

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:										T.P.E / F.E.I.N. →									
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct Type	Deduct Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use
		3 YR. F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std							

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S U B J E C T	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						
							Social Security Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical							
							Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Reserved For Future Use	ALAE Paid	ALAE Incurred												
							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			
							Social Security Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical							
							Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Reserved For Future Use	ALAE Paid	ALAE Incurred												
							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			
							Social Security Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical							
							Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Reserved For Future Use	ALAE Paid	ALAE Incurred												
							A. Total Subject Premium																	
							B. Experience Mod (XX.XXX)																	
							C. Total Modified Premium																	
							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			
							Social Security Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical							
							Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Reserved For Future Use	ALAE Paid	ALAE Incurred												
							D.																	
							E.																	
							F.																	
							G.	Total Standard Exposure	Total Standard Premium															
							Social Security Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical							
							Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Reserved For Future Use	ALAE Paid	ALAE Incurred												
							H. 006_	Premium Discount Amount																
							I. 0900	Expense Constant Amount																
							J.																	
							K.																	
							L.																	
							LOSS TOTALS																	
							Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical											
							Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use	Total ALAE Paid	Total ALAE Incurred													