



COMPENSATION RATING AND INSPECTION BUREAU

60 PARK PLACE
NEWARK, NEW JERSEY 07102
(973) 622-6014

PAUL G. WITKO
Executive Director

November 17, 2020

STATISTICAL CIRCULAR #129

To: All Bureau Members and Subscribers

Re: Statistical Plan Changes

The Commissioner of Banking and Insurance has approved amendments to the New Jersey Statistical Plan, which is found in Part Three, Section 13 (or 3:13) of the New Jersey Workers Compensation and Employers Liability Insurance Manual (Manual). The changes set forth in this Statistical Circular Letter, issued concurrently with [Circular Letter #1996](#) and [Manual Amendment Bulletin #502](#) are effective January 1, 2021 on a new and renewal basis.

Experience Rating Reporting Requirements

Amend 3:13-75, -78, and -81 to clarify the timing of required corrections to assure the processing of experience rating revisions when there are changes in payrolls or specific development of losses and to require application of revised experience modifications to affected policies.

Accident Date Definition

Amend 3:13-36 to remove the reference to date of death in the definition of Accident Date.

Employers Liability Increased Limits for Domestic Servant Classifications

Amend 3:13-26a, -31, and -87 to add reference to statistical code 6197. Code 6197 is added to capture the \$1 charge for Domestic Servant insureds electing to increase their Employers Liability limits to 500,000/500,000/500,000.

All changes to the Manual rules are attached.

Paul G. Witko
Executive Director

PGW:njl
Att.

Effective January 1, 2021

report. There cannot be more than one exposure record per unit for any classification code with the same manual/charged rate, exposure coverage act code, experience modification, rate effective date and modification effective date.

23. Exposures—Payroll Rated Risks. Exposures reported shall be audited payrolls, even on minimum premium policies, except in the following cases:

- (a) Instances where an audit is impracticable. Reports of this type shall always be accompanied by an explanation.
- (b) Instances where by reason of circumstances beyond the carrier's control, final audit has not been made up to the time of filing report. In such cases, exposure reported shall include audited payroll for periods audited, and estimated payroll for unaudited periods, and shall be the payroll on which the premium reported is based. The report shall be replaced by a final audit without further request, as soon as audited payrolls are available.
- (c) On policies where the experience modification has been changed subsequent to the inception date of the policy because of a change of the rating effective date or for any other reason, the exposure affected shall be appropriately separated as of the effective date of the change.
- (d) On policies or unit reports where no exposure has developed. In such cases the New Jersey governing class and its manual rate from the policy Information Page shall be reported.

Note: Report all exposures to the nearest dollar, counting fifty cents and over as an extra dollar.

24. Uninsured Subcontractors. Where experience for uninsured subcontractors has been included on the experience report of a contractor, the payrolls, rates and premiums of each such subcontractor shall be reported in accordance with the Manual Rules (3:3-45).

25. Manual Rate. Report the rate actually charged that is effective as of the reported Rate Effective Date per unit of exposure for each classification code.

26. Classification Codes Subject to Experience Modification. All New Jersey business classifications and the following New Jersey statistical code numbers are subject to experience modification and shall be reported with the approved experience modification factor:

- 0998 Premium resulting from flat increase on outstanding policies due to Law Amendment (3:13-32)
- 6199 Additional Premium for Increased Limits Charges Part Two Coverage—Other

than Maritime/ FELA (3:13-31a)

- 6198 Additional Premium For Increased Limits Charges Part Two Coverage—Maritime/FELA (3:13-31b)
- 9848 Additional Premium required to meet Part Two Coverage—Other than Maritime/FELA Minimum Charge (3:13-31a)

- (a) Where two or three modifications have been approved for the policy period being reported, the second and third experience modifications, exposures, rates and premiums affected by them shall be shown on separate split periods.

★ **26a. Classification Codes Not Subject to Experience Modification but Included in Total Standard Premium.** The following New Jersey statistical code numbers are not subject to experience modification and the reported premiums are included in the "Total Standard Premium":

- 0931 Short Rate Penalty (3:13-33)
- 0990 Additional Premium to Equal Policy Minimum Premium (3:13-29a)
- 0910, 0913 Incidental Per Capita Premium (3:13-28)
- 6197 Additional Premium for Increased Limits Charges Part Two Coverage—Domestic Servant Classes
- 9849 Premium to Equal Admiralty/FELA Minimum Premium (3:13-29b)
- 9874 Premium Reduction Resulting from the Application of an Approved Managed Care Program (3:13-34F)
- 9046 Premium Credit resulting from the NJ Construction Classification Premium Adjustment Program (3:13-34G)
- 9887 Premium Credit resulting from the Schedule Rating Plan (3:13-34J)
- 9889 Premium Debit resulting from the Schedule Rating Plan (3:13-34K)

27. Non Standard Classification Codes. The premium reported for the following New Jersey statistical code numbers are not subject to experience modification and are not included in the "Total Standard Premium".

