4.65	865	1.78	2.03	2.18	II
275	5.03	6.49	1,130	2.49	2.83	3.04	II
276	5.23	6.75	1,170	2.59	2.94	3.16	II
281	3.21	4.14	790	1.59	1.80	1.94	II
282	3.88	5.00	915	1.92	2.18	2.34	III
297	3.21	4.14	790	1.59	1.80	1.94	II
301	8.17	10.54	1,720	4.04	4.59	4.94	III
305	6.20	7.99	1,350	3.06	3.48	3.74	II
306	4.98	6.42	1,120	2.46	2.80	3.01	II
311	3.80	4.90	900	1.88	2.14	2.30	II
319	3.64	4.69	870	1.80	2.04	2.20	II
323	3.50	4.51	845	1.73	1.97	2.11	II
327	2.75	3.55	705	1.36	1.55	1.66	II
402	8.07	10.40	1,700	3.99	4.53	4.87	III
403	4.08	5.26	955	2.02	2.29	2.46	II
404	4.91	6.33	1,110	2.43	2.76	2.96	III
406	5.30	6.83	1,180	2.62	2.98	3.20	II
407	4.99	6.43	1,120	2.47	2.80	3.01	II
411	8.66	11.17	1,810	4.28	4.87	5.23	III
413	7.95	10.25	1,675	3.93	4.47	4.80	III
415	6.98	9.00	1,495	3.45	3.92	4.22	III
416	8.50	10.96	1,780	4.20	4.78	5.13	II
421	9.71	12.52	2,005	4.80	5.46	5.86	III
425	8.15	10.51	1,715	4.03	4.58	4.92	III
427	4.56	5.88	1,045	2.25	2.56	2.75	III
429	5.96	7.68	1,305	2.94	3.35	3.60	III
431	7.52	9.70	1,595	3.72	4.23	4.54	II
433	5.51	7.11	1,220	2.73	3.10	3.33	II
435	6.01	7.75	1,315	2.97	3.38	3.63	II
439	4.74	6.11	1,075	2.34	2.66	2.86	II

* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

** Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

**MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS
FOR DELAWARE COMPENSATION INSURANCE**

Effective October 1, 1998 on New and Renewal Business

CODE NO	BUREAU* ADVISORY LOSS COSTS	ASSIGNED RISK MANUAL RATE	ASSIGNED RISK MIN PREM.	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE**			HAZ GRP
				A-1	A-2	A-3	
441	2.77	3.57	710	1.37	1.56	1.67	II
445	6.92	8.92	1,485	3.42	3.89	4.18	II
447	4.56	5.88	1,045	2.25	2.56	2.75	III
449	4.14	5.34	965	2.05	2.33	2.50	III
451	5.55	7.16	1,230	2.75	3.12	3.35	II
454	6.69	8.62	1,440	3.30	3.76	4.04	II
455	4.85	6.26	1,100	2.40	2.73	2.93	II
456	5.08	6.55	1,140	2.51	2.85	3.07	II
457	8.29	10.69	1,740	4.10	4.66	5.01	II
458	1.73	2.23	515	0.85	0.97	1.04	II
459	1.52	1.96	475	0.75	0.85	0.92	I
461	4.61	5.95	1,055	2.28	2.59	2.79	II
463	3.50	4.51	845	1.73	1.97	2.11	II
467	3.13	4.04	775	1.55	1.76	1.89	II
472	1.61	2.07	490	0.79	0.90	0.97	II
473	2.68	3.46	690	1.33	1.51	1.62	II
475	4.75	6.12	1,075	2.35	2.67	2.87	III
483	1.54	1.99	480	0.76	0.87	0.93	II
486	1.42	1.83	455	0.70	0.80	0.86	II
487	1.01	1.30	380	0.50	0.57	0.61	II
489	0.98	1.26	375	0.48	0.55	0.59	II
491	4.08	5.26	955	2.02	2.29	2.46	II
495	5.55	7.16	1,230	2.75	3.12	3.35	II
497	1.61	2.07	490	0.79	0.90	0.97	II
499	4.75	6.12	1,075	2.35	2.67	2.87	III
501	3.24	4.18	795	1.60	1.82	1.96	III
502	3.01	3.88	755	1.49	1.69	1.82	I
505	8.36	10.78	1,755	4.13	4.70	5.05	IV
506	2.83	3.65	720	1.40	1.59	1.71	II
507	3.37	4.34	820	1.66	1.89	2.03	III
509	7.50	9.67	1,590	3.71	4.21	4.53	III
511	8.39	10.82	1,760	4.15	4.72	5.07	III
512	7.62 a	9.82 b	1,615	3.76	4.28	4.60	III
513	4.15 c	5.35 d	965	2.05	2.33	2.51	II
533	10.73	13.83	2,195	5.30	6.03	6.48	III
535	3.68	4.75	880	1.82	2.07	2.22	II
536	5.43	7.00	1,205	2.68	3.05	3.28	II
544	7.58	9.77	1,605	3.75	4.26	4.58	III
551	2.29	2.95	620	1.13	1.29	1.38	IV
553	5.50	7.09	1,220	2.72	3.09	3.32	IV

* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

** Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

a OD: \$1.52 Supplementary is not subject to experience or retrospective rating. Code as 0175.

b OD: \$1.96 Supplementary is not subject to experience or retrospective rating. Code as 0175.

c OD: \$0.42 Supplementary is not subject to experience or retrospective rating. Code as 0176.

d OD: \$0.54 Supplementary is not subject to experience or retrospective rating. Code as 0176.

**MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS
FOR DELAWARE COMPENSATION INSURANCE**

Effective October 1, 1998 on New and Renewal Business

CODE NO	BUREAU* ADVISORY LOSS COSTS	ASSIGNED RISK MANUAL RATE	ASSIGNED RISK MIN PREM.	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE**			HAZ GRP
				A-1	A-2	A-3	
555	1.50	1.94	470	0.74	0.85	0.91	II
563	3.44	4.44	835	1.70	1.93	2.08	II
571	2.79	3.60	710	1.38	1.57	1.69	II
573	5.42	6.99	1,205	2.68	3.05	3.27	III
581	2.67	3.44	690	1.32	1.50	1.61	III
587	3.44	4.44	835	1.70	1.93	2.08	II
601	11.50	14.83	2,155	5.33	6.11	6.60	III
602	9.84	12.69	1,890	4.61	5.29	5.71	III
603	12.29	15.84	2,350	5.85	6.71	7.25	III
605	9.68	12.49	1,890	4.61	5.29	5.71	III
607	9.51	12.26	1,865	4.54	5.20	5.62	III
608	5.94	7.66	1,195	2.73	3.13	3.38	III
609	6.65	8.58	1,350	3.15	3.61	3.90	III
611	11.37	14.66	2,190	5.42	6.22	6.72	III
615	17.02	21.95	2,450	8.09	9.28	10.02	IV
617	8.08	10.42	1,620	3.87	4.44	4.80	III
643	12.74	16.43	2,405	6.01	6.90	7.45	III
645	6.70	8.64	1,345	3.13	3.59	3.88	III
646	5.40	6.95	1,145	2.58	2.96	3.20	II
647	8.36	10.78	1,670	4.01	4.60	4.96	II
648	5.09	6.57	1,100	2.46	2.82	3.05	III
649	4.13	5.32	910	1.95	2.23	2.41	III
651	7.41	9.55	1,495	3.53	4.05	4.38	III
652	9.78	12.61	1,975	4.84	5.56	6.00	III
653	7.65	9.87	1,535	3.65	4.19	4.53	III
654	7.32	9.43	1,515	3.60	4.13	4.46	III
655	19.84	25.58	2,450	9.52	10.91	11.79	IV
656	11.40	14.70	2,185	5.41	6.21	6.70	III
657	10.81	13.94	2,090	5.15	5.90	6.38	IV
658	8.98	11.57	1,780	4.31	4.95	5.34	III
659	18.59	23.97	2,450	8.80	10.09	10.90	III
660	3.14	4.05	775	1.59	1.83	1.97	III
661	4.12	5.31	890	1.90	2.17	2.35	III
662	2.77	3.57	710	1.40	1.61	1.74	III
663	4.72	6.10	1,025	2.27	2.60	2.81	III
664	3.13	4.03	715	1.42	1.63	1.76	III
665	9.20	11.87	1,825	4.43	5.08	5.49	III
666	7.78	10.03	1,565	3.73	4.28	4.62	III
667	2.55	3.29	640	1.22	1.40	1.51	III
668	5.86	7.56	1,215	2.78	3.19	3.45	II
669	8.32	10.73	1,620	3.88	4.45	4.81	III
670	5.22	6.73	1,165	2.65	3.04	3.28	III
673	6.57	8.47	1,420	3.33	3.82	4.13	III
674	5.74	7.39	1,200	2.74	3.14	3.40	III
675	5.23	6.74	1,115	2.51	2.88	3.11	III

* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

** Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

**MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS
FOR DELAWARE COMPENSATION INSURANCE**

Effective October 1, 1998 on New and Renewal Business

CODE NO	BUREAU* ADVISORY LOSS COSTS	ASSIGNED RISK MANUAL RATE	ASSIGNED RISK MIN PREM.	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE**			HAZ GRP
				A-1	A-2	A-3	
676	7.53	9.71	1,480	3.49	4.00	4.33	III
677	6.23	8.03	1,290	2.98	3.42	3.69	III
679	13.54	17.46	2,450	6.87	7.87	8.50	III
681	5.22	6.73	1,165	2.65	3.04	3.28	III
682	15.71	20.26	2,450	7.97	9.14	9.87	III
691	6.65	8.58	1,350	3.15	3.61	3.90	III
693	7.41	9.55	1,495	3.53	4.05	4.38	III
695	4.12	5.31	890	1.90	2.17	2.35	III
709	2.32	2.99	625	1.18	1.35	1.46	III
716	3.49	4.50	845	1.77	2.03	2.19	III
718	5.68	7.33	1,255	2.88	3.31	3.57	III
721	7.13	9.20	1,525	3.53	4.01	4.31	III
744	2.10	2.71	585	1.04	1.18	1.27	III
751	1.72	2.22	510	0.85	0.97	1.04	III
752	1.59	2.05	485	0.79	0.89	0.96	IV
753	4.65	6.00	1,060	2.30	2.61	2.81	III
755	2.50	3.23	660	1.24	1.41	1.51	III
757	1.29	1.66	430	0.64	0.72	0.78	III
759	4.29	5.53	990	2.12	2.41	2.59	III
801	5.42	6.99	1,205	2.88	3.38	3.64	II
803	13.87	17.88	2,450	7.37	8.65	9.32	III
804	3.44	4.44	835	1.83	2.15	2.31	III
806	9.45	12.18	1,955	5.02	5.90	6.35	II
807	7.90	10.19	1,670	4.20	4.93	5.31	III
808	7.10	9.16	1,520	3.77	4.43	4.78	III
809	5.07	6.54	1,140	2.70	3.17	3.41	III
811	9.19	11.85	1,910	4.88	5.74	6.18	III
812	7.07	9.12	1,510	3.76	4.41	4.75	III
813	6.19	7.98	1,345	3.29	3.86	4.16	II
814	4.92	6.34	1,110	2.61	3.07	3.31	III
815	3.67	4.73	875	1.95	2.29	2.47	III
816	2.50	3.23	660	1.33	1.56	1.68	II
817	6.56	8.46	1,415	3.49	4.09	4.41	III
818	2.54	3.28	665	1.35	1.59	1.71	III
819	1.18	1.52	410	0.63	0.74	0.79	III
821	6.52	8.41	1,410	3.47	4.07	4.38	III
825	2.97	3.83	745	1.58	1.85	2.00	III
855	5.72	7.37	1,260	3.04	3.57	3.84	III
857	7.61	9.81	1,610	4.04	4.75	5.11	III
860	10.75	13.86	2,200	5.71	6.71	7.23	III
861	5.73	7.39	1,260	3.05	3.58	3.85	III
862	6.86	8.85	1,475	3.65	4.28	4.61	II
865	4.66	6.01	1,060	2.48	2.91	3.13	II
867	6.19	7.98	1,345	3.29	3.86	4.16	II
877	2.57	3.31	670	1.36	1.60	1.73	II

* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

** Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

**MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS
FOR DELAWARE COMPENSATION INSURANCE**

Effective October 1, 1998 on New and Renewal Business

CODE NO	BUREAU* ADVISORY LOSS COSTS	ASSIGNED RISK MANUAL RATE	ASSIGNED RISK MIN PREM.	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE**			HAZ GRP
				A-1	A-2	A-3	
879	4.03	5.20	945	2.14	2.52	2.71	II
881	2.88	3.72	730	1.53	1.80	1.94	II
883	2.49	3.21	655	1.32	1.55	1.67	II
889	0.37	0.48	260	0.20	0.23	0.25	II
895	0.65	0.84	310	0.35	0.41	0.44	II
907	5.72	7.38	1,260	3.04	3.57	3.85	II
910	6.20	7.99	1,350	3.29	3.87	4.17	II
911	4.47	5.77	1,025	2.38	2.79	3.01	II
914	2.57	3.31	670	1.36	1.60	1.73	II
915	3.40	4.38	825	1.80	2.12	2.28	II
916	1.22	1.57	420	0.65	0.76	0.82	II
917	3.67	4.73	875	1.95	2.29	2.47	II
918	2.26	2.92	615	1.20	1.41	1.52	II
919	2.84	3.66	720	1.51	1.77	1.91	I
920	0.64	0.83	310	0.34	0.40	0.43	II
922	2.65	3.42	685	1.41	1.66	1.78	II
923	4.03	5.20	945	2.14	2.52	2.71	II
924	4.09	5.27	955	2.17	2.55	2.75	II
925	1.68	2.16	505	0.89	1.05	1.13	II
926	2.88	3.72	730	1.53	1.80	1.94	II
927	0.90	1.16	360	0.48	0.56	0.60	II
928	2.49	3.21	655	1.32	1.55	1.67	II
929	5.60	7.22	1,235	2.98	3.49	3.76	II
932	1.12	1.45	400	0.60	0.70	0.76	II
933	3.77	4.86	895	2.00	2.35	2.53	II
934	2.52	3.25	660	1.34	1.57	1.69	II
935	1.54	1.98	475	0.82	0.96	1.03	II
936	0.97	1.25	370	0.52	0.61	0.65	III
937	13.65	17.60	2,450	7.25	8.52	9.17	II
939	7.55	9.74	1,600	4.01	4.71	5.08	III
940	5.23	6.74	1,165	2.78	3.26	3.51	II
941	1.53	1.97	475	0.81	0.95	1.03	II
942	1.54	1.98	475	0.82	0.96	1.03	II
943	7.32	9.44	1,560	3.89	4.57	4.92	II
944	2.85	3.68	725	1.52	1.78	1.92	II
945	3.00	3.87	750	1.59	1.87	2.02	II
946	4.27	5.50	990	2.27	2.66	2.87	II
947	6.70	8.64	1,445	3.56	4.18	4.50	II
948	0.66	0.85	315	0.35	0.41	0.44	II
949	0.85	1.10	350	0.45	0.53	0.57	II
951	0.54	0.70	290	0.29	0.34	0.36	III
952	1.04	1.34	385	0.55	0.65	0.70	III
953	0.37	0.48	260	0.20	0.23	0.25	II
954	4.03	5.19	945	2.14	2.51	2.71	IV
955	0.96	1.24	370	0.51	0.60	0.65	III

* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

** Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

**MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS
FOR DELAWARE COMPENSATION INSURANCE**

Effective October 1, 1998 on New and Renewal Business

CODE NO	BUREAU* ADVISORY LOSS COSTS	ASSIGNED RISK MANUAL RATE	ASSIGNED RISK MIN PREM.	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE**			HAZ GRP
				A-1	A-2	A-3	
956	0.18	0.23	225	0.09	0.11	0.12	II
957	0.33	0.43	250	0.18	0.21	0.22	III
958	1.52	1.96	475	0.81	0.95	1.02	III
959	1.55	2.00	480	0.82	0.97	1.04	II
960	4.61	5.95	1,055	2.45	2.88	3.10	II
961	1.61	2.08	490	0.86	1.01	1.08	III
962	0.24	0.31	235	0.13	0.15	0.16	III
963	0.55	0.71	295	0.29	0.34	0.37	II
964	2.14	2.76	590	1.14	1.34	1.44	II
965	0.65	0.84	310	0.35	0.41	0.44	II
966	2.66	3.43	685	1.35	1.55	1.67	III
967	1.10	1.42	395	0.59	0.69	0.74	III
968	2.34	3.02	630	1.24	1.46	1.57	II
969	3.44	4.43	830	1.83	2.14	2.31	II
970	4.83	6.23	1,095	2.57	3.02	3.25	II
971	4.41	5.68	1,015	2.34	2.75	2.96	II
972	15.36	19.80	2,450	8.16	9.58	10.32	IV
973	3.35	4.32	815	1.78	2.09	2.25	II
974	3.81	4.91	900	2.02	2.38	2.56	II
975	2.88	3.71	730	1.53	1.80	1.93	II
976	1.48	1.91	465	0.79	0.92	1.00	II
977	0.47	0.60	275	0.25	0.29	0.31	I
978	2.95	3.81	740	1.57	1.84	1.99	III
979	4.92	6.34	1,110	2.61	3.07	3.31	II
980	3.64	4.70	870	1.94	2.27	2.45	III
981	2.34	3.02	630	1.24	1.46	1.57	II
983	5.78	7.45	1,270	3.07	3.61	3.88	II
984	0.48	0.62	280	0.26	0.30	0.32	II
985	5.23	6.75	1,170	2.78	3.27	3.52	IV
986	1.53	1.97	475	0.81	0.95	1.03	II
988	0.31	0.40	250	0.16	0.19	0.21	II
991	4.83	6.23	1,095	2.57	3.02	3.25	II
992	7.27	9.37	1,550	3.86	4.54	4.88	III
995	9.24	11.91	1,915	4.91	5.76	6.21	III
997	0.85	1.09	350	0.45	0.53	0.57	II
999	6.03	7.77	1,315	3.20	3.76	4.05	II
4773	11.22	14.47	2,290	5.55	6.31	6.78	IV
0773	3.44	4.44					IV
4774	7.93	10.22	1,670	3.92	4.45	4.79	IV
0774	1.99	2.56					IV
4775	3.17	4.09	785	1.57	1.78	1.92	IV
0775	0.50	0.65					IV
4776	9.52	12.27	1,970	4.70	5.35	5.75	IV
0776	2.67	3.44					IV
4777	9.19	11.85	1,910	4.88	5.74	6.18	III

* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

** Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

 Associated classes- both codes must be applied. The second code is not subject to experience rating and applies to the full payroll of the associated class.

**MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS
FOR DELAWARE COMPENSATION INSURANCE**

Effective October 1, 1998 on New and Renewal Business

CODE NO	BUREAU* ADVISORY LOSS COSTS	ASSIGNED RISK MANUAL RATE	ASSIGNED RISK MIN PREM.	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE**			HAZ GRP
				A-1	A-2	A-3	
4779	7.89	10.18	1,665	3.90	4.44	4.77	IV
0779	1.99	2.56					IV
7405	1.04	1.34	385	0.55	0.65	0.70	IV
7445	0.35	0.45					IV
7413	1.85	2.38	535	0.98	1.15	1.24	IV
7453	0.40	0.51					IV
7421	2.24	2.89	610	1.19	1.40	1.51	IV
7424	5.27	6.80	1,175	2.80	3.29	3.54	IV
7428	2.44	3.15	645	1.30	1.52	1.64	II
9108	77.55	100.00		41.21	48.40	52.13	I
Per Capita							
0908	35.55	45.84	2,450	18.89	22.19	23.90	I
0909	42.16	54.36	2,450	22.40	26.31	28.34	II
0912	117.89	152.01	2,450	62.64	73.57	79.24	II
0913	148.99	192.11	2,450	79.17	92.98	100.15	I
A Rated							
9985	A	A	A	A	A	A	

* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

** Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

Associated classes- both codes must be applied. The second code is not subject to experience rating and applies to the full payroll of the associated class.

