



DELAWARE STATISTICAL PLAN MANUAL

**WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE**

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DELAWARE COMPENSATION RATING BUREAU, INC.

DELAWARE STATISTICAL PLAN MANUAL



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INTRODUCTION

**DELAWARE
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INTRODUCTION

1. This Plan contains the necessary instructions for the reporting of experience on the direct business written by the carrier for workers compensation, voluntary compensation and employers liability insurance in Delaware. These instructions apply to all policies with the exception of coal mining policies. Acting under the direction of the Insurance Commissioner, we are hereby instructing you to file your experience in accordance with the requirements outlined herein.
2. The instructions set forth in this Plan are applicable to all reports for policies effective on or after January 1, 1996 for experience on

1st reports due on and after July 1, 1997.
2nd reports due on and after July 1, 1998.
3rd reports due on and after July 1, 1999.
4th reports due on and after July 1, 2000.
5th reports due on and after July 1, 2001.
6th reports due on and after July 1, 2002.*
7th reports due on and after July 1, 2003.*
8th reports due on and after July 1, 2004.*
9th reports due on and after July 1, 2005.*
10th reports due on and after July 1, 2006.*

- * Requirements for submission of these extended report levels will be the same as those reported on levels 2 through 5.

This extension of reporting is to occur successively over a five-year period beginning in the Calendar Year 1996. The transition to the increased number of reports will occur as follows. During 1996, carriers will be required to file sixth reports for all policies for which fifth reports would have been due during Calendar Year 1995. During 1997, seventh reports will be required for all policies for which sixth reports would have been due during Calendar Year 1996. During 1998, eighth reports will be required for all policies for which seventh reports would have been due during Calendar Year 1997. During 1999, ninth reports will be required for all policies for which eighth reports would have been due during Calendar Year 1998. During 2000, tenth reports will be required for all policies for which ninth reports would have been due during Calendar Year 1999.

These additional reports will be required in the new Unit Statistical Report format, but new data elements will **NOT** be required for these reports on any policy, which was not subject to the mandatory reporting of new data elements at first report.

3. Whenever a change is made in these instructions, the appropriate change will be highlighted.
4. The Delaware Compensation Rating Bureau, Inc. will hereinafter be referred to as "the Bureau."



SECTION I

GENERAL RULES/DEFINITIONS

**DELAWARE
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SECTION I - GENERAL RULES/DEFINITIONS**A. Scope of Report**

A report must be filed for every policy insuring liability under Delaware Workers' Compensation and Occupational Disease Acts, as well as for every voluntary compensation policy providing coverage in Delaware. All reports must be filed with the **Delaware Compensation Rating Bureau Inc., The Widener Building, 6th Floor, One South Penn Square, Philadelphia, PA 19107-3577.**

B. Recording of Statistics

Carriers may use any method for the recording of statistics, including any type of record format convenient to their statistical and account procedures, and codes other than those set forth in this Plan, only if those statistics can be reported by the carrier within the required time frames using the codes and record format provided in this Plan.

C. Fine System for Late Unit Reports

Companies will receive a notice of overdue unit reports, to be mailed to the company by the Bureau at the end of the month when units are finally due. Failure to respond to this notice will result in the following fines:

SCHEDULE OF STATISTICAL PLAN FINES

Notice	Non-Rated Units	Rated Units
1 st	\$ 0	\$ 0
2 nd	\$ 5	\$ 5
3 rd	\$ 5	\$ 100
4 th	\$ 5	\$ 100
5 th	\$15	\$ 250
6 th	\$25	\$ 500
7 th	\$40	\$ 750
8 th or more	\$50	\$1,000

D. Multiple Year Policies

Multiple year policies, other than three-year fixed rate policies, shall be considered as made up of separate annual policies for reporting purposes, and reports for each unit of 12 months or less shall be filed at the time all other reports on policies with the same effective date are being filed. Losses shall be valued as of the 18th month after the month in which each unit of experience became effective and at annual periods thereafter.

Examples:

1. The reports on a three-year policy effective January 1, 1996 shall be filed with regular reports on policies effective January 1, 1996, January 1, 1997 and January 1, 1998. First report valuations shall be as of July 1997, July 1998, and July 1999, respectively.
2. The reports on a policy covering the period January 1, 1996 to July 1, 1997, with the first six months considered as a unit, shall be filed with the regular reports on policies effective January 1, 1996 and July 1, 1996. Losses shall be valued as of July 1997 and January 1998, respectively.
3. The reports on a policy covering the period January 1, 1996 to July 1, 1998, with the last six months considered as a unit, shall be filed with the regular reports on policies effective January 1, 1996, January 1, 1997 and January 1, 1998. Losses shall be valued as of July 1997, July 1998 and July 1999, respectively.

E. Uncollectible Premiums and Corresponding Losses

All earned premiums, whether collectible or not, shall be reported. Likewise, the corresponding exposure and losses shall be reported.

F. Radiation Exposure -- Other Than Government Agency Atomic Energy Projects

Experience in connection with Atomic Energy Projects performed for or under the direction of any government agency shall be excluded from the experience reported under this Plan.

The Manual provides that a supplemental rate, subject to the approval of the Bureau, may be applied to operations involving research, manufacturing, handling, transportation, use of or exposure to radioactive materials, where such operations are not performed for or under the direction of any government agency. The payroll to which such supplemental rate is applicable, together with the premium derived from such charge shall be reported under **Code 9985**. The payroll reported for **Code 9985** shall be shown in parentheses and shall not be added to payrolls shown for other Manual classifications in determining the risk payroll total. The payroll, rate and premium shall be entered on lines "D," "E" or "F," and the premium shall be included in the risk total. Similarly, radiation losses on risks where a supplemental loading has been applied shall be assigned to **Code 9985**. If no supplemental radiation loading has been applied, any radiation losses shall be assigned to the appropriate classification. Note, however, that any radiation loss, whether reported under **Code 9985** or a regular classification, must be identified as a disease loss in the column captioned Loss Conditions.

G. Reinsurance

No deductions shall be made from earned premiums and incurred losses for, or on account of, reinsurance ceded. Premiums earned and losses incurred on account of reinsurance received by the reporting carrier shall be excluded from the experience.

H. Excess Insurance

Experience on excess insurance policies must be excluded from the experience reported under this Plan.

I. Experience Under the National Defense Projects Rating Plan

The experience of policies written under the National Defense Projects Rating Plan shall not be reported on Statistical Plan forms. In lieu thereof there shall be filed with the **National Council on Compensation Insurance, Inc., 901 Peninsula Corporate Circle, Boca Raton, FL 33487**, a copy of Exhibit I-Computation of Earned Premiums on Form NDPRD-I at the same time this form is submitted to the insured, in accordance with the rules of the National Defense Projects Rating Plan.

J. Admiralty and Federal Employers Liability

The Bureau has no jurisdiction over the rating values and classifications for Admiralty or Federal Employers Liability exposure. Admiralty and Federal Employers Liability exposure shall be excluded from the experience reported under this Plan.

K. Loss Rules**1. Occupational Disease Incurred Losses**

- a. Disease losses shall be identified in the "Loss Conditions" field by the appropriate code for disease loss according to Section IV, Item C.3.

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Section I

GENERAL RULES

The total losses reported shall be the total of traumatic losses and disease losses incurred and shall exclude any allocated claim expense but shall include allocated claim expense for Part II employers liability losses.

- b. Dust disease losses incurred in connection with payrolls reported under **Codes 0066, 0067 or 0176** shall likewise be assigned to the same code and shall be further identified by the appropriate code for disease loss in the "Loss Conditions" field. These losses shall also be included in the total losses reported.

2. Interest on Awards

Interest on awards for delayed payments of compensation due, for which the carrier is liable and which accrue as benefits to the injured worker or his dependents, shall be chargeable to losses and so reported. No penalties or fines are to be charged to losses.

3. Medical on Compensable Cases

Medical losses shall include all payments to doctors and hospitals, as well as physical rehabilitation costs and reserves for future payments, but shall not include any claim expense. In this connection see the instructions contained in L.7. of this section.

4. Subrogation Claims

- a. For subrogation cases the net liability shall be determined by deducting from the incurred cost prior to recovery the amount recovered through subrogation less any expenses incurred in connection with such recovery. However, in cases where the expenses incurred in connection with such recovery exceed the amount recovered, the net amount of losses reported shall not exceed the gross amount of loss prior to recovery. Furthermore, the net liability incurred shall be apportioned to indemnity and medical in the same proportion as existed in the gross incurred loss.
- b. When a subrogation recovery is received by the carrier subsequent to the first reporting of the claim, a correction report must be filed with the Bureau reducing the incurred loss on the claim by the amount of the subrogation recovery received. If the claim previously required an Individual Case Report, a revised Individual Case Report shall be filed. The totals on the Individual Case Report and the unit report must match.

A suggested method for these calculations is given in the following example:

	Total	Ind.	% of Total	Med.	% of Total
Gross Incurred Loss	\$20,000	\$17,000	85	\$3,000	15
Subrogation Received	7,000				
Claim Expense	500				
Net Recovery	6,500				
Net Loss	\$13,500	\$11,475	85	\$2,025	15

For additional examples, see Section VI.

5. Commuted Cases

When a case involves complete or partial commutation of future payments, report the actual loss payment. On cases, which require Individual Case Reports in Section III, enter in the applicable data field the date of the Single Lump Sum Paid and the amount of the Single Lump Sum Paid.

6. Aircraft Operation Losses

Losses incurred in connection with employees of the risk, other than members of the flying crew, shall not be reported by classification but shall be assigned to Statistical **Code 9108**, provided such losses arise out of the operation of aircraft subject to a passenger seat surcharge.

7. Employers Liability Claims

The rules of this Section apply to Part II employers liability claims except as follows:

Part II employers liability losses include allocated loss adjustment expenses as defined herein. The entire amount of losses and allocated loss adjustment expenses shall be reported as incurred losses in the Unit Statistical Report. Part II allocated loss adjustment expenses represent in connection with claim settlements the following expenses of a carrier, which can be directly allocated to a particular claim:

1. Attorney's fees for claim in suit
2. Court and other specific items of expense such as:
 - Medical examination to determine the extent of company's liability
 - Expert medical or other testimony
 - Laboratory and x-ray
 - Autopsy
 - Stenographic
 - Witnesses and summonses
 - Copies of documents

The following shall not be included as allocated loss adjustment expenses:

1. Salaries and traveling expenses of company employees (other than amounts allocated as attorney's fees for claims in suit)
2. Overhead
3. Adjusters fees (fees paid to independent adjuster or attorneys for adjusting claims)

8. Correction and Subsequent Reports

- a. Any second, third, fourth, fifth, sixth, seventh, eighth, ninth, tenth or correction report involving:

- (1) claim reported "open" on the previous report,
- (2) any re-opened claim reported "closed" on the previous report,
- (3) any claim previously unreported, or
- (4) any other change in the valuation of losses shall show for each claim the amounts previously reported and the revised values. The corresponding total number of claims, total paid and incurred indemnity and total paid and incurred medical as revised shall also be shown.

Revised or corrected Individual Case Reports are required if the paid or incurred amounts, the classification code or the type of injury changes from the previous reporting. An Individual Case Report shall be filed for each claim required by Section III even though not required on the previous report.

- b. Correction Reports

- (1) A correction report must be filed when any of the following occur between valuation dates:
 - (a) Loss values are found to have been included or excluded through mistake other than error of judgment.
 - (b) The claim, or any part thereof, is declared non-compensable (as defined in an experience rating plan).

- (c) The carrier or claimant has obtained a subrogation recovery in an action against a third party or has received, or anticipates to receive, reimbursement from a Second Injury or similar type fund.

If the claim was declared non-compensable, a Code "05" must be reported in the Type of Settlement portion of the Loss Conditions field. In the case of recovery against a third party, a Code "03" must be reported in the Type of Recovery portion of the Loss Conditions field.

- (2) It shall not be permissible to revise loss values between two valuation dates because of departmental or judicial decision or because of developments in the nature of the injury.
- (3) Correction reports as defined above should be forwarded to the Bureau as soon as possible after the changes are known.

c. Second, Third, Fourth, Fifth, Sixth, Seventh, Eighth, Ninth and Tenth Reports.

- (1) A revised loss card, Form NC2913, shall be filed on each risk 12, 24, 36, 48, 60, 72, 84, 96 or 108 months, respectively, after the first reporting date when:
 - (a) there was an open claim on the previous report
 - (b) there are reopened claims, claims previously unreported or any other change in the valuation of losses.

For example, if the valuation date for the first reporting of the risk was July 1, then the valuation date of the second reporting, if required, is July 1 of the next year; and the filing is due no later than September 1 of that year.

9. Medical or Legal Expense

Medical or legal expenses incurred for the benefit of the carrier to secure evidence for presentation before an official body shall be treated as adjusting expenses and not reported except as respects Part II allocated loss adjustment expense as explained in Item L.7. of this Section.

The following are a few examples that should be charged to expense rather than to losses:

1. Medical examination of a claimant on behalf of the carrier to determine liability
2. Cost of securing birth and death certificates
3. Cost of performing autopsies
4. Impartial examinations by industrial board
5. Expert testimony of physicians on behalf of the carriers or fees paid to the claimant's physician called in by the carrier

NOTE: When the claimant calls in the attending physician to give medical testimony in his behalf, or where the carrier is required to produce the claimant's physician at the hearing and the employer or the insurance carrier is required to pay such a physician's fee, the payment of the fee shall be reported as a medical loss.

When an award to a claimant includes the cost of witness fees, attorney fees and other court costs, the amount so awarded shall be considered as part of the cost of the benefit and shall be included with the indemnity reported. With respect to claims brought by persons against whom an employee has brought a third party common law action, such special costs shall be reported as an indemnity loss whether or not a recovery is made against the third party by the employee.

10. Incurred Losses

Enter the total of all paid and outstanding compensation in the field captioned Indemnity and the total of all paid and outstanding medical in the field captioned Medical. The outstanding costs shall be the company's individual case estimates of future payments as of the date of valuation.

All paid compensation and paid medical shall be reported on a gross (first-dollar) basis and shall not be reduced by any amount(s) reimbursed or reimbursable under any applicable deductible program(s).

All case estimates of future payments reported as outstanding compensation and medical shall be reported on a gross (first-dollar) basis and shall not be reduced by any amount(s) reimbursed or reimbursable under any applicable deductible program(s).

For special instructions regarding the reporting of Employers' Liability claims, refer to Item L.7. of this Section.

- a. When a final award has been made, the total incurred compensation must be in agreement with such award, except under the following circumstances:
 - (1) When a claimant has appealed for a higher award for a compensable claim, the carrier shall report at least the amount of the award but may report a higher amount if, in its judgment, the facts in the case indicate an additional reserve is advisable.
 - (2) In cases where a claim has been officially declared non-compensable, if the appeal has been taken and is undetermined on the valuation date, the carrier shall report the incurred cost that would have been reported had the claim not been declared non-compensable.
 - (3) In cases where a claim has been officially declared non-compensable, if the period during which an appeal may be taken has not expired by the valuation date, the carrier may report the incurred cost that would have been reported had there been no declaration of non-compensability. It shall be permissible to eliminate from the report the reserve for the non-compensable claim in any case where the period for taking an appeal has expired subsequent to the date of valuation but prior to the date of filing of the report without an appeal having been taken.
- b. The closing of a claim shall be regarded for the purpose of this rule as the equivalent of a specific official declaration of non-compensability under the following circumstances:
 - (1) No claim was filed during the period provided by law, and the carrier therefore closes the case.
 - (2) The carrier has raised the issues of accident, notice or causal relation prior to the valuation date and continues to contest the claim on any such issues; and the claim is officially closed because of the claimant's non-appearance or failure to prosecute his claim without a ruling on the question of accident, notice or causal relation.
- c. Where the carrier has appealed against an award, it shall report the full amount of such award. Cases on which the carrier has filed a petition to terminate must not be reported as "closed" until the petition has been granted by a referee or the Bureau of Workers' Compensation of the Department of Labor and Industry.
- d. If the final award has not been made but compensation for the injury is subject to a definite schedule of benefits, the provisions of the Law shall be reflected in the amount of compensation reported. In all other cases the amount reported should reflect the carrier's estimate of incurred cost in the light of all information available on the date of valuation.
- e. Expenses, any general allowances for contingencies, and any supplemental non-statutory benefits not otherwise provided for in this Plan must be excluded. Precautionary reserves in excess of the amount shown on the final settlement receipt as filed at completion of all compensation payments with the Industrial Commission or other body having jurisdiction over workers compensation claims shall not be included in the amount of losses reported under the Statistical Plan. Vocational rehabilitation costs and reserves for future payments shall be included as part of the amount entered as incurred indemnity.

- f. In all cases where a claim has been determined to be eligible for reimbursement to the carrier from a special fund (such as Second Injury Fund, etc.) the gross incurred cost of the claim (i.e., prior to any reimbursement) shall be reduced by the amount of any paid or anticipated recovery from such fund and the net incurred cost of the claim shall be reported. Anticipated recovery is defined for this purpose as the amount of recovery expected to be recovered from such funds based on the rules governing such funds or a binding agreement between such funds and the carrier on an amount or percentage of the incurred cost to be reimbursed to the carrier on a particular claim.

When such an anticipated recovery becomes known by the carrier or when a recovery is paid to the carrier subsequent to the first reporting of the claim on the 18th month valuation date of the policy, a correction report must be filed with the Bureau reducing the incurred cost on the claim by the amount of the paid or anticipated recovery. (Refer to Item L.8. of this Section for additional instructions on correction reports.) If the claim previously required an Individual Case Report, a revised Individual Case Report shall be filed.

L. Special Reportings

1. Three-Year Fixed Rate Policies

The rules in this Section relate to the reporting of experience incurred under three-year fixed rate policies written in accordance with Section I, Rule XI of the Basic Manual.

- a. Second through tenth reports on three-year fixed rate policies or per capita policies reported in accordance with this Section are not required.
- b. Individual Case Reports are not required.
- c. Optional methods of reporting this experience are provided as set forth in Options A, B and C.
- d. The rules of the Delaware Workers Compensation Statistical Plan apply to the reporting of the experience, except
 - (1) where the Statistical Plan rules are obviously inappropriate because of the form of reporting for these risks to be described below. (For example, a reporting of Policy Number, Insured, etc., required by Section II may not be applicable.)
 - (2) as supplemented by the following rules in this Section.

2. Option A. Schedule Z Basis

- a. *Form of Report.* The experience shall be summarized by effective year and Manual classification and shall be reported in a separate submission. These reports may be made on Form NC-302. Send this data to the Bureau, Attention Option A Data.

Each submission shall be accompanied by a summary Form NC-302 showing the grand total for all Manual classifications combined.

- b. *Date of Valuation and Filing.* For reporting purposes the experience on three-year fixed rate policies shall be assigned to the year in which the policy became effective regardless of expiration date. Losses shall be valued not earlier than March 31, and the reports shall be filed not later than September 1 of the fourth year after the year in which the policy became effective. For example, the experience on three-year fixed rate policies becoming effective in 1996 shall be filed not later than September 1, 2000 with losses valued not earlier than March 31, 2000.

c. *Data to be Reported.* The experience to be reported for each classification consists of the following:

- (1) Number of Risks. The number of risks shown for each classification shall be the number of policies for which the classification in question is the governing classification.
- (2) Total exposure (payroll, per capita or other basis). Per capita exposure shall be reported on a man-year basis to the nearest 0.1. See Section VII for a definition of man-year.
- (3) Total earned premium.
- (4) Number of claims, total indemnity incurred and total medical incurred for
 - (1)Death
 - (2)Permanent Total
 - (5)Temporary Total
 - (6)Non-Compensable Medical
 - (9)Permanent Partial

The totals of the claims, indemnity incurred and medical incurred shall also be shown. It is not necessary to separate and identify incurred losses resulting from Disease, Part II, U.S. Longshore Act, etc.

- (5) Loss and expense constant premium shall be assigned to the applicable Statistical Code 0900.
- (6) A canceled policy shall be counted as one risk, and penalty premium shall be assigned to Code 0931.

d. *Correction Reports.* An error discovered by the carrier or the Bureau within 12 months after submitting the original report shall be revised by submitting a correction report. Where the original report was submitted on Form NC-302, the correction shall consist of two NC-302 forms carrying the necessary identifying information including the Manual classification. One form shall show only the amounts previously reported incorrectly as negative amounts, and the second form shall show the corresponding revised amounts as positive values. In cases where experience has been assigned to an incorrect Manual classification, the correction shall show the original code number with all amounts designated as negative items and the corresponding revised code number with the same amounts designated as positive values.

3. Option B. Unit Report Basis

- a. *Form of Report.* The complete three-year experience incurred under each policy shall be reported on the current appropriate Unit Report Form.
- b. *Date of Valuation and Filing.* Losses included in the reporting of a given policy shall be valued as of the 42nd month after the month in which the policy became effective, and the reports shall be filed not later than 44 months after the month in which the policy became effective. These reportings shall be specifically identified as three-year fixed rate policy experience (this must be done by entering a code "Y" in the 3 YR. F/R Policy portion of the Policy Conditions field) and shall be segregated and reported independently of the reportings of one-year policies.
- c. *Data to be Reported.* The data required shall be the data specified under the Statistical Plan. Reporting of the following items shall be optional:
 - (1) Insured
 - (2) Address
 - (3) Location of Risk
 - (4) Rating Value

Loss constant premium shall be assigned to Code 0032. Expense constant premium shall be assigned to Code 0900. If the Deposit Premium has been paid in advance, report only the net amount, i.e., the amount of one expense constant; if the premium has been paid in annual installments, report the amount of two expense constants. Cancellation penalty premium shall be assigned to Code 0931.

4. Option C. Magnetic Tape Reporting

Data for three-year fixed rate policies may be submitted on magnetic tape. For further information, contact the Bureau.

M. General Rules and Definitions**1. Standard Type of Coverage**

Coverage contemplated by the carrier rating value and classification to which the exposure has been assigned under the provision of Workers Compensation and Employers Liability policy.

2. Voluntary Plan

A policy written voluntarily by a carrier.

3. Delaware Workers Compensation Insurance Plan

The Delaware Workers Compensation Insurance Plan is available in the State of Delaware when an employer is unable to obtain workers compensation coverage in the voluntary market.

4. Vocational Rehabilitation

Indemnity losses include non-medical services to restore a disabled employee to suitable employment. Such services may include vocational evaluation, counseling, education, workplace modification and re-training, including on the job training for alternative employment with the same employer and job placement assistance. It shall also include reasonably necessary related expenses such as tuition, books, tools, transportation and additional living expenses.

5. Lump Sum

A claim settled by the agreement of the insurer and claimant to redeem the liability for compensation by payment from insurer to the claimant of a specified amount representing a discounted or commuted value of a specific award or benefit.

6. Fraudulent Claim

A claim that has been ruled (or officially declared) fraudulent through a court decision, e.g., criminal conviction or ruling of workers compensation judge/appeals board. Could be declared partially or fully fraudulent.

7. Exposure Coverage / Loss Conditions

- a. *State Act.* Coverage benefits paid to employees injured as the result of a workplace accident under State Workers' Compensation Law or Federal Compensation Laws.
- b. *USL&HW "F" or Non "F."* Coverage for benefits paid to employees injured as the result of a workplace accident under the United States Longshore and Harbor Workers Compensation Act.
- c. *Federal Coal Mine Health and Safety Act Only.* Coverage for benefits paid to employees injured as the result of a workplace accident under the Federal Coal Mine Health and Safety Act.
- d. *Federal Coal Mine Health and Safety Act and the State Act.* Coverage for benefits paid to employees injured as the result of a workplace accident under both Federal Coal Mine Health and Safety Act and the State Act.

8. Loss Conditions

- a. *Trauma.* An injury caused by a work-related accident.
- b. *Occupational Disease.* Occupational disease is any abnormal condition caused by repeated exposure extending over a period of time to a disease producing agent or agents present in the workers occupational environment resulting in disability or death, which is not traceable to a definite compensable accident occurring during the employee's present or past employment.
- c. *Cumulative Injury Other than Disease.* An injury occurring from repetitive mental or physical traumatic activities extending over a period of time, the combined effect of which caused disability or need for medical treatment (other than disease).

9. Recovery

- a. *Second Injury Fund Only.* The carrier has received reimbursements from the Second Injury Fund. The Second Injury Fund is a trust established to reimburse carriers when a subsequent injury is caused by or made substantially greater due to the combined effects of physical impairment or previous accident, disease or congenital condition.
- b. *Subrogation Only.* The carrier has received reimbursements from an entity other than the employer with legal liability due to circumstances for the injury.
- c. *Subrogation with Second Injury Fund.* The carrier has received reimbursement from both the Second Injury Fund and a third party.
- d. *Joint Coverage.* Coverage furnished by other than the one policy for which experience is being reported is pertinent to a division of the total incurred loss. Such claims usually result from one of the following causes:
 - (1) The injured party has co-employers.
 - (2) Overlapping coverage on the same employer.
 - (3) Injury developed over an extended period. When a carrier has determined that the loss is chargeable to two or more policies written by such carrier or when two or more carriers have accepted liability for a part of the total incurred loss, it shall be considered the equivalent of a determination by adjudication that the coverage furnished by other than the one policy for which experience is being reported is pertinent to the division of the total incurred loss.

10. Type of Coverage

- a. *Workers Compensation Only.* The entire loss is incurred under provisions of Part I of the Workers Compensation and Employers Liability Insurance Policy.
- b. *Employers Liability Only.* The entire loss is incurred under provisions of Part II of the Workers Compensation and Employers Liability Insurance Policy.
- c. *Workers Compensation and Employers Liability.* The loss is incurred under provisions of both Part I and Part II of the Workers Compensation and Employers Liability Insurance Policy.
- d. *Liability Over.* Refers to a particular Employers Liability coverage situation where a third party, who is being sued by an employee, in turn sues the employer. Any damages incurred to the employer are classified as liability over and are in addition to compensation payments made to the injured employee.

11. Type of Settlement

- a. *Non-compensable Previously Alleged.* When the employer provided notification to the insurer that in the employer's opinion no compensation is payable and the claim was later found to be non-compensable, the insurer is required to reimburse the employer for any additional premium resulting from the use of the claim in the employer's experience modification. Further, any modification, which reflects a claim, which the employer alleged to be a non-compensable, and which is found to be non-compensable, will be revised.
- b. *Stipulated Award (carrier/claimant settlement).* An award, which has been drawn up between the carrier and claimant and submitted to the workers compensation, appeals board for review.
- c. *Findings and Award (judicial award).* An award, which has been issued by a judge based on evidence, presented in the process of litigation.
- d. *Dismissal or Take Nothing Non-compensable.* The claim will generate no payments or reserves due to one of the following:
 - (1) Official ruling denying benefits.
 - (2) Claimant's failure to file for benefits.
 - (3) Claimant's failure to prosecute claim following carrier's denial of the claim.
- e. *Compromise and Release.* A settlement over the issues of applicability, extent of injury, or future benefits.

12. Managed Care Organization

- a. *HMO.* The claim will be administered by HMO (Health Maintenance Organization). Generally restricts employee's choice of health care providers in exchange for reduced out-of-pocket costs and more extensive preventive care. Generally requires only minimal co-payments and no deductibles. Directs patients to a network of providers and requires authorization for many specialist and hospital services.
- b. *PPO.* The claim will be administered by PPO (Preferred Provider Organization). Retains many elements of indemnity plans but provides employees with a choice of whether or not to use managed care network providers. Financial incentives are offered for those who receive care from providers selected by employers or insurers.
- c. *EPO.* The claim will be administered by EPO (Exclusive Provider Organization). A network where coverage is confined to the provider network. If enrollees go outside of the network for care, they get no reimbursement.
- d. *IPA.* The claim will be administered by IPA (Individual Practice Association). A network of individual physicians who also serve non-network patients covered by other insurance. IPAs contract with a large number of physicians and enrollees represent only a small portion of the physicians' practices.
- e. *CCO.* The claim will be administered by CCO (Coordinated Care Organization). An organization licensed in Delaware and certified by the Secretary of Health on the basis of established criteria possessing the capacity to provide medical services to an injured worker on a timely and effective manner.

13. Expenses -- Excluded from Losses

Expenses must be excluded from losses except as noted in 14 below. Medical or legal expenses incurred for the benefit of the carrier shall be treated as loss adjustment expense. For expenses developed for the benefit of the claimant, refer to 14.a.

- a. *Allocated Loss Adjustment Expenses.* Allocated Loss Adjustment Expenses encompass the following costs of a carrier, which can be directly allocated to a particular claim:

- (1) Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside or staff representative.
- (2) Court, Alternate Dispute Resolution and other specific items of expense such as:
 - Medical examinations of a claimant to determine the extent of the carrier's liability, degree of permanency or length of disability;
 - Expert medical or other testimony;
 - Autopsy;
 - Witnesses and summonses;
 - Copies of documents such as birth and death certificates, medical treatment records;
 - Arbitration fees;
 - Surveillance;
 - Appeal bond costs and appeal filing fees.

- (3) Medical cost containment expenses incurred with respect to a particular claim, whether by an outside vendor or done internally by an employer for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid. The expenses include:

Bill auditing expenses for any medical or vocational services rendered, including hospital bills (inpatient or outpatient), nursing home bills, physician bills, chiropractic bills, medical equipment charges, pharmacy charges, physical therapy bills, medical or vocational rehabilitation vendor bills.

Hospital and other treatment utilization reviews, including pre-certification/pre-admission, concurrent or retrospective reviews.

Preferred provider network/organization expenses.

Medical fee review panel expenses.

- (4) Expenses which are not defined as losses and are directly related to and directly allocated to the handling of a particular claim for services which are required to be performed by statute or regulation.

- b. *Unallocated Loss Adjustment Expenses.* Unallocated Loss Adjustment Expenses are loss adjustment expenses that are not defined above. These include but are not limited to:

- (1) Carrier employees' salaries, overhead and traveling expenses, which are considered loss adjustment expense and are not incurred while doing activities previously listed as allocated expenses.
- (2) Fees paid to independent claims professionals or attorneys (hired to perform the function of claim investigation normally performed by claim adjusters), for developing and investigating a claim so that a determination can be made of the cause, extent of responsibility for the injury or disease, including evaluation and settlement of covered claims.

14. Expenses -- Included in Losses

- a. *Medical or Legal Expenses Incurred for the Benefit of the Claimant.* Medical or legal court expenses incurred for the benefit of the claimant or that the carrier is required to produce for the benefit of the claimant shall be reported as either an indemnity or medical loss depending upon the nature of the expense.
- b. *Employers Liability Loss Adjustment Expenses.* Employers liability losses include allocated loss adjustment expenses as defined above. The entire amount of losses and allocated loss adjustment expenses shall be reported as incurred losses on the unit report.
- c. *Impartial Examinations by Industrial Board.* Expenses for impartial examinations ordered by an industrial board are to be considered as incurred losses and reported on the unit report.

- d. *Awards.* When an award to a claimant includes the cost of witness fees, attorney fees and other court costs, the amount so awarded shall be considered as part of the cost of benefit and shall be included with the indemnity reported. With respect to claims brought by persons against whom an employee has brought a third-party common law action, such special costs shall be reported as an indemnity loss whether or not a recovery is made against the third party by the employee.
- e. *Vocational Rehabilitation Evaluation/Testing Expense.* Evaluation expenses (which are defined as costs incurred in testing and evaluating the claimant's ability, aptitude or attitude in determining suitability for vocational rehabilitation or placement) shall be reported as incurred indemnity loss if such evaluation services are purchased from outside vendors.

Evaluation expenses incurred by carrier personnel may be reported as incurred loss if such expenses are related to the activities of individuals (other than claims supervisors or claims adjusters engaged in efforts to return an injured worker to gainful employment) that, at a minimum, satisfy the qualifications established by the state having jurisdiction over a particular claim.

- f. *Physical Rehabilitation Expenses.* Expenses incurred by the carrier due to the purchase of physical rehabilitation services from outside vendors shall be reported as incurred medical loss.

Expenses incurred by the carrier for physical rehabilitation activities listed below may be included in incurred losses if performed by carrier personnel (other than claims supervisors and claims adjusters engaged in efforts to return an injured worker to gainful employment) who are medically trained:

- (1) Various necessary evaluations and therapies including physical, occupational, speech and hearing.
- (2) Coordination of services such as necessary medical equipment or special nursing care in a facility or the home.
- (3) Necessary consultation(s) with physician(s).
- (4) Monitoring the treatment and progress of claimant's medical condition.
- (5) Coordination of family, agency and community services to provide optimal recovery.

For such expenses associated with the above, the carrier personnel performing the activities must be trained in one of the following disciplines:

- (1) physicians
- (2) licensed registered nurses
- (3) licensed speech therapists
- (4) registered physical therapists
- (5) dentists and dental technicians
- (6) occupational therapists
- (7) chiropractors
- (8) podiatrists
- (9) licensed physician assistants
- (10) licensed cardio-pulmonary technicians



SECTION II

REPORTING REQUIREMENTS

**DELAWARE
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE**

SECTION II - REPORTING REQUIREMENTS**A. Rules Common to Premiums and Losses****1. Form of Report**

Reports consist of experience cards comprising an exhibit of exposures, premium and losses, together with Individual Case Reports as required in Section III of this Plan. The required forms for reporting the data may be ordered from the National Council on Compensation Insurance. All submissions **MUST** be typed or clearly printed. A sample of each form is in Section VIII. A list and description of the various forms follows.

Unit report data may be submitted on magnetic tape in lieu of the above hard copy reports. For further information regarding magnetic tape reporting, please contact the Bureau.

Form Number	Description
NC2957	First Reporting
NC2913	Supplemental Loss Reporting
NC2957	Revised Exposures and Premiums
NC2913	Revised Loss Reporting
NC1047	Individual Case Report
NC2400	Letter of Transmittal -- Hard Copy
NC302	Summary Report – Three-Year Fixed Rate Policies

2. Estimated Audits

If for any reason data is unavailable to the carrier before the filing date, an estimated audit must be filed with the Bureau and the Policy Condition Field "Estimated Exposures" shall be marked with the symbol "Y".

3. Fraction of Dollars

Fraction of Dollars. Report all monetary amounts in whole dollars only.

4. Method of Transmittal

- a. Experience reports shall be submitted on a monthly basis, except that the carrier may submit reports more frequently if the carrier so desires.
- b. Experience reports shall be transmitted to the Bureau with a standard letter of transmittal, Form NC2400, signed by a responsible official of the carrier. The transmittal form may show the summary totals. The use of a stamped signature is permissible.

5. Dates

All dates shall be reported using a numeric designation, e.g. April 1, 1996 should appear as **04-01-96**.

6. Policy Information

- a. *Report Number.* In the space provided in the upper left-hand corner of Form NC2957 or NC2913 report the 2-digit numeric code that corresponds to the loss valuation date.
- First Reports are valued as of the 18th month after the month in which the policy became effective, and the report shall be filed not later than 20 months after the effective date of the policy.
 - Subsequent Reports
 - Second reports are valued exactly 30 months from the policy effective date.
 - Third reports are valued exactly 42 months from the policy effective date.
 - Fourth reports are valued exactly 54 months from the policy effective date.
 - Fifth reports are valued exactly 66 months from the policy effective date.
 - Sixth reports are valued exactly 78 months from the policy effective date.
 - Seventh reports are valued exactly 90 months from the policy effective date.
 - Eighth reports are valued exactly 102 months from the policy effective date.
 - Ninth reports are valued exactly 114 months from the policy effective date.
 - Tenth reports are valued exactly 126 months from the policy effective date.

- b. *Correction Report Number.* Report the 2-digit sequential number that corresponds to the number of correction reports submitted within a particular report level.

Refer to Section 1, Item L.8. for conditions requiring a correction report.

Example: 3rd correction to a first report = Report Number "01", Correction Number "03" Report blanks for original report level submissions on hard copy.

- c. *Correction Type.* Report the 1-position alphabetic code that indicates the type of correction report being submitted. Applicable only to correction reports.

- H - Header Record Correction
- E - Exposure Record Correction (First Reports Only)
- L - Loss Record Corrections
- T - Total Record Correction
- M - Correction to Multiple Record Types

- d. *Carrier Code.* The carrier code shall be inserted in the space provided. Refer to the National Council on Compensation Insurance, Inc. for the appropriate 5-digit code number.
- e. *Policy Number.* The complete policy number must be shown on the unit report AND MUST AGREE WITH THE POLICY NUMBER SHOWN ON THE POLICY INFORMATION PAGE. The complete policy number including prefixes and suffixes, if used, must remain the same throughout the life of the policy. In those cases where a policy is renewed by a renewal certificate, the policy number must be shown. If the carrier desires, the certificate number may also be shown under the field Certificate Number.
- f. *Policy Effective Date.* The effective date should correspond exactly with that shown on the policy information page or endorsements attached thereto. In the case of an interstate policy endorsed after its effective date to provide coverage for Delaware, the effective date shown on the risk report for Delaware shall be the effective date of the interstate policy. The effective date of the coverage for Delaware shall be indicated in the space captioned State Effective Date.
- g. *Policy Expiration Date.* The expiration date shall be the expiration date shown on the policy information page unless the policy is canceled. In that event, the cancellation date shall be recorded as the expiration date.