- 0063/0064 Premium Discount (3:13-30)
- 0900 Expense Constant (3:13-34)
- 0935 Second Injury Fund Surcharge (3:13-34A)
- 0936 Uninsured Employers Fund Surcharge (3:13-34A)

Effective January 1, 2021

- 0937 Rejection of Voluntary Offer Surcharge (3:13-34D) - Applicable only to policies effective prior to July 1, 2013.
- 0942 Plan Premium Adjustment Program (3:13-34B)
 - 0945 Retrospective Rating Program (3:13-34C)
 - 9663 Deductible Premium Credit Amount (3:13-34E).
 - 9740 Terrorism Premium Charge (3:13-34H)
 - 9741 Catastrophe (Other than Certified Acts of Terrorism) Premium Charge (3:13-34I)
 - 9757 Audit Noncompliance Charge (3:13-34L)

28. Per Capita Classification—Incidental Experience. Incidental per capita premium on all risks shall be reported using Codes 0910 and 0913.

29. Minimum Premium.

- (a) Other than Maritime or FELA

Where the earned premium including the expense constant, is less than the minimum premium, the additional premium necessary to make up the minimum premium shall be reported under statistical code number 0990.

Where only the expense constant premium or the policy minimum premium is shown, the governing code that underlies the policy shall be reported.

On interstate policies, where the minimum premium has been collected in another State, the earned premium must be reported on the basis of the audited New Jersey payrolls.

- (b) Maritime or FELA

Where earned standard premium is developed under Maritime or FELA classifications and where such premium together with any Maritime or FELA increased limits charge (Code 6198) is less than the stipulated Maritime or FELA minimum premium cited in 3:6-14 of the Manual, the additional premium required to equal such separate minimum premium shall be reported under statistical code number 9849.

30. Premium Discount. Premium discount applied in accordance with 3:3-74 through 79 of this Manual shall be reported. Where discounts are applied, the amount of discount shall be assigned to statistical code number 0063 for Schedule Y discounts, or to statistical code number 0064 for Schedule X discounts.

★ **31. Premium Charges for Part II**

- (a) Other than Maritime or FELA

Whenever limits of Part Two Coverage are higher than the provided Standard Limits, the additional policy premium charge based on the increase percentage for the higher limits shall be reported under code numbers 6199 or 6197 (for Domestic Servant Classes). In those cases where the calculated charge is less than the minimum charge for the selected limits, the additional premium required to balance to such minimum charge, shall be assigned to statistical code number 9848.

- (b) Maritime or FELA

Whenever limits of Part Two Coverage higher than the Standard Limits are provided the additional policy premium charge based on the increase percentage for the higher limits shall be assigned to statistical code number 6198.

32. Additional Premium Resulting from Flat Increase on Outstanding Policies.

For policies where the effect of a law amendment has been applied during the term of a policy as a flat increase on total premium for the unexpired portion, the additional aggregate premium resulting from the flat increase shall be reported on a manual rate basis prior to application of any experience modification and shall be assigned to Code 0998. The exposure and manual rate shall be reported as zero.

33. Cancellation—Pro Rata or Short Rate. Where policies are cancelled prior to normal expiration, the effective date of cancellation shall be reported as the "Expiration Date." Where a policy is cancelled short rate in accordance with 3:3-80 of this Manual the actual payroll, rate and premium shall be reported without adjustment. The additional premium obtained by application of the short rate cancellation table is the short rate penalty premium which shall be assigned to statistical code number 0931.

34. Expense Constant. The New Jersey expense constant premium determined in accordance with 3:3-57 through 60 of this Manual shall be assigned to statistical code 0900.

34a. Surcharges. The Second Injury Fund and Uninsured Employers Fund surcharges shall be reported and identified as 0935 and 0936, respectively. The charges are determined by the application of the appropriate surcharge rate to the **modified** premium as described in **3:3-56** of this Manual.

