



January 31, 2023

To All Members of the DCRB:

Re: **FINANCIAL DATA INCENTIVE PROGRAM**

Pending approval of the Governing Board, a Financial Data Incentive Program (FDIP) will apply to selected Delaware financial data submissions of 2022 experience to be reported during 2023. This continues DCRB practice each year since the FDIP's initial implementation in 1997.

The FDIP for 2022 experience covers the following data submissions:

Acknowledgement Form  
Statutory Page 14  
Policy Year Call #1  
Calendar Year Expense Data Call #2  
Large Claim Call #4  
Net (As Written) Large Deductible Call #8  
Gross (First Dollar) Large Deductible Call #9  
Assigned Risk Policy Year Call #12  
Catastrophe Experience Call #15

***The most significant changes to the program are as summarized below:***

- Expansion of policy year detail captured within the Financial Data Manager (FDM). Calls #1, 8 and 9 will now collect underwriting experience for 30 full policy years (1992-2021) and for the incomplete Policy Year 2022 valued as of December 31, 2022. Experience for all policy years prior to 1992 will be accumulated and shown as one line in the Calls. Note that experience for Policy Year 1991 and all policy years prior to 1991 was shown separately as of December 31, 2021, and experience for those lines will be combined for proper reporting of data as of December 31, 2022.
- For the remaining Calls, the expansion will continue each year until 30 full policy years, along with the incomplete policy year associated with the current reporting year, are captured.
- Validation criteria used to evaluate premium and loss development, claim severity, claim frequency and loss ratios have been updated.

Additional changes have been made to the FDIP for 2022 experience in the interest of clarity and to reflect mechanical changes in the Call forms to which the FDIP applies.

The most significant aspects of the program are as summarized below:

- All Calls and Forms must be submitted through the FDM which is an Internet-based system for the capture of Financial Data.
- For late reporting purposes, The Acknowledgement Form, Statutory Page 14, Calls #1, #4, #8, #9, #12 and #15 as a group will be treated as a single entity. Call #2 will be treated as a second, separate entity.
- An assessment of \$50 per business day per entity will be imposed for late submissions. Imposition of late submission charges could be applied for submission of calls after the due date, failure of Preliminary Edits and incomplete submissions. Late submission assessments will be subject to a cumulative maximum of \$5,000.
- For edit purposes, Calls #1, #2, #4, #8, #9, #12, #15 and Statutory Page 14 will be treated as one single entity.
- For edit purposes, any documents which have not been received when the DCRB attempts to perform the program edits will be treated as being in error. In such case no further late reporting assessments will be charged, instead edit charges will begin to apply.
- Basic edit errors will be subject to a Financial Data Error Assessment Schedule which will include a flat fee component and a component which reflects a carrier's market share. The assessment schedule applies for a maximum period of 55 business days with the fine for the first ten business days equaling zero (in effect providing a ten-day grace period).
- Actuarial edit criticisms will allow a ten business day period for the carrier to respond before being subjected to the Financial Data Error Assessment Schedule described above. If the carrier satisfactorily responds within that time frame without the necessity for resubmissions, no actuarial edit assessment will be imposed.
- For Calls #1, #2, #4, #8, #9, #12, #15 and Statutory Page 14, all resubmissions received after the due date will be subject to a \$100 per entity charge.
- Total FDIP assessments for a carrier or group of carriers will be subject to a maximum of 50 percent of the carrier's Annual Statement Delaware Workers Compensation Direct Written Premium for the calendar year immediately preceding the data reportable in the latest Calls.
- If a carrier group elects to submit separate Calls for individual carriers within their group or to submit separate Calls for subsets of the carriers comprising their entire group, each separate Call submission will be treated separately for all purposes of the FDIP. Thus, carriers are encouraged to consider potential ramifications of the FDIP in deciding on the basis (carrier, group or subgroup) to be used in reporting their data.
- Incomplete resubmissions and/or responses (i.e., those which do not address all failed edits or inquiries previously identified by the DCRB) or resubmissions and/or responses which can be determined based on a cursory review not to satisfy the failed edits or inquiries previously identified by the DCRB will not stop the accrual of assessments from the date of the previous DCRB notice letter.

**Due Dates:**

**The Acknowledgement Form, Statutory Page 14 and Calls #1, #4, #8, #9, #12 and #15 are due to be reported on or before March 15, 2023. Call #2 is due on or before April 17, 2023.**

A complete updated copy of the 2022 FDIP is enclosed and may also be accessed via the DCRB's website at [www.dcrb.com](http://www.dcrb.com).

William V. Taylor  
President

**DELAWARE COMPENSATION RATING BUREAU, INC.  
FINANCIAL DATA INCENTIVE PROGRAM**

**I. INTRODUCTION**

For Calls received in 2023, the DCRB is again applying the Financial Data Incentive Program (FDIP). This continues DCRB practice each year since the FDIP's initial implementation in 1997. This program recognizes the critical importance of the DCRB receiving quality financial data on time so that it can be used in support of filings made with the Delaware Department of Insurance. In addition, this program is intended to more equitably allocate costs to the DCRB associated with late or inaccurate data submission.

In order to assist carriers in reporting their financial data in a timely and accurate manner, the DCRB will require that all carriers report Forms and Calls using the Financial Data Manager (FDM). The FDM is an Internet-based system that allows carriers to enter, edit and submit Forms and Calls interactively. The FDM provides carriers with immediate feedback for failed edits and provides carriers with a central record of all data submitted.

**II. APPLICATION**

The FDIP will apply to the following Forms and Financial Calls, all of which are reportable within the FDM.

<u>Name</u>	<u>Due Date</u>
Acknowledgement Form	March 15, 2023
Statutory Page 14	March 15, 2023
Policy Year Call #1	March 15, 2023
Calendar Year Expense Data Call #2	April 17, 2023
Large Claim Call #4	March 15, 2023
Net (As Written) Large Deductible Call #8	March 15, 2023
Gross (1st Dollar) Large Deductible Call #9	March 15, 2023
Assigned Risk Policy Year Call #12	March 15, 2023
Catastrophe Experience Call #15	March 15, 2023

For purposes of determining fees for late submission and resubmissions, the Acknowledgement Form, Statutory Page 14, Calls #1, #4, #8, #9, #12 and #15 will be treated as a single entity. Similarly, Call #2 will be treated as a second, separate entity. For purposes of determining fees for data errors, Calls #1, #2, #4, #8, #9, #12, #15 and Statutory Page 14 will collectively be treated as one entity. The Acknowledgement Form will not be subject to error assessment or resubmission fees.

**III. GENERAL INFORMATION**

Under the program, assessments will be levied on carriers for Forms and Financial Calls that are not transmitted via the FDM on or before the required due date(s). There will be no extensions granted for any reason. Also, assessments will be levied on carriers for errors detected on submitted Financial Calls. In addition, any resubmission of data after the due date, whether requested or submitted on a voluntary basis, will carry an assessment charge. Note the resubmission of data is recorded by the DCRB on the actual date received as recorded within the FDM.

All correspondence should be emailed to Ivette Caraballo, Manager Financial Reporting at [icaraballo@dcrb.com](mailto:icaraballo@dcrb.com) or mailed to: Delaware Compensation Rating Bureau, Inc.

Attention: Financial Data Reporting  
30 South 17th Street – Suite 1500  
Philadelphia, PA 19103-4007

New carriers must submit a completed Designation of Contact Person form to the DCRB. The DCRB sends these forms to be updated on an annual basis. At any other time, it is the carrier's responsibility to notify the DCRB in writing of any changes to contact person information, including FDM User IDs and Passwords. Copies of the Designation of Contact Person form can be secured at any time by contacting Financial Data Reporting at (215) 568-2371 or visiting our website at [www.dcrb.com](http://www.dcrb.com). All changes must be sent to the address shown above.

#### **IV. GROUP REPORTING**

As noted in the instructions for the various Calls, carriers have the option of reporting their data on a group basis or an individual carrier basis.

The FDIP and its attendant assessments will be applied in the same manner as the data is reported. Thus, assessments will be levied on a group basis if the data is reported on a group basis. Likewise, assessments will be levied on an individual carrier basis if the data is reported on an individual carrier basis.

Carriers are advised to consider the potential costs associated with individual versus group reporting as related to assessments under the FDIP.

#### **V. PROCEDURES**

##### **A. Timeliness**

##### **1. General**

Assessments for late submissions will be governed by the required due date for the particular Form or Call. If the carrier's FDM submission is not received on or prior to the required date due, that particular submission will be considered late and assessments will accrue until the data is submitted.

The FDM automatically logs all submission dates and retains the dates as proof of submission. The DCRB will refer to the Submitted Calls display within the FDM to verify submission dates when calculating late fees. When submitting information including correspondence to the DCRB, it is the carrier's responsibility to retain all receipts for proof of mailing (i.e., certified mail return receipt, FDM Call submission receipts, etc.) to support its case in the event of a carrier appeal.

##### **2. Assessments -- Original Submissions**

The Acknowledgement Form, Statutory Page 14 and Calls #1, #4, #8, #9, #12 and #15 will be grouped as a single entity and Call #2 will be treated as a second, separate entity for purposes of levying assessments.

**ASSESSMENTS FOR TIMELINESS WILL CONSIST OF A PER DAY AMOUNT AS FOLLOWS:**

Late fee of \$50 per business day per entity subject to a maximum total of \$5,000 in late submission assessments. Business days will exclude Saturdays, Sundays, and generally

recognized holidays.

### 3. Assessments -- Resubmissions

The resubmissions of Calls #1, #2, #4, #8, #9, #12, #15 and Statutory Page 14 will be subject to a \$100 fee per entity per submission, whether requested or submitted on a voluntary basis. Each resubmission sent will be subject to this charge. The Acknowledgement Form will not be subject to resubmission fees within the FDIP. No quality edit assessments will be applied to any data corrected by a voluntary resubmission received before the carrier is advised of the edit failure by the DCRB, but the flat resubmission rate of \$100 will still be applicable.

### 4. Assessments -- Completeness

Calls that are submitted without all the pages completed will be considered late and subject to the same late fee of \$50 per day per entity.

Partial submissions will not be considered in determining assessments for completeness, and the date that the completed submission is received will be considered the receipt date for purposes of the FDIP. All Calls for a carrier/group will be edited at the same time. At that time, fees for late submissions will stop accruing. Forms and Calls which have not been received by that time will simply be considered in error for purposes of editing and quality assessment.

## B. Quality

### General

Assessments for the quality of data submitted will be based on three levels of editing.

- a. Preliminary Edits -- Preliminary edits are criteria that apply to all Forms and Calls and are prerequisites to the DCRB's processing of a carrier's submission. Failure of one or more preliminary edits will subject a company to assessments for timeliness and/or completeness according to the \$50 per day Late Submission Assessment described above. Major sources of preliminary edit errors are incomplete pages that may impede the processing of the Forms and Calls.
- b. Basic Edits -- Basic edits are primarily validation checks that identify conditions that can only occur as the result of an error or omission and can be determined based on a comparison of data elements on one or more statistical calls. Major sources of basic edit errors are incorrect arithmetic or careless data entry. All basic edits are contained within the FDM and must be run by the carrier prior to submission. If basic edits are not resolved at the time of submission, carriers will be notified of those errors in a criticism letter sent via certified mail with return receipt requested.

Assessments for basic edit errors will be charged according to the Financial Data Error Assessment Schedule. This schedule includes a flat fee component and a component which reflects a carrier's market share (rounded to one decimal place - for example 3.45 percent would be rounded to 3.5 percent). The assessment schedule applies for a maximum period of 55 business days.

Carriers will be notified regarding the quality of their submissions via an email to the carrier appointed contact person. The results will also be posted in the FDM application.

The notification will indicate whether there are no outstanding issues or if there are failed edits that need to be addressed.

It is the carriers' responsibility to update the carrier contact person so that notifications are delivered to the correct recipient in a timely manner. The PCRB will send a Contact Person form each year for carriers to verify and/or update the contact information.