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- h. *Exposure State.* Report the 2-digit numeric code that represents the state in which coverage has been provided.

Delaware -- **07**

- i. *State Effective Date.* The date coverage begins in Delaware on a multistate policy where Delaware is added mid-term. Otherwise leave blank.
- j. *Risk ID Number.* The Risk ID Number is not required by the Bureau.
- k. *Page Number.* The Page Number is not required by the Bureau.
- l. *Insured Name.* Report the name of the person or business with whom an insurance contract is made and who is specifically designated by name in Item 1 of the policy information page or as endorsed.
- m. *Insured Address.* The Insured Address is not required by the Bureau.
- n. *Federal Employer ID Number.* Report the Federal Employer Identification Number as shown on the policy information page.
- o. *Modification Effective Date.* Report the Modification Effective Date only when different from the policy effective date. If the modification changes in accordance with Experience Rating Plan rules, report the effective date of the modification, which applies, to the reported exposure(s). If the anniversary rating date is different from the policy effective date, then the modification effective date equals the anniversary rating date.
- p. *Rate Effective Date.* Report the Rate Effective Date only when the Modification Effective Date is different from the policy effective date. If the rating value changes in accordance with manual rules, or due to the application of an anniversary rating date, report the effective date, which applies to the reported class code(s) and Exposure(s). The rate effective date should reflect the effective date of the rating value being applied.

7. Policy Conditions

Report the 1-position code for each policy condition which is indicated by a "Y" in the appropriate box for each condition that applies: three-year fixed rate indicator, multistate policy indicator, estimated exposure indicator, retrospective rated indicator, canceled mid-term indicator and managed care organization indicator.

8. Policy Type ID Code

Identifies the type of coverage, plan indicator and non-standard provisions of the policy.

Type of Coverage

Code Description

01 Standard Workers Compensation Policy

09 Non-Standard Policy

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Plan Type

Code Description

- 01 Voluntary Policy
- 02 Normal Assigned Risk Policy

Non-Standard Type

Code Description

- 01 Non-Standard Code Does Not Apply
- 08 Exclusion of Executive Officers
- 09 Voluntary Coverage Not Mandatory by State Act

9. Deductible Type

Report the 4-digit code that identifies the type of deductible being reported.

First Two Positions

Code Description

- 00 No Deductible
- 01 Medical Losses Only
- 02 Indemnity Losses Only
- 03 Medical & Indemnity Losses

Second Two Positions

Code Description

- 00 No Deductible
- 01 Per Claim
- 02 Per Accident
- 03 Per Policy
- 04 Percent of Claim Cost
- 05 Percent of Premium
- 06 Coinsurance Only
- 07 Benefits Coinsurance
- 08 Per Accident Coinsurance
- 09 Per Policy & Accident
- 10 Per Claim and Policy Aggregate
- 11 Coinsurance Percent With Claim and Policy Aggregate Limits
- 12 Variable

10. Deductible Percent

Report the whole percent of the deductible to be paid by the insured, if applicable, as defined by the deductible program. Applicable only with deductible types 0104, 0105, 0204, 0205, 0304 and 0305.

11. Deductible Amount Per Claim/Accident

Report the loss amount by claim/accident to be paid by the insured, if applicable, as defined by the deductible program.

12. Deductible Amount Aggregate

Report the maximum loss amount for all claims to be paid by the insured, if applicable, as defined by the deductible program.

B. Exposure Information**1. Update Type**

Report the 1-position alphabetic code that identifies the activity of an exposure record.

Code Description

P	Previously Reported
R	Revised

2. Exposure Coverage

Report the code indicating the Act (Law) under which the exposure for this record's class code is associated.

Code Description

01	State or Federal Act, excl. USL&HW
02	USL&HW "F" or non "F" Coverage
10	Voluntary Coverage Not Mandatory by State Act

3. Class Code

Report the code corresponding to the insured's classification determined according to classification rules of the Bureau and published in the Delaware Manual of Rules, Classifications and Rating Values for Workers Compensation and for Employers Liability Insurance.

4. Exposure Amount

The lines referenced in the following paragraphs, Items 4 through 10, pertain to the hard copy Unit Statistical Report.

- a. Payrolls reported must be audited payrolls even on minimum premium risks. When a final audit has not been made at the time of filing a report, the policy condition field Estimated Exposures should be marked with the symbol "Y" and without further request MUST be replaced by a revised report as soon as audited payrolls are available.
- b. Payrolls must be appropriately separated as of the effective date of the changes whenever there is a change in experience modification.
- c. The total payroll for all classifications is to be shown in the appropriate space provided on the line captioned Total Standard Exposures. In cases where more than one unit card is required for filing the experience under a given policy, it is important that the risk totals be shown on the last unit card.
- d. The payroll exposures for non-ratable (supplemental and catastrophe loadings) portions are not to be included in the Total Standard Exposure.

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- e. The Manual rules provide that the payroll of all employees exposed to a foundry, abrasive, sand blasting hazard, carcinogen, radiation or federal black lung (except those rated under a classification where the Bureau Rating Values provide coverage for silicosis) will have a special supplementary disease rate charge in addition to the Bureau Loss Cost. Such payroll, together with the manual premium derived from the supplemental rate charge, shall be assigned to the appropriate code, such as **0066, 0133, 9985, 0176, or 0164**. Refer to Section IV Item B.3. of this Plan for a complete list. The payroll reported for these codes shall be shown but shall not be used in determining the risk's total payroll. However, the premium resulting from the application of the supplemental disease rates shall be included in the total premium reported on one of the lines captioned "D," "E" or "F."
- f. The Manual rules provide that the payroll of all employees exposed to or engaged in the following hazards will have a mandatory catastrophe reserve rate which is not subject to experience or retrospective rating in addition to the Bureau Loss Cost. Such payroll, together with the Manual premium from the mandatory catastrophe reserve rate charge, shall be assigned to the appropriate code:

Class	Hazard	Code
4773	Manufacturing of high explosives	0773
4774	Manufacturing of high explosives	0774
4775	Handling of explosives or mixing of fulminate	0775
4776	Handling of explosives or mixing of fulminate	0776
4779	Mixing and/or loading of charges	0779
7323	Stevedoring - handling of ammunition	0763
7405	All members of the flying crew of scheduled and supplemental air carriers	7445
7413	All members of the flying crew of commuter air carriers	7453

5. Exposure-Other Than Payroll

For a number of classifications the Manual provides bases of exposure other than payroll. The following method of reporting shall be used in such instances:

- a. *Per Capita Classifications.* Experience on per capita classifications shall be reported on the regular experience card, showing in the Exposure Amount column the number of persons exposed. An employee covered under a per capita classification for a period of one year shall be reported as an exposure of 1.0. Similarly, if coverage is terminated before the expiration of a year, the exposure reported per person shall be that decimal part of a year, expressed to the nearest tenth, for which the coverage was in effect. For example, an employee covered for four months should be reported as an exposure of 0.3. Exposure shall be governed by the duration of the coverage and not by the number of days worked.
- b. *Aircraft Operation-Passenger Seat Surcharge.* Passenger seat surcharge premiums shall be reported separately on the basis of each aircraft owned or operated by the risk during the policy period and shall be assigned to **Code 9108**. The number of seats shall be reported as 1.0 per seat. The exposure and premium shall be entered on lines "D," "E" or "F."

Note: Premium for Code 9740, Foreign Terrorism, and Code 9741, Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents, does not apply to these classifications.

6. Carrier Rating Values

The carrier's rating values as shown in the compensation policy shall be shown against the classifications and payrolls to which they are applicable.

7. Premium

- a. *Premium by Classification.* The premium reported by Manual classification shall be that obtained by extension of the payroll or other exposure at the carrier's rating values, and shall be posted in the column captioned Premium Amount. Where a classification includes a non-ratable element or supplemental loading, the ratable portion of the premium should be shown above line "C" and the non-ratable portion should be shown below line "C."

Note: The non-ratable element or supplemental loading is subject to deviation, if applicable.

- b. *Miscellaneous Premium.* The Bureau rules provide for additional premium charges for various special conditions or additional coverage, such as Aircraft Seat Surcharge, Excess Limits under Part II, etc. These additional premium charges shall be reported in the column captioned Premium Amount under appropriate Class Code. (See Item B.3. of this Section). The exposure items, if any, shall be entered in the column captioned Exposure Amount.

For all risks, whether subject to experience rating or not, the following rules apply.

- (1) Miscellaneous premium shall be reported on one of the lines designated "D," "E" or "F" if it is required by the Manual rules to be determined after application of the experience modification.
 - (2) All items of miscellaneous premium which do not fall under Item 1 above shall be reported on any of the blank lines above the line designated A-Total Subject Premium. For further details on the reporting of Miscellaneous Premium, refer to Item B.9. of this Section.
- c. *Premium Totals on Risks not Subject to Experience Modification.* For a risk, which is not subject to experience modification, DISREGARD line A-Total Subject Premium, line B-Experience Modification and line C-Total Modified Premium. The sum of the premiums by classification shown above line A-Total Subject Premium and/or on lines "D," "E" and "F" shall be shown on the line captioned Total Standard Exposure.

8. Exposure Total Record

- a. *Premium Totals on Risks Subject to Experience Modification.*

- (1) Line A-Total Subject Premium. The total of the premium above this line, as per subsection a. and b. above, shall be entered in the premium column on the line captioned A-Total Subject Premium.
- (2) Line B-Experience Modification. The experience modification used to develop charged premium, expressed as a decimal (e.g., .950 for 5% credit, 1.000 for a "neutral" modification, or 1.050 for a 5% debit), shall be entered in the premium column on the line captioned B-Experience Modification. If a change in the experience modification occurs subsequent to inception date of the policy, the payrolls, carrier's rating values and corresponding premium shall be split and reported on separate reports. The period covered by each report shall be shown by appropriate notation in the Mod Effective Date and/or Rate Effective Date fields.

Note: A "neutral" modification (1.000) may not be used for a non-rated risk.

- (3) Line C-Total Modified Premium. The product of the premium as shown on the line A-Total Subject Premium and the experience modification as shown on line B-Experience Modification shall be entered on line C-Total Modified Premium.
- (4) Line G-Total Standard Exposure. Report the sum of all dollar value exposures to be included in standard exposure.

- (5) Line G-Total Standard Premium. Report the sum of all premium dollars, both subject and not subject to modification, which are to be included in standard premium.

In those cases where the experience is reported on a split basis due to a change in experience modification and in other cases where more than one unit report card is required for filing the experience under a given policy, the Total Standard Premium shall be shown on the last card of the series.

9. Miscellaneous Statistical Codes

- a. Premium Subject to Experience Modification to be reported on any of the blank lines above the line designated A-Total Subject Premium on the Hard Copy Unit Statistical Report.

- (1) Premium for Increased Limits under Part II **Codes 9803, 9804, 9805, 9806, 9807, 9808, 9809, 9810, 9811, 9812, 9813, 9814, 9815, 9816** to be reported in the aggregate in the Premium Amount column, assigned to the appropriate code. Refer to Section IV for limits and percentages.

Note: Increased Limit factors applied to non-ratable classification exposures should be reported as not subject to the experience modification.

The Bureau Manual rules provide that the premium for limits in excess of the standard limits shall be determined by applying the appropriate factors to the total premium, at the carrier's rates, before any applicable experience modification. The codes to be used are listed in Section IV, Item B.3.

These codes should not be used in connection with the reporting of excess premium developed for increased limits on voluntary compensation policies. For such cases, the Bureau Manual rules contemplate that the premium for coverage in excess of standard limits is provided by an appropriate increase in the carrier's rate.

In those cases where the additional premium resulting from the application of the appropriate limit factor to total premium is less than the corresponding minimum premium established by the carrier for such increased limits, the corresponding minimum premium shall be shown opposite the appropriate **Code 9848**.

- (2) Additional Premium Resulting From Flat Increase on Outstanding Policies - **Code 0998**. For policies where the effect of a law amendment has been applied during the term of the policy as a flat increase on total premium for the unexpired portion, the additional aggregate premium resulting from the flat increase shall be reported on a carrier's Manual rate basis and shall be assigned to **Code 0998** and entered in the Premium Amount column. The Exposure Amount and Manual Rate columns shall be left blank.
- (3) Premium Credit Resulting From Flat Decrease on Outstanding Policies - **Code 0994**. For policies where the effect of a law amendment has been applied during the term of the policy as a flat decrease on total premium for the unexpired portion, the premium credit resulting from the flat decrease shall be reported on a carrier's Manual rate basis and shall be assigned to **Code 0994** and entered in the Premium Amount column. The Exposure Amount and Manual Rate columns shall be left blank.
- (4) Waiver of Subrogation Premium - **Code 0930**. For Policies where the carrier waives subrogation rights, the premium charge associated with such waiver of subrogation shall be assigned to **Code 0930** and entered in the "Premium" column. The "Exposure" and "Rate" columns shall be left blank.

- b. Premium Not Subject to Experience Modification, to be reported on lines "D," "E" or "F" on the hard copy Unit Statistical Report.
- (1) Aircraft Operation - Passenger Seat Surcharge - **Code 9108** - Refer to Item B.5.b. of this Section.
 - (2) Short Rate Penalty Premium - **Code 0931**
Where policies are canceled prior to normal expiration, the cancellation date shall be entered in the block captioned Policy Expiration Date and the symbol "Y" entered in the Policy Condition Field Canceled Mid-Term. When a policy is canceled short rate, the payroll and Manual premium by classification shall be reported on the basis of the actual exposure. Any deviation applied to Manual premium and the experience modification, if any, shall then be applied to the Manual premium to determine the total modified premium. The additional premium resulting from application of the short rate cancellation table to such modified premium extended to full annual basis shall be assigned to **Code 0931** and reported in the Premium Amount column. The Exposure Amount and Manual Rate columns shall be left blank. (For an example, see Section VI.)
 - (3) Delaware Construction Classification Premium Adjustment Program (DCCPAP) Credit - **Code 9046**
For carriers using an approved DCCPAP credit, the premium adjustment resulting from the application of the credit factor to the Manual Premium (after the application of the experience modification) shall be reported under **Code 9046**.
 - (4) Delaware Workplace Safety Program (DWSP) - **Code 9880**
For carriers using an approved DWSP credit, report the premium adjustment resulting from the application of the credit factor to the Manual premium (after application of experience modification) shall be reported under **Code 9880**.
 - (5) Schedule Rating Plan Adjustments
Schedule Rating Plan Adjustments must be applied as a percentage factor applicable to manual premium after application of experience/merit rating but prior to any other credit (i.e., Delaware Safety Committee credit, Delaware Construction Classification Premium Adjustment Program)
Code 9887 Schedule Rating Credit - to be subtracted when calculating standard premium
Code 9889 Schedule Rating Debit - to be added when calculating standard premium
NOTE: USE ONLY POSITIVE VALUES
 - (6) Deductibles- **Code 9663**. When a deductible has been elected, the premium on the policy shall be reduced by the deductible credit factor in accordance with the deductible table Section 1 of the Delaware Manual of Rules, Classifications and Rating Values for Workers Compensation and for Employers Liability Insurance. Such credit amount shall be reported under **Code 9663**.
 - (7) Merit Rating Plan Adjustments - Applicable on lines "D," "E" or "F" (on the paper copy of the unit statistical report) in lieu of experience modification.
Code 9884 - Neutral Adjustment - no credit or debit
Code 9885 - 5% Credit Adjustment - to be subtracted when calculating standard premium
Code 9886 - 5% Debit Adjustment - to be added when calculating standard premium
Merit Rating Adjustments are applicable to manual premium before application of any schedule rating, Delaware Safety Committee Credit or Delaware Construction Classification Premium Adjustment Program.
- c. Premium Not Subject to Experience Rating, to be Reported on line "H", "I" or "J" on the Hard Copy Unit Statistical Report.
- (1) Premium Discount - **Code 006_**. If premium discount is applied, the total amount of the discount for the state should be shown in the premium column on line "H" and shall be assigned to Statistical **Code 0063** for Schedule "Y" carriers or **Code 0064** for Schedule "X" carriers. THIS AMOUNT MUST NOT BE INCLUDED IN THE TOTAL STANDARD PREMIUM AMOUNT ENTERED. Be sure to complete the Code number "**006_**" to indicate which discount has been applied.

- (2) Expense Constant - **Code 0900**. On each policy where an expense constant has been charged, the amount so charged shall be assigned to **Code 0900** for all industry groups. Do not include the expense constant in the Total Standard Premium.
 - (3) Flat Charge Waiver of Subrogation – **Code 9115**. For policies where a flat charge has been levied for a waiver of subrogation rights, the amount shall be assigned to Code 9115. Do not include the flat charge waiver of subrogation premium in the Total Standard Premium. (See Item B.9.a.(4) of this section.)
 - (4) **Foreign Terrorism - Code 9740**
Premium charge for **Foreign Terrorism** is reported on a hard copy unit subsequent to experience modification after the expense constant, if applicable. The premium charge for Code 9740 is calculated by dividing a risk's total payroll by \$100 and multiplying the result times the carrier's rating value for Code 9740. Premium developed under **Foreign Terrorism** is not included in Total Standard Premium. Non-payroll exposures are not subject to premium charges for **Foreign Terrorism**.
 - (5) **Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents (DTEC) - Code 9741**
Premium charge for Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents is reported on a hard copy unit subsequent to experience modification after the expense constant, if applicable. The premium charge for Code 9741 is calculated by dividing a risk's total payroll by \$100 and multiplying the result times the carrier's rating value for Code 9741. Premium developed under Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents is not included in Total Standard Premium. Non-payroll exposures are not subject to premium charges for Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents.
- d. **Assigned Risk Surcharge - Code 0277**. Premium Not Subject to Experience Rating, to be reported on line "K" on the hard copy Unit Statistical Report.

10. Correction Reports-Method of Reporting

a. Conditions Requiring a Correction Report

- (1) A correction report shall be filed whenever there is an error of any kind on a report previously filed, whether such error is discovered by the carrier or by the Bureau.
- (2) If the error involves a change on a case, which in the previous reporting required an Individual Case Report, a revised or corrected Individual Case Report shall be submitted with the revised risk exposure.
- (3) Correction reports as defined above should be forwarded to the Bureau as soon as possible after the changes are known.

b. Method of Reporting

- (1) Correction for any month of issue shall be filed on **NC2957** or **NC2913** during the period when original reportings for the same year are being filed. All corrections must be clearly marked as corrections by inserting the 2-digit correction code that corresponds to the number of corrections submitted within a particular report level. Also the 1-position alphabetic correction type that indicates the type of correction being submitted should be entered in the Correction Type field.
- (2) Where the classification code or type of injury requires correction, the corrected report shall show all of the data previously reported for the classification in question, as well as all of the data (including those items which do not change) on a corrected basis. (For examples, refer to Section VI.)

- c. If revision of payrolls and premiums are required, **Form NC2957** shall be used.
- d. Correction reports should be forwarded to the Bureau as soon as possible after the changes are known.
- e. All correction reports should, in the Correction Type field indicate the type of correction being submitted. For example, due to an audit where the previous report was an estimate, the correction type would be "E" exposure. (For a list of Correction Type see Section II Item A.6.c.)
- f. Where the exposure previously reported has been changed by reason of an audit, or by a re-audit or any other adjustment affecting classifications, exposure or premiums, a revised report, **Form NC2957** shall be filed showing the amounts reported previously, as well as revised amounts for those classifications where there have been changes.
- g. The lines captioned A-Total Subject Premium, B-Experience Modification and C-Total Modified Premium, (if these lines have been used on the prior report), together with the Total Standard Exposure and Total Standard Premium, shall be shown as revised only.
- h. If the exposure does not change but the risk total standard premium previously reported is revised due solely to a change in the experience modification, it shall be necessary to submit a revised report showing only each item affected by the modification change on a previously reported and revised basis. --
- i. Previous premium discounts and revised discounts also shall be reported in the space provided.

C. Loss Information**1. Update Type**

Report the 1-position alphabetic code that identifies the activity of a loss record.

Code	Description
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P	Previously Reported
R	Revised

2. Claim Number

- a. Report the alphanumeric code that uniquely identifies the claim excluding blanks, punctuation marks and special characters. The complete claim number, including suffixes and prefixes, if used, must remain the same throughout the life of the claim.
- b. Each claim on which the total loss (indemnity and medical combined) is greater than \$2,000 must be listed individually with the appropriate claim number.
- c. At the option of the carrier all other medical only or temporary claims may be listed individually or may be grouped by Manual classification and by type of injury within each Manual classification.

The number of claims within each group shall be entered in the column captioned Accident Date/Number of Claims. In counting the number of claims, claims closed without payment shall be omitted. If one or more claims within the group are open, such a group shall be considered open and revised experience shall be reported in accordance with the rules of this Plan. If the grouping option is elected, claims must be grouped separately according to loss conditions codes as designated in Section IV, Item C.3.

NOTE: If claims otherwise eligible for the claim grouping option contained Catastrophe Code No. 48, these claims must be grouped separately with "48" reported in the Catastrophe Number field. *Refer to Section II, C. 11. for definition of losses included under Catastrophe Code No. 48.*

3. Accident Date/Number of Claims

For claims, which are listed individually, entering of the accident date by reporting the month, day and year on which the injury occurred is required. Where a number of claims are summarized by the group option, report the number of claims contained in the reported grouped claim. Number of claims is not reported for individually listed claims.

In cases involving disease, the claim shall be assigned to the policy in force at the time the carrier became aware of the claim. In the event the carrier no longer insures the risk, the claim shall be assigned to the last policy issued by the carrier. The selected and indicated date of accident shall fall within the policy period.

4. Incurred Indemnity

Report the whole dollar amount of incurred indemnity expenses as of the loss valuation. These losses consist of all paid and outstanding reserve benefits due to an employee's lost wages or inability to work, including compensation paid to the deceased prior to death, burial expenses, claimant's attorney fees, vocational rehabilitation benefits, payments to the state and employers liability losses and expenses.

Note: Allocated Loss Adjustment Expenses for other than Employers Liability coverage must be excluded from indemnity losses.

5. Incurred Medical

Report the whole dollar amount of incurred medical expenses, as of the loss valuation date. These losses consist of all paid and outstanding reserve benefits.

6. Class Code

In this column, show the classification code number to which the claim has been assigned. Report the code corresponding to the insured's classification determined according to the classification rules of the Bureau. No claims may be assigned to any classification unless premium also has been reported for that class. In cases where losses have been incurred under the benefits of a state other than where payroll is assigned, the carrier shall report the claim in the state where the payroll is assigned, identifying the claim in the Jurisdiction State field.

7. Injury Type

Report the 2-digit numeric code that identifies under which provision of the law benefits are paid or expected to be paid.

a. Death Cases Code - 01

- (1) Enter each death case, unless it has been established that the carrier has incurred no liability. The amount entered, as indemnity incurred shall include all paid and outstanding benefits, including compensation paid to the deceased prior to death, burial expenses, with a maximum of \$3,000 and payments to the state.

If there is compensation paid on a permanent total, permanent partial or a temporary claim prior to the death of a claimant and the death is not related to work injuries, the loss is to be reported on the basis of the injury for which payments have been previously made. In valuing a surviving spouse's benefits in death cases the Surviving Spouse's Pension Table, Table I, shall be used. (For example, see Section VI.) In valuing the portion of reserves in death cases for lump sum dowry benefits payable to the surviving spouse upon remarriage, Table II shall be used. In valuing the benefits for certain death claims where there is no surviving spouse, but a parent, brother or sister receiving benefits which are payable for life, Table III shall be used. (Refer to Section V for the Tables.)

- (2) U.S.L. & H.W. Benefits on Death Cases. In valuing a surviving spouse's benefits in death cases under U.S.L. & H.W. Coverage, Table U.S.L.-I shall be used. In valuing, the portion of reserves in death cases under U.S.L. & H.W. Coverage for lump sum dowry benefits payable to the surviving spouse upon remarriage, Table U.S.L.-II shall be used. In valuing the portion of reserves certain death cases under U.S.L. & H.W. Coverage where there is no surviving spouse, but a parent, brother or sister receiving benefits which are payable for life, Table USL-III shall be used.

b. Permanent Total Disability Code - 02

- (1) Enter as permanent total each case which has been adjudged to constitute permanent total disability or which is defined as such under the law, or which in the judgment of the carrier will result in permanent total disability. In general, permanent total disability includes cases involving the loss, or loss of use, of both hands, both arms, both feet, both legs, or both eyes. If a lump sum settlement is made or, in judgment of the carrier, will be received to settle future benefits, the injury code should be changed from a permanent total to a permanent partial. In establishing reserves on permanent total cases Table III, Pension Table (Other Than Surviving Spouse's) shall be used, as found in Section V. (For examples, see Section VI.)

- (2) U.S.L. & H.W. Benefits on Permanent Total Cases. In valuing the disabled's life portion of the reserve for permanent total cases under U.S.L. & H.W. Coverage, Table U.S.L.-III shall be used. In valuing the portion of the reserve for permanent total cases in which survivorship benefits are payable, Table U.S.L.-IV shall be used. (For an example, see Section VI.)

c. Temporary Total or Temporary Partial Disability Code - 05

Enter as Temporary every case, which involves or is expected to involve indemnity benefits but which does not constitute a case of Death, Permanent Total or Permanent Partial as defined above.

d. Medical Only Claims Code - 06

When reporting medical only losses, make no entry in the column captioned Incurred Indemnity.

e. *Contract Medical Code - 07*

Contract medical costs, which cannot be allocated to individual claims, shall be reported in the aggregate in the column captioned Medical Incurred. Such medical shall be assigned to the governing classification of the risk. Contract medical costs allocated to individual claims shall be reported in connection with these claims and shall not be included in the amount reported as contract medical. The amount reported, as contract medical shall be the actual incurred cost to the company for such medical contracts, including payments to physicians and hospitals under contract.

f. *Permanent Partial Disability Code - 09*

(1) Cases involving partial disability or permanent injuries, as defined in Sections 306(b) or 306(c) respectively of the Workers' Compensation Act. Such cases involve loss, or loss of use, of members of the body, sight or hearing and disfigurement of the head, neck or face. Do not include permanent injuries defined as Permanent Total above.

(2) Cases involving total disability, other than permanent total disability, if either of the following holds true:

(a) The duration of the disability benefits exceeds, or is expected to exceed, one year.

(b) In the judgment of the carrier, the extent of liability for future payments is indeterminate.

The amount entered as indemnity incurred shall include specific benefits and compensation for temporary disability as well as loss of earning capacity. (For examples, see Section VI.)

8. Claim Status

Report the 1-digit numeric code that indicates the status of the claim.

Code Description

0	Open (final payment not made)
1	Closed

9. Loss Conditions

Report the 2-digit code for each loss condition.

Act

Code Description

01	State or Federal Act, excl. USL&HW
02	USL&HW "F" or non "F" Coverage

Type of Loss

Code Description

01	Trauma
02	Occupational Disease (OD)
03	Cumulative Injury other than Disease

Type of Recovery

Code Description

- 01 No Recovery
- 02 Second Injury Only
- 03 Subrogation Only (Third Party)
- 04 Injury

Type of Coverage

Code Description

- 01 Workers' Compensation Only
- 02 Employers' Liability Only
- 03 Workers' Comp. & Employers' Liability.

Type of Settlement

Code Description

- 00 Claim Not Subject to Settlement
- 03 Stipulated Award (Carrier/Claimant Settlement)
- 04 Findings and Award (Judicial Award)
- 05 Dismissal (Non-Compensable)
- 06 Compromise Settlement
- 09 All Other Settlements

10. Jurisdiction State

Report the 2-digit state code of the governing jurisdiction which will administer the claim and which statutes will apply to the claim adjustment process when that state is different from the exposure state.

11. Catastrophe Number (Cat. No.)

Any accident resulting in two or more reported claims must be reported as a catastrophe. In reporting catastrophes, all claims (compensable as well as non-compensable and contract medical) resulting from this accident shall be designated by placing the numeral "1" in the column captioned Cat. No. opposite each claim. If there is more than one catastrophe under the policy, each succeeding catastrophe should be designated by means of a separate serial number "2", "3", etc., up to and including "10". After the number "10" is assigned the next number in the sequence will reprocess to number "1". Numbers "11" through "99" are reserved for ISO assigned catastrophe codes. A separate series of catastrophe numbers shall be used for each policy.

EXCEPTION: Report Catastrophe Code No. 48 for all claims directly arising from the commercial airline hijackings of September 11, 2001 and the resulting subsequent events with accident dates of September 11, 2001 through September 14, 2001.

Note: Catastrophe Code No. 48 will apply to both single and multiple claims.

12. Managed Care Organization Type

Report the 2-digit code that corresponds to the type of organization, which will administer the applicable medical losses.

Code Description

00	The claim is not administrated by an approved managed care organization (MCO).
01	The claim's medical losses are administrated by an approved managed care organization (MCO) not specifically listed in Codes 02-05 below.
02	The claim's medical losses are administrated by a health maintenance organization (HMO).
03	The claim's medical losses are administrated by a preferred provider organization (PPO).
04	The claim's medical losses are administrated by an exclusive provider organization (EPO).
05	The claim's medical losses are administrated by an independent practice association (IPA).

13. Social Security Number (Optional)

Report the claimant's social security number on individually reported claims.

14. Injury Description Code

Report the three 2-digit codes that represent the part of body, nature of injury and cause of injury for a given claim. (Refer to Section IV for list of codes.)

15. Occupation Description

Report a narrative description of the regular occupation of the claimant for claims with indemnity or medical value greater than \$25,000.

16. Vocational Rehabilitation Indicator

Report the 1-position code that indicates the inclusion of vocational rehabilitation costs in the losses.

Indicator Description

Y	Claim includes Vocational Rehabilitation Costs
N	Claim does not include Vocational Rehabilitation Costs

17. Fraudulent Claim Code

Report the 2-position code that indicates the claim status as respects occurrence of fraud. Code to be determined based on entry or filing of an order or other formal finding by a court or other judicial authority having jurisdiction over the case.

Code Description

00	Not Fraudulent
01	Partially Fraudulent
02	Fully Fraudulent

18. Paid Indemnity

Report the whole dollar amount of paid indemnity expenses for the claim as of the loss valuation date. These losses consist of all paid benefits due to an employee's lost wage or inability to work, including compensation paid to a deceased prior to death, burial expense, claimant's attorney fees, vocational rehabilitation benefits, payments to the state and employers liability losses and expenses.

19. Paid Medical

Report the whole dollar amount of medical losses paid for the claim as of the loss valuation date.

20. Claimant's Attorney Fees Incurred (Optional)

Report the whole dollar amount paid plus outstanding reserves for claimant's legal representation during the settlement of the claim as of the loss valuation date.

21. Employer's Attorney Fees

Report the whole dollar amount paid plus outstanding reserves for employer's legal representation during the settlement of the claim as of the loss valuation date.

22. Allocated Loss Adjustment Paid (ALAE)

Report the whole dollar amount of loss adjustment expense allocated and paid for this claim as of the loss valuation date.

23. Allocated Loss Adjustment Incurred (ALAE) (Optional)

Report the whole dollar amount of loss adjustment expense allocated and paid or reserved for this claim as of the loss valuation.

D. Loss Totals**1. Total Number of Claims**

Report the total number of claims reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total. Individually listed claims count as 1, while grouped claims equal the number of claims being grouped.

2. Total Incurred Indemnity

Report the arithmetic total of the incurred indemnity amounts reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.

3. Total Incurred Medical

Report the arithmetic total of the incurred medical amounts reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.

4. Total Paid Indemnity

Report the arithmetic total of the paid indemnity amounts reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.

5. Total Paid Medical

Report the arithmetic total of the paid medical amounts reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.

6. Total Claimant's Attorney Fees (Optional)

Report the arithmetic total of the incurred claimant's attorney fees reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.

7. Total Employer's Attorney Fees

Report the arithmetic total of the incurred employer's attorney fees reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.

8. Total ALAE Paid

Report the arithmetic total of the paid ALAE amounts reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.

9. Total ALAE Incurred (Optional)

Report the arithmetic total of the incurred ALAE amounts reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.



SECTION III

INDIVIDUAL CASE REPORTS

**DELAWARE
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE**

SECTION III - INDIVIDUAL CASE REPORTS**A. Individual Case Reports Rules**

1. **Claims on Which Required.** Individual Case Reports shall be filed for the following:

- a. All death claims
- b. All permanent total claims

NOTE: Delaware has no statutory maximum for incurred indemnity.

Individual Case Reports shall be filed concurrently with the submission of individual risk experience. Individual Case Reports in connection with subsequent reportings of experience are required if the incurred indemnity amounts, the classification code or the type of injury changes from the previous reporting. (For examples, see Section VI.)

2. **General Instructions** for Reporting Information on the Individual Case Reports. ALL INFORMATION ON THE INDIVIDUAL CASE REPORT MUST AGREE WITH THE CORRESPONDING INFORMATION SHOWN ON THE UNIT REPORT.

- a. *Forms.* For ALL Individual Case Reports (pension and other than pension) use the Individual Case Report form. (See Section VIII.)
- b. *Class Code.* Report the numeric code to which the loss was assigned.
- c. *Report Number Code.* Enter the code from the code list in Section IV, Item A.1. of this Plan which corresponds to the policy valuation date.
- d. *Transaction Type Code.*
 - (1) Initial Report-Code 1. Must be used for the first time the Individual Case Report for the claim is submitted, regardless of the Unit Statistical Report number based on valuation date.
 - (2) Subsequent Report-Code 2. Must be used on all Individual Case Reports submitted for a particular claim subsequent to the valuation date for which an initial Individual Case Report (Code 1) was submitted.
 - (3) Revised Report-Code 3. Individual Case Report filed due to the rejection by the Bureau Unit Review System of a previous Individual Case Report filed for a particular claim. All data on the correction report must be identical to the data on the original report except for Transaction Type and the data elements being corrected.
 - (4) Correction Report-Code 4. Individual Case Report filed when the carrier discovers a need for change on an Individual Case Report previously filed for the particular claim.
- e. *Type of Injury Code.* Enter the type of injury code as shown on the corresponding unit report for the particular claim.
- f. *Carrier Number.* Report the 5-digit carrier code assigned to the company by the National Council on Compensation Insurance, Inc.
- g. *Payroll State Code.* Report the 2-digit numeric code corresponding to the state to which the injured worker's payroll was assigned. Code "07" is required in Delaware.
- h. *Administration File Number.* This field is not required by Delaware.

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Section III

INDIVIDUAL CASE REPORTS

- i. *Policy Number.* Report the policy identification number as set forth on the policy information page and reported on the corresponding unit report.
- j. *Certificate Number.* This field is not required by Delaware. Report the 7-digit number used to identify a risk covered under a master policy.
- k. *Policy Effective Date.* Report the date on which the policy became effective coded as MM/DD/YY.
- l. *Claim Number.* Report the claim number as shown on the corresponding unit report for the particular claim.
- m. *Status Code.* Enter the appropriate Claim Status Code, use 0 for an open claim or 1 for a closed claim.
- n. *Date Attorney Disclosure.* This field is not required by Delaware.
- o. *Loss Conditions.* This field is not required since the information is on the Unit Statistical Report. However, if reported, this entry should be identical with the entry in the Loss Condition fields on the corresponding unit report as provided in Section IV, Item C.3.
- p. *Jurisdiction State.* This field is not required if it is identical to the Exposure State. However, if different, report the 2-digit state code of the governing jurisdiction which will administer the claim and which statutes will apply to the claim adjustment process.
- q. *Managed Care Organization (MCO).* This field is not required since the information is on the Unit Statistical Report. However, if reported, the code corresponds to the type of organization, which will administer the applicable medical losses of the particular claim. Refer to Section IV, Item C.4.
- r. *Insured Name.* Enter the full name of the insured as shown on the policy information page and the corresponding unit report.
- s. *Accident Date.* Enter the date of the accident in this space coded as MM/DD/YY.
- t. *Date of Death.* (Death Claims Only) Enter the date of death coded as MM/DD/YY.
- u. *Date Reported.* Enter the date at which the application for benefits was filed coded as MM/DD/YY.
- v. *Date of Birth.* Enter the injured worker's date of birth coded as MM/DD/YY.
- w. *Surgery Code.* Report the 1-digit code indicating whether the claimant's injury required surgery. Refer to Section IV, Item D.6
- x. *Attorney Code.* Report a 1-digit code indicating any attorney involvement on this claim. Refer to Section IV, Item D.7.
- y. *Worker's Last Name.* Enter the last name of the injured worker.
- z. *Average Weekly Wage.* Enter the average weekly wage as computed in accordance with the statutory provisions regarding determination of average wage. The full wage should be reported rather than the wage sufficient to qualify for the maximum weekly compensation. Report amount rounded to the nearest whole dollar.