34b. Premium Resulting from the Application of the Plan Premium Adjustment Program. The additional premium resulting from the application of the Plan Premium Adjustment Program in accordance with

Effective January 1, 2021

3:14-8, subparagraph 13, of this Manual shall be assigned to Statistical Code (0942).

34c. Retrospective Rating Premium for Risks Electing Retrospective Rating. The Retrospective Rating premium for policies written in accordance with 3:12 of this Manual shall be assigned to Statistical Code (0945). Carriers shall report Retrospective Rating Premium for New Jersey workers compensation and employers liability policies only.

34d. New Jersey Workers Compensation Insurance Plan Surcharge. For policies effective prior to July 1, 2013, the rejection of a voluntary coverage offer of insurance by an Employer insured in the New Jersey Workers Compensation Insurance Plan is subject to a surcharge of 15% of the standard premium. Such surcharge shall be assigned to Statistical Code (0937).

34e. Deductible Premium Credit Amount. Report the premium credit amount (standard premium - deductible premium) resulting from the application of the Large Risk—Large Deductible Program in accordance with 3:10-A of the Manual shall be assigned to statistical code (9663).

34f. Approved Managed Care Premium Reduction. The premium reduction resulting from the application of a managed care program in accordance with 3:10B of this Manual shall be assigned to Statistical Code (9874).

34g. NJCCPAP Premium Credit Amount. Premium credit resulting from the application of the NJ Construction Classification Premium Adjustment Program in accordance with 3:8-8 of this Manual shall be assigned to statistical code (9046).

34h. Terrorism Premium Charge. The premium resulting from the application of the Terrorism rate in accordance with 3:9 of this Manual shall be assigned to statistical code (9740).

34i. Catastrophe (Other than Certified Acts of Terrorism) Premium Charge. The premium resulting from the application of the Catastrophe (other than Certified Acts of Terrorism) rate in accordance with 3:9 of the Manual shall be assigned to statistical code (9741).

34j. Schedule Rating Premium Credit. The premium credit resulting from the application of the Schedule Rating Plan in 3:10C of this Manual shall be assigned to statistical code (9887).

34k. Schedule Rating Premium Debit. The premium debit resulting from the application of the Schedule Rating Plan in 3:10C of this Manual shall be assigned to statistical code (9889).

34l. Audit Noncompliance Charge. The premium

resulting from application of the Audit Noncompliance Charge in accordance with 3:3-85 of this Manual shall be assigned to statistical code (9757).

Identification and Definition of Claims

35. Claim Number. Each claim on which any indemnity has been incurred shall be reported individually and identified by an alpha/numeric number that uniquely identifies the specific claim. Each medical only claim from policies effective on or after January 1, 2013, or from a policy effective prior to January 1, 2013 which is either open or exceeds \$500, shall be reported individually and identified by an alpha/numeric number that uniquely identifies the specific claim.

The complete claim number must remain the same throughout the life of the claim.

★ **36. Accident Date.** Except as noted below, the month, day and year on which the accident occurred shall be reported for each individual claim.

In cases involving disease the claim shall be assigned to the latest policy year during which there was exposure by the employee.

The date of the accident shall fall within the policy period. The format for the date is YY MM DD.

37. Class to Which Accident is Assigned. The code number to which the particular claim has been assigned shall be reported. In this connection it shall be observed that no claims shall be charged to a classification for which no exposure is reported.

In cases where losses have been incurred under the benefits of a state other than where the payroll is assigned the claim shall be assigned to the state where the payroll is assigned identifying the claim as stipulated in 3:13-54.

38. Type of Injury Coding. Report the 2-digit code which identifies the type of benefits that are paid or expected to be paid:

- 01 - Death
- 02 - Permanent Total Disability
- 03 - Major Permanent Partial Disability
- 04 - Minor Permanent Partial Disability
- 05 - Temporary Total Disability
- 06 - Non-Compensable Medical Claims
(also known as Medical Only Claims)

39. Death. The amount reported for indemnity shall include all paid and outstanding benefits as of the valuation date including burial expenses subject to statutory minimum and maximum rates. Any compensation paid to the deceased prior to the death shall also be included. Do not enter as a Death case any case where it has been established that the company has no liability for the death.

Effective January 1, 2021

58. Occupation Description. Report a narrative description of the regular occupation of the injured worker.

59. Paid Indemnity. Report the whole dollar amount of paid indemnity for the claim as of the loss valuation date. These losses consist of all paid benefits due to an employee's lost wages or inability to work, including compensation paid to a deceased prior to death, burial expense, claimant's attorney fees, vocational rehabilitation benefits, payments to the state and employers liability losses and expenses.

