

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				99998	WC12345	01/01/09								
01	01	H		99998	WC54321	01/01/09	01/01/10	07						

Insured's Name: ABC Corp F.E.I.N. → 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									

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S	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					Jurisic State	Cat. No.	MCO Type	
															Act	Type	Recv	Clm	Settl				
															Case Number	Part	Nature	Cause	Occupation Description				Voc.
S U B J E C T								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid		ALAE Incurred									
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisic State	Cat. No.	MCO Type	
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical					
A								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid		ALAE Incurred									
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisic State	Cat. No.	MCO Type	
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical					
B								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid		ALAE Incurred									
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisic State	Cat. No.	MCO Type	
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical					
C								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid		ALAE Incurred									
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisic State	Cat. No.	MCO Type	
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical					
D								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid		ALAE Incurred									
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisic State	Cat. No.	MCO Type	
								Case 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	Weekly Wage	ALAE Paid		ALAE Incurred									
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisic State	Cat. No.	MCO Type	
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical					
F								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid		ALAE Incurred									
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisic State	Cat. No.	MCO Type	
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical					
G								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid		ALAE Incurred									
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisic State	Cat. No.	MCO Type	
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H								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid		ALAE Incurred									
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								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical					
I								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid		ALAE Incurred									
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J								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid		ALAE Incurred									
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								Case 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	Weekly Wage	ALAE Paid		ALAE Incurred									
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisic State	Cat. No.	MCO Type	
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical					
L								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid		ALAE Incurred									
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisic State	Cat. No.	MCO Type	
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical					
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										