All Delaware carriers will be notified initially between March 15th and April 30th and Pennsylvania carriers will be notified between May 1st and July 15th. Once the carrier has received notification of the failed edits which will be considered the first business day after the date of the email, each subsequent day will generate charges according to the Assessment Schedule until such time as the carrier submits accurate revisions to its Data Calls.

The DRB will issue a reminder email, sent via email to the carrier appointed contact person and again thru the FDM application, no later than 21 business days after the initial failed edit letter has been sent if the DCRB receives no response from a carrier. Apart from that single reminder letter, the DCRB will not initiate additional interim contacts with a carrier during the time that the carrier is responsible for working to provide explanations and/or corrections for failed edits and/or inquiries. It is the carrier's responsibility to be aware that assessment days and fines are accruing and that explanations and/or resubmissions are required as soon as possible.

Carriers are reminded that changes to one Call may well have an impact on other Calls and on reconciliation pages. The FDM edit process will be helpful in identifying those situations; however, it is the carrier's responsibility to be mindful of such situations and make all corrections as appropriate.

Upon receipt of resubmissions, the DCRB will edit the carrier's data. If errors are found to continue and/or new problems are created, notification by email to the carrier appointed contact person and thru the FDM application will again be made to the carrier, and assessments will again be invoked. For assessment purposes, the count of business days without revision will start where it had left off upon the DCRB's receipt of the prior resubmission. For example, assume a carrier submits a revision on the 15th day after notification by the DCRB and incurs assessments corresponding to 15 business days on the Assessment Schedule. If that carrier is subsequently notified of continuing errors by the DCRB, the Assessment Schedule will apply beginning at the 16th business day.

If a carrier's response, in the form of a resubmission and/or explanation, to a criticism letter is found to be incomplete, i.e., it does not address all failed edits or inquiries identified by the DCRB, or if the carrier advises the DCRB that they are continuing to work on resolving a failed edit(s), the carrier will continue to be assessed from the date of receipt of the DCRB's previous failed edit inquiry letter. In the latter case, as previously noted, the DCRB will not initiate additional interim contacts with the carrier during the time that the carrier is responsible for working to provide explanations and/or corrections for failed edits and/or inquiries. It is the carrier's responsibility to be aware that assessment days and fines are accruing and that explanations and/or resubmissions are required as soon as possible.

Resubmissions and/or explanations which, upon a cursory review by the DCRB, do not satisfy our requirements will not be accepted, and incentive charges will continue to accrue until a complete resubmission is provided.

- c. **Actuarial Edits** -- Actuarial edits are checks on the reasonableness of data. Many of the actuarial edits are contained within the FDM, and those edits must be run prior to the submission of a carrier's data. Actuarial edit issues identified with the FDM edit process should be resolved and/or satisfactorily explained at the time of submission. Additional edits not contained within the FDM edit process will be performed by the DCRB. Those edits will generally focus on unusual reporting patterns and will also be brought to the carrier's attention in a criticism letter.

Actuarial edit criticisms will allow for a ten business day period for the carrier to respond before being subjected to the Financial Data Error Assessment Schedule described above. If the carrier satisfactorily responds within that timeframe without the necessity for resubmissions, no actuarial edit assessment will be imposed. For a response to be considered satisfactory, a carrier should describe the relevant factors that caused the condition in question. Asserting the accuracy of the reported data without written detail will not be considered a satisfactory response. Explanations that merely identify the source of the error without correcting the error condition will also not be considered acceptable.

If a carrier is already incurring Assessment Schedule charges due to basic edit errors, no additional assessments will be made beyond that indicated by the Assessment Schedule.

If a carrier had previously incurred charges due to basic edit errors which were subsequently corrected, actuarial edit charges will commence at the first business day subsequent to the point at which basic edit charges ceased. For example, if a carrier had previously been charged with basic edit error assessments corresponding to 15 business days, then a lack of response by the 11th day to actuarial edit inquiries will be considered the 16th business day on the Assessment Schedule.

Carriers that have submissions failing basic and/or actuarial edits will be contacted in writing by the DCRB (and possibly by telephone, e-mail or fax) and advised of the error condition. The DCRB will email the notification to the contact person and post in FDM. The first business day after the email was sent will determine when the assessment period begins. If a corrected resubmission is faxed or electronically transmitted that same day and the data is correct or a satisfactory explanation is received, there will be no quality/error assessment. In these circumstances, a resubmission charge will still apply.

The DCRB may require resubmission by the carrier of experience for the prior calendar year period to be consistent with changes or corrections in response to basic and/or actuarial edit criteria which are reflected in the most recent experience. When such resubmission is required, the DCRB's request shall be of like standing with any other correction and/or explanation required under terms of the FDIP.

### **C. Maximum Assessment**

All assessments in total are subject to a maximum of 50 percent of the second prior Calendar Year Direct Net Written Premium per the Statutory Page 14. In the event that application of the Assessment

Schedule as set forth herein produces indicated assessments in excess of such amount, the maximum assessment will apply. For example, during the 2022 processing of 2021 data, a carrier's 2020 Direct Written Premiums will be used to determine the maximum allowable assessment.

## **VI. COLLECTION OF ASSESSMENTS**

When the entire editing process has been completed, a summary of assessments according to our records will be mailed to each carrier. The amount assessed will be due upon receipt.

## **VII. APPEAL PROCEDURES**

### **A. Appeal**

Carriers will have 31 days after receipt of the DCRB's notice of assessments to appeal the propriety of any assessments.

Any appeal of assessment must be made in writing and must set forth all factors which the carrier wishes to be considered in review of the appeal. Appeals must be emailed to Ivette Caraballo, Manager Financial Data Reporting at [icaraballo@DCRB.com](mailto:icaraballo@DCRB.com) or mailed to:

Delaware Compensation Rating Bureau, Inc.  
Financial Data Reporting – FDIP Appeals  
30 South 17<sup>th</sup> Street – Suite 1500  
Philadelphia, PA 19103-4007

Facsimile submission of appeals may be made to the above addressee at (215) 564-4328.

Appeals of lateness charges should be supported by documentation showing the date received at the DCRB as evidence of timely submission of the Call or submission of the Call fewer days late than assessed. Submission dates will automatically be tracked within the FDM.

Appeals of quality edit charges should be supported by an explanation of why the submission was correct and/or adequately explained and documentation that such explanation was submitted in a timely manner.

Documentation for the timing of submissions by carriers could include certified mail return receipts, signed and returned DCRB transmittal letters, etc., although submissions will generally be tracked within the FDM.

Appeals will be reviewed by DCRB staff and management, and carriers will be advised in writing of the DCRB's final decision in appeals within 31 days after the carrier's receipt of the acknowledgment by the DCRB. In the event that a carrier remains dissatisfied with the DCRB's final decision, the carrier has 31 days after the receipt of the DCRB's final decision letter to request a hearing in the matter before the DCRB's Governing Board. The carrier's original appeal and the DCRB's final decision letter will be submitted to the Governing Board for review, and the carrier and DCRB staff will be given an opportunity to present their positions and answer questions from the Governing Board. Appeals will be scheduled at the next executive session of the Governing Board which occurs 20 or more days after the DCRB receives notice that the carrier wishes to appeal a final decision to the Governing Board.

## **B. Acknowledgment**

The DCRB will send a letter acknowledging the appeal of an assessment within 14 days of receipt by the DCRB.

## **C. Response**

Within 31 days of acknowledgment, the DCRB will respond to the carrier's appeal with an explanation of the reasons for affirming, modifying or withdrawing the assessment charges. If the assessment is subject to further review, the carrier will be so notified.

## **VIII. EDIT DESCRIPTIONS**

Attached for general reference are basic and actuarial edit descriptions. These lists are provided to assist the carriers in identifying common types of edit failures. It should be noted that actuarial edit standards are not rigid criteria but rather identify situations requiring an explanation or further investigation to verify accuracy.

Also, the edit descriptions are not all-inclusive. There may be other types of data problems which could result in the carrier filing a revision and incurring assessments.

**DELAWARE COMPENSATION RATING BUREAU, INC.**  
**FINANCIAL DATA ERROR ASSESSMENT SCHEDULE**

Effective for December 31, 2022 Calls

Business Day After Due Date	Flat Amount		Market Share Factor *	
	Daily	Cumulative	Daily	Cumulative
1	-	-	-	-
2	-	-	-	-
3	-	-	-	-
4	-	-	-	-
5	-	-	-	-
6	-	-	-	-
7	-	-	-	-
8	-	-	-	-
9	-	-	-	-
10	-	-	-	-
11	25	25	500	500
12	50	75	1,000	1,500
13	75	150	1,500	3,000
14	100	250	1,500	4,500
15	125	375	1,500	6,000
16	125	500	1,500	7,500
17	125	625	1,500	9,000
18	125	750	1,500	10,500
19	125	875	1,500	12,000
20	125	1,000	1,500	13,500
21	125	1,125	1,500	15,000
22	125	1,250	1,500	16,500
23	125	1,375	1,500	18,000
24	125	1,500	1,500	19,500
25	125	1,625	1,500	21,000
26	125	1,750	1,500	22,500
27	125	1,875	1,500	24,000
28	125	2,000	1,500	25,500
29	125	2,125	1,500	27,000
30	125	2,250	1,500	28,500
31	125	2,375	1,500	30,000
32	125	2,500	1,500	31,500
33	125	2,625	1,500	33,000
34	125	2,750	1,500	34,500
35	125	2,875	1,500	36,000
36	125	3,000	1,500	37,500
37	125	3,125	1,500	39,000
38	125	3,250	1,500	40,500
39	125	3,375	1,500	42,000
40	125	3,500	1,500	43,500
41	125	3,625	1,500	45,000
42	125	3,750	1,500	46,500
43	125	3,875	1,500	48,000
44	125	4,000	1,500	49,500
45	125	4,125	1,500	51,000
46	125	4,250	1,500	52,500
47	125	4,375	1,500	54,000
48	125	4,500	1,500	55,500
49	125	4,625	1,500	57,000
50	125	4,750	1,500	58,500
51	125	4,875	1,500	60,000
52	125	5,000	1,500	61,500
53	125	5,125	1,500	63,000
54	125	5,250	1,500	64,500
55	125	5,375	1,500	66,000

\* Factor to be applied to carrier's market share. For example, a carrier with a 12.3% market share would multiply the above factor by 0.123.