Note: ALAE for other than employers liability coverage must be excluded from indemnity losses.

60. Paid Medical. Report the whole dollar amount of medical losses paid for the claim as of the loss valuation date.

61. Claimant's Attorney Fees. Report the whole dollar amount paid plus outstanding reserves for claimant's legal representation during the settlement of the claim as of the loss valuation date.

62. Employer's Attorney Fees. Report the whole dollar amount paid plus outstanding reserves for employer's legal representation during the settlement of the claim as of the loss valuation date. This field is to be reported at the option of the carrier.

63. Weekly Wage. Report the actual weekly wage amount at the date of the injury upon which the indemnity benefits are based. Report whole dollars only. This field is to be reported at the option of the carrier.

64. ALAE Paid. Report the whole dollar amount of loss adjustment expense allocated and paid by an insurance company when handling a claim as of the loss valuation date.

65. ALAE Incurred. Report the whole dollar amount of loss adjustment expense allocated and paid or reserved by an insurance company when handling a claim as of the loss valuation date. This field is to be reported at the option of the carrier, but is required when ALAE Paid is reported.

66. Total Paid Indemnity. Report the total of the paid indemnity amounts reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.

67. Total Paid Medical. Report the total of the paid medical amounts reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.

68. Total Claimant's Attorney Fees. Report the total of the incurred claimant's attorney fees reported for

the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.

69. Total Employer's Attorney Fees. Report the total of the incurred employer's attorney fees reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total. This field is to be reported at the option of the carrier.

70. Total ALAE Paid. Report the total of paid ALAE reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.

71. Total ALAE Incurred. Report the total of the incurred ALAE reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total. This field is to be reported at the option of the carrier, but is required when Total ALAE Paid is reported.

72. Employers Liability Loss Adjustment Expenses. Employers liability losses include allocated loss adjustment expenses, as defined in 47 (a) above. The entire amount of losses and allocated loss adjustment expenses shall be reported as incurred losses on the unit report.

73. Join Coverage Claims. Where two or more carriers are called upon to contribute to the compensation payment either because they insured the co-employers of the injured employee or because the several carriers have issued duplicate coverage to the same employer, the accident shall be reported by each carrier as a single occurrence and the net amount for which the reporting carrier is held liable shall be reported in the appropriate field. A letter shall be submitted covering each such claim, indicating the names of all carriers contributing toward the total loss payments incurred.

74. Lump Sum Settlements. Where a claim is closed by the payment of a lump sum representing the discounted or commuted value of a specific award or benefit, the actual loss payment shall be reported.

★ **75. Subrogation.** A recovery action in which losses incurred by a carrier due to the injury of an employee are reimbursed either in part or in whole by a third party. For all claims where recovery is obtained include each claim at a figure equal to the net liability incurred; provided, however, that where the entire cost of any claim is recovered, the claim shall not be reported. When a subrogation recovery is received by the carrier subsequent to the first reporting of the claim, a correction report must be filed reducing the incurred cost on the claim by the amount of the subrogation recovery received. Such reporting shall be promptly filed, without delay, no later than forty-five days after knowledge of the claim development.

Effective January 1, 2021

The net liability incurred shall be determined by deducting from the gross incurred cost, prior to recovery, the amount recovered (and/or credit actually allowed against unpaid amounts) through subrogation less any claim expense incurred in obtaining such recovery. The net liability incurred shall be apportioned to indemnity and medical in the same proportion as the gross incurred cost. See below:

SAMPLE SUBROGATION CALCULATION

	Total	Indemnity	Percent	Medical	Percent
Gross Incurred	\$15,140	\$12,613	83%	\$2,527	17%
Subrogation Received					
Recovery Amount	\$3,785				
Future Credit**	\$9,625				
Gross Recovery	\$13,410				
Claim Expense	\$295				
Net Recovery	\$13,115				
Net Cost***	\$2,025	\$1,681		\$344	

Revised Reports

76. Replacements Reports—Where Required.

Replacement reports can only be filed if the status of the unit report being replaced is "Rejected". Report an "R" in the Replacement Report Code field to identify the new report as a replacement report being submitted in response to a unit report that has been rejected.

