

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.
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Insured's Name:

F.E.L.N. Pending File No.

Insured's Address:

Mod Effective Date	Rate Effective Date	Policy Conditions						Policy Type I D			Deduct. Type 1	Deduct. Type 2	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 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				
A.	Total Subject																					
B.	Mod (XX.XXX)																					
C.	Total Modified																					
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		Deductible Reimbursement		Reversed for Future Use			ALAE Paid		ALAE Incurred				
G.	Total Standard Exposure			Total Standard Premium																		
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					Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Reversed for Future Use			ALAE Paid		ALAE Incurred				
J.																						
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		Deductible Reimbursement		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							

SUPPLEMENTAL LOSS REPORT

Pending File No.	Page No	Last Page No.
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Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State
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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 MO. DAY YR		CLAIM NO.		STAT CODE*	DATE ATTNY DISC MO. DA YR			LOSS CONDITIONS ACT TYP RCOV COV SETT L			JURIS STATE	MCO TYPE	
INSURED NAME							ACC. DATE MO DA YR		DATE OF DEATH M DA YR		DATE REPORTED M DA YR		DATE OF BIRTH MO DA YR		SURG CODE	ATTN Y CODE*
WORKER LAST NAME		AVG. WEEKLY WAGE	INJURY DESC. CODE* ⚡		PAR T	NATUR E	CAUS E	OCCUPATION			DATE CLOSED MO YR		RESERV E 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							
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			