- aa. *Injury Description Code.* This field is not required since the information is on the Unit Statistical Report. However, if reported, enter the 6-digit code from the injury description and cause of injury code grid in Section IV, which most accurately describes the conditions of the injury.
- bb. *Occupation.* Give the regular occupation of the worker as precisely as possible and not the specific activity that the employee was engaged in at the time of the accident.
- cc. *Date Closed.* Enter the date the claim was closed, if applicable, coded MM/YY.
- dd. *Reserve Type Code.* Report the type of reserve on which this claim is based. Refer to Section IV, Item D.8.
- ee. *Lump Sum Indicator.* Report whether or not the claim was settled with a payment of a specified amount to the claimant. Report "Y" for a lump sum payment and "N" for other than a lump sum payment.
- ff. *Fraud.* Report the code that indicates whether the claim was declared fraudulent. Refer to Section IV, Item D.10.
- gg. *Social Security Number.* This field is not required by Delaware. However, if reported, enter the claimants 9-digit number assigned by the Social Security Administration.
- hh. *Date Single Sum Paid.* Enter the date single sum settlement was paid coded MM/DD/YY.
- ii. *Employment Status.* Report the employment status of the claimant at the date the claim was first reported to the carrier. Refer to Section IV, Item D.11.
- jj. *Year Last Exposed.* Report the year in which the claimant was last exposed to disease to determine benefit.
- kk. *Date of Hire.* (Not applicable in Delaware)

3. Specific Instructions for Reporting Information on Individual Case Reports, Other Than Pension.

- a. *Temporary Indemnity.*
 - (1) Number of Weeks. Report the number of weeks upon which the temporary indemnity benefits is based.
 - (2) Incurred Loss. Report the total incurred indemnity amount (paid plus outstanding) as of the valuation date of all benefits to the injured worker related to temporary loss of earnings due to loss time from work as a result of an injury or disease.
- b. *Scheduled Indemnity.*
 - (1) Percent Disability. Report the percentage of loss, or loss of use, of the specific extremity, digit, vision or hearing on which the benefit is based. In Delaware, the percentage MUST be 100.
 - (2) Body Member Code. Report the 2-digit numeric code corresponding to the part of body on which the benefit is based. Body member codes are to be used only with scheduled indemnity cases. Refer to Section IV for the code list and schedule.
 - (3) Number of Weeks. Report the number of weeks upon which the scheduled indemnity benefit is based.
 - (4) Incurred Loss. Report the total incurred indemnity amount (paid plus outstanding) as of the valuation date of all scheduled benefits. Report dollars only.

c. *Non-Scheduled Indemnity.*

- (1) Percent Disability. Report the percentage upon which the non-scheduled indemnity benefit was determined.
- (2) Incurred Loss. Report the total incurred indemnity amount (paid plus outstanding) as of the valuation date of all non-scheduled benefits based on a percentage disability. Report dollars only.

d. *Employers Liability or Other Indemnity.*

- (1) Employers Liability. Report the incurred cost of the claim settled in accordance with Section I, Item L.7. of this Plan.
- (2) Other Indemnity (Excluding Vocational Rehabilitation). Report the total incurred indemnity amount (paid plus outstanding) as of the valuation date of all wage loss or other benefits (excluding vocational rehabilitation) not included in a., b. or c. Any payments to special funds should be reported in this field. Report dollars only. Identify the type of indemnity reported, i.e., wage loss.

e. *Vocational Rehabilitation Total Incurred.* Report the incurred amount (paid plus outstanding) of any vocational rehabilitation expenses incurred as of the valuation date. The corresponding loss condition also must be used. See Section IV.

f. *Claimant Legal Expense.* Report the incurred cost of the claim in accordance with Section I, Item L.9. of this Plan.

4. **Specific Instructions for Reporting Information on Individual Case Reports, Pension Benefits.**

- a. *Beneficiary Data.* Report the 1-digit numeric code corresponding to each different type of beneficiary. Refer to Section IV, Item D.12. for the code list. A separate code must be given for each beneficiary even if more than one beneficiary falls within the same code. For each beneficiary report the date of when the beneficiary was born coded as MM DD YY.
- b. *Pension Indemnity Benefits Paid to Valuation Date.* Report the total amount of pension benefits paid as of the valuation date, excluding any lump sum remarriage payment. Report the amount rounded to the nearest dollar. This amount must exclude all amounts reported under Item 3. above (Other Than Pension).
- c. *Pension Indemnity Previously Reserved, Not Paid.* Report the pension indemnity amount previously reserved but not yet paid. (Accruals)
- d. *Pension Value of Future Indemnity Payments.* Report the present value of total future indemnity payments. Report amount rounded to the nearest whole dollar. Refer to Items C.7.a. and C.7.b. of Section II for additional instructions.
- e. *Funeral Allowance.* Report the amount of funeral allowance rounded to the nearest whole dollar.
- f. *Lump Sum Remarriage Payment.* Report the amount paid upon the remarriage of the injured worker's spouses. Report amount rounded to nearest whole dollar.

5. **Totals**

- a. *Total Incurred Indemnity (Sum 1-11).* This amount must be identical to the Indemnity Losses shown in the Incurred Losses section of the corresponding unit report.
- b. *Total Incurred Medical.* This amount must be identical to the Medical Losses shown in the Incurred Losses section of the corresponding unit report.

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Section III

INDIVIDUAL CASE REPORTS

- c. *Total Indemnity and Total Medical Paid to Valuation Date.* Enter the totals of indemnity and medical that been paid as of the valuation date.
- d. *Social Security or Other Offset Amount.* Enter the whole dollar amount of any social security or other offset paid as of the valuation date.
- e. *Calculations.* Use this space to show any pertinent calculations or remarks.
- f. *Physician Paid.* This field is not required in Delaware. Enter the whole dollar amount of benefits paid as of the valuation date to treating physicians, including the cost of all clinic and office visits.
- g. *Hospital Benefits Paid.* This field is not required in Delaware. Enter the whole dollar amount for all benefits paid as of the valuation date to a hospital.
- h. *Applicants Medical Evaluation Paid.* This field is not required in Delaware. Enter the amount paid as of the valuation date for medical evaluations procured by the applicant or the applicant's attorney, excluding evaluations performed by the treating physician or by a qualified medical evaluator (QME) selected from a panel for a non-represented worker.
- i. *Defense Medical Evaluation Paid.* This field is not required in Delaware. Enter the amount as of the valuation date for medical evaluations procured by the insurance carrier, excluding evaluations performed by the treating physician or by qualified medical evaluator (QME) selected from a panel for a non-represented worker.
- j. *Independent Medical Evaluation Paid.* This field is not required in Delaware. Enter the amount paid as of the valuation date for medical evaluations procured by agreement of the parties or by appointment by the governmental agency, including the cost of an evaluation performed by the treating physician acting in the capacity of an agreed medical evaluator.
- k. *Legal Expense Defense.* Report any legal expenses paid on behalf of the defense. This element shall not be included in the incurred losses. See Section I, Item L.9. of this Plan.
- l. *Annuity Purchased Amount.* Enter the total purchase price (cost to the carrier) of the annuity purchased.
- m. *Total Gross Incurred.* This field is not required in Delaware.
- n. *Temporary Disability Paid.* This field is not required in Delaware. Enter the total dollar amount paid as of the valuation date in temporary disability benefits.
- o. *Permanent Partial Disability Paid.* This field is not required in Delaware. Enter the total dollar amount paid as of the valuation date in permanent partial disability benefits.
- p. *Permanent Total Disability Paid.* This field is not required in Delaware. Enter the total dollar amount paid as of the valuation date in permanent total disability benefits.
- q. *Death Paid.* This field is not required in Delaware. Enter the total dollar amount paid as of the valuation date in death benefits.
- r. *Single Sum Paid.* When a case involves complete or partial commutation of future payments, report the actual loss payment. Enter the total dollar amount in indemnity benefits that have been paid as of the valuation date as a single amount.

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- s. *Vocational Rehabilitation Paid.* Enter the total dollar amount paid as of the valuation date in vocational rehabilitation benefits (including training, evaluation and vocational rehabilitation indemnity).
- t. *Vocational Rehabilitation Indemnity Incurred.* This field is not required in Delaware. Enter the temporary disability indemnity incurred as a maintenance benefit subsequent to the date the claimant's medical condition is permanent and stationary. This does not include the amount of the advance from permanent disability that may be elected to supplement the maintenance allowance benefit up to the regular temporary disability weekly benefit.
- u. *Vocational Rehabilitation Training Incurred.* This field is not required in Delaware. Enter direct training costs, including, but not limited to, tuition, books, tools, transportation and additional living expense.
- v. *Vocational Rehabilitation Evaluation Incurred.* This field is not required in Delaware. Enter the expense of evaluation, testing and counseling (provided by either the carrier's own personnel or outside vendors), including those expenses associated with a claimant for which no training or educational program was conducted.



SECTION IV

CODES

**DELAWARE
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE**

SECTION IV - CODES

A. Codes Common to Premium and Losses

1. Report Number and Valuation Date

Code	Description
01	Valued as of the 18th month after the month in which the policy became effective.
02	Valued 30 months after the policy effective date.
03	Valued 42 months after the policy effective date.
04	Valued 54 months after the policy effective date.
05	Valued 66 months after the policy effective date.
06	Valued 78 months after the policy effective date.
07	Valued 90 months after the policy effective date.
08	Valued 102 months after the policy effective date.
09	Valued 114 months after the policy effective date.
10	Valued 126 months after the policy effective date.

2. Correction Type

The alphabetic code that indicates the type of correction report being submitted. Applicable only to correction reports.

Code	Description
H	Header Record Correction
E	Exposure Record Correction
L	Loss Record Correction
T	Total Record Correction
M	Multiple Record Corrections

3. Exposure State

The following state code number **must** be used. Delaware -- **07**

4. Policy Type ID Code

Identifies the type of coverage, plan indicator and non-standard provisions of the policy.

Type of Coverage

Code	Description
01	Standard Workers Compensation Policy
09	Non-Standard Policy

Plan Type

Code	Description
01	Voluntary Policy
02	Normal Assigned Risk Policy

Non-Standard Type

Code	Description
01	Non-Standard Code Does Not Apply
08	Exclusion of Executive Officers
09	Voluntary Coverage Not Mandatory by State Act

5. Deductible Type

Identifies the type of deductible being reported.

First Two Positions

Code	Description
00	No Deductible
01	Medical Losses Only
02	Indemnity Losses Only
03	Medical & Indemnity Losses

Second Two Positions

Code	Description
00	No Deductible
01	Per Claim
02	Per Accident
03	Per Policy
04	Percent of Claim Cost
05	Percent of Premium
06	Coinsurance Only
07	Benefits Coinsurance
08	Per Accident Coinsurance
09	Per Policy & Accident
10	Per Claim and Policy Aggregate
11	Coinsurance Percent With Claim and Policy Aggregate Limits
12	Variable

6. Policy Conditions

Report the 1-position code "Y" or "N" for each policy conditions.

a. Three Year Fixed Rate Indicator

"Y" = Policy is a three-year fixed rate policy.

"N" = Policy is not a three-year fixed rate policy.

b. Multistate Policy Indicator

"Y" = Policy is a multistate policy.

"N" = Policy is not a multistate policy.

c. Interstate Rated Indicator

"Y" = Policy is interstate rated.

"N" = Policy is not interstate rated.

d. Estimated Exposure Indicator

"Y" = Exposures expressed on unit report are estimated.

"N" = Exposures expressed on unit report are result of the audit.

e. Retrospective Rated Indicator

"Y" = Policy is retrospective rated.

"N" = Policy is not retrospective rated.

f. Canceled Mid-Term Indicator

"Y" = Policy has been canceled mid-term.

"N" = Policy has not been canceled mid-term.

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g. Managed Care Organization Indicator

"Y" = Policy has provisions for the administration of losses under an approved managed care organization.

"N" = Policy does not have provisions for the administration of losses by an approved managed care organization.

B. Exposure Information Code

1. Update Type.

Code	Description
P	Previously Reported
R	Revised

2. Exposure Coverage.

Report the code indicating the Act (Law) under which the exposure for this record's class code is associated.

Code	Description
01	State or Federal Act, excl. USL&HW
02	USL&HW "F" or non "F" Coverage
10	Voluntary Coverage Not Mandatory by State Act

3. Premium Codes

a. Premium Subject to Experience Modification (Reported Above Line "A")

(1) Premium for Increased Limits

Table for Increased Limits Effective 01/01/88

Limits of Liability (000's omitted)	Percentage	Codes
100/100/1,000	.70%	9803
100/100/2,500	1.20%	9804
100/100/5,000	1.70%	9805
100/100/10,000	2.40%	9806
500/500/500	1.90%	9807
500/500/1,000	2.20%	9808
500/500/2,500	2.70%	9809
500/500/5,000	3.20%	9810
500/500/10,000	3.90%	9811
1,000/1,000/1,000	3.30%	9812
1,000/1,000/2,500	3.80%	9813
1,000/1,000/5,000	4.40%	9814
1,000/1,000/10,000	5.00%	9815
Over 1,000/1,000/10,000	a	9816

Note: The Increased Limits factors applied to **non-ratable classification** exposures should be reported as not subject to the experience modification on line "D", "E" or "F".

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CODES

-
- | | |
|--|----------------------------|
| (2) Amount Required to Balance to Increased Limits Minimum Premium | Code 9848 |
| (3) Additional Premium From Flat Increase on Outstanding Policies | Code 0998 |
| (4) Premium Credit Resulting From Flat Decrease on Outstanding Policies | Code 0994 |
| (5) Deductible Applied to Manual Premium Before Experience Modification | Code 9664 |
| (6) Waiver of Subrogation | Code 0930 |
|
b. Premium Not Subject to Experience Modification (Reported on lines "D", "E" or "F") | |
| (1) Loss Constant | Code 0032 |
| (2) Seat Surcharge | Code 9108 |
| (3) Short Rate Penalty Premium | Code 0931 |
| (4) Risk Minimum Premium | Code 0990 |
| (5) Optional Supplemental Loadings | |
| For Class 447 | Code 0066 |
| For Class 445 | Code 0067 |
| For Class 513 | Code 0176 |
| For Carcinogen Experience | Code 0133 |
| For Radiation Experience | Code 9985 |
| (6) Mandatory Supplemental Loadings | |
| For Class 615 | Code 0152 |
| For Class 615 | Code 0164 |
| For Class 810 | Code 0162 |
| For Class 4773 | Code 0773 |
| For Class 4774 | Code 0774 |
| For Class 4775 | Code 0775 |
| For Class 4776 | Code 0776 |
| For Class 4779 | Code 0779 |
| For Class 7323 | Code 0763 |
| For Class 7405 | Code 7445 |
| For Class 7413 | Code 7453 |
| (7) Delaware Construction Credit Premium Adjustment Program (DCCPAP) | Code 9046 |
| (8) Certified Safety Committee Credit Program (DWSP) | Code 9880 |
| (9) Assigned Risk Surcharge | Code 0277 |
| (10) Deductible Applied to Manual Premium After Experience Modification Deductible | Code 9663 |
| (11) Merit Rating Plan Adjustment Neutral | Code 9884 |
| (12) Merit Rating Plan Adjustment - 5% Credit Adjustment | Code 9885 |
| (13) Merit Rating Plan Adjustment - 5% Debit Adjustment | Code 9886 |
| (14) Schedule Rating Plan Credit | Code 9887 |
| (15) Schedule Rating Plan Debit | Code 9889 |
|
c. Premium Not Subject to Experience Modification and Not to be Included in Standard Premium (Reported on lines "H", "I" or "J") | |
| (1) Premium Discount | Code 0063/Code 0064 |
| (2) Expense Constant | Code 0900 |
| (3) Waiver of Subrogation – Flat Charge | Code 9115 |
| (4) Foreign Terrorism | Code 9740 |
| (5) Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents | Code 9741 |

C. Loss Information Codes**1. Injury Type**

Code	Description
01	Death
02	Permanent Total Disability
05	Temporary Total or Temporary Partial Disability
06	Medical Only Claims
07	Contract Medical
09	Permanent Partial Disability

2. Claim Status

Code	Description
0	Open
1	Closed

3. Loss Conditions

Report the 2-digit code for each loss condition.

Act

Code	Description
01	State or Federal Act, excl. USL&HW
02	USL&HW "F" or non "F" Coverage

Type of Loss

Code	Description
01	Trauma
02	Occupational Disease (OD)
03	Cumulative Injury other than Disease

Type of Recovery

Code	Description
01	No Recovery
02	Second Injury Only
03	Subrogation Only (Third Party)
04	Subrogation with Second Injury

Type of Coverage

Code	Description
01	Workers' Compensation Only
02	Employers' Liability Only
03	Workers' Comp. & Employers' Liability

Type of Settlement

Code	Description
00	Claim Not Subject to Settlement
03	Stipulated Award (Carrier/Claimant Settlement)
04	Findings and Award (Judicial Award)
05	Dismissal (Non-Compensable)
06	Compromise Settlement
09	All Other Settlements

4. Managed Care Organization Type

Code	Description
00	The claim is not administrated by an approved managed care organization.
01	The claim's medical losses are administrated by an approved managed care organization not specifically listed in codes 02-05 below.
02	The claim's medical losses are administrated by a health maintenance organization.
03	The claim's medical losses are administrated by a preferred provider organization.
04	The claim's medical losses are administrated by an exclusive provider organization.
05	The claim's medical losses are administrated by an independent practice association.

5. Injury Description Code. This code is made up of three separate components:

- First two positions (XX -- --) identify the part of body injured.
- Middle two positions (-- XX --) identify the nature of the injury.
- Last two positions (-- -- XX) identify the specific cause of injury.

Refer to page 9 for a list of the Injury Description Codes.

6. Vocational Rehabilitation Indicator

Indicator	Description
Y	Claim includes Vocational Rehabilitation Costs
N	Claim does not include Vocational Rehabilitation Costs

7. Fraudulent Claim Codes

Code	Description
00	Not Fraudulent
01	Partial Fraudulent
02	Fully Fraudulent

D. Individual Case Report Codes**1. Report Number**

The report number must coincide with the Unit Statistical Report. (Refer to Section IV, Item A1)

2. Transaction Type

Code	Description
1	Initial Report
2	Subsequent Report
3	Revised Report
4	Correction Report

3. Report Type

Code	Description
1	Claim involving Life Pension Benefits
2	Claim not involving Life Pension Benefits

4. Injury Description Code. This code is made up of three separate components:

- a. First two positions (XX -- --) identify the part of body injured.
- b. Middle two positions (-- XX --) identify the nature of the injury.
- c. Last two positions (-- -- XX) identify the specific cause of injury.

Refer to page 9 for a list of the Injury Description Codes.

5. Status

Code	Description
0	Open Claim
1	Closed Claim

6. Surgery Code

Code	Description
1	Surgery
2	No Surgery

7. Attorney Code

Code	Description
2	Attorney involved
3	No Attorney involved

8. Reserved Type

Code	Description
00	Standard Reserve
01	Stacked Estimate
02	Volunteers
03	Questionable Compensability
04	Second Injury Fund Involvement
05	Partial Dependency
06	Still Exposed
07	Last Exposed
08	Stacked Award

9. Lump Sum Indicator

Indicator	Description
Y	Lump Sum
N	Other than Lump Sum

10. Fraudulent Claim Code

Code	Description
00	Not Fraudulent
01	Partially Fraudulent
02	Fully Fraudulent

11. Employment Status

Code	Description
1	Regular
2	Part-time
3	Unemployed
4	On Strike
5	Disabled
6	Retired
8	Unemployed (due to work-force reduction)
9	Other

12. Beneficiary

Code	Description
1	Injured Worker
2	Widow
3	Widower
4	Sons or Daughters
5	Brothers or Sisters
6	Mothers or Fathers
7	Other

Injury Description Coding
Part of Body

Code	Narrative Description
I. Head	
10. Multiple Head Injury	Any Combination of Below Parts
11. Skull	
12. Brain	
13. Ear(s)	Includes: Hearing, Inside Eardrum
14. Eye(s)	Includes: Optic Nerves, Vision, Eye Lids
15. Nose	Includes: Nasal Passage, Sinus, Sense of Smell
16. Teeth	
17. Mouth	Includes: Lips, Tongue, Throat, Taste
18. Soft Tissue	
19. Facial Bones	Includes: Jaw
II. Neck	
20. Multiple Neck Injury	Any Combination of Below Parts
21. Vertebrae	Includes: Spinal Column Bone, "Cervical Segment"
22. Disc	Includes: Spinal Column Cartilage, "Cervical Segment"
23. Spinal Cord	Includes: Nerve Tissue, "Cervical Segment"
24. Larynx	Includes: Cartilage and Vocal Cords
25. Soft Tissue	Other than Larynx or Trachea
26. Trachea	
III. Upper Extremities	
30. Multiple Upper Extremities	Any Combination of Below Parts, Excluding Hands and Wrists Combined
31. Upper Arm	Humerus and Corresponding Muscles, Excluding Clavicle and Scapula
32. Elbow	Radial Head
33. Lower Arm	Fore Arm - Radius, Ulna and Corresponding Muscles
34. Wrist	Carpals and Corresponding Muscles
35. Hand	Metacarpals and Corresponding Muscles - Excluding Wrist or Fingers

Injury Description Coding
Part of Body

Code	Narrative Description
36. Finger(s)	Other than Thumb and Corresponding Muscles
37. Thumb	
38. Shoulder(s)	Armpit, Rotator Cuff, Trapezius, Clavicle, Scapula
39. Wrist (s) & Hand(s)	
IV. Trunk	
40. Multiple Trunk	Any Combination of Below Parts
41. Upper Back Area	(Thoracic Area) Upper Back Muscles, Excluding, Vertebrae, Disc, Spinal Cord
42. Lower Back Area	(Lumbar Area and Lumbo Sacral) Lower Back Muscles, Excluding Sacrum, Coccyx, Pelvis, Vertebrae, Disc, Spinal Cord
43. Disc	Spinal Column Cartilage Other than Cervical Segment
44. Chest	Including Ribs, Sternum, Soft Tissue
45. Sacrum and Coccyx	Final Nine Vertebrae-Fused
46. Pelvis	
47. Spinal Cord	Nerve Tissue Other than Cervical Segment
48. Internal Organs	Other than Heart and Lungs
49. Heart	
60. Lungs	
61. Abdomen Including Groin	Excluding Injury to Internal Organs
62. Buttocks	Soft Tissue
63. Lumbar & or Sacral Vertebrae (Vertebra NOC Trunk)	Bone Portion of the Spinal Column
V. Lower Extremities	
50. Multiple Lower Extremities	Any Combination of Below Parts
51. Hip	
52. Upper Leg	Femur and Corresponding Muscles
53. Knee	Patella
54. Lower Leg	Tibia, Fibula and Corresponding Muscles

Injury Description Coding

Part of Body

Code	Narrative Description
55. Ankle	Tarsals
56. Foot	Metatarsals, Heel, Achilles Tendon and Corresponding Muscles - Excluding Ankle or Toes
57. Toes	
58. Great Toe	
VI. Multiple Body Parts	
64. Artificial Appliance	Braces, Etc.
65. Insufficient Info to Properly Identify - Unclassified	Insufficient Information to Identify Part Affected
66. No Physical Injury	Mental Disorder
90. Multiple Body Parts (Including Body Systems & Body Parts)	Applies when More than One Major Body Part has been Affected, Such as an Arm and a Leg and Multiple Internal Organs
91. Body Systems and Multiple Body Systems	Applies to the Functioning of an Entire Body System Has Been Affected Without Specific Injury to Any Other Part, as in the Case of Poisoning, Corrosive Action, Inflammation, Affecting Internal Organs, Damage to Nerve Centers, Etc. Does NOT Apply When the Systemic Damage Results from an External Injury Affecting an External Part Such as a Back Injury Which Includes Damage to the Nerves of the Spinal Cord.

Injury Description Coding**Nature of Injury**

Code	Narrative Description
I. Specific Injury	
01. No Physical Injury	i.e., Glasses, Contact Lenses, Artificial Appliance, Replacement of Artificial Appliance
02. Amputation	Cut Off Extremity, Digit, Protruding Part of Body, Usually by Surgery, i.e. Leg, Arm
03. Angina Pectoris	Chest Pain
04. Burn	(Heat) Burns or Scald. The Effect of Contact with Hot Substances. (Chemical) Burns. Tissue Damage Resulting from the Corrosive Action Chemicals, Fume, Etc. (Acids, Alkalies)
07. Concussion	Brain, Cerebral
10. Contusion	Bruise - Intact Skin Surface. Hematoma
13. Crushing	To Grind, Pound or Break into Small Bits
16. Dislocation	Pinched Nerve, Slipped/Ruptured Disc, Herniated Disc, Sciatica, Complete Tear, HNP Subluxtion, MD Dislocation
19. Electric Shock	Electrocution
22. Enucleation	Removal of Organ or Tumor
25. Foreign Body	
28. Fracture	Breaking of a Bone or Cartilage
30. Freezing	Frostbite and Other Effects of Exposure to Low Temperature
31. Hearing Loss or Impairment	Traumatic Only. A separate Injury, Not the Sequelae of Another Injury
32. Heat Prostration	Heat Stroke, Sun Stroke, Heat Exhaustion, Heat Cramps and Other Effects of Environmental Heat. Does not Include Sunburn
34. Hernia	The Abnormal Protrusion of an Organ or Part Through the Containing Wall of its Cavity

Injury Description Coding**Nature of Injury**

Code	Narrative Description
36. Infection	The Invasion of a Host by Organisms such as Bacteria, Fungi, Viruses, Mold, Protozoa or Insects, With or Without Manifest Disease.
37. Inflammation	The Reaction of Tissue to Injury Characterized Clinically by Heat, Swelling, Redness and Pain
40. Laceration	Cut, Scratches, Abrasions, Superficial Wounds, Calluses. Wound by Tearing
41. Myocardial Infarction	Heart Attack, Heart Conditions, Hypertension. The Inadequate Blood Flow to the Muscular Tissue of the Heart.
42. Poisoning - General (Not OD or Cumulative Injury)	A Systemic Morbid Condition Resulting from the Inhalation, Ingestion, or Skin Absorption of a Toxic Substance Affecting the Metabolic System, the Nervous System, the Circulatory System, the Digestive System, the Respiratory System, the Excretory System, the Musculoskeletal System, Etc. Includes Chemical or Drug Poisoning, Metal Poisoning, Organic Diseases, and Venomous Reptile and Insect Bites. Does NOT Include Effects of Radiation, Pneumoconiosis, Corrosive Effects of Chemicals; Skin Surface Irritations, Sepsis or Infected Wounds.
43. Puncture	A Hole Made by the Piercing of a Pointed Instrument
46. Rupture	
47. Severance	To Separate, Divide or Take Off
49. Sprain or Tear	Internal Derangement, A Trauma or Wrenching of a Joint, Producing Pain and Disability Depending Upon Degree of Injury to Ligaments.
52. Strain or Tear	Internal Derangement, The Trauma to the Muscle or the Musculotendinous Unit from Violent Contraction or Excessive Forcible Stretch.
53. Syncope	Swooning, Fainting, Passing Out, No Other Injury
54. Asphyxiation	Strangulation, Drowning

Injury Description Coding
Nature of Injury

Code	Narrative Description
55. Vascular	Cerebrovascular and Other Conditions of Circulatory Systems, NOC. Excludes, Heart and Hemorrhoids. Includes, Strokes, Varicose Veins - Non Toxic
58. Vision Loss	
59. All Other Specific Injuries, NOC	
II. Occupational Disease or Cumulative Injury	
60. Dust Disease, NOC	All Other Pneumoconiosis
61. Asbestosis	Lung Disease, A Form Of Pneumoconiosis, Resulting from Protracted Inhalation of Asbestos Particles.
62. Black Lung	The Chronic Lung Disease or Pneumoconiosis Found in Coal Miners
63. Byssinosis	Pneumoconiosis of Cotton, Flax and Hemp Workers.
64. Silicosis	Pneumoconiosis Resulting from Inhalation of Silica (Quartz) Dust.
65. Respiratory Disorders	Gases, Fumes, Chemicals, Etc.
66. Poisoning - Chemical, (Other Than Metals)	Man Made or Organic
67. Poisoning - Metal	Man Made
68. Dermatitis	Rash, Skin or Tissue Inflammation including Boils, Etc. Generally Resulting from Direct Contact with Irritants or Sensitizing Chemicals such as Drugs, Oils, Biologic Agents, Plants, Woods or Metals Which May be in the Form of Solids, Pastes, Liquids or Vapors and which may be Contacted in the Pure State or in Compounds or in Combination with Other Materials. Do NOT Include Skin Tissue Damage Resulting from Corrosive Action of Chemicals, Burns from Contact with Hot Substances, Effects of Exposure to Radiation, Effects of Exposure to Low Temperatures or Inflammation or Irritation Resulting from Friction or Impact.

Injury Description Coding**Nature of Injury**

Code	Narrative Description
69. Mental Disorder	A Clinically Significant Behavioral or Psychological Syndrome or Pattern Typically Associated with either a Distressing Symptom or Impairment of Function. i.e. Acute Anxiety, Neurosis, Stress, Non-Toxic Depression
70. Radiation	All Forms of Damage to Tissue, Bones or Body Fluids Produced by Exposure to Radiation
71. All Other Occupational Disease Injury, NOC	
72. Loss of Hearing	
73. Contagious Disease	
74. Cancer	
75. AIDS	
76. VDT - Related Diseases	Video Display Terminal Diseases Other than Carpal Tunnel Syndrome
77. Mental Stress	
78. Carpal Tunnel Syndrome	Soreness, Tenderness and Weakness of the Muscles of the Thumb Caused by Pressure on the Median Nerve at the Point at which it Goes Through the Carpal Tunnel of the Wrist
79. Hepatitis C	
80. All Other Cumulative Injury, NOC	
III. Multiple Injuries	
90. Multiple Physical Injuries Only	
91. Multiple Injuries Including Both Physical and Psychological	

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Section IV

CODES

Injury Description Coding**Cause of Injury**

Code	Narrative Description
I. Burn or Scald - Heat or Cold Exposures - Contact With	
01. Chemicals	
02. Hot Objects or Substances	
03. Temperature Extremes	
04. Fire or Flame	
05. Steam or Hot Fluids	
06. Dust, Gases, Fumes or Vapors	
07. Welding Operation	
08. Radiation	
09. Contact With, NOC.	
11. Cold Objects or Substances	
14. Abnormal Air Pressure	
84. Electrical Current	
II. Caught In, Under or Between	
10. Machine or Machinery	
12. Object Handled	
13. Caught In, Under or Between, NOC.	
20. Collapsing Materials (Slides of Earth)	Either Man Made or Natural
III. Cut, Puncture, Scrape Injured By	
15. Broken Glass	
16. Hand Tool, Utensil; Not Powered	
17. Object Being Lifted or Handled	
18. Powered Hand Tool, Appliance	
19. Caught, Puncture, Scrape, NOC.	

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CODES

Injury Description Coding**Cause of Injury**

Code	Narrative Description
IV. Fall, Slip or Trip Injury	
25. From Different Level (Elevation)	Off Wall, Catwalk, Bridge, Etc.
26. From Ladder or Scaffolding	
27. From Liquid or Grease Spills	
28. Into Openings	Shafts, Excavations, Floor Openings, Etc.
29. On Same Level	
30. Slipped, Do Not Fall	
31. Fall, Slip or Trip, NOC.	
32. On Ice or Snow	
33. On Stairs	
V. Motor Vehicle	
40. Crash of Water Vehicle	
41. Crash of Rail Vehicle	
45. Collision or Sideswipe With Another Vehicle	Both Vehicles in Motion
46. Collision with a Fixed Object	Standing Vehicle or Stationary Object
47. Crash of Airplane	
48. Vehicle Upset	Overtuned or Jackknifed
50. Motor Vehicle, NOC.	
VI. Strain or Injury By	
52. Continual Noise	
53. Twisting	
54. Jumping	
55. Holding or Carrying	

Injury Description Coding
Cause of Injury

Code	Narrative Description
56. Lifting	
57. Pushing or Pulling	
58. Reaching	
59. Using Tool or Machinery	
60. Strain or Injury By, NOC.	
61. Wielding or Throwing	
97. Repetitive Motion	Carpel Tunnel Syndrome
VII. Striking Against or Stepping On	
65. Moving Part of Machine	
66. Object Being Lifted or Handled	
67. Sanding, Scraping, Cleaning Operation	
68. Stationary Object	
69. Stepping on Sharp Object	
70. Striking Against or Stepping On, NOC.	
VIII. Struck or Injured By	Includes Kicked, Stabbed, Bit, Etc.
74. Fellow Worker; Patient	Not in Act of a Crime
75. Falling or Flying Object	
76. Hand Tool or Machine in Use	
77. Motor Vehicle	
78. Moving Parts of Machine	
79. Object Being Lifted or Handled	
80. Object Handled By Others	
81. Struck or Injured, NOC.	Includes Kicked, Stabbed, Bit, Etc.
85. Animal or Insect	
86. Explosion or Flare Back	
88. Natural Disaster	
91. Mold	
96. Terrorism	

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CODES

Injury Description Coding**Cause of Injury**

Code	Narrative Description
IX. Rubbed or Abraded By	
94. Repetitive Motion	Callous, Blister, Etc.
95. Rubbed or Abraded, NOC.	
X. Miscellaneous Causes	
82. Absorption, Ingestion or Inhalation, NOC	
87. Foreign Matter (Body) in Eye(s)	
89. Person in Act of a Crime	Robbery or Criminal Assault
90. Other Than Physical Cause of Injury	
98. Cumulative, NOC	All Other
99. Other - Miscellaneous, NOC	

SCHEDULED INDEMNITY - MAXIMUM WEEKS

<u>CODE</u>	<u>BODY MEMBER CODE</u>	<u>WEEKS</u>
35	Hand	220
31	Arm	250
56	Foot	160
54	Leg	250
14	Eye	200
13	Hearing (one ear)	75
13	Hearing (both ears)	175
37	Thumb	75
36	First finger	50
36	Second finger	40
36	Third finger	30
36	Fourth finger	20
37	One-half of thumb	37 1/2
36	One-half of first finger	25
36	One-half of second finger	20
36	One-half of third finger	15
36	One-half of fourth finger	10
57	Great toe	40
57	Other than great toe	15
57	One-half of great toe	20
57	One-half other than great toe	8
18	Facial disfigurement	150



SECTION V

TABLES

**DELAWARE
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE**

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**TABLE I-A
Surviving Spouse Pension Table***

Age at Widowhood (X)	\bar{a} [X]	\bar{a} [X]+1	\bar{a} [X]+2	\bar{a} [X]+3	\bar{a} [X]+4	\bar{a} [X]+5	Attained Age** (X+5)
16	11.510	11.837	13.022	13.691	14.240	14.742	21
17	11.579	11.915	13.115	13.796	14.358	14.873	22
18	11.654	12.000	13.216	13.911	14.486	15.015	23
19	11.735	12.091	13.324	14.034	14.624	15.168	24
20	11.823	12.189	13.442	14.167	14.772	15.334	25
21	12.012	12.365	13.611	14.330	14.941	15.512	26
22	12.224	12.551	13.781	14.489	15.108	15.691	27
23	12.453	12.746	13.952	14.643	15.269	15.866	28
24	12.688	12.955	14.140	14.825	15.446	16.036	29
25	12.924	13.166	14.328	15.015	15.626	16.204	30
26	13.157	13.371	14.507	15.199	15.804	16.374	31
27	13.387	13.568	14.675	15.370	15.977	16.548	32
28	13.616	13.758	14.835	15.532	16.149	16.729	33
29	13.851	13.952	14.997	15.694	16.324	16.920	34
30	14.101	14.162	15.177	15.872	16.512	17.120	35
31	14.376	14.404	15.393	16.086	16.722	17.326	36
32	14.685	14.692	15.660	16.353	16.961	17.534	37
33	15.049	15.052	15.982	16.677	17.226	17.735	38
34	15.450	15.461	16.347	17.041	17.505	17.920	39
35	15.863	15.888	16.721	17.408	17.771	18.079	40
36	16.255	16.286	17.059	17.725	17.993	18.204	41
37	16.602	16.623	17.327	17.952	18.150	18.291	42
38	16.879	16.867	17.495	18.060	18.215	18.338	43
39	17.107	17.046	17.593	18.083	18.221	18.344	44
40	17.291	17.174	17.640	18.047	18.186	18.309	45
41	17.442	17.272	17.655	17.979	18.115	18.234	46
42	17.556	17.356	17.655	17.904	18.021	18.121	47
43	17.646	17.440	17.657	17.841	17.920	17.972	48
44	17.721	17.516	17.652	17.781	17.809	17.791	49
45	17.776	17.570	17.629	17.708	17.679	17.583	50
46	17.790	17.580	17.570	17.602	17.518	17.350	51
47	17.751	17.534	17.464	17.449	17.319	17.097	52
48	17.643	17.414	17.295	17.233	17.066	16.827	53
49	17.503	17.257	17.099	16.992	16.797	16.544	54
50	17.333	17.067	16.880	16.733	16.517	16.252	55
51	17.134	16.852	16.642	16.460	16.228	15.954	56
52	16.907	16.615	16.388	16.177	15.932	15.650	57
53	16.656	16.356	16.119	15.887	15.631	15.342	58
54	16.389	16.082	15.836	15.590	15.325	15.029	59
55	16.109	15.796	15.543	15.286	15.014	14.711	60
56	15.821	15.502	15.242	14.976	14.696	14.388	61
57	15.525	15.201	14.934	14.660	14.374	14.060	62
58	15.223	14.893	14.620	14.338	14.047	13.729	63
59	14.914	14.579	14.299	14.011	13.715	13.392	64
60	14.599	14.258	13.974	13.679	13.377	13.051	65

* 1999 United States Life Table for Female Population
1980 United States of America Railroad Retirement Board Remarriage Table
Annual Rate of Interest = 3.5%
Annual Rate of Escalation = 0.0%

** For durations beyond 5 years from death of claimant, use the annuity value in the column for age (X+5) corresponding to the beneficiary's attained age.