**DELAWARE COMPENSATION RATING BUREAU, INC.  
FINANCIAL DATA ERROR ASSESSMENT SCHEDULE**

Effective for December 31, 2022 Calls

Business Day After Due Date	Example: Market Share 1 %			Example: Market Share 5 %		
	Cumulative Assessment			Cumulative Assessment		
	Flat Amount	Market Share	Total Assessment	Flat Amount	Market Share	Total Assessment
1	-	-	-	-	-	-
2	-	-	-	-	-	-
3	-	-	-	-	-	-
4	-	-	-	-	-	-
5	-	-	-	-	-	-
6	-	-	-	-	-	-
7	-	-	-	-	-	-
8	-	-	-	-	-	-
9	-	-	-	-	-	-
10	-	-	-	-	-	-
11	25	5	30	25	25	50
12	75	15	90	75	75	150
13	150	30	180	150	150	300
14	250	45	295	250	225	475
15	375	60	435	375	300	675
16	500	75	575	500	375	875
17	625	90	715	625	450	1,075
18	750	105	855	750	525	1,275
19	875	120	995	875	600	1,475
20	1,000	135	1,135	1,000	675	1,675
21	1,125	150	1,275	1,125	750	1,875
22	1,250	165	1,415	1,250	825	2,075
23	1,375	180	1,555	1,375	900	2,275
24	1,500	195	1,695	1,500	975	2,475
25	1,625	210	1,835	1,625	1,050	2,675
26	1,750	225	1,975	1,750	1,125	2,875
27	1,875	240	2,115	1,875	1,200	3,075
28	2,000	255	2,255	2,000	1,275	3,275
29	2,125	270	2,395	2,125	1,350	3,475
30	2,250	285	2,535	2,250	1,425	3,675
31	2,375	300	2,675	2,375	1,500	3,875
32	2,500	315	2,815	2,500	1,575	4,075
33	2,625	330	2,955	2,625	1,650	4,275
34	2,750	345	3,095	2,750	1,725	4,475
35	2,875	360	3,235	2,875	1,800	4,675
36	3,000	375	3,375	3,000	1,875	4,875
37	3,125	390	3,515	3,125	1,950	5,075
38	3,250	405	3,655	3,250	2,025	5,275
39	3,375	420	3,795	3,375	2,100	5,475
40	3,500	435	3,935	3,500	2,175	5,675
41	3,625	450	4,075	3,625	2,250	5,875
42	3,750	465	4,215	3,750	2,325	6,075
43	3,875	480	4,355	3,875	2,400	6,275
44	4,000	495	4,495	4,000	2,475	6,475
45	4,125	510	4,635	4,125	2,550	6,675
46	4,250	525	4,775	4,250	2,625	6,875
47	4,375	540	4,915	4,375	2,700	7,075
48	4,500	555	5,055	4,500	2,775	7,275
49	4,625	570	5,195	4,625	2,850	7,475
50	4,750	585	5,335	4,750	2,925	7,675
51	4,875	600	5,475	4,875	3,000	7,875
52	5,000	615	5,615	5,000	3,075	8,075
53	5,125	630	5,755	5,125	3,150	8,275
54	5,250	645	5,895	5,250	3,225	8,475
55	5,375	660	6,035	5,375	3,300	8,675

XXXX - Denotes that the edit applies separately to each individual policy year.  
 XX - Denotes that edit applies separately to each column, line or section as indicated.  
 Value - Denotes the value for the cell being referenced.

**EDIT DESCRIPTIONS**  
**DELAWARE**

**I. BASIC EDITS**

**A. POLICY YEAR CALL #1**

**i. BASIC EDITS - EXCLUSIVE TO CALL #1**

	<b>Edit Description</b>
1	The sum of all policy years must be equal to Line (X). Please correct the data.
2	The sum of Total Paid (Col 4), Total Outstanding Excluding IBNR (Col 5) and Total IBNR (Col 6) must be equal to Total Incurred Losses Including IBNR (Col 7). Please correct the data.
3	The sum of Indemnity Paid (Col 9) and Medical Paid (Col 10) must be equal to Total Paid (Col 4). Please correct the data.
4	The sum of Indemnity IBNR (Col 13) and Medical IBNR (Col 14) must be equal to Total IBNR (Col 6). Please correct the data.
5	The sum of Indemnity IBNR (Col 13) and Medical IBNR (Col 14) must be equal to Total IBNR (Col 6). Please correct the data.
6	Question #1 should not be left blank. Please provide an answer.
7	Question #2 should not be left blank. Please provide an answer.
8	Question #3 should not be left blank. Please provide an answer.
9	Policy Year __, when Bulk is reported in "Outstanding" (Question #1B), Indemnity Case and Bulk reserves (Col 15+16) __ must be equal to Indemnity Outstanding Excluding IBNR (Col 11) __. Please correct the data.
10	Policy Year __, when Bulk is reported in "Outstanding" (Question #1B), Medical Case and Bulk reserves (Col 17+18) __ must be equal to Medical Outstanding Excluding IBNR (Col 12) __. Please correct the data.
11	Policy Year __, if you do not report Bulk (Question #1A) or when Bulk is reported in IBNR (Question #1B), Case and Bulk reserves (Col 15, 16, 17 and 18) Col (XX) __ should not be reported. Please correct the data.
12	Policy Year 1991. when Bulk is reported in "Outstanding" (Question #1B), then Indemnity Bulk (Col 16) or Medical Bulk (Col 18) should be reported. Please correct the data.
13	The sum of Closed Indemnity Claim Counts (Col 19) and Open Indemnity Claim Counts (Col 20) __ must be equal to Incurred Indemnity Claim Counts (Col 8) __ for Policy Year __. Please correct the data. [Applicable to Policy Years 1993 & subsequent]
14	Line (Z) must be equal to Line (X) minus Line (Y). Please correct the data.
15	The sum of ALAE Paid, ALAE Case and ALAE Bulk + IBNR (Col 23, 24 + 25) must be equal to ALAE Incurred (Col 26) for all lines. Please correct the data.
16	Policy Year __. All data should be non-negative except for Bulk and IBNR Reserves (Col 6, 13, 14, 16 and 18). Column (XX) __ Please correct the data.
17	Policy Year __. If Total Incurred Losses Including IBNR (Col 7) __ are reported then Standard at Bureau DSR Level (Col 1) __, Standard at Company Level (Col 2) __ and Net Premium (Col 3) __ must be reported. Please correct the data.
18	Policy Year __. If Indemnity Paid (Col 9) __ or Indemnity Outstanding Excluding IBNR (Col 11) __ are reported, then Incurred Indemnity Claim Count (Col 8) __ must be reported. Please correct the data.
19	Policy Year __. If Indemnity Paid (Col 9) and Indemnity Outstanding Excluding IBNR (Col 11) are equal to zero, then Incurred Indemnity Claim Count (Col 8) __ should be equal to zero. Please correct the data.
20	Policy Year __. If Closed Indemnity Claim Counts (Col 19) __ are reported, then Indemnity Paid (Col 9) __ must be reported. Please correct the data. [Applicable to Policy Years 1993 & subsequent].
21	Policy Year __. If Open Indemnity Claim Counts (Col 20) __ are reported, then Indemnity Outstanding Excluding IBNR (Col 11) __ should be reported. Please correct the data. [Applicable to Policy Years 1993 & subsequent]
22	Policy Year __. If Open Indemnity Claim Counts (Col 20) equals zero, then Indemnity Outstanding Excluding IBNR (Col 11) __ should be equal to zero unless Indemnity Outstanding Excluding IBNR (Col 11) is equal to Indemnity Bulk (Col 16). Please correct the data. [Applicable to Policy Years 1993 & subsequent].
23	Policy Year __. Indemnity Paid On Closed Claims (Col 21) __ must be less than or equal to Indemnity Paid (Col 9) __. Please correct the data.
24	Policy Year __. Medical Paid On Closed Claims (Col 22) __ must be less than or equal to Medical Paid (Col 10) __. Please correct the data.

**ii. BASIC EDITS - COMPARING THE CURRENT YEAR'S CALL #1 TO THE PRIOR YEAR'S CALL #1**

	Edit Description
25	Column (XX), Line (Y) ___ from the current Policy Year Call must equal Column (XX), Line (X) ___ from the prior Policy Year Call. Since your company is reporting a change from last year's valuation, please verify the accuracy of the data. If either report is incorrect, send a revised report. If it is correct, provide an explanation.
26	If the answer selected for Question #2 on the current year's call ___ does not equal the answer selected for the prior year's call ___, then the answer to Question #3 should be 'Yes' ___. Please verify your answers to questions on the current and prior year's calls.

iii. **BASIC EDITS - COMPARING CALL #1 TO OTHER FINANCIAL DATA INCENTIVE PROGRAM CALLS**

	Edit Description
27	The value reported for Call #1, Section #3, Line (12), Standard At Bureau DSR Level (Col 1) ___ should equal the value reported for Call #2, Section #1, Line (4) ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
28	The value reported for Call #1, Section #3, Net Earned Premium Line (12), (Col 2) ___ should equal the value reported for Call #2, Section #1, Line (2) ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
29	The value reported for Call #1, Section #3, Line (2), Standard At Bureau DSR Level (Col 1) ___ should equal the value reported for Call #8, Standard At Bureau DSR Level (Col 1), Line (Z) ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
30	The value reported for Call #1, Section #3, Line (2), Net Earned Premium (Col 2) ___ should equal the value reported for Call #8, Net Premium (Col 3), Line (Z) ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
31	The value reported for Call #1, Section #3, Line (2), Incurred Losses (Col 3) ___ should equal the value reported for Call #8, Total Incurred Losses Including IBNR (Col 7), Line (Z) ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
32	The value reported for Call #1, Section #3, Line (9), Terrorism Standard At Bureau DSR Level (Col 1) ___ should equal the value reported for Call #2, Section #1, The Premium Adjustment for Terrorism - Standard Basis, Line (5E) ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
33	The value reported for Call #1, Section #3, Line (9), Terrorism Net Earned Premium (Col 2) ___ should equal the value reported for Call #2, Section #1, Premium Adjustment for Terrorism - Net Basis, Line (5F) ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
34	The value reported for Call #1, Section #3, Line (10), Catastrophe - Standard At Bureau DSR Level (Col 1) ___ should equal the value reported for Call #2, Section #1, Premium Adjustment for Catastrophe - Standard Basis, Line (5G) ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
35	The value reported for Call #1, Section #3, Line (10), Catastrophe Net Earned Premium (Col 2) ___ should equal the value reported for Call #2, Section #1, Premium Adjustment for Catastrophe - Net Basis, Line (5H) ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.

B. **CALENDAR YEAR EXPENSE CALL #2**

i. **BASIC EDITS - EXCLUSIVE TO CALL #2**

	Edit Description
36	Total Adjustments (3G) must equal the sum of Lines (3A+3B+3C+3D+3E+3F). Please correct the data.
37	Direct Standard Earned Premiums, Line (4) should equal the sum of Direct Net Earned Premiums Line (2) + Total Adjustments Line (3G). Please correct the data.
38	Allocation Code for Commission and Brokerage, Line (6A) ___ must be a number between 1 and 7 inclusive unless the expense amounts in Paid (Col 2) ___ and Incurred (Col 3) ___ both equal zero. Please correct the data.
39	Type of Insurer, Line (13) (X) must be one of the following letters: N, P, M, R, F or X. Please correct the data.
40	Premium Discount Adjustment, Line (3A) ___, should be greater than or equal to zero. Please correct the data.
41	DE Workplace Safety Program Adjustment, Line (3F) ___, should be greater than or equal to zero. Please correct the data.
42	Small Deductible Premium Adjustment - Standard Basis, Line (5A) ___, should be greater than or equal to zero. Please correct the data.
43	Small Deductible Premium Adjustment - Net Basis, Line (5B) ___, should be greater than or equal to zero. Please correct the data.
44	Large Deductible Premium Adjustment - Standard Basis, Line (5C) ___, should be greater than or equal to zero. Please correct the data.
45	Large Deductible Premium Adjustment - Net Basis, Line (5D) ___, should be greater than or equal to zero. Please correct the data.

46	Deductible Losses on Small Deductible Coverages - Paid, Line (12A) ____, should be greater than or equal to zero. Please correct the data.
47	Deductible Losses on Large Deductible Coverages - Paid, Line (12B) ____, should be greater than or equal to zero. Please correct the data.

ii. **BASIC EDITS - COMPARING CALL #2 TO OTHER FINANCIAL DATA INCENTIVE PROGRAM CALLS**

Edit Description	
48	All data must be consistent and comparable to Calls #1, #8 and #9. - HANDLED BY ACTUARIAL EDITS – COMPARING CALL #2 TO OTHER FINANCIAL DATA INCENTIVE PROGRAM CALLS #2-7 for Call #2 vs Calls #8 and #9. Please correct the data.
49	The Premium Adjustment for Terrorism - Standard Basis, Line (5E) ____, should equal Call #1, Section #3, Line (9) Terrorism Standard Earned Premium, (Col 1) ____. Please correct the data.
50	The Premium Adjustment for Terrorism - Net Basis, Line (5F) ____, should equal Call #1, Section #3, Line (9) Terrorism Net Earned Premium (Col 2) ____. Please correct the data.
51	The Premium Adjustment for Catastrophe - Std. Basis, Line (5G) ____, should equal Call #1, Section #3, Line (10) Catastrophe Standard Earned Premium, (Col 1) ____. Please correct the data.
52	The Premium Adjustment for Catastrophe - Net basis, Line (5H) ____ should equal Call #1, Section #3, Line (10) Catastrophe Net Earned Premium (Col 2) ____. Please correct the data.