DELAWARE
Approved Effective: 10/1/98

Excess Loss Pure Premium Factors

Loss Limit	Hazard Group			
	I	II	III	IV
\$10,000	0.562	0.569	0.632	0.683
\$15,000	0.503	0.512	0.586	0.646
\$20,000	0.453	0.468	0.549	0.615
\$25,000	0.417	0.430	0.519	0.594
\$30,000	0.384	0.402	0.493	0.571
\$35,000	0.358	0.377	0.470	0.551
\$40,000	0.333	0.351	0.452	0.538
\$50,000	0.295	0.316	0.417	0.505
\$75,000	0.227	0.248	0.350	0.446
\$100,000	0.183	0.203	0.303	0.393
\$125,000	0.154	0.173	0.265	0.353
\$150,000	0.134	0.153	0.236	0.321
\$175,000	0.119	0.135	0.214	0.292
\$200,000	0.106	0.122	0.195	0.271
\$225,000	0.097	0.113	0.179	0.252
\$250,000	0.090	0.104	0.167	0.235
\$275,000	0.084	0.096	0.156	0.220
\$300,000	0.078	0.091	0.146	0.206
\$325,000	0.074	0.087	0.138	0.197
\$350,000	0.069	0.080	0.131	0.187
\$375,000	0.066	0.077	0.125	0.177
\$400,000	0.063	0.073	0.119	0.170
\$425,000	0.060	0.069	0.113	0.161
\$450,000	0.057	0.067	0.109	0.156
\$475,000	0.056	0.064	0.104	0.150
\$500,000	0.053	0.061	0.100	0.144
\$600,000	0.047	0.053	0.087	0.126
\$700,000	0.041	0.048	0.078	0.111
\$800,000	0.038	0.043	0.069	0.100
\$900,000	0.034	0.039	0.064	0.091
\$1,000,000	0.0317	0.0363	0.0578	0.0828
\$2,000,000	0.0199	0.0220	0.0327	0.0446
\$3,000,000	0.0156	0.0170	0.0242	0.0318
\$4,000,000	0.0136	0.0145	0.0202	0.0255
\$5,000,000	0.0112	0.0119	0.0176	0.0219
\$6,000,000	0.0090	0.0107	0.0158	0.0193
\$7,000,000	0.0085	0.0091	0.0146	0.0178
\$8,000,000	0.0079	0.0085	0.0124	0.0163
\$9,000,000	0.0063	0.0079	0.0115	0.0154
\$10,000,000	0.0060	0.0076	0.0111	0.0144

DELAWARE
Approved Effective: 10/1/98

Excess Loss Pure Premium Factors including ALAE

Loss Limit	Hazard Group			
	I	II	III	IV
\$10,000	0.645	0.655	0.727	0.774
\$15,000	0.582	0.595	0.680	0.743
\$20,000	0.534	0.549	0.647	0.718
\$25,000	0.495	0.516	0.615	0.690
\$30,000	0.463	0.485	0.589	0.672
\$35,000	0.435	0.458	0.568	0.651
\$40,000	0.411	0.435	0.547	0.637
\$50,000	0.372	0.396	0.515	0.606
\$75,000	0.300	0.328	0.449	0.553
\$100,000	0.252	0.277	0.399	0.502
\$125,000	0.217	0.241	0.354	0.458
\$150,000	0.188	0.213	0.321	0.419
\$175,000	0.169	0.193	0.292	0.386
\$200,000	0.154	0.174	0.269	0.361
\$225,000	0.141	0.162	0.248	0.337
\$250,000	0.130	0.149	0.233	0.315
\$275,000	0.122	0.139	0.217	0.296
\$300,000	0.114	0.130	0.205	0.282
\$325,000	0.107	0.124	0.193	0.267
\$350,000	0.101	0.116	0.184	0.254
\$375,000	0.096	0.111	0.175	0.242
\$400,000	0.092	0.105	0.169	0.232
\$425,000	0.087	0.101	0.161	0.222
\$450,000	0.084	0.096	0.153	0.214
\$475,000	0.080	0.094	0.148	0.205
\$500,000	0.077	0.089	0.143	0.198
\$600,000	0.067	0.077	0.124	0.173
\$700,000	0.060	0.069	0.110	0.154
\$800,000	0.055	0.063	0.099	0.139
\$900,000	0.049	0.057	0.089	0.127
\$1,000,000	0.0456	0.0520	0.0823	0.1160
\$2,000,000	0.0275	0.0305	0.0464	0.0629
\$3,000,000	0.0212	0.0232	0.0333	0.0439
\$4,000,000	0.0176	0.0192	0.0271	0.0346
\$5,000,000	0.0154	0.0169	0.0234	0.0293
\$6,000,000	0.0141	0.0150	0.0207	0.0255
\$7,000,000	0.0120	0.0138	0.0187	0.0231
\$8,000,000	0.0112	0.0121	0.0172	0.0213
\$9,000,000	0.0105	0.0112	0.0161	0.0196
\$10,000,000	0.0092	0.0105	0.0151	0.0184

