Workers' Compensation Experience Rating Form

Bureau Number
Effective Date
Issue Date
Experience Modification
Insurer
Insurer Group
Policy Number
Issuing Office
Experience Period

Page

Summary of Payroll and Expected Losses

Class Code	Payroll	Expected Loss Rate per $100 Payroll	Expected Losses	D-Ratio	Expected Primary Losses	Expected Excess Losses

Summary of Claims and Actual Losses

Claim Number	Injury Type/ # of Claims	Open/ Closed	Actual Losses	Actual Primary Losses	Actual Excess Losses

Experience Period Totals

Expected Losses	Expected Primary Losses	Expected Excess Losses
A	B	C

# of Claims	Actual Losses	Actual Primary Losses	Actual Excess Losses
		D	E

Credible Primary Loss

[(Total Actual Primary Losses (D) x Credibility Primary) + (Total Expected Primary Losses (B) x (1 – Credibility Primary))]

D ____ x ____ + B ____ x ____

Credible Excess Loss

+ [(Total Actual Excess Losses (E) x Credibility Excess) + (Total Expected Excess Losses (C) x (1 – Credibility Excess))] = Total Adjusted Losses / Total Expected Losses (A)

E ____ x ____ + C ____ x ____ = ____ / A ____

Loss-Free Rating:

= Experience Modification ____