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**TABLE I-A (Continued)
Surviving Spouse Pension Table***

Age at Widowhood (X)	\bar{a} [X]	\bar{a} [X]+1	\bar{a} [X]+2	\bar{a} [X]+3	\bar{a} [X]+4	\bar{a} [X]+5	Attained Age** (X+5)
61	14.279	13.934	13.645	13.344	13.035	12.704	66
62	13.956	13.607	13.312	13.004	12.688	12.351	67
63	13.634	13.279	12.977	12.661	12.336	11.992	68
64	13.310	12.948	12.637	12.312	11.978	11.628	69
65	12.980	12.611	12.290	11.958	11.616	11.259	70
66	12.638	12.264	11.937	11.598	11.248	10.884	71
67	12.294	11.916	11.578	11.231	10.873	10.502	72
68	11.939	11.559	11.213	10.859	10.492	10.116	73
69	11.579	11.197	10.842	10.480	10.107	9.727	74
70	11.214	10.829	10.466	10.097	9.720	9.338	75
71	10.844	10.456	10.086	9.712	9.332	8.949	76
72	10.467	10.077	9.703	9.326	8.944	8.559	77
73	10.086	9.696	9.319	8.939	8.555	8.170	78
74	9.702	9.312	8.933	8.551	8.167	7.783	79
75	9.316	8.927	8.546	8.163	7.780	7.401	80
76	8.930	8.540	8.159	7.778	7.399	7.026	81
77	8.543	8.153	7.773	7.397	7.025	6.659	82
78	8.156	7.769	7.393	7.022	6.658	6.303	83
79	7.771	7.389	7.019	6.656	6.303	5.963	84
80	7.391	7.016	6.654	6.301	5.962	5.639	85
81	7.019	6.652	6.299	5.961	5.639	5.330	86
82	6.654	6.299	5.960	5.638	5.330	5.036	87
83	6.301	5.960	5.638	5.330	5.035	4.756	88
84	5.961	5.638	5.330	5.035	4.755	4.489	89
85	5.638	5.329	5.035	4.755	4.489	4.238	90
86	5.329	5.035	4.755	4.489	4.238	4.000	91
87	5.035	4.755	4.489	4.238	4.000	3.775	92
88	4.755	4.489	4.237	4.000	3.775	3.564	93
89	4.489	4.237	3.999	3.775	3.563	3.364	94
90	4.237	3.999	3.775	3.563	3.364	3.176	95
91	3.999	3.775	3.563	3.364	3.176	2.998	96
92	3.775	3.563	3.364	3.176	2.998	2.828	97
93	3.563	3.364	3.175	2.997	2.828	2.665	98
94	3.364	3.175	2.997	2.828	2.665	2.506	99
95	3.175	2.997	2.828	2.665	2.506	2.345	100
96	2.997	2.828	2.665	2.506	2.345	2.215	101
97	2.828	2.665	2.505	2.345	2.214	2.088	102
98	2.665	2.505	2.345	2.214	2.088	1.962	103
99	2.505	2.345	2.214	2.088	1.962	1.840	104
100	2.345	2.214	2.088	1.962	1.840	1.719	105
101	2.213	2.086	1.960	1.837	1.715	1.584	106
102	2.086	1.960	1.837	1.715	1.584	1.433	107
103	1.960	1.837	1.715	1.584	1.433	1.250	108
104	1.837	1.715	1.584	1.433	1.250	0.955	109
105	1.715	1.584	1.433	1.250	0.955	0.500	110

* 1999 United States Life Table for Female Population
 1980 United States of America Railroad Retirement Board Remarriage Table
 Annual Rate of Interest = 3.5%
 Annual Rate of Escalation = 0.0%

** For durations beyond 5 years from death of claimant, use the annuity value in the column for age (X+5) corresponding to the beneficiary's attained age.

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**TABLE I-A (Continued)
Surviving Spouse Pension Table***

Age at Widowhood (X)	\bar{a} [x]	\bar{a} [x]+1	\bar{a} [x]+2	\bar{a} [x]+3	\bar{a} [x]+4	\bar{a} [x]+5	Attained Age** (X+5)
106	1.584	1.433	1.250	0.955	0.500		111
107	1.433	1.250	0.955	0.500			112
108	1.250	0.955	0.500				113
109	0.955	0.500					114
110	0.500						115

* 1999 United States Life Table for Female Population
 1980 United States of America Railroad Retirement Board Remarriage Table
 Annual Rate of Interest = 3.5%
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**TABLE II-A
Present Value of Remarriage Dowry***

Age at Widowhood (X)	A' [x]	A' [x]+1	A' [x]+2	A' [x]+3	A' [x]+4	A' [x]+5	Attained Age** (X+5)
16	0.5698	0.5548	0.5072	0.4787	0.4544	0.4315	21
17	0.5650	0.5495	0.5009	0.4715	0.4464	0.4226	22
18	0.5599	0.5437	0.4940	0.4638	0.4377	0.4130	23
19	0.5543	0.5375	0.4866	0.4554	0.4284	0.4027	24
20	0.5484	0.5309	0.4787	0.4464	0.4183	0.3915	25
21	0.5383	0.5209	0.4684	0.4359	0.4071	0.3794	26
22	0.5270	0.5103	0.4578	0.4253	0.3957	0.3671	27
23	0.5148	0.4991	0.4469	0.4145	0.3841	0.3544	28
24	0.5020	0.4870	0.4350	0.4022	0.3716	0.3416	29
25	0.4888	0.4744	0.4227	0.3893	0.3585	0.3284	30
26	0.4755	0.4618	0.4103	0.3762	0.3451	0.3147	31
27	0.4619	0.4491	0.3981	0.3633	0.3314	0.3004	32
28	0.4479	0.4364	0.3858	0.3503	0.3174	0.2854	33
29	0.4333	0.4231	0.3731	0.3369	0.3028	0.2695	34
30	0.4177	0.4087	0.3592	0.3224	0.2872	0.2527	35
31	0.4005	0.3925	0.3433	0.3058	0.2701	0.2351	36
32	0.3813	0.3738	0.3246	0.2865	0.2513	0.2169	37
33	0.3591	0.3514	0.3030	0.2641	0.2308	0.1986	38
34	0.3347	0.3262	0.2789	0.2392	0.2090	0.1803	39
35	0.3091	0.2995	0.2537	0.2135	0.1872	0.1627	40
36	0.2837	0.2734	0.2294	0.1894	0.1667	0.1462	41
37	0.2597	0.2495	0.2077	0.1687	0.1487	0.1308	42
38	0.2384	0.2292	0.1901	0.1530	0.1344	0.1168	43
39	0.2188	0.2114	0.1752	0.1408	0.1225	0.1043	44
40	0.2006	0.1954	0.1622	0.1310	0.1120	0.0932	45
41	0.1834	0.1803	0.1503	0.1223	0.1029	0.0836	46
42	0.1674	0.1652	0.1385	0.1135	0.0944	0.0754	47
43	0.1517	0.1495	0.1261	0.1036	0.0857	0.0685	48
44	0.1361	0.1335	0.1134	0.0930	0.0770	0.0628	49
45	0.1208	0.1178	0.1009	0.0824	0.0688	0.0582	50
46	0.1069	0.1037	0.0897	0.0729	0.0616	0.0543	51
47	0.0951	0.0918	0.0804	0.0654	0.0560	0.0512	52
48	0.0864	0.0832	0.0739	0.0608	0.0529	0.0485	53
49	0.0788	0.0761	0.0683	0.0571	0.0502	0.0461	54
50	0.0722	0.0702	0.0634	0.0539	0.0477	0.0439	55
51	0.0667	0.0652	0.0592	0.0511	0.0453	0.0417	56
52	0.0623	0.0609	0.0554	0.0484	0.0430	0.0395	57
53	0.0587	0.0574	0.0520	0.0458	0.0406	0.0371	58
54	0.0556	0.0543	0.0489	0.0432	0.0382	0.0347	59
55	0.0528	0.0515	0.0462	0.0407	0.0357	0.0323	60
56	0.0502	0.0489	0.0436	0.0382	0.0332	0.0297	61
57	0.0476	0.0463	0.0410	0.0357	0.0307	0.0272	62
58	0.0451	0.0438	0.0384	0.0332	0.0281	0.0246	63
59	0.0426	0.0413	0.0359	0.0307	0.0256	0.0220	64
60	0.0402	0.0388	0.0333	0.0282	0.0231	0.0194	65

* 1999 United States Life Table for Female Population
 1980 United States of America Railroad Retirement Board Remarriage Table
 Annual Rate of Interest = 3.5%
 Annual Rate of Escalation = 0.0%

** For durations beyond 5 years from death of claimant, use the annuity value in the column for age (X+5) corresponding to the beneficiary's attained age.

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TABLE II-A (Continued)
Present Value of Remarriage Dowry*

Age at Widowhood (X)	A' [x]	A' [x]+1	A' [x]+2	A' [x]+3	A' [x]+4	A' [x]+5	Attained Age** (X+5)
61	0.0377	0.0363	0.0307	0.0256	0.0206	0.0169	66
62	0.0350	0.0336	0.0280	0.0230	0.0181	0.0145	67
63	0.0319	0.0306	0.0252	0.0203	0.0157	0.0122	68
64	0.0285	0.0275	0.0223	0.0176	0.0134	0.0101	69
65	0.0253	0.0244	0.0195	0.0151	0.0112	0.0084	70
66	0.0225	0.0218	0.0169	0.0128	0.0094	0.0069	71
67	0.0195	0.0188	0.0146	0.0109	0.0079	0.0057	72
68	0.0171	0.0164	0.0127	0.0093	0.0066	0.0048	73
69	0.0148	0.0142	0.0109	0.0079	0.0056	0.0040	74
70	0.0128	0.0122	0.0093	0.0067	0.0048	0.0034	75
71	0.0110	0.0104	0.0078	0.0056	0.0040	0.0028	76
72	0.0094	0.0088	0.0066	0.0047	0.0033	0.0023	77
73	0.0080	0.0075	0.0056	0.0039	0.0028	0.0019	78
74	0.0069	0.0064	0.0047	0.0033	0.0023	0.0015	79
75	0.0060	0.0055	0.0040	0.0027	0.0018	0.0012	80
76	0.0051	0.0047	0.0033	0.0022	0.0015	0.0010	81
77	0.0044	0.0041	0.0028	0.0018	0.0012	0.0008	82
78	0.0038	0.0035	0.0024	0.0015	0.0010	0.0007	83
79	0.0033	0.0030	0.0020	0.0013	0.0008	0.0005	84
80	0.0027	0.0025	0.0017	0.0011	0.0007	0.0005	85
81	0.0022	0.0020	0.0014	0.0009	0.0006	0.0004	86
82	0.0016	0.0015	0.0010	0.0007	0.0005	0.0003	87
83	0.0011	0.0010	0.0008	0.0006	0.0004	0.0003	88
84	0.0008	0.0007	0.0005	0.0004	0.0003	0.0002	89
85	0.0007	0.0007	0.0005	0.0004	0.0003	0.0002	90
86	0.0006	0.0006	0.0004	0.0003	0.0002	0.0002	91
87	0.0006	0.0005	0.0004	0.0003	0.0002	0.0001	92
88	0.0005	0.0005	0.0003	0.0002	0.0002	0.0001	93
89	0.0004	0.0004	0.0003	0.0002	0.0002	0.0001	94
90	0.0004	0.0004	0.0003	0.0002	0.0001	0.0001	95
91	0.0004	0.0003	0.0003	0.0002	0.0001	0.0001	96
92	0.0003	0.0003	0.0002	0.0002	0.0001	0.0001	97
93	0.0003	0.0003	0.0002	0.0002	0.0001	0.0000	98
94	0.0003	0.0003	0.0002	0.0002	0.0001	0.0000	99
95	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	100
96	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	101
97	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	102
98	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	103
99	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	104
100	0.0001	0.0002	0.0002	0.0001	0.0001	0.0000	105
101	0.0001	0.0002	0.0002	0.0001	0.0001	0.0000	106
102	0.0001	0.0002	0.0001	0.0001	0.0001	0.0000	107
103	0.0001	0.0001	0.0001	0.0001	0.0001	0.0000	108
104	0.0001	0.0001	0.0001	0.0001	0.0001	0.0000	109
105	0.0001	0.0001	0.0001	0.0001	0.0001	0.0000	110

* 1999 United States Life Table for Female Population
 1980 United States of America Railroad Retirement Board Remarriage Table
 Annual Rate of Interest = 3.5%
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Tables

TABLE III-M-A
Pension Table* (Other than Surviving Spouse)
(Present Value of \$1 per Annum Payable Until Death)
Male

Age	Present Value	Age	Present Value	Age	Present Value
11	25.203	41	19.632	71	9.426
12	25.071	42	19.357	72	9.069
13	24.935	43	19.076	73	8.713
14	24.799	44	18.789	74	8.359
15	24.662	45	18.496	75	8.008
16	24.524	46	18.198	76	7.660
17	24.386	47	17.896	77	7.312
18	24.247	48	17.587	78	6.966
19	24.106	49	17.273	79	6.623
20	23.961	50	16.952	80	6.286
21	23.813	51	16.624	81	5.960
22	23.662	52	16.289	82	5.647
23	23.506	53	15.948	83	5.351
24	23.345	54	15.602	84	5.067
25	23.178	55	15.252	85	4.796
26	23.005	56	14.899	86	4.538
27	22.824	57	14.544	87	4.293
28	22.637	58	14.186	88	4.061
29	22.444	59	13.826	89	3.843
30	22.244	60	13.463	90	3.636
31	22.038	61	13.097	91	3.442
32	21.826	62	12.729	92	3.260
33	21.608	63	12.360	93	3.088
34	21.383	64	11.991	94	2.927
35	21.152	65	11.622	95	2.776
36	20.915	66	11.252	96	2.633
37	20.671	67	10.883	97	2.497
38	20.421	68	10.514	98	2.365
39	20.164	69	10.148	99	2.238
40	19.901	70	9.785	100	2.108

* 1999 United States Life Table for Male Population

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 0.0%

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TABLE III-F-A
Pension Table* (Other than Surviving Spouse)
(Present Value of \$1 per Annum Payable Until Death)
Female

Age	Present Value	Age	Present Value
11	25.950	56	16.536
12	25.844	57	16.191
13	25.734	58	15.841
14	25.623	59	15.487
15	25.509	60	15.128
16	25.392	61	14.764
17	25.274	62	14.396
18	25.152	63	14.025
19	25.027	64	13.651
20	24.897	65	13.273
21	24.763	66	12.892
22	24.623	67	12.507
23	24.480	68	12.119
24	24.331	69	11.730
25	24.178	70	11.340
26	24.019	71	10.947
27	23.855	72	10.552
28	23.686	73	10.156
29	23.512	74	9.759
30	23.332	75	9.364
31	23.147	76	8.970
32	22.955	77	8.575
33	22.759	78	8.182
34	22.557	79	7.792
35	22.349	80	7.408
36	22.136	81	7.031
37	21.917	82	6.663
38	21.693	83	6.307
39	21.461	84	5.965
40	21.224	85	5.641
41	20.981	86	5.332
42	20.731	87	5.037
43	20.474	88	4.756
44	20.211	89	4.490
45	19.941	90	4.238
46	19.664	91	4.000
47	19.381	92	3.775
48	19.091	93	3.563
49	18.794	94	3.364
50	18.491	95	3.175
51	18.181	96	2.996
52	17.864	97	2.827
53	17.541	98	2.663
54	17.211	99	2.502
55	16.876	100	2.341

* 1999 United States Life Table for Female Population

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 0.0%

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UNITED STATES LONGSHORE & HARBOR WORKERS ACT**Table USLH-I-B****Surviving Spouse Pension Table***

Age at Widowhood (X)	\bar{a} [X]	\bar{a} [X]+1	\bar{a} [X]+2	\bar{a} [X]+3	\bar{a} [X]+4	\bar{a} [X]+5	Attained Age** (X+5)
16	26.047	27.027	29.921	31.560	32.873	34.031	21
17	26.221	27.215	30.137	31.796	33.127	34.302	22
18	26.402	27.411	30.362	32.041	33.390	34.584	23
19	26.591	27.615	30.596	32.296	33.664	34.876	24
20	26.787	27.826	30.838	32.561	33.949	35.180	25
21	27.222	28.214	31.192	32.880	34.263	35.496	26
22	27.697	28.611	31.531	33.175	34.553	35.791	27
23	28.196	29.012	31.855	33.437	34.813	36.059	28
24	28.701	29.435	32.202	33.749	35.087	36.296	29
25	29.193	29.847	32.534	34.060	35.350	36.507	30
26	29.659	30.227	32.827	34.337	35.588	36.700	31
27	30.098	30.567	33.074	34.567	35.796	36.883	32
28	30.516	30.875	33.282	34.753	35.978	37.059	33
29	30.929	31.171	33.477	34.919	36.146	37.232	34
30	31.360	31.487	33.692	35.100	36.319	37.400	35
31	31.834	31.861	33.968	35.340	36.517	37.556	36
32	32.372	32.323	34.341	35.674	36.751	37.688	37
33	33.021	32.926	34.814	36.106	37.016	37.779	38
34	33.732	33.615	35.355	36.598	37.281	37.809	39
35	34.440	34.312	35.886	37.063	37.491	37.761	40
36	35.063	34.909	36.301	37.386	37.580	37.621	41
37	35.541	35.329	36.528	37.490	37.508	37.385	42
38	35.819	35.510	36.511	37.316	37.228	37.053	43
39	35.957	35.520	36.323	36.949	36.815	36.630	44
40	35.974	35.404	36.012	36.450	36.311	36.120	45
41	35.902	35.208	35.624	35.881	35.730	35.529	46
42	35.740	34.974	35.204	35.299	35.107	34.865	47
43	35.525	34.737	34.785	34.743	34.474	34.140	48
44	35.274	34.480	34.354	34.193	33.826	33.363	49
45	34.976	34.173	33.887	33.626	33.149	32.545	50
46	34.593	33.779	33.354	33.000	32.424	31.696	51
47	34.098	33.272	32.732	32.293	31.639	30.826	52
48	33.467	32.625	31.997	31.478	30.769	29.943	53
49	32.781	31.915	31.225	30.633	29.889	29.054	54
50	32.048	31.157	30.424	29.771	29.005	28.167	55
51	31.272	30.365	29.604	28.902	28.125	27.287	56
52	30.458	29.549	28.771	28.034	27.250	26.418	57
53	29.615	28.708	27.928	27.171	26.385	25.559	58
54	28.761	27.859	27.080	26.314	25.531	24.711	59
55	27.901	27.007	26.232	25.464	24.685	23.872	60
56	27.043	26.157	25.387	24.621	23.848	23.044	61
57	26.191	25.314	24.550	23.787	23.022	22.227	62
58	25.346	24.478	23.719	22.962	22.205	21.420	63
59	24.507	23.648	22.897	22.147	21.398	20.625	64
60	23.676	22.827	22.086	21.342	20.602	19.839	65

* 1999 United States Life Tables for Female Population
 1980 United States of America Railroad Retirement Board Remarriage Table
 Annual Rate of Interest = 3.5%
 Annual Rate of Escalation = 4.0%

** For durations beyond 5 years from death of claimant, use the annuity value in the column for age (X+5) corresponding to the beneficiary's attained age.

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UNITED STATES LONGSHORE & HARBOR WORKERS ACT**Table USLH-I-B (Continued)****Surviving Spouse Pension Table***

Age at Widowhood (X)	a [x]	a [x]+1	a [x]+2	a [x]+3	a [x]+4	a [x]+5	Attained Age** (X+5)
61	22.856	22.019	21.286	20.548	19.815	19.063	66
62	22.049	21.223	20.498	19.767	19.038	18.295	67
63	21.261	20.443	19.723	18.997	18.272	17.537	68
64	20.488	19.676	18.959	18.237	17.516	16.788	69
65	19.722	18.918	18.203	17.486	16.770	16.049	70
66	18.956	18.161	17.454	16.743	16.033	15.319	71
67	18.204	17.421	16.713	16.009	15.304	14.598	72
68	17.453	16.683	15.981	15.283	14.584	13.887	73
69	16.711	15.957	15.259	14.567	13.876	13.191	74
70	15.980	15.240	14.547	13.861	13.181	12.511	75
71	15.259	14.532	13.846	13.170	12.503	11.847	76
72	14.547	13.833	13.157	12.494	11.841	11.199	77
73	13.844	13.147	12.484	11.834	11.194	10.567	78
74	13.155	12.475	11.826	11.189	10.563	9.954	79
75	12.480	11.817	11.181	10.559	9.950	9.362	80
76	11.821	11.173	10.552	9.947	9.359	8.792	81
77	11.177	10.545	9.941	9.356	8.791	8.247	82
78	10.548	9.935	9.351	8.788	8.246	7.728	83
79	9.937	9.346	8.784	8.243	7.727	7.240	84
80	9.349	8.780	8.240	7.725	7.239	6.784	85
81	8.783	8.238	7.723	7.237	6.783	6.354	86
82	8.241	7.723	7.236	6.782	6.354	5.951	87
83	7.725	7.236	6.782	6.353	5.951	5.573	88
84	7.238	6.782	6.353	5.950	5.573	5.219	89
85	6.782	6.353	5.950	5.573	5.219	4.889	90
86	6.353	5.950	5.572	5.219	4.889	4.580	91
87	5.950	5.572	5.219	4.889	4.580	4.293	92
88	5.572	5.218	4.888	4.580	4.293	4.025	93
89	5.218	4.888	4.580	4.292	4.025	3.775	94
90	4.888	4.580	4.292	4.024	3.774	3.541	95
91	4.580	4.292	4.024	3.774	3.541	3.322	96
92	4.292	4.024	3.774	3.541	3.322	3.116	97
93	4.024	3.774	3.540	3.322	3.116	2.920	98
94	3.774	3.540	3.322	3.116	2.919	2.730	99
95	3.540	3.322	3.116	2.919	2.730	2.542	100
96	3.322	3.116	2.919	2.729	2.542	2.387	101
97	3.116	2.919	2.729	2.541	2.387	2.240	102
98	2.919	2.729	2.541	2.387	2.240	2.093	103
99	2.729	2.541	2.387	2.240	2.093	1.951	104
100	2.541	2.387	2.239	2.093	1.951	1.812	105
101	2.387	2.240	2.093	1.951	1.812	1.662	106
102	2.240	2.093	1.951	1.812	1.662	1.487	107
103	2.093	1.951	1.812	1.662	1.487	1.275	108
104	1.951	1.812	1.662	1.487	1.275	0.964	109
105	1.812	1.662	1.487	1.275	0.964	0.500	110

* 1999 United States Life Tables for Female Population
 1980 United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 4.0%

** For durations beyond 5 years from death of claimant, use the annuity value in the column for age (X+5) corresponding to the beneficiary's attained age.

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UNITED STATES LONGSHORE & HARBOR WORKERS ACT**Table USLH-I-B (Continued)****Surviving Spouse Pension Table***

Age at Widowhood (X)	$\bar{a}_{[x]}$	$\bar{a}_{[x]+1}$	$\bar{a}_{[x]+2}$	$\bar{a}_{[x]+3}$	$\bar{a}_{[x]+4}$	$\bar{a}_{[x]+5}$	Attained Age** (X+5)
106	1.662	1.487	1.275	0.964	0.500		111
107	1.487	1.275	0.964	0.500			112
108	1.275	0.964	0.500				113
109	0.964	0.500					114
110	0.500						115

* 1999 United States Life Tables for Female Population
 1980 United States of America Railroad Retirement Board Remarriage Table
 Annual Rate of Interest = 3.5%
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UNITED STATES LONGSHORE & HARBOR WORKERS ACT**Table USLH-II-B****Present Value of Remarriage Dowry***

Age at Widowhood (X)	\bar{a} [x]	\bar{a} [x]+1	\bar{a} [x]+2	\bar{a} [x]+3	\bar{a} [x]+4	\bar{a} [x]+5	Attained Age** (X+5)
16	0.7847	0.7634	0.7240	0.6947	0.6675	0.6408	21
17	0.7729	0.7508	0.7096	0.6790	0.6506	0.6228	22
18	0.7608	0.7377	0.6946	0.6626	0.6330	0.6041	23
19	0.7482	0.7241	0.6790	0.6457	0.6148	0.5847	24
20	0.7351	0.7101	0.6629	0.6281	0.5959	0.5645	25
21	0.7189	0.6935	0.6449	0.6093	0.5761	0.5436	26
22	0.7017	0.6763	0.6265	0.5902	0.5560	0.5224	27
23	0.6836	0.6584	0.6078	0.5710	0.5357	0.5009	28
24	0.6646	0.6396	0.5881	0.5506	0.5146	0.4792	29
25	0.6451	0.6202	0.5680	0.5295	0.4930	0.4574	30
26	0.6252	0.6006	0.5478	0.5083	0.4713	0.4351	31
27	0.6049	0.5809	0.5276	0.4871	0.4493	0.4125	32
28	0.5843	0.5611	0.5075	0.4661	0.4272	0.3894	33
29	0.5630	0.5409	0.4870	0.4448	0.4047	0.3658	34
30	0.5406	0.5196	0.4656	0.4227	0.3816	0.3416	35
31	0.5167	0.4967	0.4426	0.3990	0.3574	0.3171	36
32	0.4907	0.4714	0.4171	0.3729	0.3320	0.2924	37
33	0.4617	0.4427	0.3890	0.3443	0.3053	0.2680	38
34	0.4304	0.4113	0.3586	0.3135	0.2778	0.2442	39
35	0.3979	0.3786	0.3274	0.2823	0.2506	0.2214	40
36	0.3659	0.3466	0.2974	0.2529	0.2252	0.2000	41
37	0.3358	0.3171	0.2704	0.2271	0.2025	0.1803	42
38	0.3089	0.2918	0.2478	0.2067	0.1838	0.1623	43
39	0.2843	0.2695	0.2284	0.1901	0.1678	0.1460	44
40	0.2616	0.2493	0.2114	0.1763	0.1536	0.1316	45
41	0.2402	0.2304	0.1958	0.1640	0.1411	0.1190	46
42	0.2201	0.2118	0.1807	0.1519	0.1296	0.1080	47
43	0.2005	0.1926	0.1650	0.1390	0.1181	0.0985	48
44	0.1810	0.1732	0.1493	0.1257	0.1070	0.0905	49
45	0.1619	0.1544	0.1340	0.1125	0.0964	0.0836	50
46	0.1444	0.1372	0.1200	0.1006	0.0870	0.0777	51
47	0.1294	0.1226	0.1082	0.0908	0.0794	0.0725	52
48	0.1180	0.1117	0.0995	0.0842	0.0743	0.0680	53
49	0.1078	0.1023	0.0918	0.0785	0.0697	0.0638	54
50	0.0989	0.0942	0.0850	0.0734	0.0654	0.0599	55
51	0.0912	0.0872	0.0789	0.0688	0.0613	0.0561	56
52	0.0847	0.0809	0.0733	0.0644	0.0574	0.0523	57
53	0.0792	0.0756	0.0682	0.0602	0.0535	0.0485	58
54	0.0742	0.0708	0.0635	0.0561	0.0496	0.0448	59
55	0.0697	0.0664	0.0593	0.0522	0.0458	0.0411	60
56	0.0654	0.0622	0.0552	0.0483	0.0420	0.0374	61
57	0.0613	0.0582	0.0513	0.0446	0.0383	0.0338	62
58	0.0574	0.0544	0.0475	0.0409	0.0347	0.0302	63
59	0.0536	0.0506	0.0438	0.0373	0.0312	0.0267	64
60	0.0499	0.0470	0.0402	0.0339	0.0279	0.0234	65

* 1999 United States Life Tables for Female Population
 1980 United States of America Railroad Retirement Board Remarriage Table

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Annual Rate of Escalation = 4.0%

** For durations beyond 5 years from death of claimant, use the annuity value in the column for age (X+5) corresponding to the beneficiary's attained age.

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UNITED STATES LONGSHORE & HARBOR WORKERS ACT**Table USLH-II-B (Continued)****Surviving Spouse Pension Table***

Age at Widowhood (X)	$\frac{-}{a}$ [x]	$\frac{-}{a}$ [x]+1	$\frac{-}{a}$ [x]+2	$\frac{-}{a}$ [x]+3	$\frac{-}{a}$ [x]+4	$\frac{-}{a}$ [x]+5	Attained Age** (X+5)
61	0.0462	0.0434	0.0366	0.0305	0.0246	0.0202	66
62	0.0424	0.0398	0.0331	0.0271	0.0215	0.0172	67
63	0.0384	0.0359	0.0294	0.0237	0.0185	0.0145	68
64	0.0341	0.0320	0.0259	0.0205	0.0156	0.0120	69
65	0.0300	0.0282	0.0225	0.0174	0.0131	0.0099	70
66	0.0265	0.0250	0.0194	0.0147	0.0109	0.0081	71
67	0.0229	0.0215	0.0167	0.0125	0.0091	0.0067	72
68	0.0200	0.0187	0.0144	0.0106	0.0077	0.0056	73
69	0.0173	0.0161	0.0123	0.0090	0.0065	0.0047	74
70	0.0149	0.0138	0.0105	0.0076	0.0055	0.0039	75
71	0.0127	0.0117	0.0088	0.0064	0.0045	0.0032	76
72	0.0108	0.0099	0.0074	0.0053	0.0038	0.0027	77
73	0.0092	0.0083	0.0062	0.0044	0.0031	0.0022	78
74	0.0078	0.0071	0.0052	0.0037	0.0026	0.0018	79
75	0.0068	0.0061	0.0044	0.0030	0.0021	0.0014	80
76	0.0058	0.0052	0.0037	0.0025	0.0017	0.0011	81
77	0.0050	0.0045	0.0031	0.0020	0.0013	0.0009	82
78	0.0043	0.0039	0.0026	0.0017	0.0011	0.0008	83
79	0.0037	0.0033	0.0022	0.0014	0.0009	0.0006	84
80	0.0030	0.0027	0.0018	0.0012	0.0008	0.0005	85
81	0.0024	0.0022	0.0015	0.0010	0.0007	0.0004	86
82	0.0018	0.0016	0.0011	0.0008	0.0005	0.0004	87
83	0.0013	0.0012	0.0008	0.0006	0.0004	0.0003	88
84	0.0009	0.0008	0.0006	0.0004	0.0003	0.0003	89
85	0.0008	0.0007	0.0005	0.0004	0.0003	0.0002	90
86	0.0007	0.0006	0.0005	0.0003	0.0002	0.0002	91
87	0.0006	0.0006	0.0004	0.0003	0.0002	0.0002	92
88	0.0005	0.0005	0.0004	0.0003	0.0002	0.0001	93
89	0.0005	0.0005	0.0003	0.0002	0.0002	0.0001	94
90	0.0004	0.0004	0.0003	0.0002	0.0002	0.0001	95
91	0.0004	0.0004	0.0003	0.0002	0.0001	0.0001	96
92	0.0004	0.0003	0.0002	0.0002	0.0001	0.0001	97
93	0.0003	0.0003	0.0002	0.0002	0.0001	0.0001	98
94	0.0003	0.0003	0.0002	0.0002	0.0001	0.0000	99
95	0.0003	0.0003	0.0002	0.0002	0.0001	0.0000	100
96	0.0002	0.0002	0.0002	0.0002	0.0001	0.0000	101
97	0.0002	0.0002	0.0002	0.0002	0.0001	0.0000	102
98	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	103
99	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	104
100	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	105
101	0.0001	0.0002	0.0002	0.0001	0.0001	0.0000	106
102	0.0001	0.0002	0.0002	0.0001	0.0001	0.0000	107
103	0.0001	0.0001	0.0002	0.0001	0.0001	0.0000	108
104	0.0001	0.0001	0.0001	0.0001	0.0001	0.0000	109
105	0.0001	0.0001	0.0001	0.0001	0.0001	0.0000	110

* 1999 United States Life Tables for Female Population
 1980 United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 4.0%

** For durations beyond 5 years from death of claimant, use the annuity value in the column for age (X+5) corresponding to the beneficiary's attained age.

