

WORKERS COMPENSATION EXPERIENCE RATING



Risk Name:

Risk ID:

Rating Effective Date: 11/08/2011

Production Date: 08/22/2011

State: FLORIDA

State	Wt	SRP	Exp Excess Losses	Expected Losses	Exp Prim Losses	Act Exc Losses	Ballast	Act Inc Losses	Act Prim Losses
FL	.20	0	160,943	201,706	40,763	242,991	36,000	273,556	30,565
(A) Wt	(B)	(C) Exp Excess Losses (D - E)	(D) Expected Losses	(E) Exp Prim Losses	(F) Act Exc Losses (H - I)	(G) Ballast	(H) Act Inc Losses	(I) Act Prim Losses	
.20		160,943	201,706	40,763	242,991	36,000	273,556	30,565	

Primary Losses		Stabilizing Value		Ratable Excess		Totals
Actual	(I) 30,565	C * (1 - A) + G 164,754		(A) * (F) 48,598		(J) 243,917
Expected	(E) 40,763	C * (1 - A) + G 164,754		(A) * (C) 32,189		(K) 237,706
	ARAP	FLARAP	SARAP	MAARAP	Exp Mod	
Factors		1.04			(J) / (K) 1.03	

RATING REFLECTS A DECREASE OF 70% MEDICAL ONLY PRIMARY AND EXCESS LOSS DOLLARS WHERE ERA IS APPLIED.

Carrier: 31321 - 001 Policy: _____ Eff-Date: 11/08/2010 Exp-Date: 11/08/2011

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WORKERS COMPENSATION EXPERIENCE RATING



Risk Name:

Risk ID:

Rating Effective Date: 11/08/2011

Production Date: 08/22/2011

State: FLORIDA

09-FLORIDA

Firm ID:

Firm Name:

Carrier: 34169

Policy No.:

Eff Date:

11/08/2009

Exp Date:

11/08/2010

Code	ELR	D-Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
0930	ADDITIONAL PREMIUM			0	0	886793	5	F	5,515	5,000
8380	1.16	.20	4,984,908	57,825	11,565	NO. 12	6	*	7,829	7,829
8748	.25	.20	5,627,958	14,070	2,814	907202	6	F	3,930	3,930
8810	.10	.22	4,509,984	4,510	992					
9765	WORKPLACE SAFETY C			-1,528	-307					
9807	ADDITIONAL PREMIUM			0	0					
9841	DRUG FREE CREDIT			-3,744	-753					
Policy Total:			15,122,850	Subject Premium:				210,906	Total Act Inc Losses:	17,274

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* Total by Policy Year of all cases \$2000 or less.
C Catastrophic Loss

D Disease Loss
E Employers Liability Loss

X Ex-Medical Coverage
Limited Loss

U USL&HW

WORKERS COMPENSATION EXPERIENCE RATING



Risk Name: _____

Risk ID: _____

Rating Effective Date: 11/08/2011

Production Date: 08/22/2011

State: FLORIDA

09-FLORIDA

Firm ID: _____ Firm Name: _____

Carrier: 34169

Policy No. _____

Eff Date: 11/08/2007

Exp Date: 11/08/2008

Code	ELR	D-Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
0930	ADDITIONAL PREMIUM			0	0	791720	3	F	46,441	5,000
8380	1.16	.20	1,516,023	17,586	3,517	NO. 10	6	*	6,748	6,748
8380	1.16	.20	2,282,299	26,475	5,295	813701	6	F	2,124	2,124
8393	1.05	.22	351,110	3,687	811					
8393	1.05	.22	405,627	4,259	937					
8748	.25	.20	1,426,786	3,567	713					
8748	.25	.20	2,189,237	5,473	1,095					
8810	.10	.22	2,288,278	2,288	503					
8810	.10	.22	3,033,711	3,034	667					
9765	WORKPLACE SAFETY C			-863	-176					
9765	WORKPLACE SAFETY C			-465	-95					
9807	ADDITIONAL PREMIUM			0	0					
9807	ADDITIONAL PREMIUM			0	0					
9841	DRUG FREE CREDIT			-2,113	-431					
9841	DRUG FREE CREDIT			-1,139	-232					
Policy Total:				13,493,071	Subject Premium:	265,406	Total Act Inc Losses:		55,313	

09-FLORIDA

Firm ID: _____ Firm Name: _____

Carrier: 34169

Policy No. _____

Eff Date: 11/08/2008

Exp Date: 11/08/2009

Code	ELR	D-Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
0930	ADDITIONAL PREMIUM			0	0	863185	5	F	1,528	1,528
8380	1.16	.20	4,896,265	56,797	11,359	853996	5	O	34,809	5,000
8748	.25	.20	4,865,785	12,164	2,433	NO. 12	6	*	6,658	6,658
8810	.10	.22	4,920,501	4,921	1,083	872319	6	F	2,837	2,837
9765	WORKPLACE SAFETY C			-1,478	-298	844154	9	F	176,226	5,000
9807	ADDITIONAL PREMIUM			0	0					
9841	DRUG FREE CREDIT			-3,620	-729					
Policy Total:				14,682,551	Subject Premium:	256,241	Total Act Inc Losses:		222,058	

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