C. **LARGE CLAIM CALL #4**

i. **BASIC EDITS - EXCLUSIVE TO CALL #4**

Edit Description	
53	Policy Year ____, Claim Number ____. Incurred Losses for prior valuation (Col 3+4+5+6) ____ and/or current valuation (Col 7+8+9+10) ____ must equal or be greater than 250,000. Verify the claim information reported. If incorrect, submit revised report. If correct, submit revised report as claim does not need to be reported.
54	Policy Year ____, Claim Number ____. Column (XX) ____, All data reported should be greater than or equal to zero. Please correct the data.
55	Policy Year ____, Claim Number ____. Coverage Code (Col 12) ____ must be a '1', '2', or '3'. Please correct the data.
56	Policy Year ____, Claim Number ____. If Coverage Code (Col 12) is a '3', then Deductible amount (Col 11) ____ must be equal to or greater than 100,000. Please correct the data.
57	Policy Year ____, Claim Number ____. Indemnity Paid for current valuation (Col 7) ____ should be equal to or greater than prior valuation (Col 3) ____. Since this data is reported as an accumulated value, paid amounts normally should increase over time. Please correct the data or provide an explanation.
58	Policy Year ____, Claim Number ____. Medical Paid for current valuation (Col 9) ____ should be equal to or greater than prior valuation (Col 5) ____. Since this data is reported as an accumulated value, paid amounts normally should increase over time. Please correct the data or provide an explanation.
59	Policy Year ____, Claim Number ____. If the Deductible Amount (Col 11) ____ is greater than or equal to 100,000 then the Coverage Code (Col 12) ____ should have a value of '3'. Please correct the data.
60	Policy Year ____, Claim Number ____. When the Policy Year does not equal the current call year, Incurred losses for prior valuation (Col 3+4+5+6) ____ should be greater than zero. Please correct the data or provide an explanation.
61	There is a duplicate for Policy Year XXXX, Claim Number XXXX. Please correct the data or provide an explanation.
62	There are multiple entries for Claim number on the prior year Call for Policy Year ____ and the Claim number ____. Please note that other edits may not be able to run against this claim. Please correct the data or provide an explanation.
63	Policy Year ____, Claim ____, has met the large claim threshold of \$250,000 in the sum of (Col 3+4+5+6) on the present year Call ____ and should be reported on a prior year CALL #4. Please correct the data or provide an explanation.

ii. **BASIC EDITS - COMPARING THE CURRENT YEAR'S CALL #4 TO THE PRIOR YEAR'S CALL #4**

Edit Description	
64	Policy Year ____, Claim Number ____, if Incurred Losses (Col 3+4+5+6) on the present year Call ____ is equal to or greater than 250,000, the same Incurred Losses should be reported (Col 7+8+9+10) ____ on the prior year Call with the same Claim Number (Col 2) ____. Verify the data on both reports and submit revised report(s).
65	Policy Year ____, Claim Number ____, if Incurred Losses (Col 7+8+9+10) on the prior year Call ____ is equal to or greater than 250,000, the same Incurred Losses should be reported (Col 3+4+5+6) ____ of the present year Call with the same Claim Number (Col 2) ____. Verify the data on both reports and submit revised report(s).

66	Policy Year __, Claim Number __, if Incurred Losses (Col 3+4+5+6) on the present year Call __ is equal to or greater than 250,000, and the Claim Number (Col 2) is the same in the prior year Call __, the Policy Year (Col 1) reported on the present year __ should be the same as the Policy Year (Col 1) reported on the prior year's __. Verify the data on both reports and submit revised report(s).
67	Policy Year __, Claim Number __, if Incurred Losses (Col 3+4+5+6) on the present year Call __ is equal to or greater than 250,000, and the Claim Number (Col 2) is the same on the prior year Call __, the Deductible Amount (Col 11) of the present year __ should be the same as the prior year's __. Verify the data on both reports and submit revised report(s).
68	Policy Year __, Claim Number __, if Incurred Losses (Col 7+8+9+10) on the prior year Call __ is equal to or greater than 250,000, and the Claim Number (Col 2) is the same on the present year Call __, the Deductible Amount (Col 11) of the prior year __ should also be the same as the present year's __. Verify the data on both reports and submit revised report(s).
69	Policy Year __, Claim Number __, if Incurred Losses (Col 3+4+5+6) on the present year Call __ is equal to or greater than 250,000, and the Claim Number (Col 2) is the same on the prior year Call __, the Coverage Code (Col 12) of the present year __ should be the same as the prior year's __. Verify the data on both reports and submit revised report(s).
70	Policy Year __, Claim Number __, if Incurred Losses (Col 7+8+9+10) on the prior year Call __ is equal to or greater than 250,000, and the claim number is the same in Column (2) of the present year Call __, the Coverage Code in Column (12) of the prior year __ should be the same as the present year's __. Verify the data on both reports and submit revised report(s).
71	Policy Year __, Claim __, has met the large claim threshold of \$250,000 in the sum of (Col 7+8+9+10) on the prior year Call __ and should be reported on a present year Call #4. Please correct the data or provide an explanation.
72	Policy Year __, Claim Number __. Since development is not expected on a closed claim, when case reserves are zero on the prior valuation (columns 4 + 6) _____ and not zero on the current valuation (columns 8 + 10) _____. Please correct the data or provide an explanation.

iii. **BASIC EDITS - COMPARING CALL #4 TO OTHER FINANCIAL DATA INCENTIVE PROGRAM CALLS**

	<b>Edit Description</b>
73	The comparison of Call #4 to Call #1 failed at Policy Year __. If Coverage Code '1' appears on the carrier summary report, Indemnity Paid (Col 7) __ must be equal to or less than Call #1, Indemnity Paid (Col 9) __ for that same policy year. Verify the data on both reports and submit revised report(s).
74	The comparison of Call #4 to Call #1 failed at Policy Year __. If Coverage Code '1' appears on the carrier summary report, Indemnity Case Reserve (Col 8) __ must be equal to or less than Call #1, Indemnity Outstanding (Col 11) __ for that same policy year. Verify the data on both reports and submit revised report(s).
75	The comparison of Call #4 to Call #1 failed at Policy Year __. If Coverage Code '1' appears on the carrier summary report, Medical Paid (Col 9) __ must be equal to or less than Call #1, Medical Paid (Col 10) __ for that same policy year. Verify the data on both reports and submit revised report(s).
76	The comparison of Call #4 to Call #1 failed at Policy Year __. If Coverage Code '1' appears on the carrier summary report, Medical Case Reserve (Col 10) __ must be equal to or less than Call #1, Medical Outstanding (Col 12) __ for that same policy year. Verify the data on both reports and submit revised report(s).
77	The comparison of Call #4 to Call #9 failed at Policy Year __. If Coverage Code '3' appears on the carrier summary report, Indemnity Paid (Col 7) __ must be equal to or less than Call #9, Indemnity Paid (Col 9) __ for that same policy year. Verify the data on both reports and submit revised report(s).
78	The comparison of Call #4 to Call #9 failed at Policy Year __. If Coverage Code '3' appears on the carrier summary report, Indemnity Case Reserve (Col 8) __ must be equal to or less than Call #9, Indemnity Outstanding (Col 11) __ for that same policy year. Verify the data on both reports and submit revised report(s).
79	The comparison of Call #4 to Call #9 failed at Policy Year __. If Coverage Code '3' appears on the carrier summary report, Medical Paid (Col 9) __ must be equal to or less than Call #9, Medical Paid (Col 10) __ for that same policy year. Verify the data on both reports and submit revised report(s).
80	The comparison of Call #4 to Call #9 failed at Policy Year __. If Coverage Code '3' appears on the carrier summary report, Medical Case Reserve (Col 10) __ must be equal to or less than Call #9, Medical Outstanding (Col 12) __ for that same policy year. Verify the data on both reports and submit revised report(s).

D. **NET #8 AND GROSS #9 LARGE DEDUCTIBLE POLICY YEAR CALLS**

i. **BASIC EDITS - EXCLUSIVE TO CALLS #8 and #9**

	<b>Edit Description</b>
81	The sum of all policy years must be equal to Line (X). Please correct the data.
82	The sum of Total Paid (Col 4), Total Outstanding Excluding IBNR (Col 5) and Total IBNR (Col 6) must be equal to Total Incurred Losses Including IBNR (Col 7). Please correct the data.
83	The sum of Indemnity Paid (Col 9) and Medical Paid (Col 10) must be equal to Total Paid (Col 4). Please correct the data.
84	The sum of Indemnity Outstanding Excluding IBNR (Col 11) and Medical Outstanding Excluding IBNR (Col 12) must be equal to Total Outstanding Excluding IBNR (Col 5). Please correct the data.

85	The sum of Indemnity IBNR (Col 13) and Medical IBNR (Col 14) must be equal to Total IBNR (Col 6). Please correct the data.
86	Question #1 should not be left blank. Please provide an answer.
87	Question #2 should not be left blank. Please provide an answer.
88	Question #3 should not be left blank. Please provide an answer.
89	Policy Year __, when Bulk is reported in "Outstanding" (Question #1B), Indemnity Case and Bulk reserves (Col 15+16) ___ must be equal to Indemnity Outstanding Excluding IBNR (Col 11) ____. Please correct the data.
90	Policy Year __, when Bulk is reported in "Outstanding" (Question #1B), Medical Case and Bulk reserves (Col 17+18) ___ must be equal to Medical Outstanding Excluding IBNR (Col 12) ____. Please correct the data.
91	Policy Year __, if you do not report Bulk (Question #1A) or when Bulk is reported in IBNR (Question #1B), Case and Bulk reserves (Col 15, 16, 17 and 18), Col (XX). ___ should not be reported. Please correct the data.
92	Policy Year 1991. when Bulk is reported in "Outstanding" (Question #1B), then Indemnity Bulk (Col 16) or Medical Bulk (Col 18) should be reported. Please correct the data.
93	The sum of Closed Indemnity Claim Counts (Col 19) and Open Indemnity Claim Counts (Col 20) ___ must be equal to Incurred Indemnity Claim Counts (Col 8) ___ for Policy Year __. Please correct the data. [Applicable to Policy Years 1993 & subsequent]
94	Line (Z) must be equal to Line (X) minus Line (Y). Please correct the data.
95	The sum of (Col 23+24+25) must be equal to ALAE Incurred (Col 26) for all lines. Please correct the data.
96	Policy Year __. All data should be non-negative except for Bulk and IBNR Reserves (Col 6, 13, 14, 16 and 18). Column (XX) ___ Please correct the data.
97	Policy Year __. If Total Incurred Losses Including IBNR (Col 7) ___ are reported then Standard at Bureau DSR Level (Col 1) ____, Standard at Company Level (Col 2) ___ and Net Premium (Col 3) ___ must be reported. Please correct the data.
98	Policy Year __. If Indemnity Paid (Col 9) ___ or Indemnity Outstanding Excluding IBNR (Col 11) ___ are reported, then Incurred Indemnity Claim Counts (Col 8) ___ must be reported. Please correct the data.
99	Policy Year __. If Indemnity Paid (Col 9) and Indemnity Outstanding Excluding IBNR (Col 11) are equal to zero, then Incurred Indemnity Claim Counts (Col 8) ___ should be equal to zero. Please correct the data.
100	Policy Year __. If Closed Indemnity Claim Counts (Col 19) ___ are reported, then Indemnity Paid (Col 9) ___ must be reported. Please correct the data. [Applicable to Policy Years 1993 & subsequent]
103	Policy Year __. If Open Indemnity Claim Counts (Col 20) ___ are reported, then Indemnity Outstanding Excluding IBNR (Col 11) ___ should be reported. Please correct the data. [Applicable to Policy Years 1993 & subsequent].
104	Policy Year __. If Open Indemnity Claim Counts (Col 20) equals zero, then Indemnity Outstanding Excluding IBNR (Col 11) ___ should be equal to zero unless Indemnity Outstanding Excluding IBNR (Col 11) is equal to Indemnity Bulk (Col 16) ____. Please correct the data. [Applicable to Policy Years 1993 & subsequent].
105	Policy Year __. Indemnity Paid On Closed Claims (Col 21) ___ must be less than or equal to Indemnity Paid (Col 9) ____. Please correct the data.
106	Policy Year __. Medical Paid On Closed Claims (Col 22) ___ must be less than or equal to Medical Paid (Col 10) ____. Please correct the data.