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Tables

UNITED STATES LONGSHORE & HARBOR WORKERS ACT**Table USLH-III-M-C****Pension Table* (Other than Surviving Spouse)****(Present Value of \$1 per Annum Payable Until Death)****Male**

Age	Present Value	Age	Present Value
11	75.314	56	24.303
12	73.964	57	23.412
13	72.624	58	22.538
14	71.301	59	21.681
15	69.995	60	20.840
16	68.708	61	20.014
17	67.438	62	19.205
18	66.183	63	18.414
19	64.940	64	17.641
20	63.706	65	16.887
21	62.482	66	16.150
22	61.268	67	15.430
23	60.061	68	14.728
24	58.860	69	14.047
25	57.661	70	13.387
26	56.465	71	12.747
27	55.273	72	12.123
28	54.083	73	11.516
29	52.900	74	10.926
30	51.722	75	10.353
31	50.551	76	9.796
32	49.387	77	9.253
33	48.229	78	8.724
34	47.080	79	8.211
35	45.937	80	7.718
36	44.803	81	7.249
37	43.677	82	6.806
38	42.559	83	6.392
39	41.450	84	6.003
40	40.351	85	5.635
41	39.262	86	5.290
42	38.184	87	4.968
43	37.115	88	4.666
44	36.059	89	4.385
45	35.013	90	4.122
46	33.981	91	3.878
47	32.961	92	3.651
48	31.954	93	3.439
49	30.957	94	3.242
50	29.971	95	3.058
51	28.995	96	2.885
52	28.030	97	2.723
53	27.076	98	2.568
54	26.136	99	2.419
55	25.211	100	2.268

* 1999 United States Life Table for Male Population

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 4.0%

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Tables

UNITED STATES LONGSHORE & HARBOR WORKERS ACT**Table USLH-III-F-C****Pension Table* (Other than Surviving Spouse)****(Present Value of \$1 per Annum Payable Until Death)****Female**

Age	Present Value	Age	Present Value
11	82.580	56	28.472
12	81.196	57	27.495
13	79.819	58	26.533
14	78.453	59	25.585
15	77.098	60	24.651
16	75.755	61	23.732
17	74.422	62	22.829
18	73.099	63	21.942
19	71.783	64	21.071
20	70.474	65	20.216
21	69.170	66	19.376
22	67.871	67	18.551
23	66.580	68	17.742
24	65.294	69	16.950
25	64.015	70	16.176
26	62.742	71	15.418
27	61.476	72	14.675
28	60.217	73	13.948
29	58.965	74	13.239
30	57.720	75	12.549
31	56.482	76	11.877
32	55.251	77	11.222
33	54.029	78	10.585
34	52.815	79	9.967
35	51.611	80	9.372
36	50.415	81	8.800
37	49.228	82	8.252
38	48.049	83	7.733
39	46.880	84	7.243
40	45.719	85	6.786
41	44.566	86	6.356
42	43.423	87	5.952
43	42.289	88	5.574
44	41.164	89	5.220
45	40.048	90	4.889
46	38.942	91	4.580
47	37.845	92	4.292
48	36.760	93	4.024
49	35.684	94	3.774
50	34.619	95	3.539
51	33.564	96	3.320
52	32.521	97	3.113
53	31.490	98	2.916
54	30.470	99	2.725
55	29.464	100	2.535

* 1999 United States Life Table for Female Population

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 4.0%

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

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Tables

UNITED STATES LONGSHORE & HARBOR WORKERS ACT**Table USLH-IV-B****Present Value of Survivorship Benefits*****Age Difference (Spouse's Age Minus Claimant's Age)****

Claimant's Age	-5	-4	-3	-2	-1	-0
16						10.877
17					11.497	10.819
18				12.138	11.436	10.761
19			12.798	12.073	11.374	10.701
20		13.477	12.730	12.008	11.312	10.641
21	14.172	13.406	12.663	11.943	11.249	10.581
22	14.098	13.336	12.595	11.878	11.186	10.519
23	14.025	13.265	12.527	11.812	11.122	10.457
24	13.952	13.195	12.458	11.745	11.057	10.395
25	13.879	13.124	12.390	11.679	10.993	10.332
26	13.806	13.053	12.321	11.612	10.928	10.269
27	13.733	12.983	12.253	11.546	10.864	10.207
28	13.660	12.912	12.184	11.479	10.799	10.144
29	13.587	12.840	12.115	11.412	10.734	10.081
30	13.512	12.768	12.045	11.344	10.669	10.018
31	13.438	12.696	11.974	11.276	10.602	9.953
32	13.362	12.622	11.903	11.207	10.535	9.888
33	13.285	12.548	11.831	11.136	10.466	9.821
34	13.208	12.472	11.757	11.064	10.396	9.752
35	13.128	12.395	11.682	10.991	10.324	9.682
36	13.048	12.316	11.604	10.915	10.250	9.609
37	12.965	12.235	11.525	10.837	10.174	9.534
38	12.881	12.152	11.444	10.757	10.095	9.457
39	12.794	12.066	11.359	10.674	10.014	9.378
40	12.704	11.978	11.272	10.589	9.930	9.296
41	12.611	11.886	11.181	10.500	9.843	9.211
42	12.514	11.791	11.088	10.408	9.753	9.123
43	12.414	11.692	10.991	10.313	9.660	9.032
44	12.310	11.590	10.891	10.215	9.564	8.938
45	12.202	11.484	10.787	10.113	9.465	8.841
46	12.090	11.374	10.679	10.007	9.361	8.740
47	11.974	11.259	10.566	9.897	9.253	8.634
48	11.852	11.140	10.449	9.782	9.141	8.525
49	11.727	11.017	10.329	9.664	9.026	8.414
50	11.598	10.890	10.204	9.543	8.908	8.300
51	11.465	10.759	10.077	9.419	8.788	8.184
52	11.327	10.625	9.946	9.292	8.665	8.065
53	11.186	10.487	9.812	9.163	8.540	7.944
54	11.039	10.345	9.674	9.029	8.411	7.820
55	10.888	10.198	9.532	8.891	8.278	7.693
56	10.730	10.045	9.383	8.748	8.141	7.561
57	10.565	9.886	9.230	8.600	7.999	7.425
58	10.395	9.720	9.070	8.447	7.852	7.284
59	10.219	9.551	8.907	8.291	7.702	7.140
60	10.039	9.378	8.741	8.131	7.548	6.992

* 1999 United States Life Tables for Total Population and Female Population
 Remarriage rates based on the 1980 United States of America Railroad Retirement Board Remarriage Table
 Annual Rate of Interest applied prior to claimant's death = 3.5%
 Annual Rate of Interest applied after claimant's death = 3.5%
 Annual Rate of Escalation applied prior to claimant's death = 4.0%
 Annual Rate of Escalation applied after claimant's death = 4.0%

** When spouse's age exceeds claimant's age, the 0 age difference value is to be used. Where claimant's age exceeds spouse's age by more than 5, the -5 age difference value is to be used.

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Tables

UNITED STATES LONGSHORE & HARBOR WORKERS ACT**Table USLH-IV-B (Continued)****Present Value of Survivorship Benefits*****Age Difference (Spouse's Age Minus Claimant's Age)****

Claimant's Age	-5	-4	-3	-2	-1	-0
61	9.856	9.201	8.571	7.967	7.391	6.841
62	9.668	9.020	8.397	7.800	7.230	6.687
63	9.475	8.834	8.218	7.628	7.065	6.529
64	9.277	8.643	8.034	7.451	6.896	6.367
65	9.074	8.448	7.847	7.271	6.723	6.200
66	8.868	8.250	7.656	7.088	6.546	6.031
67	8.659	8.048	7.462	6.901	6.367	5.859
68	8.445	7.842	7.263	6.710	6.183	5.683
69	8.226	7.631	7.060	6.514	5.996	5.504
70	8.001	7.414	6.851	6.314	5.804	5.321
71	7.771	7.193	6.638	6.110	5.609	5.135
72	7.538	6.969	6.424	5.905	5.413	5.013
73	7.303	6.743	6.207	5.698	5.291	4.906
74	7.064	6.514	5.988	5.577	5.186	4.724
75	6.822	6.282	5.868	5.473	4.994	4.542
76	6.577	6.164	5.768	5.271	4.802	4.361
77	6.464	6.071	5.558	5.072	4.614	4.183
78	6.381	5.851	5.349	4.875	4.427	4.007
79	6.150	5.633	5.142	4.679	4.242	3.834
80	5.919	5.414	4.934	4.482	4.059	3.664
81	5.686	5.192	4.725	4.286	3.876	3.496
82	5.448	4.967	4.514	4.090	3.695	3.330
83	5.206	4.740	4.302	3.894	3.515	3.167
84	4.962	4.511	4.090	3.699	3.338	3.007
85	4.716	4.283	3.879	3.506	3.164	2.853
86	4.472	4.057	3.673	3.320	2.998	2.704
87	4.232	3.838	3.474	3.142	2.838	2.560
88	3.999	3.626	3.285	2.971	2.684	2.423
89	3.775	3.425	3.102	2.807	2.537	2.291
90	3.562	3.232	2.928	2.650	2.396	2.165
91	3.358	3.047	2.761	2.500	2.262	2.045
92	3.163	2.871	2.603	2.358	2.135	1.931
93	2.978	2.703	2.452	2.223	2.014	1.824
94	2.802	2.545	2.310	2.095	1.899	1.721
95	2.635	2.395	2.175	1.974	1.791	1.623
96	2.479	2.254	2.048	1.860	1.688	1.530
97	2.332	2.122	1.929	1.752	1.590	1.440
98	2.196	1.999	1.818	1.652	1.498	1.354
99	2.071	1.886	1.716	1.558	1.411	1.273
100	1.960	1.786	1.624	1.473	1.331	1.197
101	1.842	1.677	1.523	1.378	1.241	1.127
102	1.730	1.573	1.425	1.285	1.168	1.058
103	1.624	1.473	1.329	1.210	1.097	0.988
104	1.520	1.373	1.252	1.136	1.025	0.918
105	1.420	1.295	1.178	1.063	0.953	0.845

* 1999 United States Life Tables for Total Population and Female Population
 Remarriage rates based on the 1980 United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest applied prior to claimant's death = 3.5%

Annual Rate of Interest applied after claimant's death = 3.5%

Annual Rate of Escalation applied prior to claimant's death = 4.0%

Annual Rate of Escalation applied after claimant's death = 4.0%

** When spouse's age exceeds claimant's age, the 0 age difference value is to be used. Where claimant's age exceeds spouse's age by more than 5, the -5 age difference value is to be used.



SECTION VI

EXAMPLES

**DELAWARE
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE**

SECTION VI - EXAMPLES

Section VI contains illustrations of certain common types of reports required by the Bureau's Statistical Plan. The examples are for illustration purposes only. The rates should not be used for filing purposes, consult the Delaware Manual of Rules, Classifications and Rating Values for the appropriate rating values. For maximum benefit, the illustrations should be carefully studied in connection with the applicable instructions in the Plan. Some examples may show optional fields coded, refer to the coding sections of this plan for mandatory and optional filing requirements.

Questions regarding any phase of the Plan or the submission of reports should be referred directly to the Statistical Department of the Bureau.

In several instances related reports have been brought together to form a single illustration in order to make the illustrations more meaningful. Appropriate discussion, comments and notes follow.

The Unit Statistical Report, Supplemental Loss Report and the Individual Case Report must be submitted full size (8½" x 11").

Illustration 1 - First Report Requiring Two Unit Reports

In this illustration it is assumed that more than one experience modification applies during the policy period.

Note that it is necessary to use more than one unit card to report the experience. The Mod Effective Date references the effective date of each modification. The exposure and premium side of the card gives the information by classification and the experience modification for each period separately. The effective and expiration dates shown are for the entire policy period.

Note that the risk's totals for the entire policy period are shown on the second card.

POLICY INFORMATION																								
Report No. 01	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code 99998	Policy Number WC4444	Policy Effective Date 01/01/96	Policy Expiration Date 01/01/97	Expos. State 07	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.										
Insured's Name: PDQ Refining Company												F.E.I.N. 123456789		Pending File No.										
Insured's Address:																								
Mod Effective Date 06/01/95	Rate Effective Date 06/01/95	Policy Conditions								Policy Type I D			Deduct. Type 0301	Deduct. Percent	Deductible Amount Per Claim/Accident \$1,000	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use					
		3 Yr F/R Policy N	Multistate Policy Y	Interstate Rating	Estimated Exposure N	Retro Policy N	Canceled Mid-Term N	MCO Indicator N	Type Gov. 01	Plan Ind. 01	Non-Std. 01													
EXPOSURE INFORMATION										LOSS INFORMATION														
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
	01	0581	110486	6.99	7723		15000	04/22/96	125083	900	0581	9	0	Act 01	Type 01	Recov 01	Cov 03	Settl 00		00	00			
	01	0951	75008	.96	720		Social Security Number			Part 90	Nature 04	Cause 01	Occupation Description Chemical Processor		Voc. N	Lump	Fraud	Deduct	Paid Indemnity 31271		Paid Medical 800			
	01	0953	12850	.49	63		Claimant's Attorney Fees		Employer's Attorney Fees 15000		Reversed for Future Use										ALAE Paid 12500		ALAE Incurred	
	01	9664			332		15001	05/02/96	9000	3000	0581	9	0	Act 01	Type 01	Recov 01	Cov 03	Settl 00		00	00			
	A.	Total Subject Premium			8174		Social Security Number			Part 35	Nature 04	Cause 02	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity 2250		Paid Medical 2875			
	B.	Fxnerience Mod (XX.XXX)			1.080		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
	C.	Total Modified Premium			8828		15002	06/25/96	1500	250	0581	9	0	Act 01	Type 01	Recov 01	Cov 03	Settl 00		00	00			
	D.						Social Security Number			Part 42	Nature 52	Cause 27	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity 1500		Paid Medical 250			
	E.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
	F.						15003	07/09/96	350	150	0581	5	1	Act 01	Type 01	Recov 01	Cov 03	Settl 00		00	00			
	G.	Total Standard Exposure			Total Standard Premium		Social Security Number			Part 34	Nature 49	Cause 60	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity 350		Paid Medical 150			
	H.	006_	Premium Discount Amt.				Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
	I.	0900	Expense Constant Amt				15004	09/18/96	360	160	0581	5	1	Act 01	Type 01	Recov 01	Cov 03	Settl 00		00	00			
	J.						Social Security Number			Part 56	Nature 28	Cause 50	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity 360		Paid Medical 160			
	K.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
	L.						LOSS TOTALS																	
							Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical					
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees				Reserved for Future Use				Total ALAE Paid		Total ALAE Incurred					

UNIT STATISTICAL REPORT

POLICY INFORMATION																											
Report No. 01	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code 99998	Policy Number WC4444		Policy Effective Date 01/01/96		Policy Expiration Date 01/01/97		Expos. State 07	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number		Page No.	Last Page No.									
Insured's Name: PDQ Refining Company															F.E.I.N. 123456789		Pending File No.										
Insured's Address:																											
Mod Effective Date 06/01/96	Rate Effective Date 06/01/96		Policy Conditions						Policy Type I D			Deduct. Type 0301	Deduct. Percent	Deductible Amount Per Claim/Accident \$1,000	Deductible Amount Aggregate	Reserved	For Carrier Use		For Bureau Use								
			3 Yr F/R Policy N	Multistate Policy Y	Interstate Rating	Estimated Exposure N	Retro Policy N	Canceled Mid-Term N	MCO Indicator N	Type Cov. 01	Plan Ind. 01	Non-Std. 01															
EXPOSURE INFORMATION										LOSS INFORMATION																	
Upt Type	Exp. Cov.	Class Code	Exposure Amount		Manual Rate	Premium Rate		Upt Type	Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
																					Act	Type	Recov	Cov	Settl		
	01	0581	129040		6.99	9020																					
	01	0951	80950		.96	777			Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical					
	01	0953	15010		.49	74			Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred		
	01	9664				385		Upt Type	Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
	A.	Total Subject Premium		9486																							
	B.	Experience Mod (XX.XXX)		1.160					Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical					
	C.	Total Modified Premium		11004					Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred		
								Upt Type	Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
	D.																										
	E.								Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical					
	F.								Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred		
								Upt Type	Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
	G.	Total Standard Exposure 423344		Total Standard Premium 19832																							
	H.	006_	Premium Discount Amt.						Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical					
	I.	0900	Expense Constant Amt						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred		
	J.							Upt Type	Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
	K.								Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical					
	L.								Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred		
LOSS TOTALS																											
Reserved for Future Use		Total No. Claims 5		Total Incurred Indemnity 136293		Total Incurred Medical 4460		Reserved for Future Use		Total Paid Indemnity 35731		Total Paid Medical 4235															
Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees 15000		Reserved for Future Use		Total ALAE Paid 12500		Total ALAE Incurred																			

Illustration 2 - Exposure Correction Report

In this instance a change in payroll distribution has been assumed. Exposure correction cards revising each of the original unit cards are necessary.

Note that the first line of exposure information is the previously reported information indicated by a **P** in the Update Type field. The second line of exposure information is the revised information indicated by a **R** in the Update Type field.

Only the second revised unit card carries the risk's totals.

UNIT STATISTICAL REPORT

POLICY INFORMATION																								
Report No. 01	Corr. No. 01	Corr. Type E	Replace Rpt. Ind.	Carrier Code 99998	Policy Number WC4444		Policy Effective Date 01/01/96		Policy Expiration Date 01/01/97		Expos. State 07	State Effective Date		Certificate No.	Card Serial No.	Risk ID Number		Page No.	Last Page No.					
Insured's Name: PDQ Refining Company															F.E.I.N. 123456789		Pending File No.							
Insured's Address:																								
Mod Effective Date 06/01/95		Rate Effective Date 06/01/95		Policy Conditions						Policy Type I D			Deduct. Type 0301	Deduct. Percent	Deductible Amount Per Claim/Accident \$1,000	Deductible Amount Aggregate	Reserved	For Carrier Use		For Bureau Use				
				3 Yr F/R Policy N	Multistate Policy Y	Interstate Rating	Estimated Exposure N	Retro Policy N	Canceled Mid-Term N	MCO Indicator N	Type Cov. 01	Plan Ind. 01	Non-Std. 01											
EXPOSURE INFORMATION						LOSS INFORMATION																		
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
														Act	Type	Recov	Cov	Settl						
P	01	0581	110486	6.99	7723		Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
R	01	0581	120486	6.99	8422		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
P	01	9664			332		Claim Number		Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
R	01	9664			359		Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	A.	Total Subject Premium		8846			Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
	B.	Exnience Mod (XX.XXX)		1.080			Claim Number		Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
	C.	Total Modified Premium		9554			Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
	D.						Claim Number		Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
	E.						Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	F.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
							Claim Number		Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
	G.	Total Standard Exposure		Total Standard Premium			Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	H.	006_	Premium Discount Amt.				Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
	I.	0900	Expense Constant Amt				Claim Number		Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
	J.						Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	K.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
	L.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
							LOSS TOTALS																	
							Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical					
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use										Total ALAE Paid		Total ALAE Incurred	

UNIT STATISTICAL REPORT

POLICY INFORMATION																						
Report No. 01	Corr. No. 01	Corr. Type E	Replace Rpt. Ind.	Carrier Code 99998	Policy Number WC4444		Policy Effective Date 01/01/96		Policy Expiration Date 01/01/97		Expos. State 07	State Effective Date		Certificate No.	Card Serial No.	Risk ID Number		Page No.	Last Page No.			
Insured's Name: PDQ Refining Company															F.E.I.N. 123456789		Pending File No.					
Insured's Address:																						
Mod Effective Date 06/01/96		Rate Effective Date 06/01/96		Policy Conditions						Policy Type I D			Deduct. Type 0301	Deduct. Percent	Deductible Amount Per Claim/Accident \$1,000	Deductible Amount Aggregate	Reserved	For Carrier Use		For Bureau Use		
				3 Yr F/R Policy N	Multistate Policy Y	Interstate Rating	Estimated Exposure N	Retro Policy N	Canceled Mid-Term N	MCO Indicator N	Type Cov. 01	Plan Ind. 01	Non-Std. 01									

EXPOSURE INFORMATION						LOSS INFORMATION																		
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
							Act	Type	Recov	Cov	Settl													
P	01	0581	129040	6.99	9020		Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
R	01	0581	119040	6.99	8321		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
P	01	9664			385		Claim Number		Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
R	01	9664			358		Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	A.	Total Subject Premium		8814			Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
	B.	Exnience Mod (XX.XXX)		1.160			Claim Number		Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
	C.	Total Modified Premium		10224			Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	D.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
	E.						Claim Number		Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
	F.						Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	G.	Total Standard Exposure 423344		Total Standard Premium 19778			Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
	H.	006_	Premium Discount Amt.				Claim Number		Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
	I.	0900	Expense Constant Amt				Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	J.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
	K.						Claim Number		Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
	L.						Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
							LOSS TOTALS																	
							Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical					
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use										Total ALAE Paid		Total ALAE Incurred	

Illustration 3 - Loss Correction Report

The correction was necessary because of the revised jurisdiction state. The jurisdiction state is the governing jurisdiction which will administer the claim and which statutes will apply to the claim adjustment process when that state is different from the exposure state.

When revising loss information on a loss correction report, report all information on the previous and revised sides of the claim. The risk totals shown must be the revised totals only.

Note: Even if the totals were being changed due to a change in an amount on a claim, the correction type would still be a "L".

SUPPLEMENTAL LOSS REPORT

										Pending File No.		Page No		Last Page No.			
Report No. 01	Corr. No. 02	Corr. Type L	Replace Rpt. Ind.	Carrier Code 99998	Policy Number WC4444			Policy Effective Date 01/01/96		Policy Expiration Date 01/01/97		Expos. State 07					
Insured's Name: PDQ Refining Company										F.E.I.N. 123456789		Card Serial No.					
Insured's Address:																	
Upd Typ	Claim Number	Acc. Date/ No. Claims		Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
									Act	Type	Recov	Cov	Settl				
P	15000	04/22/96		125083	900	0581	9	0	01	01	01	03	00	37	00	00	
	Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
			90	04	01				N				31271		800		
	Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use								ALAE Paid		ALAE Incurred		
			15000										12500				
Upd Typ	Claim Number	Acc. Date/ No. Claims		Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
									Act	Type	Recov	Cov	Settl				
R	15000	04/22/96		125083	900	0581	9	0	01	01	01	03	00	07	00	00	
	Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
			90	04	01				N				31271		800		
	Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use								ALAE Paid		ALAE Incurred		
			15000										12500				
Upd Typ	Claim Number	Acc. Date/ No. Claims		Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
									Act	Type	Recov	Cov	Settl				
	Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use								ALAE Paid		ALAE Incurred		
Upd Typ	Claim Number	Acc. Date/ No. Claims		Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
									Act	Type	Recov	Cov	Settl				
	Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use								ALAE Paid		ALAE Incurred		
Upd Typ	Claim Number	Acc. Date/ No. Claims		Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
									Act	Type	Recov	Cov	Settl				
	Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use								ALAE Paid		ALAE Incurred		
Upd Typ	Claim Number	Acc. Date/ No. Claims		Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
									Act	Type	Recov	Cov	Settl				
	Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use								ALAE Paid		ALAE Incurred		
LOSS TOTALS																	
Reverse for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical					
		5		136293		4460				35731		4235					
Total Claimant's Attorney Fees		Total Employer's Attorney Fees		Reserved for Future Use								Total ALAE Paid		Total ALAE Incurred			
		15000										12500					

Illustration 4 - Deductible; Rated Risk

This deductible is to be applied after the experience modification. Additional premium for Employers Liability Increased Limits is subject to the deductible credit.

UNIT STATISTICAL REPORT

POLICY INFORMATION																							
Report No. 01	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code 11223	Policy Number WC14579		Policy Effective Date 01/01/96		Policy Expiration Date 01/01/97		Expos. State 07	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number		Page No.	Last Page No.					
Insured's Name: ABC, Inc.															F.E.I.N. 123456789		Pending File No.						
Insured's Address:																							
Mod Effective Date		Rate Effective Date		Policy Conditions						Policy Type 1 D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Reserved	For Carrier Use		For Bureau Use	
				3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.										
				N	Y		N	N	N	N	01	01	01	0301		\$1,000							

EXPOSURE INFORMATION						LOSS INFORMATION																	
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
															Act	Type	Recov	Cov	Settl				
	01	0928	155121	3.68	5708		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	01	0951	182051	.96	1748		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred					
	01	0952	111599	1.89	2109		Claim Number		Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	01	0953	58493	.49	287		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	A.	Total Subject Premium					Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred					
	B.	Fxnerience Mod (XX.XXX)					Claim Number		Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	C.	Total Modified Premium					Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred					
	D.						Claim Number		Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	E.						Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	F.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred					
							Claim Number		Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	G.	Total Standard Exposure		Total Standard Premium			Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	H.	006_	Premium Discount Amt.				Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred					
	I.	0900	Expense Constant Amt				Claim Number		Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	J.						Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	K.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred					
	L.						Claim Number		Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
							Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred					
							LOSS TOTALS																
							Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical				
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use					Total ALAE Paid		Total ALAE Incurred					

UNIT STATISTICAL REPORT

POLICY INFORMATION																						
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.								
01				11223	WC14579	01/01/96	01/01/97	07														
Insured's Name: ABC, Inc.												F.E.I.N.		Pending File No.								
Insured's Address:												123456789										
Mod Effective Date	Rate Effective Date	Policy Conditions							Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use				
3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.													
N	Y		N	N	N	N	01	01	01					0301		\$1,000						
EXPOSURE INFORMATION										LOSS INFORMATION												
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	01	9807			187									Act	Type	Recov	Cov	Settl				
							Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				
														Act	Type	Recov	Cov	Settl				
	A.	Total Subject Premium		10309			Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	B.	Experience Mod (XX.XXX)		0.968			Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				
	C.	Total Modified Premium		9718										Act	Type	Recov	Cov	Settl				
														Act	Type	Recov	Cov	Settl				
	D.	9663			534		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	E.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				
	F.													Act	Type	Recov	Cov	Settl				
														Act	Type	Recov	Cov	Settl				
	G.	Total Standard Exposure		Total Standard Premium										Act	Type	Recov	Cov	Settl				
		507264			9129		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	H.	006_	Premium Discount Amt.				Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				
	I.	0900	Expense Constant Amt											Act	Type	Recov	Cov	Settl				
	J.						Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	K.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				
	L.													Act	Type	Recov	Cov	Settl				
														Act	Type	Recov	Cov	Settl				
							LOSS TOTALS															
							Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical			
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use					Total ALAE Paid		Total ALAE Incurred				

Illustration 5 - Deductible; Rated Risk with Construction Credit

This deductible is to be applied after the experience modification. Additional premium for Employers Liability Increased Limits is subject to the deductible credit.

The Delaware Construction Credit Adjustment Program (DCCPAP) is applied to the modified premium inclusive of the non-ratable elements and supplement surcharge premiums.

UNIT STATISTICAL REPORT

POLICY INFORMATION																							
Report No. 01	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code 12345	Policy Number WC9949		Policy Effective Date 01/01/96		Policy Expiration Date 01/01/97		Expos. State 07	State Effective Date		Certificate No.	Card Serial No.	Risk ID Number		Page No.	Last Page No.				
Insured's Name: XYZ Industries																F.E.I.N. 123456789		Pending File No.					
Insured's Address:																							
Mod Effective Date		Rate Effective Date		Policy Conditions						Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate	Reserved	For Carrier Use		For Bureau Use		
				3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Cancel ed Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.										
				N	Y		N	N	N	N	01	01	01	0301		\$1,000							

EXPOSURE INFORMATION						LOSS INFORMATION																				
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
																	Act	Type	Recov	Cov	Settl					
	01	0609	742345	12.10	89824		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical					
	01	0951	1169584	.96	11228		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use												ALAE Paid		ALAE Incurred	
	01	0953	835267	.49	4093		Claim Number		Acc. Date/ No. Claims	Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
	01	9807			1998		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical					
	A.	Total Subject Premium					Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use												ALAE Paid		ALAE Incurred	
	B.	Fxnerience Mod (XX.XXX)					Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical					
	C.	Total Modified Premium					Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use												ALAE Paid		ALAE Incurred	
							Claim Number		Acc. Date/ No. Claims	Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
	D.	9046		.23	24692		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical					
	E.	9663			4547		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use												ALAE Paid		ALAE Incurred	
	F.						Claim Number		Acc. Date/ No. Claims	Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
	G.	Total Standard Exposure 2747196		Total Standard Premium 78118			Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical					
	H.	006_	Premium Discount Amt.				Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use												ALAE Paid		ALAE Incurred	
	I.	0900	Expense Constant Amt				Claim Number		Acc. Date/ No. Claims	Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
	J.						Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical					
	K.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use												ALAE Paid		ALAE Incurred	
	L.						LOSS TOTALS																			
							Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical							
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use					Total ALAE Paid		Total ALAE Incurred								

Illustration 6 - Short Rate Cancellation; Rated Risk

When a policy is canceled short term, the actual payroll and Manual premium developed shall be reported. The additional premium charged as a penalty for short-term policies is determined by extending the payrolls to a full policy period, determining the resulting premiums and applying the appropriate factor from the short rate cancellation table. Refer to Section 5, Page C-3 of the Delaware Manual of Rules, Classifications and Rating Values for Workers Compensation and for Employers Liability Insurance for the Short Rate Cancellation Table.

Premium developed from actual exposure

$$\$15,312 + \$1,878 = \$17,190$$

Short Rate Penalty Premium Calculation

1) Actual Policy Period = 6 months

2) Payroll extended to an annual basis

$$180,559 \times \frac{12 \text{ mos}}{6 \text{ mos}} = 361,118$$

$$3,894 \times \frac{12 \text{ mos}}{6 \text{ mos}} = 7,788$$

3) Annual Premiums

a) Rated

Class	Payroll	Rate	Premium
0813	361,118	8.75	\$31,598
0953	7,788	0.49	\$ 38
Total Subject Premium			\$31,636
Experience Modification			.968
Total Modified Premium			\$30,624
Total Standard Premium			\$30,624 + \$3,756 = \$34,380

b) Non-rated

Class	Payroll	Rate	Premium
0176	361,118	1.04	\$3,756

4) Short Rate Percentage 6 months = .60

5) Short Rate premium for canceled policy = \$34,380 x .60 = \$20,628

6) Short Rate penalty premium code 0931 = \$20,628 - \$17,190 = \$3438

UNIT STATISTICAL REPORT

Report No.
01

Corr. No.

Corr. Type

Replace Rpt. Ind.

Carrier Code
78972

Policy Number
60666

Policy Effective Date
01/01/96

Policy Expiration Date
07/01/96

Expos. State
07

State Effective Date

Certificate No.

Card Serial No.

Risk ID Number

Page No.

Last Page No.

Insured's Name: AZA Company

Insured's Address:

F.E.I.N.
123456789

Pending File No.

Mod Effective Date

Rate Effective Date

Policy Conditions

3 Yr F/R Policy
N

Multistate Policy
N

Interstate Rating

Estimated Exposure
N

Retro Policy
N

Canceled Mid-Term
Y

MCO Indicator
N

Policy Type 1 D

Type Cov.
01

Plan Ind.
01

Non-Std.
01

Deduct. Type

Deduct. Percent

Deductible Amount Per Claim/Accident

Deductible Amount Aggregate

Reserved

For Carrier Use

For Bureau Use

EXPOSURE INFORMATION

Upd Type

Exp. Cov.

Class Code

Exposure Amount

Manual Rate

Premium Rate

Upd Type

Claim Number

Acc. Date/ No. Claims

Incurred Indemnity

Incurred Medical

Class Code

Injury

Status

Loss Conditions

ActTypeRecovCovSettl

Jurisdic State

Cat. No.

MCO Type

0105131805598.7515799

Social Security Number

PartNatureCause

Occupation Description

Voc.LumpFraudDeduct

Paid Indemnity

Paid Medical

Claimant's Attorney Fees

Employer's Attorney Fees

Reversed for Future Use

ALAE Paid

ALAE Incurred

A.Total Subject Premium15818

Social Security Number

PartNatureCause

Occupation Description

Voc.LumpFraudDeduct

Paid Indemnity

Paid Medical

Claimant's Attorney Fees

Employer's Attorney Fees

Reversed for Future Use

ALAE Paid

ALAE Incurred

B.Exnperience Mod (XX.XXX)0.968

Social Security Number

PartNatureCause

Occupation Description

Voc.LumpFraudDeduct

Paid Indemnity

Paid Medical

Claimant's Attorney Fees

Employer's Attorney Fees

Reversed for Future Use

ALAE Paid

ALAE Incurred

C.Total Modified Premium15312

Social Security Number

PartNatureCause

Occupation Description

Voc.LumpFraudDeduct

Paid Indemnity

Paid Medical

Claimant's Attorney Fees

Employer's Attorney Fees

Reversed for Future Use

ALAE Paid

ALAE Incurred

D.01761805591.041878

Social Security Number

PartNatureCause

Occupation Description

Voc.LumpFraudDeduct

Paid Indemnity

Paid Medical

Claimant's Attorney Fees

Employer's Attorney Fees

Reversed for Future Use

ALAE Paid

ALAE Incurred

E.09313438

Social Security Number

PartNatureCause

Occupation Description

Voc.LumpFraudDeduct

Paid Indemnity

Paid Medical

Claimant's Attorney Fees

Employer's Attorney Fees

Reversed for Future Use

ALAE Paid

ALAE Incurred

F.

Social Security Number

PartNatureCause

Occupation Description

Voc.LumpFraudDeduct

Paid Indemnity

Paid Medical

Claimant's Attorney Fees

Employer's Attorney Fees

Reversed for Future Use

ALAE Paid

ALAE Incurred

G.Total Standard Exposure
184453Total Standard Premium
20628

Social Security Number

PartNatureCause

Occupation Description

Voc.LumpFraudDeduct

Paid Indemnity

Paid Medical

Claimant's Attorney Fees

Employer's Attorney Fees

Reversed for Future Use

ALAE Paid

ALAE Incurred

H.006_Premium Discount Amt.

Social Security Number

PartNatureCause

Occupation Description

Voc.LumpFraudDeduct

Paid Indemnity

Paid Medical

Claimant's Attorney Fees

Employer's Attorney Fees

Reversed for Future Use

ALAE Paid

ALAE Incurred

I.0900Expense Constant Amt

Social Security Number

PartNatureCause

Occupation Description

Voc.LumpFraudDeduct

Paid Indemnity

Paid Medical

Claimant's Attorney Fees

Employer's Attorney Fees

Reversed for Future Use

ALAE Paid

ALAE Incurred

J.

Social Security Number

PartNatureCause

Occupation Description

Voc.LumpFraudDeduct

Paid Indemnity

Paid Medical

Claimant's Attorney Fees

Employer's Attorney Fees

Reversed for Future Use

ALAE Paid

ALAE Incurred

K.

Social Security Number

PartNatureCause

Occupation Description

Voc.LumpFraudDeduct

Paid Indemnity

Paid Medical

Claimant's Attorney Fees

Employer's Attorney Fees

Reversed for Future Use

ALAE Paid

ALAE Incurred

L.

Social Security Number

PartNatureCause

Occupation Description

Voc.LumpFraudDeduct

Paid Indemnity

Paid Medical

Claimant's Attorney Fees

Employer's Attorney Fees

Reversed for Future Use

ALAE Paid

ALAE Incurred

LOSS TOTALS

Reserved for Future Use

Total No. Claims

Total Incurred Indemnity

Total Incurred Medical

Reserved for Future Use

Total Paid Indemnity

Total Paid Medical

Tot. Claimant's Attny. Fees

Tot. Employer's Attny. Fees

Reserved for Future Use

Total ALAE Paid

Total ALAE Incurred

USR FORM - 1/1/95

NC2957 (TB00365B)

Illustration 7 - Ratable Class; Mandatory Non-Ratable Element

Effective 10/01/87, for class codes 4773, 4774, 4775, 4776, 4779, 7323F, 7405 and 7413, there is a Mandatory Non-Ratable Element established by the Bureau and shown on the Bureau Data Card. When reporting these classifications, the ratable element is reported above line "A" on the hard copy unit and the premium is subject to the experience modification. The mandatory non-ratable element is reported below line "C", on the hard copy unit. ---

UNIT STATISTICAL REPORT

POLICY INFORMATION																							
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.									
01				19872	WC2795461	01/01/96	01/01/97	07															
Insured's Name: FBA Company												F.E.I.N.		Pending File No.									
Insured's Address:												123456789											
Mod Effective Date	Rate Effective Date	Policy Conditions							Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use					
		3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.												
		N	N		N	Y	N	N	01	01	01												
EXPOSURE INFORMATION										LOSS INFORMATION													
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
	01	7405	82351	55.37	45598									Act	Type	Recov	Cov	Settl					
	01	0953	1587	.49	8		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred					
														Act	Type	Recov	Cov	Settl					
	A.	Total Subject Premium		45606										Act	Type	Recov	Cov	Settl					
	B.	Experience Mod (XX.XXX)		0.915			Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	C.	Total Modified Premium		41729			Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred					
														Act	Type	Recov	Cov	Settl					
	D.	7445	82351	6.09	5015									Act	Type	Recov	Cov	Settl					
	E.						Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	F.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred					
														Act	Type	Recov	Cov	Settl					
	G.	Total Standard Exposure		46744										Act	Type	Recov	Cov	Settl					
	H.	006_	Premium Discount Amt.				Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	I.	0900	Expense Constant Amt				Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred					
	J.													Act	Type	Recov	Cov	Settl					
	K.						Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	L.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred					
							LOSS TOTALS																
							Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical				
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use					Total ALAE Paid		Total ALAE Incurred					

Illustration 8 - Ratable Class; Optional Non-Ratable Element

An Optional Non-Ratable Element is established by the Bureau and shown on the Bureau Data Card when the non-ratable element is authorized by the Bureau's Classification Department. The Non-Ratable Element is optional for class codes 445, 447, 513, 7421, classes with radiation exposure. ---

When reporting these classifications, the ratable element is reported above line "A" on the hard copy unit, and the premium is subject to the experience modification. The optional non-ratable element is reported below line "C" on the hard copy unit. ---

UNIT STATISTICAL REPORT

POLICY INFORMATION																						
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.								
01				16928	97523A	01/01/96	01/01/97	07														
Insured's Name: GEE Corporation												F.E.I.N.		Pending File No.								
Insured's Address:												123456789										
Mod Effective Date	Rate Effective Date	Policy Conditions							Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use				
3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.													
N	Y		N	N	N	N	01	01	01													
EXPOSURE INFORMATION										LOSS INFORMATION												
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	01	0615	258870	55.37	143336									Act	Type	Recov	Cov	Settl				
	01	0953	1328	.49	7		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				
														Act	Type	Recov	Cov	Settl				
	A.	Total Subject Premium		143343										Act	Type	Recov	Cov	Settl				
	B.	Experience Mod (XX.XXX)		0.915			Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	C.	Total Modified Premium		131159			Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				
														Act	Type	Recov	Cov	Settl				
	D.	0152	258870	6.09	15765									Act	Type	Recov	Cov	Settl				
	E.	0164	258870	.59	1527		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	F.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				
														Act	Type	Recov	Cov	Settl				
	G.	Total Standard Exposure		Total Standard Premium										Act	Type	Recov	Cov	Settl				
		260198			148451									Act	Type	Recov	Cov	Settl				
	H.	006_	Premium Discount Amt.				Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	I.	0900	Expense Constant Amt				Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				
														Act	Type	Recov	Cov	Settl				
	J.						Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	K.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				
	L.													Act	Type	Recov	Cov	Settl				
							LOSS TOTALS															
							Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical			
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use					Total ALAE Paid		Total ALAE Incurred				

Illustration 9 - First Report Requiring an Individual Case Report; Rated Risk

Note the treatment of the experience modification on lines "A", "B", "C" on the hard copy unit and the grouping of the seven closed medical only claims. Groupings must be made by loss condition (Type of Loss) as well as injury type and class code.