77. Subsequent Reports—Where Required.

Subsequent reports shall be filed in accordance with the schedule in 3:13-7 of this Manual for each policy where any open claim was previously reported or where there are any previously unreported or reopened claims or where there is any other change in the valuation of claims. Where a claim was previously reported as a separate item and identified with a claim number, it is necessary to continue to report subsequent developments on an individual claim number basis notwithstanding the fact that the claim may have been closed for medical only. Under no circumstances shall a claim from a policy effective prior to January 1, 2013, once individually identified, be included in subsequent reports, in the aggregate medical only item.

- ★ **78. Corrections—Where Required.** Correction reports shall be promptly filed without delay whenever there is an error of any kind on a report previously filed, whether such error is discovered by the carrier or by the Rating Bureau.

Where the exposure previously reported has been

changed because the previous report was estimated, or by a re-audit or any other adjustment affecting code numbers, payrolls or premiums, a correction report shall be promptly filed without delay, no later than forty-five days after the exposure has been updated showing the code numbers on which there has been a change as well as the total payroll and premium for all code numbers.

It shall not be permissible to revise values because of developments in the nature of injury between two valuation dates, except for the following conditions:

- If loss values are included or excluded through mistake other than error of judgment, or
If loss values are included, and
- The claimant has recovered in an action against a third party, provided the reported net loss is less than the total incurred loss previously used in the rating, or
- A claim has been officially dismissed by judicial or appropriate departmental ruling (1) as non-compensable or (2) for lack of prosecution where the statute of limitations has expired, or
- The statute of limitations has expired and the claim has been closed with no payment other than medical.
- A settlement has been approved in accordance with N.J.S.A. 34:15-20 of the New Jersey Workers' Compensation Law where the issue involves question of jurisdiction, disability, causal relationship or dependency of the petitioner.
- A claim valued on a life pension basis is settled on a basis other than a life pension.
- A claim should have been reported with Catastrophe Number 12. The reporting shall allow for its elimination. For a definition of losses included under Catastrophe Number 12, see 3:13-55 of this Manual.

Where the loss previously reported has changed due to any of the above conditions, a correction report shall be promptly filed, without delay, no later than forty-five days after knowledge of the claim development.

79. Revised Reports—Preparation of USR. A standard (previous and revised) procedure is available for the preparation of revised reports. This procedure requires the appropriate Update Type designations.

80. Update Type. Report the one-position alphabetic code that identifies the reporting subsequent or correction activity of an exposure or loss record.

* Value of the claim had there been no recovery.

** Future credits are the credits against outstanding payments that would otherwise have had to be made if there were no subrogation recovery. This credit cannot exceed the amount of the outstanding payments.

*** The division of the net cost between indemnity and medical is to be reported on the correction Unit Report.

Effective January 1, 2021

P—Previous

R—Revised

- ★ **81. Revised Reports—Preparation of USR.** Revised reports shall include the items which were previously reported and the corresponding revised items.

- (a) **Exposures and Losses.** Where there is a change in any of the data previously reported for a particular exposure, individual claim or grouped medical losses, the corrected report shall indicate both changed and unchanged elements for the associated exposure or loss.

- (i) **Additions.** To add a new exposure, individual claim or grouped medical losses, all applicable data elements are to be reported along with an "R" in the update type element.

- (ii) **Deletions.** To eliminate exposure and loss information the following key data elements must be reported along with a "P" in the update type element:

- existing exposure.—class code, coverage (ACT) code and split period code.
- individual claim.—claim number, accident date and class code.
- grouped medical losses.—class code, injury type, loss conditions (ACT).

- (iii) **Changes.** To change an existing exposure, individual claim or grouped medical losses, both "P" and "R" update type elements along with their appropriate data elements are to be reported.

- (b) **Totals.** The revised risk totals are required.

- (c) **Experience Modification.** If the revision involves a change in the experience modification, it shall be necessary to report all of the data, previously reported as well as revised, for each manual code affected by the modification change including the manual, modified and total premium amounts. Such data shall be promptly reported, without delay, no later than forty-five days after the experience rating process date.

82. Policy Information (Header) Changes.

Changes involving link key-data elements of the unit statistical report's Information Page section (Carrier Code No, Policy No, Effective Date of Policy) are to be made through a Header (corr-Type H) correction by reporting all revised link key-data elements, and all previous link key-data elements in the associated data fields.

Changes involving non link key-data elements such as expiration date policy conditions etc. are also to be made via Header (corr-Type H) corrections. The changed non link key-data elements along with all other unchanged link and non link key-data elements shall be reported.