ii. **BASIC EDITS - COMPARING THE CURRENT YEAR'S CALL #8 & #9 TO THE PRIOR YEAR'S CALL #8 & #9, RESPECTIVELY**

Edit Description	
107	Column (XX), Line (Y) ___ from the current Policy Year Call must equal Column (XX), Line (X) ___ from the prior Policy Year Call. Since your company is reporting a change from last year's valuation, please verify the accuracy of the data. If either report is incorrect, send a revised report. If it is correct, provide an explanation.
108	If the answer selected for Question #2 on the current year's call ___ does not equal the answer selected for the prior year's call ____, then the answer to Question #3 should be 'Yes' ____. Please verify your answers to questions on the current and prior year's calls.

iii. **BASIC EDITS - COMPARING CALLS #8 & #9 TO OTHER FINANCIAL DATA INCENTIVE PROGRAM CALLS**

Edit Description	
109	Policy Year __, Call #9, Line (Z), Standard At Bureau DSR Level (Col 1) minus Call #8, Line (Z), Standard At Bureau DSR Level (Col 1) ___ should equal Call #2, Line (5C) ____. Verify the data on all reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
110	Policy Year __, Call #9, Line (Z), Net Premium (Col 3) minus Call #8, Line (Z), Net Premium (Col 3) ___ should equal Call #2, Line (5D) ____. Verify the data on all reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
111	Policy Year __, Call #9, Line (Z), Total Paid (Col 4) minus Call #8, Line (Z), Totals Paid (Col 4) ___ should equal Call #2, Line 12B, Standard At Company Level (Col 2) - Paid ____. Verify the data on all reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
112	Policy Year __, Call #9, Line (Z), Total Incurred Losses Including IBNR (Col 7) minus Call #8, Line (Z), Total Incurred Losses Including IBNR (Col 7) ___ should equal Call #2, Line 12B, Net Premium (Col 3) - Incurred ____. Verify the data on all reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.

113	Policy Year ____, Call #9, Line (Z), ALAE Paid (Col 23) minus Call #8, Line (Z), ALAE Paid (Col 23) ____ should equal Call #2, Line (12C), Standard At Company Level (Col 2) - Paid _____. Verify the data on all reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
114	Policy Year ____, Call #9, Line (Z), ALAE Incurred (Col 26) minus Call #8, Line (Z), ALAE Incurred (Col 26) ____ should equal Call #2 Line (12C), Net Premium (Col 3) - Incurred _____. Verify the data on all reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.

E. **ASSIGNED RISK POLICY YEAR CALL #12**

i. **BASIC EDITS - EXCLUSIVE TO CALL #12**

	<b>Edit Description</b>
115	The sum of all policy years must be equal to Line (X). Please correct the data.
116	The sum of Total Paid, Total Outstanding Excluding IBNR and Total IBNR (Col 4+5+6) must be equal to Total Incurred Losses Including IBNR (Col 7). Please correct the data.
117	The sum of Indemnity Paid and Medical Paid (Col 9+10) must be equal to Total Paid (Col 4). Please correct the data.
118	The sum of Indemnity Outstanding Excluding IBNR and Medical Outstanding Excluding IBNR (Col 11+12) must be equal to Total Outstanding Excluding IBNR (Col 5). Please correct the data.
119	The sum of Indemnity IBNR and Medical IBNR (Col 13+14) must be equal to Total IBNR (Col 6). Please correct the data.
120	Question #1 should not be left blank. Please provide an answer.
121	Question #2 should not be left blank. Please provide an answer.
122	Question #3 should not be left blank. Please provide an answer.
123	Policy Year ____, when Bulk is reported in "Outstanding" (Question #1B), Indemnity Case and Bulk reserves (Col 15+16) ____ must be equal to Indemnity Outstanding Excluding IBNR (Col 11) _____. Please correct the data.
124	Policy Year ____, when Bulk is reported in "Outstanding" (Question #1B), Medical Case and Bulk reserves (Col 17+18) ____ must be equal to Medical Outstanding Excluding IBNR (Col 12) _____. Please correct the data.
125	Policy Year ____, if you do not report Bulk (Question #1A) or when Bulk is reported in IBNR (Question #1B), Case and Bulk reserves (Col 15,16,17 and 18), Col (XX) ____ should not be reported. Please correct the data.
126	Policy Year 1991. when Bulk is reported in "Outstanding" (Question #1B), then Indemnity Bulk (Col 16) or Medical Bulk (Col 18) should be reported. Please correct the data.
127	The sum of Closed Indemnity Claim Counts and Open Indemnity Claim Counts (Col 19+20) _____ must be equal to Incurred Indemnity Claim Counts (Col 8) _____ for Policy Year _____. Please correct the data.
128	Line (Z) must be equal to Line (X) minus Line (Y). Please correct the data.
129	The sum of (Col 23+24+25) must be equal to ALAE Incurred (Col 26) for all lines. Please correct the data.
130	Policy Year ____. All data should be non-negative except for (Col 6, 13, 14, 16, 18 and 25). Column (XX) _____ Please correct the data.
131	Policy Year ____. If Total Incurred Losses Including IBNR (Col 7) _____ are reported, then Standard at Bureau DSR Level (Col 1) _____, Standard at Company Level (Col 2) _____ and Net Premium (Col 3) _____ must be reported. Please correct the data.
132	Policy Year ____. If Indemnity Paid (Col 9) _____ or Indemnity Outstanding Excluding IBNR (Col 11) _____ are reported, then Incurred Indemnity Claim Count (Col 8) _____ must be reported. Please correct the data.
133	Policy Year ____. If Indemnity Paid (Col 9) and Indemnity Outstanding Excluding IBNR (Col 11) are equal to zero, then Incurred Indemnity Claim Counts (Col 8) _____ should be equal to zero. Please correct the data.
134	Policy Year ____. If Closed Indemnity Claim Counts (Col 19) _____ are reported, then Indemnity Paid (Col 9) _____ must be reported. Please correct the data.
135	Policy Year ____. If Open Indemnity Claim Counts (Col 20) _____ are reported, then Indemnity Outstanding Excluding IBNR (Col 11) _____ should be reported. Please correct the data.
136	Policy Year ____. If Open Indemnity Claim Counts (Col 20) equals zero, then Indemnity Outstanding Excluding IBNR (Col 11) ____ should be equal to zero unless Indemnity Outstanding Excluding IBNR (Col 11) is equal to Indemnity Bulk (Col 16) _____. Please correct the data. [Applicable to Policy Years 1993 & subsequent].
137	Policy Year ____. Indemnity Paid On Closed Claims (Col 21) _____ must be less than or equal to Indemnity Paid (Col 9) _____. Please correct the data.
138	Policy Year ____. Medical Paid On Closed Claims (Col 22) _____ must be less than or equal to Medical Paid (Col 10) _____. Please correct the data.

ii. **BASIC EDITS - COMPARING THE CURRENT YEAR'S CALL #12 TO THE PRIOR YEAR'S CALL #12**

	<b>Edit Description</b>
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139	Column (XX), Line (Y) _____ from the current Policy Year Call must equal Column (XX), Line (X) _____ from the prior Policy Year Call. Since your company is reporting a change from last year's valuation, please verify the accuracy of the data. If either report is incorrect, send a revised report. If it is correct, provide an explanation.
140	If the answer selected for Question #2 on the current year's call _____ does not equal the answer selected for the prior year's call _____, then the answer to Question #3 should be 'Yes' _____. Please verify your answers to questions on the current and prior year's calls.

F. **CATASTROPHE EXPERIENCE CALL #15**

i. **BASIC EDITS - EXCLUSIVE TO CALL #15**

	Edit Description
141	Section #XX, Policy Year _____. The sum of Indemnity Closed Claims with Payment and Indemnity Open Claims (Col 1+2) _____ must equal Indemnity Total Claims (Col 3) _____. Please correct the data. [Applicable for Sections #1 through #4]
142	Section #XX, Policy Year _____. If Indemnity Closed Claims with Payment (Col 1) are reported _____ then Indemnity Paid Losses (Col 4) should be reported _____. Please correct the data. [Applicable for Sections #1 through #4]
143	Section #XX, Policy Year _____. If Indemnity Open Claims (Col 2) are reported _____ then the sum of the Outstanding Losses (Col 6+7) _____ must be greater than zero. Please correct the data. [Applicable for Sections #1 through #4]
144	Section #XX, Policy Year _____. If Indemnity Paid Losses (Col 4) are reported _____ then Indemnity Claim Counts (Col 3) should be reported _____. Please correct the data. [Applicable for Sections #1 through #4]
145	Section #XX, Policy Year _____. If Indemnity Outstanding Losses (Col 6) are reported _____ then Indemnity Open Claims (Col 2) should be reported _____. Please correct the data. [Applicable for Sections #1 through #4]
146	For all entries - Section #XX, Policy Year ____, Column (X) _____ should be non-negative. Please correct the data.
147	Question #1 should not be left blank. Please correct the data.

II. **ACTUARIAL EDITS**

All items on Calls #1, #2, #4, #8, #9, #12 and #15 will be checked for reasonableness. Specific examples include:

A. **POLICY YEAR CALL #1**

i. **ACTUARIAL EDITS - EXCLUSIVE TO CALL #1**

	Edit Description
148	The relationship between Standard Earned Premium at DCRB DSR Level and Standard Earned Premium at Company Level should be consistent with each company's filed deviations and/or loss cost multiplier(s) and underlying loss cost levels. - <b>EDIT IS HANDLED MANUALLY BY THE EDITOR.</b>
149	The value for Standard At Bureau DSR Level, Standard At Company Level, Net premium or Total Incurred Losses Including IBNR (Col 1, 2, 3 or 7) for Policy Year 2022 ____ should not be equal to Line (Z) ____ unless both values are equal to zero.
150	Line (Z) for Standard at Bureau DSR Level (Col 1), Net Premium (Col 3) and Total Incurred Losses Including IBNR (Col 7) must be copied to the reconciliation page of the Call. <b>IS HANDLED BY PULLING FUNCTION WITHIN FDRA.</b>
151	If Net Earned Premium is reported, Section #3, Line (12), (Col 2) ____ then the amount reported on Section #3, Line (9), Terrorism Net Earned Premium (Col 2) should not equal zero. Please correct the data.
152	If Net Earned Premium reported on Section #3, Line (12), (Col 2) ____ then the amount reported on Section #3, Line (9), Terrorism Standard at Bureau DSR Level (Col 1) should not equal zero. Please correct the data.
153	The ratio of [Section #3, Line (9), Terrorism Net Earned Premium (Col 2)] / [Section #3, Line (12), Net Earned Premium (Col 2)] ____ / ____ does not fall within the interval (0.00 - 0.05) _____. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
154	The ratio of [Section #3, Line (10), Catastrophe Net Earned Premium (Col 2)] / [Section #3, Line (12), Net Earned Premium (Col 2)] ____ / ____ does not fall within the interval (0.00 - 0.05) _____. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
155	When reporting Terrorism premium greater than zero, generally, Terrorism Standard at Bureau DSR Level, Section #3, Line (9), (Col 1) ____ should not equal Terrorism Net Earned Premium, Section #3, Line (9), (Col 2) _____. If the data is correct, provide a detailed explanation regarding the relationship between the columns.