Also note this risk has qualified for the Delaware Workplace Safety Program (Code 9880). The Delaware Workplace Safety Program Credit is to be applied to the manual premium after the application of the experience modification. When applicable the employers liability should be calculated and the Increased Limits premium is subject to the Delaware Workplace Safety Program Credit.

UNIT STATISTICAL REPORT

POLICY INFORMATION																								
Report No. 01	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code 94999	Policy Number WC54321	Policy Effective Date 07/01/00	Policy Expiration Date 07/01/01	Expos. State 07	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.										
Insured's Name: PAZ Industries Corporation												F.E.I.N. 123456789		Pending File No.										
Insured's Address:																								
Mod Effective Date	Rate Effective Date	Policy Conditions							Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use						
		3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.													
		N	N		N	Y	N	N	01	01	01													
EXPOSURE INFORMATION										LOSS INFORMATION														
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
							Act	Type	Recov	Cov	Settl													
	01	0101	1214435	6.91	83917		46096	07/28/00	181500	7027	0101	9	0	01	01	01	03	00		00	00			
	01	0951	675210	.96	6482		Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical					
	01	0953	20800	.49	102		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred				
							35000														20000			
						*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
							46114	08/05/00	1323	137	0101	5	1	01	01	01	03	00						
	A.	Total Subject Premium		90501			Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical					
	B.	Experience Mod (XX.XXX)		1.620			31		02	86	Miller		N					7025	3600					
	C.	Total Modified Premium		146612			Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred				
							35000														20000			
						*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
							46122	10/01/00	301779	13000	0101	2	0	01	01	01	03	00						
	D.	9880			7331		Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical					
	E.						30		13	10	Miller		N					19977	6000					
	F.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred				
						*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
							7		200	0101	6	1	01	01	01	03	00							
	G.	Total Standard Exposure		Total Standard Premium			1910445		139281															
	H.	006_	Premium Discount Amt.				Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical					
	I.	0900	Expense Constant Amt				Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred				
	J.					*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
							1		20	0951	6	1	01	01	01	03	00							
	K.						Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical					
	L.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred				
LOSS TOTALS																								
Reserved for Future Use							Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical							
							11		484602		20384				27902		9957							
Tot. Claimant's Attny. Fees							Tot. Employer's Attny. Fees				Reserved for Future Use				Total ALAE Paid		Total ALAE Incurred							
							35000								20000									

Illustration 9a - Individual Case Report; Permanent Total Disability

Use Table III-M-A

Type Claim - State Act Trauma

Average Weekly Wage - \$459

Effective Date - 07/01/00

Date of Valuation - 01/01/02

1st Level Report - Open

Date of Accident - 10/01/00

Date of Birth - 04/01/55

Employee's age @ Valuation - 46 {sex - M}

No. Wks. Benefits Pd. to Valuation

Date - 457 days / 7 days = 65.285 wks

Present Value of Future Payments

Weekly Benefit = $.6667 \times (\$459) = \306

Present Value of \$1 @ Age 46 = 18.198 {Table III-M-A}

$\$306 \times 52 \times 18.198 = \$289,567$

Indemnity Paid to Valuation

Date - $65.285 \times 306 = 19,977$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT																						
CLASS CODE 0101		REPORT NO. CODE* 1	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 2	CARRIER NUMBER 94999		CARRIER NAME					PAYROLL STATE CODE* 07			ADM. FILE NUMBER							
POLICY NUMBER WC54321			CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR			CLAIM NO. 46122		STAT CODE* 0	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV COV SETT L					JURIS STATE 37	MCO TYPE 00			
				07	01	00							01	01	01	03	00					
INSURED NAME PAZ Industries Corporation									ACC. DATE MO DAY YR			DATE OF DEATH MO DAY YR			DATE REPORTED MO DAY YR			DATE OF BIRTH MO DAY YR			SURG CODE 1	ATTNY CODE* 3
	10	01	00				10	01	00	04	01	55										
WORKER LAST NAME Jones		AVG. WEEKLY WAGE 459		INJURY DESC. CODE* ←		PART 30	NATURE 13	CAUSE 10	OCCUPATION Miller				DATE CLOSED MO YR		RESERVE CODE*	LUMP SUM	FRAUD					
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID ←		MO	DAY	YR	EMPLOYMENT STATUS ←		YEAR LAST EXPOSED ←		DATE OF HIRE ←		MO 09	DAY 01	YR 80							
BENEFITS OTHER THAN PENSION										PENSION BENEFITS												
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*				CALCULATIONS										
1. TEMPORARY INDEMNITY		X X X	X X X					CODE	DATE OF BIRTH MO DAY YR			Paid to Valuation Date 65.285 x 306 = 19977 Future Payments 306 x 52 x 18.198 = 289567										
2. SCHEDULED INDEMNITY								1	04	01	55											
3. NON-SCHEDULED INDEMNITY			X X X	XXXX																		
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY																						
5. VOCATIONAL REHABILITATION TOTAL INCURRED																						
6. CLAIMANT LEGAL EXPENSE								7. PENSION INDEM. PAID TO VAL. DATE				19977										
PHYSICIAN PAID					TEMP. DISABILITY PAID			8. PENS. INDEM. PREV. RSVD., NOT PAID														
HOSPITAL PAID					PERM. PARTIAL PAID			9. PRES. VALUE FUTURE INDEM. PMNT.				289567										
APP. MED. EVAL. PAID					PERM. TOTAL PAID			10. FUNERAL ALLOWANCE				0										
DEFENSE MED. EVAL PAID					DEATH PAID			11. LUMP SUM REMARRIAGE				0										
INDEP. MED. EVAL. PAID					SINGLE LUMP SUM			12. TOTAL INCURRED INDEM.,(SUM 1-11)				309544										
LEGAL EXP. - DEFENSE					V.R. PAID			13. TOTAL INCURRED MEDICAL				13000										
ANNUITY PURCHASE AMT.					V.R. INDEM. INCURRED			14. TOTAL INDEM. PAID TO VAL. DATE				20871										
TOTAL GROSS INCURRED					V.R. TRAINING INCURRED			15. TOTAL MED. PAID TO VAL. DATE				6000										
					V.R. EVAL. INCURRED			16. SOC. SEC. OR OTHER OFFSET AMT.														

*SEE REVERSE FOR CODING

Illustration 10 - Individual Risk Experience with USL & HW Coverage

Note that the Federal Class 6843F has exposure coverage Code 02 and the losses for Class 6843F have loss conditions Code 02/01/01/03/00.

An Individual Case Report must be filed concurrently with the submission of individual risk experience when the claim is filed as a death or permanent total claim.

Refer to Illustration 10a and 10b for the Individual Case Reports.

UNIT STATISTICAL REPORT

POLICY INFORMATION																						
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.								
01				16928	99887	07/01/00	07/01/01	07														
Insured's Name: Steve Ho Corporation												F.E.I.N.		Pending File No.								
Insured's Address:												123456789										
Mod Effective Date	Rate Effective Date	Policy Conditions							Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use				
3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.													
N	N		N	N	N	N	01	01	01													
EXPOSURE INFORMATION										LOSS INFORMATION												
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type	
	02	6843	127896	23.90	30567		789803	10/01/00	239897	25000	6843	2	0	Act 02	Type 01	Recov 01	Cov 03	Settl 00		00	00	
	01	0718	279132	11.77	32854		Social Security Number		Part 42	Nature 49	Cause 36	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred		
							Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type	
	A.	Total Subject Premium		63421			6			1287	0718	6	1	Act 01	Type 01	Recov 01	Cov 03	Settl 00		00	00	
	B.	Experience Mod (XX.XXX)		0.975			Social Security Number		Part	Nature	Cause	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	C.	Total Modified Premium		61835			Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred		
							Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type	
	D.						789749	08/01/00	233755	0	0718	1	0	Act 01	Type 01	Recov 01	Cov 03	Settl 00		00	00	
	E.						Social Security Number		Part 90	Nature 13	Cause 75	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	F.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred		
							Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type	
	G.	Total Standard Exposure		61835										Act	Type	Recov	Cov	Settl				
	H.	006_	Premium Discount Amt.				Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	I.	0900	Expense Constant Amt				Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred		
	J.						Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type	
	K.						Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	L.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred		
LOSS TOTALS																						
Reserved for Future Use							Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical					
							8		473652		26287				21354		16287					
Tot. Claimant's Attny. Fees							Tot. Employer's Attny. Fees		Reserved for Future Use							Total ALAE Paid		Total ALAE Incurred				

Illustration 10a - Individual Case Report with USL & HW Coverage; Permanent Total Disability**Use Table III-M-C- (USLH-III- Male)**

Type - USL & HW-Trauma
Average Weekly Wage - \$459
Effective Date - 07/01/00
Date of Valuation - 01/01/02
1st Level Report - Open

Date of Accident - 10/01/00
Date of Birth - 03/15/33
Employee's age @ Valuation Date -68 (sex - M)
Loss Conditions - 02/01/01/03/00

Present Value of Future Payments
Weekly Benefit = $.6667 \times (\$459) = \306
Present Value of \$1 = 14.728 {Table III-M-C}
 $\$306 \times 52 \times 14.728 = \$234,352$
(Wkly Benefit) x (52 Wks) x (Pres. Val. Factor)

Indemnity Paid to Valuation Date
Benefits Paid from 10/01/00 to 01/01/02 [457 days / 7 = 65.285 (Wks)]
 $65.285 \times \$306 = \$19,977$

Total Indemnity Incurred = $\$234,352 + \$19,977 = \$254,329$

Class code, occupation, cause of accident and injury description code must relate to each other. An adjustment to allow for survivorship benefits would be needed if the beneficiary has a spouse.

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT																			
CLASS CODE 6843	REPORT NO. CODE* 1	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 2	CARRIER NUMBER 16928	CARRIER NAME					PAYROLL STATE CODE* 07	ADM. FILE NUMBER								
POLICY NUMBER 99887		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 00		CLAIM NO. 789803	STAT CODE* 0	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV COV SETT L 02 01 01 03 00					JURIS STATE 37	MCO TYPE 00			
INSURED NAME Steve Ho Corporation						ACC. DATE MO DAY YR 10 01 00			DATE OF DEATH MO DAY YR			DATE REPORTED MO DAY YR 10 01 00			DATE OF BIRTH MO DAY YR 03 15 33			SURG CODE	ATTNY CODE*
WORKER LAST NAME Vee		AVG. WEEKLY WAGE 459	INJURY DESC. CODE* ←		PART 42	NATURE 49	CAUSE 56	OCCUPATION Iron Worker			DATE CLOSED MO YR		RESERVE CODE*	LUMP SUM	FRAUD				
SOCIAL SECURITY NUMBER 123-45-9876		DATE SINGLE SUM PAID ←	MO	DAY	YR	EMPLOYMENT STATUS ←		YEAR LAST EXPOSED ←			DATE OF HIRE ←		MO 01	DAY 01	YR 80				
BENEFITS OTHER THAN PENSION										PENSION BENEFITS									
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*				CALCULATIONS							
1. TEMPORARY INDEMNITY		X X X	X X X					CODE	DATE OF BIRTH MO DAY YR 03 15 33			Paid to Valuation Date $65.285 \times 306 = 19977$ Future Payments $306 \times 52 \times 14.728 = 234352$							
2. SCHEDULED INDEMNITY								1											
3. NON-SCHEDULED INDEMNITY			X X X	XXXX															
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY																			
5. VOCATIONAL REHABILITATION TOTAL INCURRED																			
6. CLAIMANT LEGAL EXPENSE								7. PENSION INDEM. PAID TO VAL. DATE					19977						
PHYSICIAN PAID		TEMP. DISABILITY PAID						8. PENS. INDEM. PREV. RSVD., NOT PAID											
HOSPITAL PAID		PERM. PARTIAL PAID						9. PRES. VALUE FUTURE INDEM. PMNT.					234352						
APP. MED. EVAL. PAID		PERM. TOTAL PAID						10. FUNERAL ALLOWANCE					0						
DEFENSE MED. EVAL PAID		DEATH PAID						11. LUMP SUM REMARRIAGE					0						
INDEP. MED. EVAL. PAID		SINGLE LUMP SUM						12. TOTAL INCURRED INDEM.,(SUM 1-11)					254329						
LEGAL EXP. - DEFENSE		V.R. PAID						13. TOTAL INCURRED MEDICAL					25000						
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED						14. TOTAL INDEM. PAID TO VAL. DATE					8008						
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED						15. TOTAL MED. PAID TO VAL. DATE					15000						
		V.R. EVAL. INCURRED						16. SOC. SEC. OR OTHER OFFSET AMT.											

*SEE REVERSE FOR CODING

Illustration 10b - Individual Case Report; Death, Widow Only**Use Table I-A & Table II-A**

Type - State Act-Trauma
Average Weekly Wage - \$475
Effective Date - 07/01/00
Date at Valuation - 01/01/02
Date of Accident - 08/01/00

Widow's Date of Birth - 05/01/35
Age at Widowhood - 65
Age at Valuation - 66
1st Level Report - Open
Date of Death - 08/01/00

Present Value of Future Payments

Weekly Benefit = $.6667 \times (\$475) = \316.68

Present Value of \$1 = 12.611 - Widowhood at age 65, $^a[x] + 1$ Value

$\$316.68 \times 52 \times 12.611 = \$207,670$

Lump Sum Dowry Benefit

Duration - 2 years = 104 weeks

Weekly Benefit - \$316.68

Present Value of Remarriage Dowry = .0244

$\$316.68 \times 104 \times .0244 = \804

Indemnity Paid to Valuation Date

Benefits Paid from 08/01/00 to 01/01/02 - 518 days / 7 = 74 Wks

$(74 \text{ Wks}) \times \$316.68 = \$23,412$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT																							
CLASS CODE 0718		REPORT NO. CODE* 1		TRAN. TYPE CODE* 1		TYPE OF INJ. CODE* 1		CARRIER NUMBER 16928		CARRIER NAME				PAYROLL STATE CODE* 07		ADM. FILE NUMBER							
POLICY NUMBER 99887				CERT. NO.		POLICY EFFECTIVE DATE MO. DAY YR 07 01 00			CLAIM NO. 789749		STAT CODE* 0	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV COV SETT L 01 01 01 03 00					JURIS STATE 37	MCO TYPE 00		
INSURED NAME Steve Ho Corporation										ACC. DATE MO DAY YR 08 01 00			DATE OF DEATH MO DAY YR 08 01 00			DATE REPORTED MO DAY YR 08 01 00			DATE OF BIRTH MO DAY YR 07 25 34			SURG CODE	ATTNY CODE*
WORKER LAST NAME Stevens		AVG. WEEKLY WAGE 475		INJURY DESC. CODE* ←		PART 90	NATURE 13	CAUSE 75	OCCUPATION Ship Builder				DATE CLOSED MO YR		RESERVE CODE*	LUMP SUM	FRAUD						
SOCIAL SECURITY NUMBER 789-65-4321				DATE SINGLE SUM PAID ←		MO	DAY	YR	EMPLOYMENT STATUS ←		YEAR LAST EXPOSED ←		DATE OF HIRE ←		MO 01	DAY 01	YR 80						
BENEFITS OTHER THAN PENSION										PENSION BENEFITS													
KIND OF BENEFIT				% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*				CALCULATIONS									
1. TEMPORARY INDEMNITY				X X X	X X X					CODE	DATE OF BIRTH MO DAY YR 05 01 35			Paid to Valuation Date $74 \times 316.68 = 23412$ Future Payments $52 \times 316.68 \times 12.611 = 207670$									
2. SCHEDULED INDEMNITY										2													
3. NON-SCHEDULED INDEMNITY					X X X	XXXX																	
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY																							
5. VOCATIONAL REHABILITATION TOTAL INCURRED																							
6. CLAIMANT LEGAL EXPENSE										7. PENSION INDEM. PAID TO VAL. DATE				23412									
PHYSICIAN PAID				TEMP. DISABILITY PAID				8. PENS. INDEM. PREV. RSVD., NOT PAID															
HOSPITAL PAID				PERM. PARTIAL PAID				9. PRES. VALUE FUTURE INDEM. PMNT.				207670											
APP. MED. EVAL. PAID				PERM. TOTAL PAID				10. FUNERAL ALLOWANCE				700											
DEFENSE MED. EVAL PAID				DEATH PAID				11. LUMP SUM REMARRIAGE				804											
INDEP. MED. EVAL. PAID				SINGLE LUMP SUM				12. TOTAL INCURRED INDEM.,(SUM 1-11)				232586											
LEGAL EXP. - DEFENSE				V.R. PAID				13. TOTAL INCURRED MEDICAL				0											
ANNUITY PURCHASE AMT.				V.R. INDEM. INCURRED				14. TOTAL INDEM. PAID TO VAL. DATE				13346											
TOTAL GROSS INCURRED				V.R. TRAINING INCURRED				15. TOTAL MED. PAID TO VAL. DATE				0											
				V.R. EVAL. INCURRED				16. SOC. SEC. OR OTHER OFFSET AMT.															

*SEE REVERSE FOR CODING

Illustration 11 - Second Reporting of Losses for Unit for Illustration 10

Note that all claims previously reported as open have been reported and revalued as of 30 months after the effective date of the policy (valuation 01/03).

Note that the first loss record is the claim's previously reported information, indicated by a P in the Update Type field. The second loss record is the claim's revised information, indicated by an R in the Update Type field. The loss totals are the revised totals only.

Subsequent levels can be reported on a Supplemental Loss Report (as shown) or on a Unit Statistical Report using the same format shown here.

When reporting loss information on a subsequent level report, report all information on the previous and revised sides of the claim. The risk totals shown must be the revised totals only.

Refer to Illustrations 11a and 11b for Individual Case Reports.

SUPPLEMENTAL LOSS REPORT

										Pending File No.		Page No		Last Page No.						
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number			Policy Effective Date			Policy Expiration Date			Expos. State						
02				16928	99887			07/01/00			07/01/01			07						
Insured's Name: Steve Ho Corp.										F.E.I.N.			Card Serial No.							
Insured's Address:										123456789										
Upd Typ	Claim Number	Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
											Act	Type	Recov	Cov	Settl					
P	789803	10/01/00		239897		25000		6843	2	0	02	01	01	03	00		00	00		
	Social Security Number		Part	Nature	Cause	Occupation Description				Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
			42	49	36					N				8008		15000				
	Claimant's Attorney Fees		Employer's Attorney Fees			Reversed for Future Use										ALAE Paid		ALAE Incurred		
Upd Typ	Claim Number	Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
											Act	Type	Recov	Cov	Settl					
R	789803	10/01/00		245510		27500		6843	2	0	02	01	01	03	00		00	00		
	Social Security Number		Part	Nature	Cause	Occupation Description				Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
			42	49	36					N				18715		20000				
	Claimant's Attorney Fees		Employer's Attorney Fees			Reversed for Future Use										ALAE Paid		ALAE Incurred		
Upd Typ	Claim Number	Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
											Act	Type	Recov	Cov	Settl					
P	789749	08/01/00		233755		0		0718	1	0	01	01	01	03	00		00	00		
	Social Security Number		Part	Nature	Cause	Occupation Description				Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
			90	13	75					N				13346		0				
	Claimant's Attorney Fees		Employer's Attorney Fees			Reversed for Future Use										ALAE Paid		ALAE Incurred		
Upd Typ	Claim Number	Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
											Act	Type	Recov	Cov	Settl					
R	789749	08/01/00		244243		0		0718	1	0	01	01	01	03	00		00	00		
	Social Security Number		Part	Nature	Cause	Occupation Description				Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
			90	13	75					N				22786		0				
	Claimant's Attorney Fees		Employer's Attorney Fees			Reversed for Future Use										ALAE Paid		ALAE Incurred		
Upd Typ	Claim Number	Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
											Act	Type	Recov	Cov	Settl					
	Social Security Number		Part	Nature	Cause	Occupation Description				Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	Claimant's Attorney Fees		Employer's Attorney Fees			Reversed for Future Use										ALAE Paid		ALAE Incurred		
Upd Typ	Claim Number	Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
											Act	Type	Recov	Cov	Settl					
	Social Security Number		Part	Nature	Cause	Occupation Description				Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	Claimant's Attorney Fees		Employer's Attorney Fees			Reversed for Future Use										ALAE Paid		ALAE Incurred		
LOSS TOTALS																				
Reverse for Future Use		Total No. Claims			Total Incurred Indemnity			Total Incurred Medical			Reserved for Future Use			Total Paid Indemnity			Total Paid Medical			
		8			489753			28787						41501			21287			
Total Claimant's Attorney Fees		Total Employer's Attorney Fees			Reserved for Future Use										Total ALAE Paid			Total ALAE Incurred		

Illustration 11a - Individual Case Report; Permanent Total Disability; 2nd Report Level

Use Table III-M-C- (USLH-III-Male)

Type - USL & HW-Trauma
Average Weekly Wage - \$459
Effective Date - 07/01/00
Date of Valuation - 01/01/03

Date of Accident - 10/01/00
Date of Birth - 03/15/33
Employee's Age at Valuation Date - 69 (sex - M)
Maximum Weekly Benefit - \$933.82

Present Value of Future Payments
 $\$306 \times 52 \times 14.047 = \$223,516$

Indemnity Paid to Valuation Date
Benefits Paid from 10/01/00 to 01/01/03 [822 days / 7 = 117.428 (Wks)]
 $(117.428 \text{ Wks}) \times \$306 = \$35,933$

Total Indemnity Incurred - $\$223,516 + \$35,933 = \$259,449$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT																									
CLASS CODE 6843		REPORT NO. CODE* 2		TRAN. TYPE CODE* 1		TYPE OF INJ. CODE* 2		CARRIER NUMBER 16928		CARRIER NAME					PAYROLL STATE CODE* 07			ADM. FILE NUMBER							
POLICY NUMBER 99887				CERT. NO.		POLICY EFFECTIVE DATE MO. DAY YR 07 01 00			CLAIM NO. 789803		STAT CODE* 0		DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV COV SETT L 02 01 01 03 00					JURIS STATE 37		MCO TYPE 00		
INSURED NAME Steve Ho Corp.										ACC. DATE MO DAY YR 10 01 00			DATE OF DEATH MO DAY YR			DATE REPORTED MO DAY YR 10 01 00			DATE OF BIRTH MO DAY YR 03 15 33			SURG CODE		ATTNY CODE*	
WORKER LAST NAME Vee		AVG. WEEKLY WAGE 459		INJURY DESC. CODE* ←			PART 42		NATURE 49		CAUSE 56		OCCUPATION Iron Worker					DATE CLOSED MO YR		RESERVE CODE*		LUMP SUM		FRAUD	
SOCIAL SECURITY NUMBER 123-45-9876				DATE SINGLE SUM PAID ←		MO DAY YR		EMPLOYMENT STATUS ←		YEAR LAST EXPOSED ←		DATE OF HIRE ←			MO DAY YR 01 01 80										
BENEFITS OTHER THAN PENSION										PENSION BENEFITS															
KIND OF BENEFIT				% DISAB.		BODY MEM. CODE*		NO. WEEKS		INCURRED				BENEFICIARY DATA*				CALCULATIONS							
1. TEMPORARY INDEMNITY				X X X		X X X								CODE		DATE OF BIRTH MO DAY YR 03 15 33		Paid to Valuation Date 117.428 x 306.00 = 35933 Future Payments 306.00 x 52 x 14.047 = 223516							
2. SCHEDULED INDEMNITY														1											
3. NON-SCHEDULED INDEMNITY						X X X		XXXX																	
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY																									
5. VOCATIONAL REHABILITATION TOTAL INCURRED																									
6. CLAIMANT LEGAL EXPENSE														7. PENSION INDEM. PAID TO VAL. DATE				35933							
PHYSICIAN PAID				TEMP. DISABILITY PAID				8. PENS. INDEM. PREV. RSVD., NOT PAID																	
HOSPITAL PAID				PERM. PARTIAL PAID				9. PRES. VALUE FUTURE INDEM. PMNT.				223516													
APP. MED. EVAL. PAID				PERM. TOTAL PAID				10. FUNERAL ALLOWANCE				0													
DEFENSE MED. EVAL PAID				DEATH PAID				11. LUMP SUM REMARRIAGE				0													
INDEP. MED. EVAL. PAID				SINGLE LUMP SUM				12. TOTAL INCURRED INDEM.,(SUM 1-11)				259449													
LEGAL EXP. - DEFENSE				V.R. PAID				13. TOTAL INCURRED MEDICAL				27500													
ANNUITY PURCHASE AMT.				V.R. INDEM. INCURRED				14. TOTAL INDEM. PAID TO VAL. DATE				18715													
TOTAL GROSS INCURRED				V.R. TRAINING INCURRED				15. TOTAL MED. PAID TO VAL. DATE				20000													
				V.R. EVAL. INCURRED				16. SOC. SEC. OR OTHER OFFSET AMT.																	

*SEE REVERSE FOR CODING

Illustration 11b - Individual Case Report; Death, Widow Only; 2nd Report Level**Use Table I-A & Table II-A**

Type - State Act-Trauma
Average Weekly Wage - \$475
Effective Date - 07/01/00
Date at Valuation - 01/01/03
Date of Accident - 08/01/00

Widow's Date of Birth - 05/01/35
Age at Widowhood - 65
Age at Valuation - 67
2nd Level Report - Open
Date of Death - 08/01/00

Present Value of Future Payments

Weekly Benefit = $.6667 \times (\$475) = \316.68

Present Value of \$1 = 12.290 - Widowhood at age 65, $^a[x] + 2$ Value

$\$316.68 \times 52 \times 12.290 = \$202,384$

Lump Sum Dowry Benefit

Duration - 2 years = 104 weeks

Weekly Benefit - \$316.68

Present Value of Remarriage Dowry = .0195

$\$316.68 \times 104 \times .0195 = \642

Indemnity Paid to Valuation Date

Benefits Paid from 08/01/00 to 01/01/03 - 883 days / 7 = 126.142 Wks

$(126.142 \text{ Wks}) \times \$316.68 = \$39,947$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT																			
CLASS CODE 0718	REPORT NO. CODE* 2	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 1	CARRIER NUMBER 16928	CARRIER NAME					PAYROLL STATE CODE* 07	ADM. FILE NUMBER								
POLICY NUMBER 99887		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 00		CLAIM NO. 789749	STAT CODE* 0	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV COV SETT L 01 01 01 03 00					JURIS STATE 00	MCO TYPE 00			
INSURED NAME Steve Ho Corp.						ACC. DATE MO DAY YR 08 01 00			DATE OF DEATH MO DAY YR 02 01 96			DATE REPORTED MO DAY YR 02 01 96			DATE OF BIRTH MO DAY YR 07 25 34			SURG CODE	ATTNY CODE*
WORKER LAST NAME Stevens		AVG. WEEKLY WAGE 475	INJURY DESC. CODE* ←		PART 90	NATURE 13	CAUSE 75	OCCUPATION Ship Builder			DATE CLOSED MO YR		RESERVE CODE*	LUMP SUM	FRAUD				
SOCIAL SECURITY NUMBER 789-65-4321		DATE SINGLE SUM PAID ←	MO	DAY	YR	EMPLOYMENT STATUS ←		YEAR LAST EXPOSED ←			DATE OF HIRE ←		MO	DAY	YR				
BENEFITS OTHER THAN PENSION								PENSION BENEFITS											
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*				CALCULATIONS							
1. TEMPORARY INDEMNITY		X X X	X X X					CODE	DATE OF BIRTH MO DAY YR 05 01 35				Paid to Valuation Date 126.142 x 316.68 = 39947 Future Payments 52 x 316.68 x 12.290 = 202384						
2. SCHEDULED INDEMNITY																			
3. NON-SCHEDULED INDEMNITY			X X X	XXXX															
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY																			
5. VOCATIONAL REHABILITATION TOTAL INCURRED																			
6. CLAIMANT LEGAL EXPENSE								7. PENSION INDEM. PAID TO VAL. DATE					39947						
PHYSICIAN PAID			TEMP. DISABILITY PAID						8. PENS. INDEM. PREV. RSVD., NOT PAID										
HOSPITAL PAID			PERM. PARTIAL PAID						9. PRES. VALUE FUTURE INDEM. PMNT.					202384					
APP. MED. EVAL. PAID			PERM. TOTAL PAID						10. FUNERAL ALLOWANCE					700					
DEFENSE MED. EVAL PAID			DEATH PAID						11. LUMP SUM REMARRIAGE					642					
INDEP. MED. EVAL. PAID			SINGLE LUMP SUM						12. TOTAL INCURRED INDEM.,(SUM 1-11)					243673					
LEGAL EXP. - DEFENSE			V.R. PAID						13. TOTAL INCURRED MEDICAL					0					
ANNUITY PURCHASE AMT.			V.R. INDEM. INCURRED						14. TOTAL INDEM. PAID TO VAL. DATE					22786					
TOTAL GROSS INCURRED			V.R. TRAINING INCURRED						15. TOTAL MED. PAID TO VAL. DATE					0					
			V.R. EVAL. INCURRED						16. SOC. SEC. OR OTHER OFFSET AMT.										

*SEE REVERSE FOR CODING

**Illustration 12 - Unit Reporting; Individual Risk Experience Including Premiums for Operation
Subject to the USL & HW Act for a "Non-F" Classification**

When reporting a classification, which includes coverage for the USL & HW Act, increase the rating value by 99.5% and apply all other Manual rules as required. The increased rate shall apply only to the payroll of those employees engaged in operations subject to the USL & HW Act.

Note: Class 665's rating value as of 12/1/99 is 12.61, the rating value including coverage for the USL & HW Act is $\$10.28 \times 1.2270 \times 1.995 = \25.16 . Refer to Section I, Rule XII of the Delaware Manual of Rules, Classifications and Rating Values for Workers Compensation and Employers Liability Insurance for further instructions concerning the USL & HW Act.

Refer to Illustration 12a for Individual Case Report.

UNIT STATISTICAL REPORT

POLICY INFORMATION																							
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.									
01				99622	198265	07/01/00	07/01/01	07															
Insured's Name: Iron Erectors, Inc.												F.E.I.N.		Pending File No.									
Insured's Address:												123456789											
Mod Effective Date	Rate Effective Date	Policy Conditions							Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use					
3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.														
N	Y		N	N	N	N	01	01	01														
EXPOSURE INFORMATION										LOSS INFORMATION													
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
	02	0665	120000	25.16	30192		845	02/01/01	710560	25000	0665	2	0	Act 02	Type 01	Recov 01	Cov 03	Settl 00	37	00	00		
	01	0665	1000000	12.61	126100		Social Security Number		Part 40	Nature 28	Cause 25	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical			
	01	0951	95000	.96	912		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred					
	01	0953	105000	.49	515		896	03/01/01	600	350	0665	5	1	Act 01	Type 01	Recov 01	Cov 03	Settl 00	00	00	00		
	A.	Total Subject Premium		157719			Social Security Number		Part 48	Nature 65	Cause 01	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical			
	B.	Experience Mod (XX.XXX)		0.900			Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred					
	C.	Total Modified Premium		141947			897	03/15/01	750	800	0665	5	1	Act 01	Type 01	Recov 01	Cov 03	Settl 00	00	00	00		
	D.						Social Security Number		Part 31	Nature 28	Cause 26	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical			
	E.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred					
	F.						898	04/11/01		250	0953	6	1	Act 01	Type 01	Recov 01	Cov 03	Settl 00		00	00		
	G.	Total Standard Exposure		Total Standard Premium			Social Security Number		Part 36	Nature 40	Cause 19	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical			
	H.	006_	Premium Discount Amt.				Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred					
	I.	0900	Expense Constant Amt				6		1500	2010	0665	5	1	Act 01	Type 01	Recov 01	Cov 03	Settl 00		00	00		
	J.						Social Security Number		Part	Nature	Cause	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical			
	K.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred					
	L.						LOSS TOTALS																
							Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical				
									10		713410		28410				20051		15410				
	5						Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use					Total ALAE Paid		Total ALAE Incurred					
									50000							25000							

Illustration 12a - Individual Case Report; Permanent Total Claim with Survivorship Benefits**Use Tables III-M-C (USLH-III-MALE) and IV-B (USLH-IV-B)**

Type - USL & HW-Trauma	Claimant's Birth Date - 05/01/53
Average Weekly Wage - \$500	Spouse's Birth Date - 07/01/55
Date of Accident - 02/01/01	Date of Valuation - 01/01/02
Effective Date - 07/01/00	Claimants Age at Valuation - 48 (sex - M)
Maximum Benefit - 200% NAWW = \$923.81	Spouse's Age at Valuation - 46
(Projected at .025 increase per/year based on 10/01/99 max. of \$901.28)	

Present Value of Future Payments

Claimants - $.6667 \times (\$500) = \333.35 wk

Present Value of \$1 = 31.954

Future Payments - $\$333.35 \times 31.954 \times 52 = \$553,897$ Survivorship - $.5 \times (\$500) = \250

Benefits

Present Value of Benefits = 9.782

Future Payout = $250 \times 9.782 \times 52 = \$127,166$

Indemnity to Valuation Date Benefits Paid from 02/01/01 to 01/01/02 - 334 days / 7 = 47.714 Wks

 $\$333.35 \times 47.714 = \$15,905$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT																			
CLASS CODE 0665	REPORT NO. CODE* 1	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 2	CARRIER NUMBER 99622	CARRIER NAME					PAYROLL STATE CODE* 07	ADM. FILE NUMBER								
POLICY NUMBER 198265	CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 00			CLAIM NO. 845	STAT CODE* 0	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV COV SETT L 02 01 01 03 00					JURIS STATE 37	MCO TYPE 00			
INSURED NAME Iron Erections, Inc.						ACC. DATE MO DAY YR 02 01 01			DATE OF DEATH MO DAY YR			DATE REPORTED MO DAY YR 02 01 01			DATE OF BIRTH MO DAY YR 05 01 53			SURG CODE	ATTNY CODE*
WORKER LAST NAME Doe	AVG. WEEKLY WAGE 500	INJURY DESC. CODE* ←			PART 40	NATURE 28	CAUSE 25	OCCUPATION Iron Worker					DATE CLOSED MO YR		RESERVE CODE*	LUMP SUM	FRAUD		
SOCIAL SECURITY NUMBER 123-45-6789		DATE SINGLE SUM PAID ←		MO	DAY	YR	EMPLOYMENT STATUS ←		YEAR LAST EXPOSED ←			DATE OF HIRE ←		MO 01	DAY 01	YR 80			
BENEFITS OTHER THAN PENSION										PENSION BENEFITS									
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*				CALCULATIONS							
1. TEMPORARY INDEMNITY		X X X	X X X					CODE	DATE OF BIRTH MO DAY YR			Paid to Valuation Date 47.714 x 333.35 = 15905 Future Payments (333.35 x 52 x 31.954) + (250 x 52 x 9.782) = 127166							
2. SCHEDULED INDEMNITY								1	05	01	53								
3. NON-SCHEDULED INDEMNITY			X X X	XXXX				2	07	01	55								
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY																			
5. VOCATIONAL REHABILITATION TOTAL INCURRED																			
6. CLAIMANT LEGAL EXPENSE								7. PENSION INDEM. PAID TO VAL. DATE				15905							
PHYSICIAN PAID			TEMP. DISABILITY PAID						8. PENS. INDEM. PREV. RSVD., NOT PAID										
HOSPITAL PAID			PERM. PARTIAL PAID						9. PRES. VALUE FUTURE INDEM. PMNT.				681063						
APP. MED. EVAL. PAID			PERM. TOTAL PAID						10. FUNERAL ALLOWANCE				0						
DEFENSE MED. EVAL PAID			DEATH PAID						11. LUMP SUM REMARRIAGE				0						
INDEP. MED. EVAL. PAID			SINGLE LUMP SUM						12. TOTAL INCURRED INDEM.,(SUM 1-11)				696968						
LEGAL EXP. - DEFENSE			V.R. PAID						13. TOTAL INCURRED MEDICAL				25000						
ANNUITY PURCHASE AMT.			V.R. INDEM. INCURRED						14. TOTAL INDEM. PAID TO VAL. DATE				17201						
TOTAL GROSS INCURRED			V.R. TRAINING INCURRED						15. TOTAL MED. PAID TO VAL. DATE				12000						
			V.R. EVAL. INCURRED						16. SOC. SEC. OR OTHER OFFSET AMT.										

