

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No			
Insured's Name:										F.E.I.N.		Pending File No.					
Insured's Address:																	
Mod. Effective Date	Rate Effective Date	Policy Conditions						Policy Type ID			Deduct Type	Deduct Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use
		3 YR. F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	Type Cov.	Plan Ind	Non Std						

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type				
																Act	Type	Recv	Clm	Settl						
S U B J E C T	Upd Type						Upd Type	Social Security Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
A F T E R S T D	Upd Type	A. Total Subject Premium					Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type				
N O T S B J	Upd Type	B. Experience Mod (XX.XXX)					Upd Type	Social Security Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
G.	Upd Type	C. Total Modified Premium					Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type				
D.	Upd Type	Total Standard Exposure		Total Standard Premium		Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
E.	Upd Type					Upd Type	Social Security Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
F.	Upd Type					Upd Type	Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Reserved For Future Use			ALAE Paid			ALAE Incurred						
H.	Upd Type					Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
I.	Upd Type					Upd Type	Social Security Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
J.	Upd Type					Upd Type	Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Reserved For Future Use			ALAE Paid			ALAE Incurred						
K.	Upd Type	LOSS TOTALS																								
L.	Upd Type					Upd Type	Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use			Total Paid Indemnity	Total Paid Medical											