

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	01	M		99999	WC12345	12/20/95	12/20/96	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

CODES	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	Recv	Clm	Settl						
SUBJECT	P	11	0953	175485	.49	860	P	23456	02/05/96		1000	0951	06	1	11										
		R	11	0953	233945	.49	1146		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						
		R						R	23456	02/05/96		1565	0951	06	1	11									
NOT SUBJ							P																		
		R							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						
AFTER		D.					R	56789	09/30/96		7935	4000	0953	05	0	11									
		E.							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						
STANDARD		G.		Total Standard Exposure		Total Standard Premium																			
				317313		1654																			
		H.	006_	Premium Discount Amount					Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical						
		I.	0900	Expense Constant Amount					Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred						
	J.							LOSS TOTALS																	
	K.							Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical											
	L.							Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use			Total ALAE Paid		Total ALAE Incurred										