*SEE REVERSE FOR CODING

Illustration 13 - Correction of Header Information Only

In the following example the only information that needs correcting is the policy number. Since the policy number field has two lines, the previous reported policy number (incorrect number) goes on the first line and the revised policy number (correct number) goes on the second line.

If a header field needs to be corrected and the field only has one line, report the revised information only.

When reporting a header correction only the Report Number, Correction Number, Carrier Code, Policy Number, Policy Effective Date, Exposure State and Insured's Name need to be filled in, along with any other policy information that is changing.

UNIT STATISTICAL REPORT

POLICY INFORMATION																										
Report No. 01	Corr. No. 01	Corr. Type H	Replace Rpt. Ind.	Carrier Code 99998	Policy Number WC12345		Policy Effective Date 01/01/96		Policy Expiration Date		Expos. State 07	State Effective Date		Certificate No.	Card Serial No.	Risk ID Number		Page No.	Last Page No.							
					WC54321																					
Insured's Name: ABC Corp.															F.E.I.N.		Pending File No.									
Insured's Address:																										
Mod Effective Date		Rate Effective Date		Policy Conditions						Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Reserved	For Carrier Use		For Bureau Use				
3 Yr F/R Policy		Multistate Policy		Interstate Rating		Estimated Exposure		Retro Policy		Canceled Mid-Term		MCO Indicator		Type Cov.	Plan Ind.	Non-Std.										
EXPOSURE INFORMATION										LOSS INFORMATION																
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
																		Act	Type	Recov	Cov	Settl				
							Social Security Number		Part	Nature	Cause	Occupation Description				Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred			
							Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
																		Act	Type	Recov	Cov	Settl				
							Social Security Number		Part	Nature	Cause	Occupation Description				Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred			
	A.	Total Subject Premium					Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
																		Act	Type	Recov	Cov	Settl				
	B.	Experience Mod (XX.XXX)					Social Security Number		Part	Nature	Cause	Occupation Description				Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred			
	C.	Total Modified Premium					Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
																		Act	Type	Recov	Cov	Settl				
							Social Security Number		Part	Nature	Cause	Occupation Description				Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred			
	D.						Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
																		Act	Type	Recov	Cov	Settl				
	E.						Social Security Number		Part	Nature	Cause	Occupation Description				Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred			
	F.						Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
																		Act	Type	Recov	Cov	Settl				
							Social Security Number		Part	Nature	Cause	Occupation Description				Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred			
	G.	Total Standard Exposure			Total Standard Premium			Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
																			Act	Type	Recov	Cov	Settl			
	H.	006_	Premium Discount Amt.				Social Security Number		Part	Nature	Cause	Occupation Description				Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred			
	I.	0900	Expense Constant Amt				Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
																		Act	Type	Recov	Cov	Settl				
	J.						Social Security Number		Part	Nature	Cause	Occupation Description				Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred			
	K.						Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
																		Act	Type	Recov	Cov	Settl				
							Social Security Number		Part	Nature	Cause	Occupation Description				Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred			
	L.						Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
																		Act	Type	Recov	Cov	Settl				
							Social Security Number		Part	Nature	Cause	Occupation Description				Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred			
LOSS TOTALS																										
Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical														
Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use		Total ALAE Paid		Total ALAE Incurred																		

Illustration 14 - Correction of Loss Totals Only

In the following example the only information that needs correcting is the loss totals. Because there is only one line per field for the loss totals, only the revised totals are shown. The key policy information must also be shown (Report Number, Correction Number, Carrier Code, Policy Number, Policy Effective Date, Exposure State and Insured's Name)

UNIT STATISTICAL REPORT

POLICY INFORMATION																					
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.							
01	04	T		99998	WC54321	01/01/96		07													
Insured's Name: ABC Corp.												F.E.I.N.		Pending File No.							
Insured's Address:																					
Mod Effective Date	Rate Effective Date	Policy Conditions							Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use			
		3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.										
EXPOSURE INFORMATION										LOSS INFORMATION											
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
														Act	Type	Recov	Cov	Settl			
							Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred			
														Act	Type	Recov	Cov	Settl			
	A.	Total Subject Premium					Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical
	B.	Experience Mod (XX.XXX)					Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred			
	C.	Total Modified Premium												Act	Type	Recov	Cov	Settl			
														Act	Type	Recov	Cov	Settl			
	D.						Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical
	E.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred			
	F.													Act	Type	Recov	Cov	Settl			
														Act	Type	Recov	Cov	Settl			
	G.	Total Standard Exposure			Total Standard Premium									Act	Type	Recov	Cov	Settl			
	H.	006_	Premium Discount Amt.				Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical
	I.	0900	Expense Constant Amt				Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred			
	J.													Act	Type	Recov	Cov	Settl			
	K.						Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical
	L.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred			
							LOSS TOTALS														
							Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical		
									14		136033		7000				35471		6775		
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use					Total ALAE Paid		Total ALAE Incurred			
									15000							12500					

Illustration 15 - Correction of Old Form Information on New Form

The following example shows the information reported on the old form prior to the adoption of the ASWG form.

Refer to Illustration 15a showing the correction on the ASWG form.

[illegible]

Illustration 15a - Correction of Old Form Information on New Form

The following example is a correction of exposure and loss information on the ASWG form. Please note that only the information that was reported on the original unit is transferred to the new form (new fields do not need to be filled in).

Also note the claim 56789 is being added as a new claim, therefore there is an Update Type "P" with all fields left blank because there was no previously reported information. Update Type "R" has all the new claim information.

UNIT STATISTICAL REPORT

POLICY INFORMATION																						
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.								
01	01	M		99999	WC12345	12/20/95		07														
Insured's Name: ABC Corp.												F.E.I.N.		Pending File No.								
Insured's Address:																						
Mod Effective Date	Rate Effective Date	Policy Conditions								Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use			
		3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.											
EXPOSURE INFORMATION										LOSS INFORMATION												
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
P	11	0953	175485	.49	860	P	23456	02/05/96		1000	0951	6	1	11	Type	Recov	Cov	Settl				
R	11	0953	233945	.49	1146		Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use								ALAE Paid		ALAE Incurred	
						Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	A.	Total Subject Premium		1946		R	23456	02/05/96		1565	0951	6	1	11	Type	Recov	Cov	Settl				
	B.	Experience Mod (XX.XXX)		.850			Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	C.	Total Modified Premium		1654			Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use								ALAE Paid		ALAE Incurred	
						Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	D.					P								Act	Type	Recov	Cov	Settl				
	E.						Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	F.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use								ALAE Paid		ALAE Incurred	
						Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	G.	Total Standard Exposure		Total Standard Premium		R	56789	09/30/96	7935	4000	0953	4	0	11	Type	Recov	Cov	Settl				
	H.	006_	Premium Discount Amt.				Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	I.	0900	Expense Constant Amt				Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use								ALAE Paid		ALAE Incurred	
	J.					Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	K.						Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	L.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use								ALAE Paid		ALAE Incurred	
						LOSS TOTALS																
							Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical			
									7		15635		8260									
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use								Total ALAE Paid		Total ALAE Incurred	

Illustration 16 - Combination Example

This illustration shows a first reporting requiring two unit cards with a Deductible, schedule rating credit, Delaware Construction Credit, Delaware Workplace Safety Program Credit, USL & H coverage, ratable class with a mandatory non-ratable element and requiring an Individual Case Report.

Note that the Delaware Construction Credit and Delaware Workplace Safety Program Credit are applied to the manual premium after the application of the experience modification and after the Schedule Rating Credit. Any non-ratable or occupational disease class premiums are included in the calculations of the Delaware Construction Credit and Delaware Workplace Safety Program Credit.

Refer to Illustration 16a for the Individual Case Report.

Also, note both the Delaware Workplace Safety Program Credit and the Delaware Construction Credit are calculated based upon the manual premium after the application of the experience mod, any non-ratable or occupational disease class premiums and the schedule rating credit, this is to say that the Delaware Workplace Safety Program is not used to calculate the construction credit and the construction credit is not used to calculate the Delaware Workplace Safety Program.

UNIT STATISTICAL REPORT

POLICY INFORMATION																							
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.									
01				12345	1234567	12/01/00	12/01/01	07															
Insured's Name: 123, Inc.												F.E.I.N.		Pending File No.									
Insured's Address:												123456789											
Mod Effective Date	Rate Effective Date	Policy Conditions								Policy Type I.D.			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use				
09/01/00	09/01/00	3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.												
		N	Y		N	N	N	N	01	01	01			0301		1000							
EXPOSURE INFORMATION												LOSS INFORMATION											
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type		
	01	0609	20000	12.10	2420		1234	02/13/01	2000	1500	0609	5	0	Act 01	Type 01	Recov 01	Cov 03	Settl 00		00	00		
	01	4773	35000	55.37	19380		Social Security Number		Part 40	Nature 03	Cause 99	Occupation Description		Voc. N	Lump	Fraud 00	Deduct	Paid Indemnity 1000	Paid Medical 1000				
	01	0951	5000	.96	48		Claimant's Attorney Fees	Employer's Attorney Fees	Reversed for Future Use										ALAE Paid	ALAE Incurred			
	01	0953	15000	.49	74		Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type		
	A.	Total Subject Premium					4321	01/23/01	500	500	0953	5	1	Act 01	Type 01	Recov 01	Cov 03	Settl 00		00	00		
	B.	Experience Mod (XX.XXX)					Social Security Number		Part 36	Nature 40	Cause 19	Occupation Description		Voc. N	Lump	Fraud 00	Deduct	Paid Indemnity 500	Paid Medical 500				
	C.	Total Modified Premium					Claimant's Attorney Fees	Employer's Attorney Fees	Reversed for Future Use										ALAE Paid	ALAE Incurred			
	D.						Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type		
	E.						3214	04/20/01	141857		0615	1	0	Act 01	Type 01	Recov 01	Cov 03	Settl 00		00	00		
	F.						Social Security Number		Part 40	Nature 03	Cause 99	Occupation Description		Voc. N	Lump	Fraud 01	Deduct	Paid Indemnity 12035	Paid Medical				
							Claimant's Attorney Fees	Employer's Attorney Fees	Reversed for Future Use										ALAE Paid	ALAE Incurred			
	G.	Total Standard Exposure		Total Standard Premium			Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type		
	H.	006_	Premium Discount Amt.				4123	06/01/01	1000	2000	0951	5	1	Act 01	Type 01	Recov 01	Cov 03	Settl 00		00	00		
	I.	0900	Expense Constant Amt				Social Security Number		Part 36	Nature 40	Cause 19	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity 1000	Paid Medical 2000				
	J.						Claimant's Attorney Fees	Employer's Attorney Fees	Reversed for Future Use										ALAE Paid	ALAE Incurred			
	K.						Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type		
	L.						Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical				
							Claimant's Attorney Fees	Employer's Attorney Fees	Reversed for Future Use										ALAE Paid	ALAE Incurred			
LOSS TOTALS																							
Reserved for Future Use							Total No. Claims			Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use			Total Paid Indemnity			Total Paid Medical			
Tot. Claimant's Attny. Fees							Tot. Employer's Attny. Fees			Reserved for Future Use							Total ALAE Paid			Total ALAE Incurred			

UNIT STATISTICAL REPORT

POLICY INFORMATION																						
Report No. 01	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code 12345	Policy Number 1234567	Policy Effective Date 12/01/00	Policy Expiration Date 12/01/01	Expos. State 07	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.								
Insured's Name: 123, Inc.												F.E.I.N. 123456789		Pending File No.								
Insured's Address:																						
Mod Effective Date 09/01/00	Rate Effective Date 09/01/00	Policy Conditions							Policy Type I D			Deduct. Type 0301	Deduct. Percent 1000	Deductible Amount Per Claim/Accident 1000	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use				
		3 Yr F/R Policy N	Multistate Policy Y	Interstate Rating	Estimate Exposure N	Retro Policy N	Canceled Mid-Term N	MCO Indicator N	Type Cov. 01	Plan Ind. 01	Non-Std. 01											
EXPOSURE INFORMATION																						
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	LOSS INFORMATION															
	02	6843	30000	15.98	4794		Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
														Act	Type	Recov	Cov	Settl				
							Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				
						Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	A.	Total Subject Premium		26716										Act	Type	Recov	Cov	Settl				
	B.	Experience Mod (XX.XXX)		1.254			Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	C.	Total Modified Premium		33502			Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				
						Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	D.	0773	35000	6.09	2132									Act	Type	Recov	Cov	Settl				
	E.	9887		.25	8909		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	F.	9880		.05	1336		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				
						Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	G.	9046 Total Standard Exposure		20 5345 Total Standard Premium										Act	Type	Recov	Cov	Settl				
	H.	006_	Premium Discount Amt.				Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	I.	0900	Expense Constant Amt				Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				
						Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	J.													Act	Type	Recov	Cov	Settl				
	K.						Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	L.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				
						LOSS TOTALS																
							Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical			
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use					Total ALAE Paid		Total ALAE Incurred				

UNIT STATISTICAL REPORT

POLICY INFORMATION																								
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.										
01				12345	1234567	12/01/00	12/01/01	07																
Insured's Name: 123, Inc.												F.E.I.N.		Pending File No.										
Insured's Address:												123456789												
Mod Effective Date	Rate Effective Date	Policy Conditions								Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use					
06/01/96	06/01/96	3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.													
		N	Y		N	N	N	N	01	01	01			0301		1000								
EXPOSURE INFORMATION												LOSS INFORMATION												
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
	01	0609	6600	12.10	799									Act	Type	Recov	Cov	Settl						
	01	4773	11550	55.37	6395		Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	01	0951	1650	.96	16		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
	01	0953	4950	.49	24	Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
	A.	Total Subject Premium												Act	Type	Recov	Cov	Settl						
	B.	Experience Mod (XX.XXX)					Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	C.	Total Modified Premium					Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
						Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
	D.													Act	Type	Recov	Cov	Settl						
	E.						Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	F.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
						Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
	G.	Total Standard Exposure		Total Standard Premium										Act	Type	Recov	Cov	Settl						
	H.	006_	Premium Discount Amt.				Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	I.	0900	Expense Constant Amt				Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
	J.					Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
	K.													Act	Type	Recov	Cov	Settl						
	L.						Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
LOSS TOTALS																								
Reserved for Future Use							Total No. Claims			Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use			Total Paid Indemnity			Total Paid Medical				
																				0				
Tot. Claimant's Attny. Fees							Tot. Employer's Attny. Fees			Reserved for Future Use							Total ALAE Paid			Total ALAE Incurred				

UNIT STATISTICAL REPORT

POLICY INFORMATION																											
Report No. 01	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code 12345	Policy Number 1234567		Policy Effective Date 12/01/00		Policy Expiration Date 12/01/01		Expos. State 07	State Effective Date		Certificate No.	Card Serial No.	Risk ID Number		Page No.	Last Page No.								
Insured's Name: 123, Inc.															F.E.I.N.		Pending File No.										
Insured's Address:															123456789												
Mod Effective Date	Rate Effective Date		Policy Conditions						Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use		For Bureau Use								
06/01/96	06/01/96		3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimate Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.	0301		1000												
N	Y					N	N	N	N	01	01	01															
EXPOSURE INFORMATION											LOSS INFORMATION																
Upd Type	Exp. Cov.	Class Code	Exposure Amount		Manual Rate	Premium Rate		Upd Type	Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
																					Act	Type	Recov	Cov	Settl		
	02	6843	9900		15.98	1582																					
									Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
									Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred		
								Upd Type	Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
	A.	Total Subject Premium		8816																							
	B.	Experience Mod (XX.XXX)		1.198																							
	C.	Total Modified Premium		10562																							
								Upd Type	Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
	D.	0773	11550		6.09	703																					
	E.	9887			.25	2816																					
	F.	9046			.22	1859																					
								Upd Type	Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
	G.	Total Standard Exposure		139650			Total Standard Premium		26634																		
	H.	0063_	Premium Discount Amt.																								
	I.	0900	Expense Constant Amt																								
	J.							Upd Type	Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
	K.																										
	L.																										
								LOSS TOTALS																			
									Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical						
											4		184984		4000				14535		3500						
									Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use										Total ALAE Paid		Total ALAE Incurred		

Illustration 16a - Individual Case Report; Death, Widow Only

Type - State Act-Trauma
Average Weekly Wage - \$378
Effective Date - 12/01/00
Date at Valuation - 06/01/02
Date of Accident - 04/20/01

Widow's Date of Birth - 05/09/35
Age at Widowhood - 65
Age at Valuation - 66
1st Level Report - Open
Date of Death - 04/20/01

Present Value of Future Payments
Weekly Benefit = $.51 \times (\$378) = \192.78
Present Value of \$1 = 12.611 - Widowhood at age 65, $^a[x] + 1$ Value
 $\$192.78 \times 52 \times 12.611 = \$126,420$

Lump Sum Dowry Benefit
Duration - 2 years = 104 weeks
Weekly Benefit - \$192.78
Present Value of Remarriage Dowry = .0244
 $\$192.78 \times 104 \times .0244 = \489

Indemnity Paid to Valuation Date
Benefits Paid from 04/20/01 to 06/01/02 - 408 days / 7 = 58.285 Wks
 $(58.285 \text{ Wks}) \times \$192.78 = \$11,236$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT																			
CLASS CODE 0615	REPORT NO. CODE* 1	TRAN. TYPE CODE*	TYPE OF INJ. CODE* 1	CARRIER NUMBER 12345	CARRIER NAME					PAYROLL STATE CODE* 07	ADM. FILE NUMBER								
POLICY NUMBER 1234567		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 12 01 00		CLAIM NO. 3214	STAT CODE*	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV COV SETT L 01 01 01 03 00					JURIS STATE 37	MCO TYPE 00			
INSURED NAME 123, Inc.						ACC. DATE MO DAY YR 04 20 01			DATE OF DEATH MO DAY YR 04 20 01			DATE REPORTED MO DAY YR 04 20 01			DATE OF BIRTH MO DAY YR 09 27 34			SURG CODE	ATTNY CODE*
WORKER LAST NAME Hilty		AVG. WEEKLY WAGE 378	INJURY DESC. CODE* ←		PART 44	NATURE 03	CAUSE 99	OCCUPATION Laborer			DATE CLOSED MO YR		RESERVE CODE*	LUMP SUM	FRAUD				
SOCIAL SECURITY NUMBER 564-73-8291		DATE SINGLE SUM PAID ←	MO	DAY	YR	EMPLOYMENT STATUS ←		YEAR LAST EXPOSED ←			DATE OF HIRE ←		MO	DAY	YR				
BENEFITS OTHER THAN PENSION										PENSION BENEFITS									
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*				CALCULATIONS							
1. TEMPORARY INDEMNITY		X X X	X X X					CODE	DATE OF BIRTH MO DAY YR 05 09 35			Paid to Valuation Date $192.78 \times 58.285 = 11236$ Future Payments $192.78 \times 52 \times 12.611 = 126420$							
2. SCHEDULED INDEMNITY																			
3. NON-SCHEDULED INDEMNITY			X X X	XXXX															
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY																			
5. VOCATIONAL REHABILITATION TOTAL INCURRED																			
6. CLAIMANT LEGAL EXPENSE								7. PENSION INDEM. PAID TO VAL. DATE					11236						
PHYSICIAN PAID		TEMP. DISABILITY PAID						8. PENS. INDEM. PREV. RSVD., NOT PAID											
HOSPITAL PAID		PERM. PARTIAL PAID						9. PRES. VALUE FUTURE INDEM. PMNT.					126420						
APP. MED. EVAL. PAID		PERM. TOTAL PAID						10. FUNERAL ALLOWANCE					3000						
DEFENSE MED. EVAL PAID		DEATH PAID						11. LUMP SUM REMARRIAGE					489						
INDEP. MED. EVAL. PAID		SINGLE LUMP SUM						12. TOTAL INCURRED INDEM.,(SUM 1-11)					141145						
LEGAL EXP. - DEFENSE		V.R. PAID						13. TOTAL INCURRED MEDICAL					0						
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED						14. TOTAL INDEM. PAID TO VAL. DATE					12035						
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED						15. TOTAL MED. PAID TO VAL. DATE					0						
		V.R. EVAL. INCURRED						16. SOC. SEC. OR OTHER OFFSET AMT.											

*SEE REVERSE FOR CODING

Illustration 17 - Second Reporting of Losses for Unit for Illustration 16

Note that all claims previously reported as open have been reported and revalued as of 30 months after the effective date of the policy (valuation 06/03).

Note that the first loss record is the claim's previously reported information, indicated by an P in the Update Type field. The second loss record is the claim's revised information, indicated by an R in the Update Type field. The loss totals are the revised totals only.

Subsequent levels can be reported on a Unit Statistical Report (as shown) or on a Supplemental Loss Report using the same format shown here.

When reporting loss information on a subsequent level report, report all information on the previous and revised sides of the claim. The risk totals shown must be the revised totals only.

Also note that claim 1234 is a subrogated claim.

Refer to Illustrations 17a for Individual Case Report.

UNIT STATISTICAL REPORT

POLICY INFORMATION																							
Report No. 02	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code 12345	Policy Number 1234567			Policy Effective Date 12/01/00		Policy Expiration Date 06/01/01		Expos. State 07	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number		Page No.	Last Page No.				
Insured's Name: 123, Inc.															F.E.I.N. 123456789		Pending File No.						
Insured's Address:																							
Mod Effective Date		Rate Effective Date		Policy Conditions						Policy Type 1 D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate	Reserved	For Carrier Use		For Bureau Use		
				3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.	0301		1000							
N		Y					N	N	N	N	01	01	01										

EXPOSURE INFORMATION										LOSS INFORMATION												
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
							Act	Type	Recov	Cov	Settl											
						P	1234	02/13/01	2000	1500	0609	5	0	01	01	01	03	00		00	00	
							Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
									40	28	25			N				1000		1000		
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred		
						*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
						R	1234	02/13/01	1000	1000	0609	5	1	01	01	03	03	04				
	A.	Total Subject Premium					Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	B.	Fxnience Mod (XX.XXX)							40	28	25			N				1000		1000		
	C.	Total Modified Premium					Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred		
						*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
						P	3214	04/20/01	141857		4773	1	0	01	01	01	03	00				
	E.						Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	F.						123456789		44	03	99	LABORER		N				12035		12035		
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred		
						*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
						R	3214	04/20/01	148201		4773	1	0	01	01	01	03	00				
	G.	Total Standard Exposure		Total Standard Premium			Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	H.	006_	Premium Discount Amt.				123456789		44	03	99	LABORER		N				22087		22087		
	I.	0900	Expense Constant Amt				Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred		
						*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	J.						Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	K.																					
	L.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred		
							LOSS TOTALS															
							Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical			
									4		193012		3500				24587		3500			
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use							Total ALAE Paid		Total ALAE Incurred		

Illustration 17a - Individual Case Report; Death, Widow Only; 2nd Report Level

Type - State Act-Trauma
Average Weekly Wage - \$378
Effective Date - 12/01/00
Date at Valuation - 06/01/03
Date of Accident - 04/20/01

Widow's Date of Birth - 05/09/35
Age at Widowhood - 65
Age at Valuation - 67
2nd Level Report - Open
Date of Death - 04/20/01

Present Value of Future Payments

Weekly Benefit = $.51 \times (\$378) = \192.78

Present Value of \$1 = 12.290 - Widowhood at age 65, $^a[x] + 2$ Value

$\$192.78 \times 52 \times 12.290 = \$123,202$

Lump Sum Dowry Benefit

Duration - 2 years = 104 weeks

Weekly Benefit - \$192.78

Present Value of Remarriage Dowry = .0195

$\$192.78 \times 104 \times .0195 = \391

Indemnity Paid to Valuation Date

Benefits Paid from 04/20/01 to 06/01/03 - 772 days / 7 = 110.285 Wks

$(110.285 \text{ Wks}) \times \$192.78 = \$21,261$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT																			
CLASS CODE 0615	REPORT NO. CODE* 2	TRAN. TYPE CODE*	TYPE OF INJ. CODE* 1	CARRIER NUMBER 12345	CARRIER NAME					PAYROLL STATE CODE* 07	ADM. FILE NUMBER								
POLICY NUMBER 1234567		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 01 01 96		CLAIM NO. 3214	STAT CODE*	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV COV SETT L 01 01 01 03 00					JURIS STATE 37	MCO TYPE 00			
INSURED NAME 123, Inc.						ACC. DATE MO DAY YR 04 20 97			DATE OF DEATH MO DAY YR 04 20 97			DATE REPORTED MO DAY YR 04 20 97			DATE OF BIRTH MO DAY YR 09 27 34			SURG CODE	ATTNY CODE*
WORKER LAST NAME Hilty		AVG. WEEKLY WAGE 378	INJURY DESC. CODE* ←		PART 44	NATURE 03	CAUSE 99	OCCUPATION Laborer			DATE CLOSED MO YR		RESERVE CODE*	LUMP SUM	FRAUD				
SOCIAL SECURITY NUMBER 564-73-8291		DATE SINGLE SUM PAID ←	MO	DAY	YR	EMPLOYMENT STATUS ←		YEAR LAST EXPOSED ←			DATE OF HIRE ←		MO	DAY	YR				
BENEFITS OTHER THAN PENSION										PENSION BENEFITS									
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*				CALCULATIONS							
1. TEMPORARY INDEMNITY		X X X	X X X					CODE	DATE OF BIRTH MO DAY YR 05 09 35			Paid to Valuation Date $192.78 \times 110.285 = 21261$ Future Payments $192.78 \times 52 \times 12.290 = 123202$							
2. SCHEDULED INDEMNITY																			
3. NON-SCHEDULED INDEMNITY			X X X	XXXX															
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY																			
5. VOCATIONAL REHABILITATION TOTAL INCURRED																			
6. CLAIMANT LEGAL EXPENSE								7. PENSION INDEM. PAID TO VAL. DATE					21261						
PHYSICIAN PAID		TEMP. DISABILITY PAID						8. PENS. INDEM. PREV. RSVD., NOT PAID											
HOSPITAL PAID		PERM. PARTIAL PAID						9. PRES. VALUE FUTURE INDEM. PMNT.					123202						
APP. MED. EVAL. PAID		PERM. TOTAL PAID						10. FUNERAL ALLOWANCE					3000						
DEFENSE MED. EVAL PAID		DEATH PAID						11. LUMP SUM REMARRIAGE					391						
INDEP. MED. EVAL. PAID		SINGLE LUMP SUM						12. TOTAL INCURRED INDEM.,(SUM 1-11)					147854						
LEGAL EXP. - DEFENSE		V.R. PAID						13. TOTAL INCURRED MEDICAL					0						
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED						14. TOTAL INDEM. PAID TO VAL. DATE					22087						
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED						15. TOTAL MED. PAID TO VAL. DATE					0						
		V.R. EVAL. INCURRED						16. SOC. SEC. OR OTHER OFFSET AMT.											

*SEE REVERSE FOR CODING

Illustration 18 - First Report Requiring an ICR, Widow with 2 Children

Claim 68235 is a death claim.

Refer to Illustration 18a for the Individual Case Report with a Widow and 2 Children.

UNIT STATISTICAL REPORT

POLICY INFORMATION																								
Report No. 01	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code 99998	Policy Number 111222			Policy Effective Date 07/01/00		Policy Expiration Date 01/01/01		Expos. State 07	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number		Page No.	Last Page No.					
Insured's Name: Bob's Roofing															F.E.I.N. 123456789		Pending File No.							
Insured's Address:																								
Mod Effective Date		Rate Effective Date		Policy Conditions						Policy Type 1D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use			For Bureau Use			
				3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.											
				N	N		N	N	N	N	01	01	01											

EXPOSURE INFORMATION										LOSS INFORMATION														
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
															Act	Type	Recov	Cov	Settl					
	01	0659	98076	41.13	40339		68235	11/01/00	210123	0	0659	1	0	01	01	01	03	00	00	00	00			
	01	9807			776		Social Security Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred				
						*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
	A.	Total Subject Premium		41115			5	1560	1130	0659	5	1	01	01	01	03	00	00	00	00				
	B.	Fxnerience Mod (XX.XXX)		0.990			Social Security Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	C.	Total Modified Premium		40704			Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred				
						*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
	D.						3	830	0659	6	1	01	01	01	03	00	00	00	00					
	E.						Social Security Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	F.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred				
						*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
	G.	Total Standard Exposure		40704										Act	Type	Recov	Cov	Settl						
	H.	006_	Premium Discount Amt.				Social Security Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	I.	0900	Expense Constant Amt				Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred				
	J.					*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
	K.						Social Security Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	L.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred				
						LOSS TOTALS																		
							Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity			Total Paid Medical				
							9		211683		1960				8359			1960						
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use							Total ALAE Paid			Total ALAE Incurred			

Illustration 18a - Individual Case Report; Death Claim, Widow with 2 Children

Type - State Act-Trauma
Average Weekly Wage - \$295
Effective Date - 07/01/00
Date at Valuation - 01/01/02
Date of Accident - 11/01/00

Widow's Date of Birth - 09/01/61
Age at Widowhood - 39
Age at Valuation - 40
1st Level Report - Open
Date of Death - 11/01/00

Present Value of Future Payments**1) Widow's Benefit plus child #1 Benefits**

Weekly Benefit = $.6667 \times (\$295) = \196.68

Present Value of \$1 = 17.046 - Widowhood at age 39, $a[x] + 1$ Value

$\$196.68 \times 52 \times 17.046 = \$174,336$

2) Child #2 Benefits - Payable until child is 18 years old.

Weekly Benefit = $.0333 \times (\$295) = \9.82

No. of Weeks Payable = 01/01/02 to 03/01/2011 + 3346 days / 7 = 478 wks.

$\$9.82 \times 478 = \$4,694$

3) Remarriage Dowry

Weekly Benefit - \$196.68

Present Value of Remarriage Dowry = .2114

No. of Weeks Payable = 104 weeks

Value of Payments = $\$196.68 \times 104 \times .2114 = \$4,324$

4) Indemnity Paid to Valuation Date

Weekly Benefit = $.70 \times (\$295) = \206.50

No. of Weeks Payable = 11/01/00 to 01/01/02 - 426 days / 7 = 60.857 Wks

$\$206.50 \times 60.857 = \$12,567$

5) Funeral Allowance = \$3,500

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT																			
CLASS CODE 0659	REPORT NO. CODE* 1	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 1	CARRIER NUMBER 99998	CARRIER NAME					PAYROLL STATE CODE* 07	ADM. FILE NUMBER								
POLICY NUMBER 111222	CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 00			CLAIM NO. 68235	STAT CODE* 0	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV COV SETT L 01 01 01 03 00					JURIS STATE 37	MCO TYPE 00			
INSURED NAME Bob's Roofing						ACC. DATE MO DAY YR 11 01 00			DATE OF DEATH MO DAY YR 11 01 00			DATE REPORTED MO DAY YR 11 01 00			DATE OF BIRTH MO DAY YR 12 01 50			SURG CODE	ATTNY CODE*
WORKER LAST NAME Harris	AVG. WEEKLY WAGE 295	INJURY DESC. CODE* ←			PART 90	NATURE 13	CAUSE 25	OCCUPATION Roofer					DATE CLOSED MO YR		RESERVE CODE*	LUMP SUM	FRAUD		
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID ←		MO	DAY	YR	EMPLOYMENT STATUS ←		YEAR LAST EXPOSED ←			DATE OF HIRE ←		MO	DAY	YR			
BENEFITS OTHER THAN PENSION										PENSION BENEFITS									
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*				CALCULATIONS							
1. TEMPORARY INDEMNITY		X X X	X X X					CODE	DATE OF BIRTH MO DAY YR			Paid to Valuation Date 206.50x60.857= 12567 Future Payments (196.68x52x17.046=174336) +(9.82 x 478) = 179030							
2. SCHEDULED INDEMNITY								2	09	01	61								
								4	12	01	84								
3. NON-SCHEDULED INDEMNITY			X X X	XXXX				4	05	01	86								
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY																			
5. VOCATIONAL REHABILITATION TOTAL INCURRED																			
6. CLAIMANT LEGAL EXPENSE								7. PENSION INDEM. PAID TO VAL. DATE					12567						
PHYSICIAN PAID		TEMP. DISABILITY PAID						8. PENS. INDEM. PREV. RSVD., NOT PAID											
HOSPITAL PAID		PERM. PARTIAL PAID						9. PRES. VALUE FUTURE INDEM. PMNT.					179030						
APP. MED. EVAL. PAID		PERM. TOTAL PAID						10. FUNERAL ALLOWANCE					3500						
DEFENSE MED. EVAL PAID		DEATH PAID						11. LUMP SUM REMARRIAGE					4324						
INDEP. MED. EVAL. PAID		SINGLE LUMP SUM						12. TOTAL INCURRED INDEM.,(SUM 1-11)					199421						
LEGAL EXP. - DEFENSE		V.R. PAID						13. TOTAL INCURRED MEDICAL					0						
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED						14. TOTAL INDEM. PAID TO VAL. DATE					6799						
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED						15. TOTAL MED. PAID TO VAL. DATE					0						
		V.R. EVAL. INCURRED						16. SOC. SEC. OR OTHER OFFSET AMT.											

*SEE REVERSE FOR CODING

Illustration 19 - Merit Rating

Merit rating adjustments are applicable below line C and are calculated as a percentage of the earned premium. Each insured who does not qualify for an experience mod is reviewed to determine if a merit rating adjustment applies.

There are three types of merit rating adjustments based upon an insured's occurrence of lost time (indemnity) losses: Code 9884 (no credit/no debit), Code 9885 (5% credit), Code 9886 (5% debit).

UNIT STATISTICAL REPORT

POLICY INFORMATION																													
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.															
01				12345	123456789	01/01/97	01/01/98	07																					
Insured's Name: DEE'S FLOWERS												F.E.I.N.		Pending File No.															
Insured's Address:												123456789																	
Mod Effective Date	Rate Effective Date	Policy Conditions							Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use											
01/01/97	01/01/97	3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.																		
		N	Y		N	N	N	N	01	01	01			0000															
EXPOSURE INFORMATION																		LOSS INFORMATION											
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type								
	01	0661	40000	5.71	2284									Act	Type	Recov	Cov	Settl											
	01	9807			91		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical								
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred									
														Act	Type	Recov	Cov	Settl											
	A.	Total Subject Premium					Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical								
	B.	Experience Mod (XX.XXX)					Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred									
	C.	Total Modified Premium												Act	Type	Recov	Cov	Settl											
	D.	9885		.05	119		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical								
	E.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred									
	F.													Act	Type	Recov	Cov	Settl											
	G.	Total Standard Exposure 40000			Total Standard Premium 2256		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical								
	H.	006_	Premium Discount Amt.				Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred									
	I.	0900	Expense Constant Amt			160								Act	Type	Recov	Cov	Settl											
	J.						Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical								
	K.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred									
	L.													Act	Type	Recov	Cov	Settl											
							LOSS TOTALS																						
							Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical										
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use					Total ALAE Paid		Total ALAE Incurred											

Illustration 20 – Assigned Risk Surcharge

Assigned risk surcharges are applicable below Line C and are calculated as a percentage after the application of any schedule rating debit/credit. See Algorithm Section X or specific premium calculation sequence.

UNIT STATISTICAL REPORT

POLICY INFORMATION																							
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.									
01				00200	WC123456789	10/01/99	10/01/00	07															
Insured's Name: A. B. C. INC.												F.E.I.N.		Pending File No.									
Insured's Address:												123456789											
Mod Effective Date	Rate Effective Date	Policy Conditions							Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use					
3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.														
10/01/99	10/01/99	N	Y		N	N	N	01	01	01				0000									
EXPOSURE INFORMATION										LOSS INFORMATION													
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
	01	0951	35000	.72	252									Act	Type	Recov	Cov	Settl					
	01	0953	17950	.49	88		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred					
														Act	Type	Recov	Cov	Settl					
	A.	Total Subject Premium		340			Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	B.	Experience Mod (XX.XXX)		1.431			Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred					
	C.	Total Modified Premium		487										Act	Type	Recov	Cov	Settl					
	D.	0277		.39	190		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	E.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred					
	F.													Act	Type	Recov	Cov	Settl					
	G.	Total Standard Exposure		52950			Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	H.	006_	Premium Discount Amt.				Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred					
	I.	0900	Expense Constant Amt											Act	Type	Recov	Cov	Settl					
	J.						Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	K.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred					
	L.													Act	Type	Recov	Cov	Settl					
							LOSS TOTALS																
							Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical				
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use					Total ALAE Paid		Total ALAE Incurred					

Illustration 21 – Anniversary Rated Policy with the Premium Charge for Foreign Terrorism

In this illustration it is assumed that more than one experience modification applies during the policy period and the premium charge for Foreign Terrorism is applicable.

Note: In the following example all premiums are calculated in the same sequence outlined in example 16 (combination example).

The premium charge for Foreign Terrorism, Code 9740, is derived by adding up all payroll exposures for a given split period divided by \$100 and multiplying the result times the carrier's rating value for Code 9740 - Foreign Terrorism. The resulting premium charge should be reported on lines "J" through "K" under Code 9740.

