UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No.	Corr. No	Corr. Type	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Page No	Last Page No

Insured's Name:

Insured's Address:

Mod. Effective Date	Rate Effective Date	For Carrier Use	For Bureau Use

EXPOSURE INFORMATION

	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount
CODES SUBJECT						
		A. Total Subject Premium				
		B. Experience Mod (XX.XXX)				
		C. Total Modified Premium				
NOT SBJ		D.				
		E.				
		F.				
	G.			Total Standard Exposure		Total Standard Premium
AFTER STD		H.	006	Premium Discount Amount		
		I.	0900	Expense Constant Amount		
		J.				
		K.				
		L.				

LOSS INFORMATION

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			
		Part	Nature	Cause													
Upd																	
		Part	Nature	Cause													
Upd																	
		Part	Nature	Cause													
Upd																	
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Upd																	
		Part	Nature	Cause													
Upd																	
		Part	Nature	Cause													
Upd																	

LOSS TOTALS

Total No. Claims	Total Incurred Indemnity	Total Incurred Medical