

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				16928	99887	07/01/13	07/01/14	07											
Insured's Name: Steve Ho Corporation											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	N		N	N	N	N		01	01	01							

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					Jurisdic State	Cat. No.	MCO Type		
															Act	Type	Recv	Clm	Settl					
S U B J E C T	P							789803	10/01/13	295462	25000	6843	02	0	02	01	01	01	00		00	00		
								Case Number	Part Nature Cause	Occupation Description			Voc. Lump Fraud	Deduct.	Paid Indemnity			Paid Medical						
									42 49 56	Iron Worker			N		00		8008			15000				
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
S U B J E C T	R							789803	10/01/13	299149	27500	6843	02	0	02	01	01	01	00		00	00		
								Case Number	Part Nature Cause	Occupation Description			Voc. Lump Fraud	Deduct.	Paid Indemnity			Paid Medical						
									42 49 56	Iron Worker			N		00		18715			20000				
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
N O T S U B J	P							789749	08/01/13	238006	0	0718	01	0	01	01	01	01	00		00	00		
								Case Number	Part Nature Cause	Occupation Description			Voc. Lump Fraud	Deduct.	Paid Indemnity			Paid Medical						
									90 13 75	Ship Builder			N		00		13346							
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
N O T S U B J	R							789749	08/01/13	248225	0	0718	01	0	01	01	01	01	00		00	00		
								Case Number	Part Nature Cause	Occupation Description			Voc. Lump Fraud	Deduct.	Paid Indemnity			Paid Medical						
									90 13 75	Ship Builder			N		00		22786							
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
A F T E R S T D																								
								Case Number	Part Nature Cause	Occupation Description			Voc. Lump Fraud	Deduct.	Paid Indemnity			Paid Medical						
									90 13 75	Ship Builder			N		00		22786							
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			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										
								2	547374	27500		41501	20000											
								Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use			Total ALAE Paid			Total ALAE Incurred								