

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				12345	WC14579	01/01/09	01/01/10	07																							
Insured's Name: ABC, Inc.											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			1000																
		N	Y		N	N	N	N		01	01	01	03	02																	
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																			
R		01	0928	155121	3.68	5708																									
SUBJECT	R	01	0951	182051	.96	1748		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical								
	R	01	0952	111599	1.89	2109		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
	R	01	0953	58493	.49	287		Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
R	01	9807			187		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											
NOTES		A. Total Subject Premium				10039		Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
	R	B. Experience Mod (XX.XXX)				0.968		Case Number		Part	Nature	Cause	Occupation Description						Voc.	Lump	Fraud	Deduct.	Paid Indemnity				Paid Medical				
		C. Total Modified Premium				9718		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
SUBJECT	R	D.	9663			340		Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
		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										
	G.	Total Standard Exposure			507264	Total Standard Premium			9378		Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
AFTER		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											
	R	J.	9740		.02	101		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
STANDARD	R	K.	9741		.01	51		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
		L.						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													
Tot. Claimant's Attny. Fees								Tot. Employer's Attny. Fees		Reserved For Future Use				Total ALAE Paid		Total ALAE Incurred															