Special Rules and Procedures

83. Experience Rating. Individual risk experience to be used in ratings pursuant to 3:11 of this Manual shall be valued and filed in accordance with the Schedule contained in 3:13-7.

84. Reserved for Future Use.

85. Three Year Policies.

- (a) **Multiple Year Policies.** Multiple year policies written in accordance with 3:3-11 of this Manual shall be considered as separate units of twelve months or less, each of which shall be reported in accordance with the regular rules of this Section.

86. United States Longshore and Harbor Workers Compensation Act.

- (a) **Code Numbers Where Rates Include U.S. Coverage.** In filing experience on such code numbers (those followed by the letter "F" in the Manual), the exposures and premiums shall be reported in accordance with the general provisions of this Manual.

The exposures and incurred claims which are chargeable to the United States Longshore and Harbor Workers' Compensation Act shall be identified in accordance with the instructions set forth in 3:13-53A of this Manual.

- (b) **Code Numbers Where Rates Do Not Include U.S. Coverage.** All experience chargeable to the United States Longshore and Harbor Workers' Compensation Act, including exposure, premiums and losses, shall be reported under the appropriate class code number. The Manual rates for such experience shall be reported in accordance with 2:1-4.

Furthermore, all experience chargeable thereto shall be identified in accordance with the instructions set forth in 3:13-21 and 3:13-53A of this Manual.

87. Summary of Special Statistical Plan Code Numbers. (The reference in parentheses, following each code number, refers to the rule of this Manual governing the use of the code number.)

0063—Schedule Y Premium Discount (3:13-30)

0064—Schedule X Premium Discount (3:13-30)

Effective January 1, 2021

Tables and Examples

88. Tables and Illustrations.

Injury Description Code Table

Table A (State) Surviving Spouse's Pension Table

Table B (USL) Surviving Spouse's Pension Table

Table C (USL) Present Value of Remarriage Dowry

Table D (State) Pension Table (other than Surviving Spouse's) — Male

Table D (USL) Pension Table (other than Surviving Spouse's) — Male

Table E (State) Pension Table (other than Surviving Spouse's) — Female

Table E (USL) Pension Table (other than Surviving Spouse's) — Female

Table F (USL) Present Value of Survivorship Benefits

0900—Expense Constant—All classifications (3:13-34)

0931—Short Rate Penalty Premium (3:13-33)

0935—Second Injury Fund Surcharge (3:13-34A)

0936—Uninsured Employers Fund Surcharge (3:13-34A)

0937—New Jersey Workers Compensation Insurance Plan Surcharge for employers rejecting voluntary coverage (3:13-34D) - Applicable only to policies effective prior to July 1, 2013.

0942—Premium Resulting from the Application of the Plan Premium Adjustment Program [3:14-8(13)]

0945—Retrospective Rating Premium for Risks Electing New Jersey Retrospective Rating (3:12)

0990—Additional Premium to equal policy Minimum Premium (3:13-29a)

0998—For reporting premium resulting from flat increase for law amendment on aggregate premium earned on outstanding policies after effective date of amendment (3:13-32)

★ 6197—Additional Premium for Increased Limits Under Part Two Coverage—Domestic Servant Class (3:13-31a)

6198—Additional Premium for Increased Limits Under Part Two Coverage—Admiralty/FELA (3:13-31b)

6199—Additional Premium for Increased Limits Under Part Two Coverage—Other than Admiralty/FELA (3:13-31a)

9046—Premium Credit amount resulting from the application of the N.J. Construction Classification Premium Adjustment Program (3:13-34G).

9663—Premium Credit amount for Large Deductible Coverage (3:13-34E) which is to be applied after mod.

9740—Premium for Terrorism (3:13-34H)

9741—Premium for Catastrophe (Other than Certified Acts of Terrorism) (3:13-34I)

9848—Additional Premium to equal increased limits Part Two minimum charge—Other than Admiralty/FELA (3:13-31a)

9849—Additional Premium to equal minimum premium for Admiralty/FELA Coverage (3:13-29b)

9874—Premium reduction resulting from the application of an Approved Managed Care Program (3:13-34F)

9887—Premium credit resulting from the application of the Schedule Rating Plan (3:13-34J)

9889—Premium debit resulting from the application of the Schedule Rating Plan (3:13-34K)

9757—Premium resulting from the Audit Noncompliance Charge (3:13-34L)