

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				94999	WC54321	07/01/13	07/01/14	07												
Insured's Name: PAZ Industries 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	Y	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					Jurisd State	Cat. No.	MCO Type						
															Act	Type	Recv	Clm	Settl									
R		01	0101	1214435	6.91	83917	R	46096	07/28/13	181500	7027	0101	09	0	01	01	01	01	00		00	00						
R		01	0951	675210	.96	6482		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
								31	02	86	Miller	N		00					7025			3600						
R		01	0953	20800	.49	102		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred							
								35000							20000													
							R	46114	08/05/13	1323	137	0101	05	1	01	01	01	01	00		00	00						
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
								35	40	10		N		00					900			137						
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred							
								35000																				
							R	46122	10/01/13	277355	13000	0101	02	0	01	01	01	01	00		00	00						
R								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
								30	13	10	Miller	N		00					20871			6000						
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred							
								146612																				
R	D.	9880			.05	7331		Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisd State	Cat. No.	MCO Type						
	E.							Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
	F.							35	40	10		N		00														
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred							
								35000																				
							R	G.	Total Standard Exposure	Total Standard Premium			Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisd State	Cat. No.	MCO Type	
								1910445	139281																			
	H.	006_						Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
	I.	0900						Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred							
	J.	9740			.02	382		35000																				
	K.	9741			.01	191		LOSS TOTALS																				
	L.							Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical														
								3	460178	20164		28796	9737															
								Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use	Total ALAE Paid	Total ALAE Incurred																
								35000			20000																	