156	When reporting Catastrophe premium greater than zero, generally, Catastrophe Standard at Bureau DSR Level, Section #3, Line (10), (Col 1) ___ should not equal Catastrophe Net Earned Premium, Section #3, Line (10), (Col 2) ___. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
157	Policy Year ___ Net Earned Premium reported in (Col 3) is greater than \$250,000 ___ without any Incurred Losses (Col 7). Please verify that there are no losses for this policy year and if necessary, send corrections. [Applicable to all policy years]
158	Policy Year ___ Medical Incurred reported (Col 10+12+14) is greater than \$250,000 ___ without any Indemnity Incurred Losses (Col 9+11+13). Please verify that all losses are medical only and if necessary, send corrections. [Applicable to all policy years]
159	Policy Year ___ Indemnity Incurred reported (Col 9+11+13) is greater than \$250,000 ___ without any Medical Incurred Losses (Col 10+12+14). Please verify that no medical losses are associated with these indemnity claims and if necessary, send corrections. [Applicable to all policy years]
160	If Net Earned Premium is reported on Section #3, Line (12), (Col 2) ___ then the amount reported on Section #3, Line (10), Catastrophe Net Earned Premium (Col 2) ___ should not equal zero. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
161	If Net Earned Premium is reported on Section #3, Line (12), (Col 2) ___ then the amount reported on Section #3, Line (10), Catastrophe Standard at Bureau DSR Level (Col 1) should not equal zero. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
162	Policy Year ___, if the value for Standard at Bureau DSR Level (Col 1) ___ is greater than or equal to 250,000, then Standard at Bureau DSR Level (Col 1) ___ and Standard at Company Level (Col 2) ___ should not be equal to Net Premium (Col 3) ___. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
163	Policy Year ___, if the value for Standard at Bureau DSR Level (Col 1) ___ is greater than or equal to 250,000, then Standard at Company Level (Col 2) ___ divided by Net Premium (Col 3) ___ should be between the range of (0.50 and 2.00) ___. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
164	Policy Year ___, if the value for Standard at Bureau DSR Level (Col 1) ___ is greater than or equal to 250,000, then Standard at Bureau DSR Level (Col 1) ___ divided by Net Premium (Col 3) ___ should be between the range of (0.50 and 2.00) ___. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
165	An entry has been made in the Reason for Difference box.

ii. **ACTUARIAL EDITS - COMPARING THE CURRENT YEAR'S CALL #1 TO THE PRIOR YEAR'S CALL #1**

	Edit Description
166	Paid Losses (Col 4, 9, 10, 21 and 23) for the current valuation should generally not decrease from the prior valuation. Policy Year ___, Column (XX) on the current Call ___ decreases by more than \$50,000 from the prior Policy Year Call ___. Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data.
167	There has been a change in the discounting procedure contrary to your carrier group's 'No' response.
168	Policy Year ___ Net Earned Premium (Col 3) was reported on last year's call ___ but is not reported on this year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021 and prior]
169	Policy Year ___ Net Earned Premium (Col 3) is reported on this year's call ___ but was not reported on last year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021 and prior]
170	Policy Year ___ Incurred Losses (Col 7) were reported on last year's call ___ but are not reported on this year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021 and prior]
171	Policy Year ___ Incurred Losses (Col 7) are reported on this year's call ___ but were not reported on last year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021 and prior]
172	Policy Year ___ Claim Counts (Col 8) were reported on last year's call ___ but are not reported on this year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021 and prior]
173	Policy Year ___ Claim Counts (Col 8) are reported on this year's call ___ but were not reported on last year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021 and prior]
174	Policy Year ___, Premium reported (XX) on the current year call ___ for Column (XX), compared to the prior year call ___ is greater than 50,000 ___ but their ratio ___ falls outside the range of (0.99 and 1.01). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to Policy Years 2017 and prior]
175	Policy Year ___, Premium reported (XX) on the current year call ___ for Column (XX), compared to the prior year call ___ is greater than 50,000 ___ but their ratio ___ falls outside the range of (0.95 and 1.05). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to Policy Years 2018-2019]





210	Policy Year __, Medical Paid (Col 10) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.04). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2016 & prior]
211	Policy Year __, Medical Paid (Col 10) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.08). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2017]
212	Policy Year __, Medical Paid (Col 10) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.12). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2018]
213	Policy Year __, Medical Paid (Col 10) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.47). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2019]
214	Policy Year __, Medical Paid (Col 10) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 2.20). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2020]

iii. **ACTUARIAL EDITS - COMPARING CALL #1 TO OTHER FINANCIAL DATA INCENTIVE PROGRAM CALLS**

	<b>Edit Description</b>
215	The entries on page 5, the Calendar Year Reconciliation Report will be verified, this data must be pulled correctly from Calls #1, #8 and Statutory Page 14. <b>(Is handled by a pulling function within the FDRA.)</b> Any differences greater than \$1,000 and less than (\$1,000) must be explained. These explanations will be reviewed for reasonableness.
216	The difference between Call #1, Section #3, Line (12), Net Earned Premium (Col 2) ___ and Delaware Statutory Page 14, Net Earned Premium (Col 2) ___ is not between (5000) and 5000 ___. Please correct the data or provide an explanation.
217	The difference between Call #1, Section #3, Line (12), Incurred Losses (Col 3) ___ and Delaware Statutory Page 14, Incurred Losses (Col 6) ___ is not between (5000) and 5000 ___. Please correct the data or provide an explanation.
218	The value for Call #1, Column (XX), the sum of Policy Years Prior to 1992 through 1993 ___ must be greater than or equal to Call #12, Column (XX), Policy Year Prior to 1994 ___. Please correct the data or provide an explanation.
219	For PY 1994 and subsequent: The value for Call #1, Column (XX), Policy Year __, ___ must be greater than or equal to Call #12, Column (XX), Policy Year __, ___. Please correct the data or provide an explanation.

B. **CALENDAR YEAR EXPENSE DATA CALL #2**

	<b>Edit Description</b>
220	Generally, Terrorism Standard Earned Premium, Line (5E) ___ should not equal Terrorism Net Earned Premium, Line (5F) ___. Please correct the data.
221	Generally, Catastrophe Standard Earned Premium, Line (5G) ___ should not equal Catastrophe Net Earned Premium, Line (5H) ___. Please correct the data.
222	The ratio of the Premium Discount Adjustment, Line (3A) / [NEP, Line (2) + Premium Discount Adjustment, Line (3A)] ___ falls outside the range of (0.00 and 0.125). Please correct the data.
223	The ratio of the DE Workplace Safety Program Adjustment, Line (3F) / [SEP, Line (4) - DE Workplace Safety Program Adjustment, Line (3F) - Merit Rating Adjustment, Line (3E) - Schedule Rating Adjustment, Line (3D)] ___ falls outside the range of (-0.25 and 0.25). Please correct the data.
224	The ratio of the Schedule Rating Adjustment, Line (3D) / [SEP Line (4) - LCM Adjustment, Line (3C) - Merit Rating Adjustment, Line (3E)] ___ falls outside the range of (-0.25 and 0.25). Please correct the data.
225	The ratio of the Merit Rating Adjustment, Line (3E) / [SEP, Line (4) - LCM Adjustment, Line (3C)] ___ falls outside the range of (-0.05 and 0.05). Please correct the data.
226	[ULAE, Line (8) ___ + ALAE - Incurred, Line (9) ___] / [Direct Losses Net of Deductibles - Incurred, Line (7) ___ + Deductible Losses on Small Deductible Coverages - Incurred, Line (12A) ___ + Deductible Losses on Large Deductible Coverages - Incurred, Line (12B) ___] should be in the interval (0.01 - 0.35) ___. Please correct the data.
227	[ULAE, Line (8) ___ + ALAE - Incurred, Line (9) ___ + Deductible ULAE on LD Coverage, Line (12D) ___ + Deductible ALAE on LD Coverages - Incurred, Line (12C) ___] / [Direct Losses Net of Deductibles - Incurred, Line (7) ___ + Deductible Losses on Small Deductible Coverages - Incurred, Line (12A) ___ + Deductible Losses on Large Deductible Coverages - Incurred, Line (12B) ___] should be in the interval (0.01 - 0.35) ___. Please correct the data.
228	Commission and Brokerage, Line (6A) ___ / Direct SEP, Line (4) ___ should be in the interval (0.01 - 0.15) ___. Please correct the data.

229	Acquisition All Other - Branch Office - State Share, Line (6Bi) ___ + All Other - Home Office - State Share, Line (6Bii) ___ / Direct SEP, Line (4) ___ should be in the interval (0.00 - 0.12) ___. Please correct the data.
230	Boards and Bureau Expense, Line (10A) ___ + Audit, Inspection and Other General Expenses, Line (10B) ___ / Direct SEP, Line (4) ___ should be in the interval (0.02 - 0.20) ___. Please correct the data.
231	Taxes, Licenses and Fees, Line (11) ___ / Direct SEP, Line (4) ___ should be in the interval (0.01 - 0.20) ___. Please correct the data.
232	If there is Net Earned Premium reported on Line (2) ___, then the Merit Rating Adjustment, Line (3E) ___ should not equal zero. Please correct the data.

i. **ACTUARIAL EDITS – COMPARING CALL #2 TO OTHER FINANCIAL DATA INCENTIVE PROGRAM CALLS**

Edit Description	
233	The entries on Section #2, the Calendar Year Reconciliation Report will be verified, this data must be pulled correctly from Calls #1, #2 and Statutory Page 14. Any differences greater than \$5,000 and less than (\$5,000) must be explained. These explanations will be reviewed for reasonableness. If the data is correct, provide a detailed explanation.
234	The difference between the Net Earned Premium, Section #2, Line (1B) ___ and the Statutory Page 14 (Col 2) ___ is greater than 5000 or less than (5000) ___. If the data is correct, provide a detailed explanation.
235	The difference between the Incurred Losses, Section #2, Line (1C) ___ and the Statutory Page 14 (Col 6) ___ is greater than 5000 or less than (5000) ___. If the data is correct, provide a detailed explanation.
236	The difference between the Standard Earned Premium, Section #2, Line (1A) ___ and the Call #1, Section #3, (Line 12, Col 1) ___ is greater than 5000 or less than (5000) ___. If the data is correct, provide a detailed explanation.
237	The difference between the Net Earned Premium reported on Section #2, Line (1B) ___ and the Call #1, Section #3, (Line 12, Col 2) ___ is greater than 5000 or less than (5000) ___. If the data is correct, provide a detailed explanation.
238	The difference between the Incurred Losses reported on Section #2, Line (1C) ___ and the Call #1, Section #3, (Line (12), Col 3) ___ is greater than 5000 or less than (5000) ___. If the data is correct, provide a detailed explanation.
239	The Premium Adjustment for Large Ded Coverages - Std Basis, Line (5C) ___ should equal [Call #9, (Line Z, Col 1) minus Call #8, (Line Z, Col 1)] ___. If the data is correct, provide a detailed explanation.
240	The Premium Adjustment for Large Ded Coverages - Net Basis, Line (5D) ___ should equal [Call #9, (Line Z, Col 3) minus Call #8, (Line Z, Col 3)] ___. If the data is correct, provide a detailed explanation.
241	The Ded Losses on Large Ded Coverages - Paid, (Line 12B, Col 2) ___ should equal [Call #9, (Line Z, Col 4) minus Call #8, (Line Z, Col 4)] ___. If the data is correct, provide a detailed explanation.
242	The Ded Losses on Large Ded Coverages - Incurred, Line (12B), Column (3) ___ should equal [Call #9, (Line Z, Col 7) minus Call #8, (Line Z, Col 7)] ___. If the data is correct, provide a detailed explanation.
243	The Ded ALAE on Large Ded Coverages - Paid, Line (12C), Column (2) ___ should equal [Call #9, (Line Z, Col 23) minus Call #8, (Line Z, Col 23)] ___. If the data is correct, provide a detailed explanation.
244	The Ded ALAE on Large Ded Coverages - Incurred, Line (12C), Column (3) ___ should equal [Call #9, (Line Z, Col 26) minus Call #8, (Line Z, Col 26)] ___. If the data is correct, provide a detailed explanation.
245	The Direct Written Premiums, Line (1) ___ is not equal to Statutory Page 14 (Col 1) ___. If the data is correct, provide a detailed explanation.
246	The Direct Net Earned Premium, Line (2) ___ is not equal to Statutory Page 14 (Col 2) ___. The difference is ___. If the data is correct, provide a detailed explanation.
247	The Direct Losses Net of Deductibles - Paid, Line (7) ___ is not equal to Statutory Page 14 (Col 5) ___. If the data is correct, provide a detailed explanation.
248	The Direct Losses Net of Deductibles - Incurred, Line (7) ___ is not equal to Statutory Page 14 Column (6) ___. If the data is correct, provide a detailed explanation.
249	The ALAE - Paid, Line (9) ___ is not equal to Statutory Page 14 Column (8) ___. If the data is correct, provide a detailed explanation.
250	ALAE - Incurred, Line (9) ___ is not equal to Statutory Page 14 Column (9) ___. The difference is ___. If the data is correct, provide a detailed explanation.
251	The Commission and Brokerage, Line (6A) ___ is not equal to Statutory Page 14 Column (11) ___. If the data is correct, provide a detailed explanation.
252	The Taxes, Licenses and Fees, Line (11) ___ is not equal to Statutory Page 14 Column (12) ___. If the data is correct, provide a detailed explanation.

