

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 Number	Card Serial No.	Risk ID Number	Page No	Last Page No					
01				99622	198265	07/01/13	07/01/14	07											
Insured's Name: Iron Erectors Inc.											F.E.I.N. → 123456789		Pending File No.						
Insured's Address:											T.P.E / F.E.I.N. →								
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use
		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std							
		N	Y		Y	N	N	N		01	01	01							

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S	Upd Typ	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	Recv	Clm	Settl							
															02	01	01	01	00							
R		02	0655	120000	22.35	26820	R	845	02/01/14	707802	25000	0655	02	0												
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
R		01	0655	1000000	12.61	126100			40	28	25	Iron Worker			N		00		17201			12000				
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
R		01	0951	95000	.96	912			50000						25000											
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type				
R		01	0953	105000	.49	515	R	896	03/01/14	600	350	0655	05	1	01	01	01	01	00		00	00				
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
									38	37	59				N		00		600			350				
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
									50000																	
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type				
							R	897	03/15/14	750	800	0655	05	1	01	01	01	01	00		00	00				
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
R						0.900			31	28	26				N		00		750			800				
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
									50000																	
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type				
							R	898	04/11/14		250	0953	06	1	01	01	01	01	00		00	00				
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
									36	40	19								250							
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
									50000																	
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type				
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
									50000																	
								Total Standard Exposure	Total Standard Premium																	
								G.	1320000	138912																
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
R		H.	0063			12065																				
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
R		I.	0900			270			50000																	
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
R		J.	9740			132																				
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
R		K.	9741			132			50000																	
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
R		L.																								
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
									50000																	
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			709152			26400						18551			13400		
Tot. Claimant's Attny. Fees									Tot. Employer's Attny. Fees			Reserved For Future Use			Total ALAE Paid			Total ALAE Incurred								
									50000						25000											