As with most pricing programs in the state of Delaware (e.g., Construction Credit - 9046, Merit Rating Credit – 9885) the premium charge for Foreign Terrorism, Code 9740 is applicable, as of each risk's Anniversary Rating Date.

UNIT STATISTICAL REPORT

POLICY INFORMATION																						
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.								
01				00200	WC123456789	01/01/03	01/01/04	07					1	2								
Insured's Name: A. B. C. INC.												F.E.I.N.		Pending File No.								
Insured's Address:												123456789										
Mod Effective Date	Rate Effective Date	Policy Conditions							Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use				
3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.													
12/01/02	12/01/02	N	Y		N	N	N	01	01	01	0301			1000								
EXPOSURE INFORMATION										LOSS INFORMATION												
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	01	0665	255000	7.84	19992									Act	Type	Recov	Cov	Settl				
	01	0953	48000	.24	115		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	01	9664			3277		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				
Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type							
								Act	Type	Recov	Cov	Settl										
	A.	Total Subject Premium		16830			Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	B.	Experience Mod (XX.XXX)		0.930			Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				
	C.	Total Modified Premium		15652			Claim Number		Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
														Act	Type	Recov	Cov	Settl				
	D.	9887			3913		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	E.	9880		.10	1174		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				
	F.	9046		.25	2935		Claim Number		Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
														Act	Type	Recov	Cov	Settl				
	G.	Total Standard Exposure		Total Standard Premium			Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	H.	0063_	Premium Discount Amt.		261		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				
	I.	0900	Expense Constant Amt		119		Claim Number		Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
	J.	9740		.04	0									Act	Type	Recov	Cov	Settl				
	K.						Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	L.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				
LOSS TOTALS																						
Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical										
Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use		Total ALAE Paid		Total ALAE Incurred														

UNIT STATISTICAL REPORT

POLICY INFORMATION																					
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.							
01				00200	WC123456789	01/01/03	01/01/04	07					2	2							
Insured's Name: A. B. C. INC.												F.E.I.N.		Pending File No.							
Insured's Address:												123456789									
Mod Effective Date	Rate Effective Date	Policy Conditions							Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use			
3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.												
12/01/03	12/01/03	N	Y		N	N	01	01	01				0301		1000						
EXPOSURE INFORMATION										LOSS INFORMATION											
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
	01	0665	255000	7.54	19227									Act	Type	Recov	Cov	Settl			
	01	0953	48000	.20	96		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical
	01	9664			2126		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred			
Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type						
								Act	Type	Recov	Cov	Settl									
	A.	Total Subject Premium		17197			Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical
	B.	Experience Mod (XX.XXX)		0.953			Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred			
	C.	Total Modified Premium		16389										Act	Type	Recov	Cov	Settl			
	D.	9887			4097		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical
	E.	9046		.30	3688		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred			
	F.													Act	Type	Recov	Cov	Settl			
	G.	Total Standard Exposure 606000		Total Standard Premium 16234										Act	Type	Recov	Cov	Settl			
	H.	0063_	Premium Discount Amt.		90		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical
	I.	0900	Expense Constant Amt		41		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred			
Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type						
	J.	9740		.04	121			Act	Type	Recov	Cov	Settl									
	K.						Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical
	L.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred			
LOSS TOTALS																					
Reserved for Future Use			Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical								
Tot. Claimant's Attny. Fees			Tot. Employer's Attny. Fees		Reserved for Future Use		Total ALAE Paid		Total ALAE Incurred												

Illustration 22 – Anniversary Rated Policy with the Premium Charge for Terrorism Risk Insurance Act of 2002 – Certified Losses and Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents

In this illustration it is assumed that more than one experience modification applies during the policy period and the premium charges for the Foreign Terrorism and Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents are applicable.

Note: In the following example all premiums are calculated in the same sequence outlined in example 16 (combination example).

The premium charges for Foreign Terrorism, **Code 9740**, and Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents, **Code 9741**, are derived by adding up all payroll exposures for a given split period, dividing by \$100 and multiplying the result times the carrier's rating value for each of these codes. The resulting premium charges should be reported on lines "J" through "K" under Code 9740 and Code 9741.

As with most pricing programs in the state of Delaware (e.g., Construction Credit – Code 9046, Merit Rating Credit – Code 9885) premium charge for Foreign Terrorism, Code 9740, and Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents, Code 9741, are applicable as of the individual risk's Anniversary Rating Date.

UNIT STATISTICAL REPORT

POLICY INFORMATION																						
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.								
01				00200	WC123456789	01/01/06	01/01/07	07					1	2								
Insured's Name: A. B. C. INC.												F.E.I.N.		Pending File No.								
Insured's Address:												123456789										
Mod Effective Date	Rate Effective Date	Policy Conditions							Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use				
3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.													
12/01/05	12/01/05	N	Y		N	N	N	01	01	01	0301			1000								
EXPOSURE INFORMATION										LOSS INFORMATION												
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	01	0665	255000	7.84	19992									Act	Type	Recov	Cov	Settl				
	01	0953	48000	.24	115		Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	01	9664			3277		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				
Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type							
								Act	Type	Recov	Cov	Settl										
	A.	Total Subject Premium		16830			Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	B.	Experience Mod (XX.XXX)		0.930			Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				
	C.	Total Modified Premium		15652			Claim Number		Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
														Act	Type	Recov	Cov	Settl				
	D.	9887			3913		Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	E.	9880		.10	1174		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				
	F.	9046		.25	2935		Claim Number		Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
														Act	Type	Recov	Cov	Settl				
	G.	Total Standard Exposure		Total Standard Premium			Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	H.	0063_	Premium Discount Amt.		261		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				
	I.	0900	Expense Constant Amt		119		Claim Number		Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
	J.	9740		.03	91									Act	Type	Recov	Cov	Settl				
	K.						Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	L.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				
LOSS TOTALS																						
Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical										
Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use		Total ALAE Paid		Total ALAE Incurred														

UNIT STATISTICAL REPORT

POLICY INFORMATION																								
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.										
01				00200	WC123456789	01/01/06	01/01/07	07					2	2										
Insured's Name: A. B. C. INC.												F.E.I.N.		Pending File No.										
Insured's Address:												123456789												
Mod Effective Date	Rate Effective Date	Policy Conditions							Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use						
		3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.													
12/01/06	12/01/06	N	Y		N	N	N	N	01	01	01	0301		1000										
EXPOSURE INFORMATION										LOSS INFORMATION														
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
														Act	Type	Recov	Cov	Settl						
	01	0665	255000	7.54	19227		Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	01	0953	48000	.20	96		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
	01	9664			2126		Claim Number		Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
	A.	Total Subject Premium		17197			Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	B.	Experience Mod (XX.XXX)		0.953			Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
	C.	Total Modified Premium		16389			Claim Number		Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
	D.	9887			4097		Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	E.	9046		.30	3688		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
	F.						Claim Number		Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
	G.	Total Standard Exposure		16234			Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	H.	0063_	Premium Discount Amt.		90		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
	I.	0900	Expense Constant Amt		41		Claim Number		Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
	J.	9740		.03	91		Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	K.	9741		.02	61		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
	L.						LOSS TOTALS																	
			Reserved for Future Use		Total No. Claims	Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical										
			Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees	Reserved for Future Use		Total ALAE Paid		Total ALAE Incurred														



SECTION VII

GLOSSARY OF TERMS

**DELAWARE
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE**

SECTION VII -- GLOSSARY**Bureau Data Card**

Bureau Data Cards provide the risk name, location, Bureau file number, authorized classification(s) and, if applicable, the risk's experience modification for a minimum of one year.

Risks approved for the Delaware Construction Classification Premium Adjustment Program and any other applicable credit program will be shown on these data cards.

Bureau Loss Costs

Dollar amounts per unit of exposure attributable to the payment of losses under workers compensation and employers liability coverage's, filed by the Bureau based on the aggregate experience of all Bureau members and approved by the Delaware Insurance Commissioner.

Bureau Rating Values

All parameters filed by the Bureau and approved by the Delaware Insurance Commissioner, and which are used either mandatorily or by option of carriers for purpose of pricing workers compensation and employers liability coverage's. Such Bureau rating values include Bureau Loss Costs, experience rating plan values such as Expected Loss Cost Factors, Credibility, Maximum Value of One Accident, and Credibility Weighted Maximum Value Charge, retrospective rating plan values such as the Table of Expected Loss Ranges, Excess Loss Pure Premium Factors, Retrospective Pure Premium Development Factors, and expense parameters applicable to USL&HW coverage's such as Premium Discounts, Expected Loss Ratio, Expense Ratios, Tax Multipliers and Loss Conversion Factors.

Carrier Rate

The amount per unit of exposure which an insurance carrier charges for workers compensation and employers liability insurance.

Carrier Rating Value

All parameters used by carriers for purposes of pricing workers compensation and employers liability insurance coverage's. Such parameters may be either Bureau Rating Values adopted by a carrier for its own use or values independently determined by a carrier.

Contract Medical

An agreement between an insurance carrier and one or more doctors, which specifies that in return for stipulated sum of money, the doctor(s) will provide medical services for treatment of occupational injuries sustained by employees of a particular risk being insured by the carrier.

Correction Report

A report, which is required to correct an error of any kind on a previously filed report.

Cumulative Injury

An injury, which results in a disability or death and is not traceable to a definite compensable accident occurring during the employee's present or past employment. The injury is understood to have occurred from and has been aggravated by an employment-related repetitive activity. For example, a cement mason, carpet installer or tile man presents a claim for injury to the knee caused by repetitive bending and kneeling on the job.

Employers Liability

If an injured employee is not covered under any workers compensation law, he or she may seek recovery by suing the employer under employer's liability.

Expense Constant

A premium charge which may apply to a policy in addition to the premium inclusive of loss constants. The expense constant covers expenses such as those issuing recording and auditing, which are common to all workers compensation policies regardless of size.

Experience Modification

An adjustment to premium for a given risk merited by loss ratios that are higher or lower than expected.

Rated Risk

A risk which has an experience modification.

Non-Rated Risk

A risk which has no experience modification.

Exposure

The extent of exposure to loss as measured by payroll, or, for per capita classes, man-weeks.

Loss Constant

An amount, which may be added to the premium on policies on small risks to compensate for their higher loss ratio.

Loss Cost

Dollar amounts per unit of exposure attributable to the payment of losses under workers compensation and employers liability coverage's. Loss costs may be developed either by the Bureau based on the aggregate experience of all Bureau members or may be established by individual carriers based on their own supporting information.

Loss Ratio

The ratio of losses to premiums.

Man-Year

One employee working for one year. For example, an employee working for one year is insured for one man-year. An employee working for nine months is insured for .8 man-years.

Merit Rating

The plan is intended to grant premium discounts or assess premium surcharges to employers, which do not qualify under the uniform Experience Rating Plan.

Minimum Premium

The lowest premium amount for which a single risk can be insured for a policy period. Minimum premiums are not subject to experience modifications or rate deviations.

Non-Rateable Element

A portion of the rating value, which is not subject to experience or retrospective rating.

Occupational Disease

Occupational disease is any abnormal condition caused by repeated exposure extending over a period of time to a disease producing agent or agents present in the workers' occupational environment resulting in disability or death, which is not traceable to a definite compensable accident occurring during the employee's present or past employment.-- For example, a granite worker presents a claim for the occupational disease of silicosis due to exposure to the disease agent silica.

Per Capita Classification

A classification where the exposure base is the number of employees rather than payroll.

Premium Discount

For policies with a total standard premium in excess of a specified amount, the premium discount recognizes that the relative expense of issuing and servicing larger premium policies is less than for smaller premium policies.

Provision for Claim Payment

Historical aggregate losses projected through development to their ultimate value and through trending to a future point in time, but excluding all loss adjustment or claim management expenses, other operating expenses, assessments, taxes, and profit or contingency allowances. In this Plan, the term "loss cost" is synonymous with "provision for claim payment."

Rating Value

A parameter or number used in pricing workers compensation or employers liability insurance coverage's. Rating values may be established by the Bureau or by individual carriers. Where individual carriers have established rating values different from those of the Bureau, the carrier's values supercede those of the Bureau for purposes of that insurer's policies.

Reinsurance

Acceptance by an insurer (called a reinsurer) of all or part of the risk of loss of another insurer.

Scheduled Indemnity

Benefits determined from a schedule of awards based on injury as required by law.

Second Injury Fund

When a previously injured worker returns to work and is injured again in such a way that the combined effects of the injuries constitutes a more serious injury (and thus has higher benefits) than the two injuries considered separately, the difference in benefits is paid by the Second Injury Fund. For example, if a worker is injured and loses an arm, then returns to work and is subsequently re-injured losing his other arm, the second injury fund will pay the difference between the benefits for the loss of both arms and the combined benefits when the loss of each arm is considered separately.

Schedule Rating Plan

The loss and/or expense components of an insured risk's premium may, at the option of the underwriting carrier, be adjusted in accordance with provisions of this plan to reflect defined characteristics of the risk which, in the sole judgment of the underwriting carrier, are not adequately reflected in prior experience of the insured risk.

Subrogation

A recovery action in which losses incurred by a carrier due to the injury of an employee are reimbursed either in part or in whole by a third party deemed primarily responsible for the injury.

Subsequent Report

A report, which updates the loss information and is filed as of the second, third, fourth, fifth, sixth, seventh, eighth, ninth and/or tenth valuation date. (Refer to Section IV, Item A.1. for valuation dates)

Supplemental Non-Rateable Loading

A supplement to be added to the rating value for certain risks within a classification, which have a hazard, not shared by all members of the classification. The supplemental loading is not subject to experience or retrospective rating.

Vocational Rehabilitation

The costs involved in retraining an injured worker to return to work at the same or a different job.

Voluntary Compensation Insurance

An employer may purchase a voluntary compensation policy to insure against claims filed by employees who are not covered under any workers compensation law. Such insurance provides benefits similar to those provided under workers compensation.



SECTION VIII

SAMPLE FORMS

**DELAWARE
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE**

SECTION VIII - SAMPLE FORMS

<u>Form Number</u>	<u>Description</u>
NC-2957	Unit Statistical Report
NC-2913	Supplemental Loss Report
NC-1047	Individual Case Report
NC-2400	Letter of Transmittal -- Hard Copy
NC-302	Summary Report – Three - Year Fixed Rate Policies

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.

Insured's Name:

Insured's Address:

Mod Effective Date	Rate Effective Date	Policy Conditions						Policy Type I D			Deduct.		Deduct.	Deductible Amount Per	Deductible Amount	Reserved	For Carrier Use	For Bureau Use
		3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.	Type 1 2	Percent	Claim/Accident	Aggregate			

EXPOSURE INFORMATION

LOSS INFORMATION

Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type				
														Act	Type	Recov	Cov	Settl							
							Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
							Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Reversed for Future Use					ALAE Paid		ALAE Incurred					
						*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type				
														Act	Type	Recov	Cov	Settl							
	A.	Total Subject					Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	B.	Mod (XX.XXX)					Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Reversed for Future Use					ALAE Paid		ALAE Incurred					
	C.	Total Modified				*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type				
														Act	Type	Recov	Cov	Settl							
	D.						Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	E.						Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Reversed for Future Use					ALAE Paid		ALAE Incurred					
	F.					*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type				
														Act	Type	Recov	Cov	Settl							
	G.	Total Standard Exposure		Total Standard Premium			Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	H.	006_	Premium Discount Amt.				Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Reversed for Future Use					ALAE Paid		ALAE Incurred					
	I.	0900	Expense Constant			*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type				
														Act	Type	Recov	Cov	Settl							
	J.						Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	K.						Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Reversed for Future Use					ALAE Paid		ALAE Incurred					
	L.					LOSS TOTALS																			
							Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical						
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use					Total ALAE Paid		Total ALAE Incurred							

SUPPLEMENTAL LOSS REPORT

														Pending File No.		Page No		Last Page No.							
Report No.		Corr. No.		Corr. Type		Replace Rpt. Ind.		Carrier Code		Policy Number				Policy Effective Date		Policy Expiration Date		Expos. State							
Insured's Name:														F.E.I.N.		Card Serial No.									
Insured's Address:																									
Upd Typ	Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code		Injury		Status		Loss Conditions					Jurisdic State		Cat. No.		MCO Type	
															Act		Type		Recov		Cov		Settl		
	Social Security Number		Part		Nature		Cause		Occupation Description				Voc.		Lump		Fraud		Deduct		Paid Indemnity		Paid Medical		
	Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred								
Upd Typ	Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code		Injury		Status		Loss Conditions					Jurisdic State		Cat. No.		MCO Type	
															Act		Type		Recov		Cov		Settl		
	Social Security Number		Part		Nature		Cause		Occupation Description				Voc.		Lump		Fraud		Deduct		Paid Indemnity		Paid Medical		
	Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred								
Upd Typ	Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code		Injury		Status		Loss Conditions					Jurisdic State		Cat. No.		MCO Type	
															Act		Type		Recov		Cov		Settl		
	Social Security Number		Part		Nature		Cause		Occupation Description				Voc.		Lump		Fraud		Deduct		Paid Indemnity		Paid Medical		
	Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred								
Upd Typ	Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code		Injury		Status		Loss Conditions					Jurisdic State		Cat. No.		MCO Type	
															Act		Type		Recov		Cov		Settl		
	Social Security Number		Part		Nature		Cause		Occupation Description				Voc.		Lump		Fraud		Deduct		Paid Indemnity		Paid Medical		
	Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred								
Upd Typ	Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code		Injury		Status		Loss Conditions					Jurisdic State		Cat. No.		MCO Type	
															Act		Type		Recov		Cov		Settl		
	Social Security Number		Part		Nature		Cause		Occupation Description				Voc.		Lump		Fraud		Deduct		Paid Indemnity		Paid Medical		
	Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred								
Upd Typ	Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code		Injury		Status		Loss Conditions					Jurisdic State		Cat. No.		MCO Type	
															Act		Type		Recov		Cov		Settl		
	Social Security Number		Part		Nature		Cause		Occupation Description				Voc.		Lump		Fraud		Deduct		Paid Indemnity		Paid Medical		
	Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred								
LOSS TOTALS																									
Reverse for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical													
Total Claimant's Attorney Fees		Total Employer's Attorney Fees		Reserved for Future Use										Total ALAE Paid		Total ALAE Incurred									

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT																						
CLASS CODE		REPORT NO. CODE*	TRAN. TYPE CODE*	TYPE OF INJ. CODE*	CARRIER NUMBER		CARRIER NAME					PAYROLL STATE CODE*		ADM. FILE NUMBER								
POLICY NUMBER			CERT. NO.	POLICY EFFECTIVE DATE			CLAIM NO.		STAT CODE*	DATE ATTNY DISC			LOSS CONDITIONS					JURIS STATE	MCO TYPE			
				MO.	DAY	YR				MO.	DA	YR	ACT	TYP	RCOV	COV	SETT L					
INSURED NAME									ACC. DATE			DATE OF DEATH			DATE REPORTED			DATE OF BIRTH			SURG CODE	ATTN Y CODE*
									MO	DA	YR	M	DA	YR	M	DA	YR	MO	DA	YR		
WORKER LAST NAME		AVG. WEEKLY WAGE		INJURY DESC. CODE* ⚡		PAR T	NATUR E	CAUS E	OCCUPATION					DATE CLOSED		RESERV E CODE*	LUMP SUM	FRAUD				
														MO	YR							
SOCIAL SECURITY NUMBER			DATE SINGLE SUM PAID ⚡		MO	DAY	YR	EMPLOYMENT STATUS ⚡			YEAR LAST EXPOSED ⚡				DATE OF HIRE ⚡		MO	DAY	YR			
BENEFITS OTHER THAN PENSION										PENSION BENEFITS												
KIND OF BENEFIT				% DISAB.	BODY MEM. CODE*	NO. WEEKS		INCURRED			BENEFICIARY DATA*			CALCULATIONS								
1. TEMPORARY INDEMNITY				X X X	X X X						CODE	DATE OF BIRTH										
2. SCHEDULED INDEMNITY																						
3. NON-SCHEDULED INDEMNITY					X X X	XXXX																
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY																						
5. VOCATIONAL REHABILITATION TOTAL INCURRED																						
6. CLAIMANT LEGAL EXPENSE											7. PENSION INDEM. PAID TO VAL. DATE											
PHYSICIAN PAID					TEMP. DISABILITY PAID						8. PENS. INDEM. PREV. RSVD., NOT PAID											
HOSPITAL PAID					PERM. PARTIAL PAID						9. PRES. VALUE FUTURE INDEM. PMNT.											
APP. MED. EVAL. PAID					PERM. TOTAL PAID						10. FUNERAL ALLOWANCE											
DEFENSE MED. EVAL PAID					DEATH PAID						11. LUMP SUM REMARRIAGE											
INDEP. MED. EVAL. PAID					SINGLE LUMP SUM						12. TOTAL INCURRED INDEM.,(SUM 1-11)											
LEGAL EXP. - DEFENSE					V.R. PAID						13. TOTAL INCURRED MEDICAL											
ANNUITY PURCHASE AMT.					V.R. INDEM. INCURRED						14. TOTAL INDEM. PAID TO VAL. DATE											
TOTAL GROSS INCURRED					V.R. TRAINING INCURRED						15. TOTAL MED. PAID TO VAL. DATE											
					V.R. EVAL. INCURRED						16. SOC. SEC. OR OTHER OFFSET AMT.											

*SEE REVERSE FOR CODING

**LETTER OF TRANSMITTAL
FOR REPORTING UNIT STATISTICAL REPORTS--HARD COPY**

Transmittal No. _____

I am transmitting herewith, in accordance with the approved Workers Compensation Statistical Plan, unit reports shown below.

I hereby certify these reports constitute a correct exhibit of earned premiums, corresponding payrolls and incurred losses under the policies represented. Such premiums, payrolls and losses are properly assigned to the respective classifications and are in conformity with the policies under which the business was written. The entries on these cards are true and correct to the best of my knowledge and belief.

Signature and Title _____ Date _____

Carrier Name _____ Group Code _____

Address _____ No. of Reports Included: _____
_____ No. of Cards Included: _____

Check One Submission and Complete the Following:

- ☐ 1. By State: State Name _____ State Code _____ Report Type _____
- ☐ 2. Effective Month: _____
- ☐ 3. Underground Coal Mine _____ From Serial # _____ to Serial # _____
- ☐ 4. Interstate Specials (MA, MN, NY, TX)

NCCI--RECEIPT OF UNIT REPORTS

No. of Reports Received _____ Received By _____

No. of Cards Received _____

DATE RECEIVED

SUMMARY REPORT - THREE YEAR FIXED RATE POLICIES

STATE _____ STATE NO. _____ EFFECTIVE YEAR _____ CLASS CODE _____

CARRIER _____ CARRIER NO. _____

A. NUMBER OF RISKS _____
(NUMBER OF POLICIES FOR WHICH CLASS IS
THE GOVERNING CLASS)

B. EXPOSURE TOTALS

1. PAYROLL _____

2. PER CAPITA _____

3. OTHER _____

C. STD. EARNED PREM. _____

LOSS EXHIBIT					
	CODE	INJURY	NUMBER OF CLAIMS	TOTAL LOSS INCURRED	
				INDEMNITY	MEDICAL
1.		DEATH			
2.		P.T.			
3.		MAJOR			
4.		MINOR			
5.		TEMP			
6.		NON COMP MEDICAL		XXXX	
		TOTAL			



SECTION IX

ELECTRONIC SUBMISSION

**DELAWARE
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE**

SECTION IX - ELECTRONIC SUBMISSION

The Workers Compensation Data Specifications Manual has been modified to provide for the Advisory Statistical Work Group (ASWG) changes. Delaware has adopted the Workers Compensation Insurance Organizations (WCIO) Data Processing Subcommittee's changes to WCSTAT. The Bureau encourages the use of electronic submission. Carriers should contact the Bureau's Systems or Statistical Departments at (215) 568-2371 to discuss establishing an approval and implementation schedule. Carriers desiring a copy of the Workers Compensation Data Specifications Manual may obtain it by contacting the Subcommittee's Manual Coordinator at the National Council on Compensation Insurance, Inc. (NCCI).



SECTION X

PREMIUM ALGORITHM

**DELAWARE
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE**

SECTION X - ALGORITHM

Delaware Premium Algorithm Preface:

Mandatory use for policies effective on or after January 1, 2006.

The computation of workers compensation premium includes a broad complement of potential rating values, pricing programs and other similar or related variables. To the extent that these component parts of premium determination may be applied in a prescribed sequence and using defined formulas and/or relationships, several potential benefits arise including the following:

- Competitive differences within the marketplace can be more clearly defined and consistently applied;
- Similarly-situated risks can receive comparable treatment with respect to specific rating values, pricing programs or other factors, increasing the equity of the marketplace;
- Analysis of the effects of various components of overall premium determination can be better understood and more intelligently compared across carriers, states and/or time;
- In the event that new pricing programs or other factors are introduced in the future, the defined existing formulas can provide a consistent basis for the development of programs and system procedures within the workers compensation industry.

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: January 1, 2006

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Section X

PREMIUM ALGORITHM

Premium Calculation Algorithm

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(1)	Classification	xxxx	(1)	Carrier value
(2)	Exposure	xxxx	(2)	Risk characteristic
(3)	Carrier Rating Value	xxxx	(3)	Carrier value
(4)	Classification Manual Premium		(4)	(2)/100x(3) if classification has payroll exposure. Special procedures apply to non-payroll classes
(5)	Total Policy Manual Premium		(5)	Sum of (4) for all classifications on the policy
(6)	Employer Liability Increased Limits Factor	xxxx	(6)	Carrier value
(7)	Employer Liability Increased Limits Premium Charge		(7)	(5)x[(6) expressed as a decimal]
(8)	Minimum Premium Employer Liability Increased Limits	9848	(8)	Carrier value
(9)	Minimum Premium Employer Liability Increased Limits Premium Charge	9848	(9)	[(8)-(7)] if (7)<(8) and (6) >0, otherwise zero
(10)	Subject Deductible Credit Percentage	9664	(10)	Carrier value
(11)	Subject Deductible Premium Credit	9664	(11)	[(5)+(7)+(9)]x[(-10) expressed as a decimal]
(12)	Waiver of Subrogation Charge	0930	(12)	Carrier value - subject to experience modification
(13)	Waiver of Subrogation Premium	0930	(13)	Value from Line (12)
(14)	Total Subject Premium		(14)	[(5)+(7)+(9)+(11)+(13)]
(15)	Experience Modification	9898	(15)	Zero for non-experience-rated risks
(16)	Modified Premium		(16)	(14)x(15)
(17)	Merit Rating Credit Factor	9885	(17)	Zero if Merit Rating Credit does not apply
(18)	Merit Rating Credit	9885	(18)	(14)x[(-17) expressed as a decimal]
(19)	Merit Rating Neutral Factor	9884	(19)	Zero whether Merit Rating Neutral Adjustment (no credit or debit) does or does not apply
(20)	Merit Rating Neutral Adjustment	9884	(20)	(14)x[(19) expressed as a decimal]
(21)	Merit Rating Debit Factor	9886	(21)	Zero if Merit Rating Debit does not apply
(22)	Merit Rating Charge	9886	(22)	(14)x[(21) expressed as a decimal]
(23)	Premium After Experience Modification or Merit Rating		(23)	(16) if Experience-Rated, [(14)+(18)+(20)+(22)] if Merit-Rated, (14) if Non-Rated
(24)	Non-Ratable Classifications	xxxx	(24)	Carrier Value
(25)	Non-Ratable Classifications Exposure		(25)	Portion of payroll exposure subject to Non-Ratable Classifications
(26)	Non-Ratable Classification Rating Value	xxxx	(26)	Carrier Value
(27)	Non-Ratable Classification Premium		(27)	(25)/100x(26) [based on applicable Non-Ratable Classification exposure]

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

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Section X

PREMIUM ALGORITHM

Premium Calculation Algorithm

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(28)	Aircraft Seat Surcharge Exposure (# of seats)	9108	(28)	Actual number of seats for insured risk. Subject to maximum 10 seats per aircraft
(29)	Aircraft Seat Surcharge	9108	(29)	Carrier Value
(30)	Aircraft Seat Surcharge Premium Charge	9108	(30)	(28) x (29)
(31)	Workfare Program Employees Exposure (PA)	0982	(31)	Number of person weeks. A partial workweek for any worker to be counted as 1 person week.
(32)	Workfare Program Employees Rating Value (PA)	0982	(32)	Carrier Value
(33)	Workfare Program Employees Premium (PA)	0982	(33)	(31) x (32)
(34)	Non-Ratable Classification Premium Total		(34)	Sum of all (27)+(30)+(33) premiums
(35)	Non-Ratable Classification Increased Limits Factor	xxxx	(35)	Carrier value
(36)	Non-Ratable Classification Increased Limits Premium Charge	xxxx	(36)	(34)x [(35) expressed as a decimal]
(37)	Minimum Premium Non-Ratable Classification Increased Limits	9848	(37)	Carrier value
(38)	Minimum Premium Non-Ratable Classification Increased Limits Premium Charge	9848	(38)	[(37)-(36)] if (36) < (37) and (35) > 0, otherwise zero
(39)	Premium Before Schedule Rating		(39)	(23)+(34)+(36)+(38)
(40)	Schedule Rating Plan Adjustment Factor	9887/9889	(40)	Carrier value - use 9887 for schedule credits and 9889 for schedule debits
(41)	Schedule Rating Plan Premium Adjustment	9887/9889	(41)	(39)x[(40) expressed as a decimal]. For schedule credits Line (41) will be negative
(42)	Certified Safety Committee Credit Factor (PA)	9890	(42)	Credit applies if insured is certified.
(43)	Certified Safety Committee Premium Credit (PA)	9890	(43)	[(39)+(41)]x[(-42) expressed as a decimal]
(44)	Workplace Safety Program Credit Factor (DE)	9880	(44)	Credit applies if insured qualifies
(45)	Workplace Safety Program Premium Credit (DE)	9880	(45)	[(39)+(41)]x[(-44) expressed as a decimal]
(46)	Construction Classification Premium Adjustment Program Credit Factor	9046	(46)	Based on wage level(s), application to rating organization
(47)	Construction Classification Premium Adjustment Program Premium Credit	9046	(47)	[(39)+(41)]x[(-46) expressed as a decimal]
(48)	Drug-Free Workplace Factor (DE)	9846	(48)	Carrier value

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: January 1, 2006

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Section X

PREMIUM ALGORITHM

Premium Calculation Algorithm

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(49)	Drug-Free Workplace Credit (DE)	9846	(49)	$[(39)+(41)+(45)+(47)] \times [(-48) \text{ expressed as a decimal}]$
(50)	Managed Care Factor (DE)	9874	(50)	Carrier value
(51)	Managed Care Credit (DE)	9874	(51)	$[(39)+(41)+(45)+(47)+(49)] \times [(-50) \text{ expressed as a decimal}]$
(52)	Package Credit Factor (DE)	9721	(52)	Carrier value
(53)	Package Credit (DE)	9721	(53)	$[(39)+(41)+(45)+(47)+(49)+(51)] \times [(-52) \text{ expressed as a decimal}]$
(54)	Premium After Managed Care and Package Credit If Applicable		(54)	$[(39)+(41)+(43)+(45)+(47)+(49)+(51)+(53)]$
(55)	Assigned Risk Surcharge Factor (DE)	0277	(55)	May apply to some or all assigned risks based on plan and characteristics of individual insured
(56)	Assigned Risk Premium Surcharge (DE)	0277	(56)	$(54) \times [(55) \text{ expressed as a decimal}]$
(57)	Deductible Credit Factor	9663	(57)	Carrier value
(58)	Deductible Premium Credit	9663	(58)	$[(54)+(56)] \times [(-57) \text{ expressed as a decimal}]$
(59)	Loss Constant	0032	(59)	Carrier value - may vary based on risk premium size
(60)	Loss Constant Charge	0032	(60)	Line (59) if applicable
(61)	Short Rate Cancellation Factor	0931	(61)	Carrier value - zero if short rate cancellation does not apply
(62)	Short Rate Premium	0931	(62)	$[(54)+(56)+(58)+(60)] \times [(61)-1.0000]$ if (61)>0, otherwise zero
(63)	Expense Constant	0900	(63)	Carrier value if applicable
(64)	Expense Constant Charge	0900	(64)	Line (63)
(65)	Minimum Premium	0990	(65)	Carrier value
(66)	Minimum Premium Charge	0990	(66)	If (65)> $[(54)+(56)+(58)+(60)+(62)+(64)]$, (65)- $[(54)+(56)+(58)+(60)+(62)+(64)]$, otherwise zero
(67)	Unit Statistical Report Total Standard Premium		(67)	$[(54)+(56)+(58)+(60)+(62)+(66)]$
(68)	Premium Discount Amount	0063/0064	(68)	Carrier value based on $[(54)+(56)+(58)+(60)+(62)+(66)]$
(69)	Additional premium Waiver of Subrogation (flat charge)	9115	(69)	Carrier value(s)
(70)	Foreign Terrorism	9740	(70)	$(\text{Total payroll}/100) \times \text{carrier rating value}$
(71)	Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents (DTEC)	9741	(71)	$(\text{Total payroll}/100) \times \text{carrier rating value}$
(72)	Total Policy Premium Subject to Employer Assessment		(72)	$(64)+(67)-(68)+(69)+(70)+(71)$
(73)	Employer Assessment Factor Pursuant to Act 57 of 1997 (PA)	0938	(73)	Bureau value for the specific purpose of computer employer assessments

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

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Section X

PREMIUM ALGORITHM

Premium Calculation Algorithm

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(74)	Employer Assessment Amount Pursuant to Act 57 of 1997 (PA)	0938	(74)	$[(72)-(11)-(58)] \times (73)$ NOTE: Cells (11) and (58) are credits. Subtracting these credits as shown effectively adds the premium reduction given for deductible coverage back into the premium for purposes of calculating employer assessments



August 1, 2005

BUREAU CIRCULAR NO. 793

To All Members of the Bureau:

Re: **DECEMBER 1, 2005 RESIDUAL MARKET RATE AND VOLUNTARY MARKET
LOSS COST FILING - BUREAU FILING NO. 0502**

Please be informed that the Bureau has submitted a filing of revisions to Delaware's Residual Market Plan, voluntary market loss costs and related rating values with a proposed effective date of December 1, 2005. That filing, No. 0502, proposes an overall increase in collectible rate level of 10.22 percent for the Residual Market Plan and an overall increase in collectible loss costs of 9.15 percent for the voluntary market.

In addition to residual market rates and voluntary market loss costs, Filing No. 0502 proposes revisions to the following programs and/or rating values:

- Residual market expense constant
- Residual market minimum premiums
- Excess loss factors
- Excess loss premium factors (residual market)
- Small deductible program
- State and hazard group relativities
- Workplace Safety Program
- Experience Rating Plan
- Merit Rating Plan
- Continuation of existing DIP Surcharge Program
- DCCPAP revisions to qualifying wage table **(proposed effective June 1, 2006)**
- Updates to corporate officer payroll minimums and maximums for premium computation
- Retrospective rating
- Miscellaneous Manual revisions
- Domestic Terrorism, Earthquake and Catastrophic Industrial Accidents **(proposed effective January 1, 2006)**
 - Statistical Code 9741
 - Residual market rate and voluntary market loss cost of \$0.01 per \$100 payroll
 - Endorsement WC 00 04 21
 - Manual language
 - Statistical Plan language

Once Bureau Filing No. 0502 has been adjudicated by the Department of Insurance, each licensed Delaware carrier will be required to make a filing for a loss cost multiplier, rates and/or other related rating values with the Department of Insurance. This requirement will apply even if a carrier intends to retain its current pricing values and programs intact. Accordingly, in order to preserve the desired and possibly necessary flexibility in pricing Delaware workers compensation policies, it is strongly recommended that all policies issued with effective dates on and after December 1, 2005 be qualified as carrying tentative rates, using the Pending Rate Change Endorsement for this purpose. Any policies issued at current rates or on a "to-be-determined" basis for which approved rating values are changed as a result of Bureau Filing No. 0502 and/ or any subsequent carrier filing(s) must be endorsed subsequently with the new carrier rates.

Filing Package

Consistent with procedures used for other recent residual market rate and voluntary market loss cost filings, the Bureau will be making the complete filing package for Bureau Filing No. 0502 available on its website at www.dcrb.com. The filing package will be found in the "Filings" section of the website and is expected to be available within ten days of the publication of this circular.

Members and other interested parties are encouraged to use the website to access any and all parts of the filing package for informational purposes.

Provided for reference is a table of current and proposed December 1, 2005 residual market rates and voluntary market loss costs with proposed percentage changes by classification.

Timothy L. Wisecarver
President

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Attachments

Remember to visit our website at www.dcrb.com for more information about this and other topics.