DELAWARE
Approved Effective: 10/1/98

Excess Loss Premium Factors

Loss Limit	Hazard Group			
	I	II	III	IV
\$10,000	0.441	0.446	0.496	0.536
\$15,000	0.395	0.402	0.460	0.506
\$20,000	0.356	0.367	0.431	0.482
\$25,000	0.327	0.338	0.408	0.466
\$30,000	0.302	0.316	0.387	0.448
\$35,000	0.281	0.296	0.369	0.432
\$40,000	0.262	0.276	0.355	0.422
\$50,000	0.232	0.249	0.327	0.396
\$75,000	0.179	0.195	0.275	0.350
\$100,000	0.145	0.160	0.239	0.309
\$125,000	0.122	0.136	0.209	0.277
\$150,000	0.106	0.120	0.186	0.253
\$175,000	0.094	0.107	0.168	0.230
\$200,000	0.084	0.097	0.154	0.213
\$225,000	0.077	0.089	0.142	0.198
\$250,000	0.071	0.082	0.132	0.185
\$275,000	0.067	0.076	0.123	0.173
\$300,000	0.062	0.072	0.115	0.163
\$325,000	0.059	0.069	0.109	0.155
\$350,000	0.055	0.064	0.104	0.147
\$375,000	0.053	0.061	0.099	0.140
\$400,000	0.050	0.059	0.094	0.135
\$425,000	0.048	0.055	0.090	0.127
\$450,000	0.046	0.053	0.086	0.123
\$475,000	0.045	0.052	0.083	0.119
\$500,000	0.043	0.049	0.080	0.113
\$600,000	0.038	0.043	0.069	0.099
\$700,000	0.033	0.039	0.062	0.088
\$800,000	0.031	0.035	0.055	0.080
\$900,000	0.028	0.032	0.051	0.072
\$1,000,000	0.0259	0.0294	0.0463	0.0659
\$2,000,000	0.0167	0.0181	0.0267	0.0360
\$3,000,000	0.0123	0.0143	0.0200	0.0260
\$4,000,000	0.0107	0.0114	0.0169	0.0211
\$5,000,000	0.0086	0.0092	0.0148	0.0182
\$6,000,000	0.0077	0.0082	0.0135	0.0162
\$7,000,000	0.0063	0.0078	0.0115	0.0150
\$8,000,000	0.0058	0.0063	0.0106	0.0139
\$9,000,000	0.0054	0.0058	0.0089	0.0121
\$10,000,000	0.0051	0.0056	0.0086	0.0113

DELAWARE
Approved Effective: 10/1/98

Excess Loss Premium Factors including ALAE

Loss Limit	Hazard Group			
	I	II	III	IV
\$10,000	0.506	0.513	0.570	0.607
\$15,000	0.457	0.467	0.533	0.582
\$20,000	0.419	0.431	0.507	0.563
\$25,000	0.388	0.405	0.482	0.541
\$30,000	0.363	0.380	0.462	0.527
\$35,000	0.341	0.360	0.445	0.511
\$40,000	0.323	0.341	0.429	0.499
\$50,000	0.292	0.311	0.404	0.475
\$75,000	0.236	0.258	0.353	0.434
\$100,000	0.198	0.218	0.313	0.394
\$125,000	0.171	0.190	0.278	0.359
\$150,000	0.148	0.168	0.252	0.329
\$175,000	0.133	0.152	0.229	0.303
\$200,000	0.122	0.137	0.212	0.283
\$225,000	0.111	0.127	0.195	0.265
\$250,000	0.103	0.118	0.183	0.247
\$275,000	0.096	0.110	0.171	0.233
\$300,000	0.090	0.103	0.161	0.222
\$325,000	0.085	0.098	0.152	0.210
\$350,000	0.080	0.092	0.145	0.200
\$375,000	0.077	0.088	0.138	0.190
\$400,000	0.073	0.084	0.133	0.183
\$425,000	0.069	0.080	0.127	0.175
\$450,000	0.067	0.077	0.121	0.169
\$475,000	0.064	0.074	0.117	0.161
\$500,000	0.062	0.071	0.113	0.156
\$600,000	0.053	0.062	0.098	0.137
\$700,000	0.048	0.055	0.087	0.122
\$800,000	0.044	0.050	0.079	0.110
\$900,000	0.040	0.045	0.071	0.101
\$1,000,000	0.0368	0.0417	0.0655	0.0918
\$2,000,000	0.0226	0.0250	0.0374	0.0503
\$3,000,000	0.0177	0.0192	0.0272	0.0354
\$4,000,000	0.0148	0.0161	0.0223	0.0282
\$5,000,000	0.0121	0.0143	0.0194	0.0240
\$6,000,000	0.0111	0.0118	0.0173	0.0211
\$7,000,000	0.0092	0.0109	0.0157	0.0192
\$8,000,000	0.0087	0.0093	0.0146	0.0177
\$9,000,000	0.0081	0.0087	0.0137	0.0164
\$10,000,000	0.0078	0.0081	0.0119	0.0155