253	The Premium Adjustment for Terrorism - Std basis, Line (5E) ___ should equal Call #1, Section #3, Line (9), Column (1) ___. If the data is correct, provide a detailed explanation.
254	The Premium Adjustment for Terrorism - Net basis, Line (5F) ___ should equal Call #1, Section #3, Line (9), Column (2) ___. If the data is correct, provide a detailed explanation.
255	The Premium Adjustment for Catastrophe - Std basis, Line (5G) ___ should equal Call #1, Section #3, Line (10), Column (1) ___. If the data is correct, provide a detailed explanation.
256	The Premium Adjustment for Catastrophe - Net basis, Line (5H) ___ should equal Call #1, Section #3, Line (10), Column (2) ___. If the data is correct, provide a detailed explanation.

C. **LARGE CLAIM CALL #4**

i. **ACTUARIAL EDITS - COMPARING THE CURRENT YEAR'S CALL #4 TO THE PRIOR YEAR'S CALL #4**

257	Policy Year ____, Claim Number ____. Indemnity Incurred reported for the current valuation (columns 7 + 8) ___ changed by more than \$500,000 from the prior valuation (columns 3 + 4) ___ and the ratio exceeds the range (0.5,1.5) ___. Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the development of the data.
258	Policy Year ____, Claim Number ____. Medical Incurred reported for the current valuation (columns 9 + 10) ___ changed by more than \$500,000 from the prior valuation (columns 5 + 6) ___ and the ratio exceeds the range (0.5,1.5) ___. Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the development of the data.

D. **NET LARGE DEDUCTIBLE POLICY YEAR CALL #8**

i. **ACTUARIAL EDITS - EXCLUSIVE TO CALL #8**

	Edit Description
259	The relationship between Standard Earned Premium at DCRB DSR Level and Standard Earned Premium at Company Level should be consistent with each company's filed deviations and/or loss cost multiplier(s) and underlying loss cost levels. - <b>EDIT IS HANDLED MANUALLY BY THE EDITOR.</b>
260	The value for Column (XX) for Policy Year 2022 ___ should not be equal to Column (XX), Line (Z) ___ unless both values are equal to zero, for Standard at Bureau DSR Level (Col 1), Standard at Company Level (Col 2), Net Premium (Col 3) and Total Incurred Losses Including IBNR (Col 7). If the data is correct, provide a detailed explanation regarding the relationship between the columns.
261	Policy Year ___ Net Earned Premium reported in (Col 3) is greater than \$250,000 ___ without any Incurred Losses (Col 7). Please verify that there are no losses for this policy year and if necessary, send corrections. [Applicable to all policy years]
262	Policy Year ___ Medical Incurred reported (Col 10+12+14) is greater than \$250,000 ___ without any Indemnity Incurred Losses (Col 9+11+13). Please verify that all losses are medical only and if necessary, send corrections. [Applicable to all policy years]
263	Policy Year ___ Indemnity Incurred reported (Col 9+11+13) is greater than \$250,000 ___ without any Medical Incurred Losses (Col 10+12+14). Please verify that no medical losses are associated with these indemnity claims and if necessary, send corrections. [Applicable to all policy years]
264	Policy Year ___, if the value for Standard at Bureau DSR Level (Col 1) ___ is greater than or equal to 250,000, then Standard at Bureau DSR Level (Col 1) ___ and Standard at Company Level (Col 2) ___ should not be equal to Net Premium (Col 3) ___. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
265	Policy Year ___, if the value for Standard at Bureau DSR Level (Col 1) ___ is greater than or equal to 250,000, then Standard at Company Level (Col 2) ___ divided by Net Premium (Col 3) ___ should be between the range of (0.50 and 2.00) ___. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
266	Policy Year ___, if the value for Standard at Bureau DSR Level (Col 1) ___ is greater than or equal to 250,000, then Standard at Bureau DSR Level (Col 1) ___ divided by Net Premium (Col 3) ___ should be between the range of (0.50 and 2.00) ___. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
267	The method of discounting reserves has changed from the prior year call.

ii. **ACTUARIAL EDITS - COMPARING THE CURRENT YEAR'S CALL #8 TO THE PRIOR YEAR'S CALL #8**

	Edit Description
268	Paid Losses (Col 4, 9, 10, 21 and 22) for the current valuation should generally not decrease from the prior valuation. Policy Year ___, Column (XX) on the current Call ___ decreases by more than \$50,000 from the prior Policy Year Call ___. Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data.
269	There has been a change in the discounting procedure contrary to your carrier group's 'No' response.

270	Policy Year ____ Net Earned Premium (Col 3) was reported on last year's call ____ but is not reported on this year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2019 and prior]
271	Policy Year ____ Net Earned Premium (Col 3) reported on this year's call ____ but not reported on last year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2019 and prior]
272	Policy Year ____ Incurred Losses (Col 7) were reported on last year's call ____ but are not reported on this year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2019 and prior]
273	Policy Year ____ Incurred Losses (Col 7) are reported on this year's call ____ but were not reported on last year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2019 and prior]
274	Policy Year ____ Claim Counts (Col 8) were reported on last year's call ____ but are not reported on this year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2019 and prior]
275	Policy Year ____ Claim Counts (Col 8) are reported on this year's call ____ but were not reported on last year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2019 and prior]
276	Policy Year __, Premium reported (XX) on the current year call ____ for Column (XX), compared to the prior year call ____ is greater than 50,000 ____ but their ratio ____ falls outside the range of (0.99 and 1.01). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to Policy Years 2017 & prior]
277	Policy Year __, Premium reported (XX) on the current year call ____ for Column (XX), compared to the prior year call ____ is greater than 50,000 ____ but their ratio ____ falls outside the range of (0.95 and 1.05). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to Policy Years 2018-2019]
278	Policy Year __, Premium reported (XX) on the current year call ____ for Column (XX), compared to the prior year call ____ is greater than 50,000 ____ but their ratio ____ falls outside the range of (0.85 and 1.15). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to Policy Year 2020]
279	Policy Year __, Premium reported (XX) on the current year call ____ for Column (XX), compared to the prior year call ____ is greater than 50,000 ____ but their ratio ____ falls outside the range of (1.00 and 4.00). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to Policy Year 2021]
280	Policy Year __, Premium reported (XX) on the current year call ____ for Column (XX), compared to the prior year call ____ is greater than 10,000 ____ but their ratio ____ falls outside the range of (0.50 and 2.00). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to policy years 2020 and prior]
281	Policy Year __, Total Paid + O/S excl IBNR (Col 4+5) of the current year call ____ compared to the prior year call ____ is greater than 200,000 ____ but their ratio ____ falls outside the range of (0.97 and 1.03). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2016 & prior]
282	Policy Year __, Total Paid + O/S excl IBNR (Col 4+5) of the current year call ____ compared to the prior year call ____ is greater than 200,000 ____ but their ratio ____ falls outside the range of (0.96 and 1.04). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2017]
283	Policy Year __, Total Paid + O/S excl IBNR (Col 4+5) of the current year call ____ compared to the prior year call ____ is greater than 200,000 ____ but their ratio ____ falls outside the range of (0.95 and 1.06). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2018]
284	Policy Year __, Total Paid + O/S excl IBNR (Col 4+5) of the current year call ____ compared to the prior year call ____ is greater than 200,000 ____ but their ratio ____ falls outside the range of (0.95 and 1.25). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2019]
285	Policy Year __, Total Paid + O/S excl IBNR (Col 4+5) of the current year call ____ compared to the prior year call ____ is greater than 200,000 ____ but their ratio ____ falls outside the range of (0.95 and 1.50). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2020]
286	Policy Year __, Total Paid + O/S excl IBNR (Col 4+5) of the current year call ____ compared to the prior year call ____ is greater than 200,000 ____ but their ratio ____ falls outside the range of (1.00 and 5.00). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2021]
287	Policy Year __, Indemnity Paid + O/S excl IBNR (Col 9+11) of the current year call ____ compared to the prior year call ____ is greater than 200,000 ____ but their ratio ____ falls outside the range of (0.96 and 1.04). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2016 & prior]
288	Policy Year __, Indemnity Paid + O/S excl IBNR (Col 9+11) of the current year call ____ compared to the prior year call ____ is greater than 200,000 ____ but their ratio ____ falls outside the range of (0.95 and 1.06). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2017]
289	Policy Year __, Indemnity Paid + O/S excl IBNR (Col 9+11) of the current year call ____ compared to the prior year call ____ is greater than 200,000 ____ but their ratio ____ falls outside the range of (0.95 and 1.08). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2018]



309	Policy Year __, Indemnity Paid (Col 9) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.12). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2018]
310	Policy Year __, Indemnity Paid (Col 9) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.47). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2019]
311	Policy Year __, Indemnity Paid (Col 9) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 2.20). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2020]
312	Policy Year __, Medical Paid (Col 10) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.04). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2016 & prior]
313	Policy Year __, Medical Paid (Col 10) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.08). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2017]
314	Policy Year __, Medical Paid (Col 10) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.12). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2018]
315	Policy Year __, Medical Paid (Col 10) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 1.47). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2019]
316	Policy Year __, Medical Paid (Col 10) of the current year call ___ compared to the prior year call ___ is greater than 200,000 ___ but their ratio ___ falls outside the range of (1.00 and 2.20). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2020]

iii. **ACTUARIAL EDITS - COMPARING CALL #8 TO OTHER FINANCIAL DATA INCENTIVE PROGRAM CALLS**

	<b>Edit Description</b>
317	All non-zero data entries on Call #8, Policy Year __, Column (XX) ___ should be less than the corresponding data entries on Call #9, Policy Year __, Column (XX) ___ except for Columns (6,13,14,16,18 and 25) where Call #8 may be less than or equal to Call #9.

