

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										
02	04	T		99998	WC54321	01/01/09	01/01/10	07																
Insured's Name:											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					Jurisdc State	Cat. No.	MCO Type		
															Act	Type	Recv	Clm	Settl					
								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			
S U B J E C T	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	Act	Type	Recv	Clm	Settl	Jurisdc 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			
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdc State	Cat. No.	MCO Type		
A. Total Subject Premium								Case 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			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
C. Total Modified Premium								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdc 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			
N O T S B J	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	Act	Type	Recv	Clm	Settl	Jurisdc 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			
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdc State	Cat. No.	MCO Type		
G.				Total Standard Exposure		Total Standard Premium		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
A F T E R S T D								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
								<b>LOSS TOTALS</b>																
								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.	Tot. Employer's Attny. F	Reserved For Future Use			Total ALAE Paid			Total ALAE Incurred								
								15000					12500											