E. **GROSS LARGE DEDUCTIBLE POLICY YEAR CALL #9**

i. **ACTUARIAL EDITS - EXCLUSIVE TO CALL #9**

	<b>Edit Description</b>
318	The value for Column (XX) for Policy Year 2022 ___ should not be equal to Column (XX), Line (Z) ___ unless both values are equal to zero, for Standard at Bureau DSR Level (Col 1), Standard at Company Level (Col 2), Net Premium (Col 3) and Total Incurred Losses Including IBNR (Col 7). If the data is correct, provide a detailed explanation regarding the relationship between the columns.
319	Policy Year ___ Net Earned Premium reported in (Col 3) is greater than \$250,000 ___ without any Incurred Losses (Col 7). Please verify that there are no losses for this policy year and if necessary, send corrections. [Applicable to all policy years]
320	Policy Year ___ Medical Incurred reported (Col 10+12+14) greater than \$250,000 ___ without any Indemnity Incurred Losses (Col 9+11+13). Please verify that all losses are medical only and if necessary, send corrections. [Applicable to all policy years]
321	Policy Year ___ Indemnity Incurred reported (Col 9+11+13) greater than \$250,000 ___ without any Medical Incurred Losses (Col 10+12+14). Please verify that no medical losses are associated with these indemnity claims and if necessary, send corrections. [Applicable to all policy years]
322	Policy Year __, if the value for Standard at Bureau DSR Level (Col 1) ___ is greater than or equal to 250,000, then Standard at Bureau DSR Level (Col 1) ___ and Standard at Company Level (Col 2) ___ should not be equal to Net Premium (Col 3) ___. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
323	Policy Year __, if the value for Standard at Bureau DSR Level (Col 1) ___ is greater than or equal to 250,000, then Standard at Company Level (Col 2) ___ divided by Net Premium (Col 3) ___ should be between the range of (0.50 and 2.00) ___. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
324	Policy Year __, if the value for Standard at Bureau DSR Level (Col 1) ___ is greater than or equal to 250,000, then Standard at Bureau DSR Level (Col 1) ___ divided by Net Premium (Col 3) ___ should be between the range of (0.50 and 2.00) ___. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
325	The method of discounting reserves has changed from the prior year call.

ii. ACTUARIAL EDITS - COMPARING THE CURRENT YEAR'S CALL #9 TO THE PRIOR YEAR'S CALL #9

	Edit Description
326	Paid Losses (Col 4, 9, 10, 21 and 22) for the current valuation should generally not decrease from the prior valuation. Policy Year __, Column (XX) on the current Call __ decreases by more than \$50,000 from the prior Policy Year Call __. Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data.
327	There has been a change in the discounting procedure contrary to your carrier group's 'No' response.
328	Policy Year ____ Net Earned Premium (Col 3) was reported on last year's call __ but is not reported on this year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021 and prior]
329	Policy Year ____ Net Earned Premium (Col 3) reported on this year's call __ but not reported on last year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021 and prior]
330	Policy Year ____ Incurred Losses (Col 7) were reported on last year's call __ but are not reported on this year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021 and prior]
331	Policy Year ____ Incurred Losses (Col 7) are reported on this year's call __ but were not reported on last year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021 and prior]
332	Policy Year ____ Claim Counts (Col 8) were reported on last year's call __ but are not reported on this year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021 and prior]
333	Policy Year ____ Claim Counts (Col 8) are reported on this year's call __ but were not reported on last year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021 and prior]
334	Policy Year __, Premium reported (XX) on the current year call __ for Column (XX), compared to the prior year call __ is greater than 50,000 __ but their ratio __ falls outside the range of (0.99 and 1.01). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to Policy Years 2017 & prior]
335	Policy Year __, Premium reported (XX) on the current year call __ for Column (XX), compared to the prior year call __ is greater than 50,000 __ but their ratio __ falls outside the range of (0.95 and 1.05). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to Policy Years 2018-2019]
336	Policy Year __, Premium reported (XX) on the current year call __ for Column (XX), compared to the prior year call __ is greater than 50,000 __ but their ratio __ falls outside the range of (0.85 and 1.15). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to Policy Year 2020]
337	Policy Year __, Premium reported (XX) on the current year call __ for Column (XX), compared to the prior year call __ is greater than 50,000 __ but their ratio __ falls outside the range of (1.00 and 4.00). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to Policy Year 2021]
338	Policy Year __, Premium reported (XX) on the current year call __ for Column (XX), compared to the prior year call __ is greater than 10,000 __ but their ratio __ falls outside the range of (0.50 and 2.00). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to policy years 2020 and prior]
339	Policy Year __, Total Paid + O/S excl IBNR (Col 4+5) of the current year call __ compared to the prior year call __ is greater than 200,000 __ but their ratio __ falls outside the range of (0.97 and 1.03). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2016 & prior]
340	Policy Year __, Total Paid + O/S excl IBNR (Col 4+5) of the current year call __ compared to the prior year call __ is greater than 200,000 __ but their ratio __ falls outside the range of (0.96 and 1.04). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2017]
341	Policy Year __, Total Paid + O/S excl IBNR (Col 4+5) of the current year call __ compared to the prior year call __ for is greater than 200,000 __ but their ratio __ falls outside the range of (0.95 and 1.06). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2018]
342	Policy Year __, Total Paid + O/S excl IBNR (Col 4+5) of the current year call __ compared to the prior year call __ is greater than 200,000 __ but their ratio __ falls outside the range of (0.95 and 1.25). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2019]





399	Policy Year __, Medical Paid (Col 10) of the current year call __ compared to the prior year call __ is greater than 200,000 __ but their ratio __ falls outside the range of (1.00 and 1.47). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Year 2019]
400	Policy Year __, Medical Paid (Col 10) of the current year call __ compared to the prior year call __ is greater than 200,000 __ but their ratio __ falls outside the range of (1.00 and 2.20). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. [Applicable to Policy Years 2020]

iii. **ACTUARIAL EDITS - COMPARING CALL #9 TO OTHER FINANCIAL DATA INCENTIVE PROGRAM CALLS**

**Edit Description**

401	Data reported for Large Deductible Policies should generally be larger on a gross basis than a net basis. Policy Year __, Call #9, Column (XX) __ should be greater than Policy Year __, Call #8, Column (XX) __ except for IBNR and Bulk Reserves (Col 6, 13, 14, 16 and 18). Please correct the data or provide an explanation.
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F. **ASSIGNED RISK POLICY YEAR CALL #12**

i. **ACTUARIAL EDITS - EXCLUSIVE TO CALL #12**

	<b>Edit Description</b>
402	Policy year __. Standard At Bureau DSR Level (Col 1) __ must equal Standard At Company Level (Col 2) __. The difference is __. Please correct the data.
403	The value for Standard At Bureau DSR Level, Standard At Company Level, Net Premium or Total Incurred Losses Including IBNR (Col 1, 2, 3 or 7) for Policy Year 2022 Col(X) __ should not be equal to Line (Z) __ unless both values are equal to zero. Please correct the data.
404	For Policy Year __, if the value for Standard At Bureau DSR Level (Col 1) __ is greater than or equal to 250,000, then Standard At Bureau DSR Level (Col 1) __ and Standard At Company Level (Col 2) __ should not be equal to Net Premium (Col 3) __. Please correct the data.
405	For Policy Year __, if the value for Standard At Bureau DSR Level (Col 1) __ is greater than or equal to 250,000, then Standard At Company Level (Col 2) __ divided by Net Premium (Col 3) __ should be between the range of (0.50 and 2.00) __. Please correct the data.
406	For Policy Year __, if the value for Standard At Bureau DSR Level (Col 1) __ is greater than or equal to 250,000, then Standard At Bureau DSR Level (Col 1) __ divided by Net Premium (Col 3) __ should be between the range of (0.50 and 2.00) __. Please correct the data.
407	The method of discounting reserves has changed from the prior year call. Please correct the data.

ii. **ACTUARIAL EDITS - COMPARING THE CURRENT YEAR'S CALL #12 TO THE PRIOR YEAR'S CALL #12**

	<b>Edit Description</b>
408	Paid Losses (Col 4, 9, 10, 21 and 22) for the current valuation should generally not decrease from the prior valuation. Policy Year __, Column (XX) on the current Call __ decreases by more than \$50,000 from the prior Policy Year Call __. Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data.
409	There has been a change in the discounting procedure contrary to your carrier group's 'No' response. Please correct the data.
410	Policy Year __ Net Earned Premium (Col 3) was reported on last year's call __ but is not reported on this year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021 and prior]
411	Policy Year __ Net Earned Premium (Col 3) reported on this year's call __ but not reported on last year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021 and prior]
412	Policy Year __ Incurred Losses (Col 7) were reported on last year's call __ but are not reported on this year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021 and prior]
413	Policy Year __ Incurred Losses (Col 7) are reported on this year's call __ but were not reported on last year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021 and prior]
414	Policy Year __ Claim Counts (Col 8) were reported on last year's call __ but are not reported on this year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021 and prior]
415	Policy Year __ Claim Counts (Col 8) are reported on this year's call __ but were not reported on last year's call. Please provide a correction and/or explanation for this unusual development of your data. [Applicable to policy years 2021 and prior]
416	Policy Year __, Premium reported (XX) on the current year call __ for Column (XX), compared to the prior year call __ is greater than 50,000 __ but their ratio __ falls outside the range of (0.99 and 1.01). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. [Applicable to Policy Years 2017 & prior]





iii. **ACTUARIAL EDITS - COMPARING CALL #12 TO OTHER FINANCIAL DATA INCENTIVE PROGRAM CALLS**

	<b>Edit Description</b>
<b>457</b>	The value for Call #1, Column (XX), the sum of Policy Years Prior to 1992 through 1993 ___ must be greater than or equal to Call #12, Column (XX), Policy Year Prior to 1994 ___. Please correct the data or provide an explanation.
<b>458</b>	For PY 1994 and subsequent: The value for Call #1, Column (XX), Policy Year ___, ___ must be greater than or equal to Call #12, Column (XX), Policy Year ___, ___. Please correct the data or provide an explanation.

G. **CATASTROPHE EXPERIENCE CALL #15**

i. **ACTUARIAL EDITS - EXCLUSIVE TO CALLS #15**

	<b>Edit Description</b>
<b>459</b>	Section #4, Policy Year ___, Column (XX) ___ must be less than or equal to Section #1, Policy Year ___, Column (XX) ___. Please correct the data.
<b>460</b>	Section #2, Policy Year ___, Column (XX) ___ must be less than or equal to Section #3, Policy Year ___, Column (XX) ___. Please correct the data.
<b>461</b>	If Question #1 is answered 'Yes', then there should be claims reported on Call #15. Please correct the data.

ii. **ACTUARIAL EDITS - COMPARING THE CURRENT YEAR'S CALL #15 TO THE PRIOR YEAR'S CALL #15**

	<b>Edit Description</b>
<b>462</b>	Section #XX, Policy Year ___, Indemnity Closed Claims with Payment (Col 1) ___ on the current year call should not decrease compared to Indemnity Closed Claims with Payment (Col 1) ___ on the prior year call. Please correct the data.
<b>463</b>	Section #XX, Policy Year ___, Indemnity Total Claims (Col 3) ___ on the current year call should not decrease compared to Indemnity Total Claims (Col 3) ___ on the prior year call. Please correct the data.
<b>464</b>	Section #XX, Policy Year ___, Indemnity Paid Losses (Col 4) ___ on the current year call should not decrease compared to Indemnity Total Claims (Col 4) ___ on the prior year call. Please correct the data.
<b>465</b>	Section #XX, Policy Year ___, Medical Paid Losses (Col 5) ___ on the current year call should not decrease compared to Medical Paid Losses (Col 5) ___ on the prior year call. Please correct the data.

iii. **ACTUARIAL EDITS - COMPARING CALL #15 TO OTHER FINANCIAL DATA INCENTIVE PROGRAM CALLS**

	<b>Edit Description</b>
<b>466</b>	Section #1, Policy Year ___, Column (XX) ___ should be less than or equal to Call #1, Policy Year ___, Column (XX) ___. Please correct the data.
<b>467</b>	Section #2, Policy Year ___, Column (XX) ___ should be less than or equal to Call #8, Policy Year ___, Column (XX) ___. Please correct the data.
<b>468</b>	Section #3, Policy Year ___, Column (XX) ___ should be less than or equal to Call #9, Policy Year ___, Column (XX) ___. Please correct the data.
<b>469</b>	Section #4, Policy Year ___, Column (XX) ___ should be less than or equal to Call #12, Policy Year ___, Column (XX) ___. Please correct the data.