PCRB

PENNSYLVANIA
Compensation Rating Bureau

January 31, 2024

To All Members of the PCRB:

Re: **FINANCIAL DATA INCENTIVE PROGRAM**

With the approval of the Governing Board, a Financial Data Incentive Program (FDIP) will apply to selected Pennsylvania financial data submissions of 2023 experience to be reported during 2024. This continues PCRB practice each year since the FDIP's initial implementation in 1996.

The FDIP for 2023 experience covers the following data submissions:

> Acknowledgement Form
> Statutory Page 14
> Policy Year Call #1
> Large Claim Call #4
> Net (As Written) Large Deductible Call #8
> Gross (First Dollar) Large Deductible Call #9
> Calendar Year Expense Call #14
> Catastrophe Experience Call #15
> Schedule W

For purposes of the FDIP and Financial Data Manager (FDM), the term "Schedule W" refers to, and includes, Schedule W Parts A-1 and A-5. The term "Schedule W – Coal" refers to, and includes, Schedule W Parts A-2, A-3, A-4, B-2, B-3, B-4, C-2, C-3 and C-4.

The most significant changes to the program are as summarized below:

- Calls #1, 8 and 9 will now collect underwriting experience for 30 full policy years (1993-2022) and for the incomplete Policy Year 2023 valued as of December 31, 2023. Experience for all policy years prior to 1993 will be accumulated and shown as one line in the Call. Note that experience for Policy Year 1991 and all policy years prior to 1991 was shown separately as of December 31, 2021, and experience for those lines will be combined for proper reporting of data as of December 31, 2022.

  For the remaining Calls, the expansion will continue each year until 30 full policy years, along with the incomplete policy year associated with the current reporting year, are captured.

Additional changes have been made to the FDIP for 2023 experience in the interest of clarity and to reflect mechanical changes in the Call forms to which the FDIP applies.

The most significant aspects of the program are as summarized below:

- All Calls, Forms and Schedule W must be submitted through the FDM which is an Internet-based system for the capture of Financial Data.

- For <u>late reporting</u> purposes, the Acknowledgment Form, Statutory Page 14, Calls #1, #4, #8, #9, #14, #15 and Schedule W will be assessed on a per call basis.

- An assessment of $100 per business day per call will be imposed for late submissions. Imposition of late submission charges could be applied for submission of calls after the due date, failure of Preliminary Edits and incomplete submissions. Late submission assessments will be subject to a cumulative maximum of $20,000.

- For <u>edit</u> purposes, Calls #1, #4, #8, #9, #14, #15, Schedule W and Statutory Page 14 will be assessed on a per call basis.

- Preliminary edits are criteria that apply to all Forms, Calls and Schedule Ws and are prerequisites to the PCRB's processing of a carrier's submission. Failure of one or more preliminary edits will subject a company to assessments for timeliness and/or completeness according to the $100 per day Late Submission Assessment described above. Major sources of preliminary edit errors are incomplete pages and failed validation errors without explanations that may impede the processing of the Forms, Calls and Schedule Ws.

- Data Quality Edits are primarily validation checks that identify conditions that can only occur as the result of an error or omission and can be determined based on a comparison of data elements on one or more statistical calls. Edits also verify the reasonableness of data reported. Major sources of edit errors are incorrect calculation or careless data entry. Most edits are contained within the FDM and must be run by the carrier prior to submission. If edits are not resolved and/or satisfactorily explained at the time of submission, carriers will be notified of those errors in a criticism letter.

- <u>Data Quality</u> errors will be subject to a Financial Data Error Assessment Schedule which will include a flat fee component and a component which reflects a carrier's market share. The assessment schedule applies for a maximum period of 55 business days with the fine for the first ten business days equaling zero (in effect providing a ten-day grace period).

- For Calls #1, #4, #8, #9, #14, #15, Schedule W and Statutory Page 14, all resubmissions received after the due date will be subject to a $100 per call charge.

- Data call submissions that are missing, inaccurate, incomplete or not verifiable that lead to the PCRB determination that the carrier's data should be excluded from the annual loss cost filing will be placed in the Remediation Plan.

- Total FDIP assessments for a carrier or group of carriers will be subject to a maximum of 50 percent of the carrier's Annual Statement Pennsylvania Workers Compensation Direct Written Premium for the calendar year <u>immediately preceding</u> the data reportable in the latest Calls.

- If a carrier group elects to submit separate Calls for individual carriers within their group or to submit separate Calls for subsets of the carriers comprising their entire group, each separate Call submission will be treated separately for all purposes of the FDIP. Thus, carriers are encouraged to consider potential ramifications of the FDIP in deciding on the basis (carrier, group or subgroup) to be used in reporting their data.

- Incomplete resubmissions and/or responses (i.e., those which do not address all failed edits or inquiries previously identified by the PCRB) or resubmissions and/or responses, which can be determined based on a cursory review not to satisfy the failed edits or inquiries previously identified by the PCRB, will not stop the accrual of assessments from the date of the previous PCRB notice letter.

- **Due Dates:**

  The Acknowledgement Form is due to be reported on or before March 15, 2024 and the Statutory Page 14 is due to be reported on or before April 1, 2024. All other Pennsylvania submissions are due on or before April 15, 2024.

A complete updated copy of the 2023 FDIP is enclosed and may also be accessed via the PCRB's website at www.pcrb.com.

William V. Taylor
President

2023 FDIP PA covermemo.doc

PENNSYLVANIA COMPENSATION RATING BUREAU
FINANCIAL DATA INCENTIVE PROGRAM

I. INTRODUCTION

For Calls received in 2024, the PCRB is again applying the Financial Data Incentive Program (FDIP). This continues PCRB practice each year since the FDIP's initial implementation in 1996. This program recognizes the critical importance of the PCRB receiving quality financial data on time so that it can be used in support of filings made with the Pennsylvania Insurance Department. In addition, this program is intended to more equitably allocate costs associated with late or inaccurate data submission to the PCRB.

In order to assist carriers in reporting their financial data in a timely and accurate manner, the PCRB will require that all carriers report Forms, Calls and Schedule W using the Financial Data Manager (FDM). The FDM is an Internet-based system that allows carriers to enter, edit and submit Forms, Calls and Schedule W interactively. The FDM provides carriers with immediate feedback for failed edits and provides carriers with a central record of all data submitted.

II. APPLICATION

The FDIP will apply to the following Forms, Financial Calls and the Schedule W, all of which are reportable within the FDM.

Name	Due Date
Acknowledgement Form	March 15, 2024
Statutory Page 14	April 1, 2024
Policy Year Call #1	April 15, 2024
Large Claim Call #4	April 15, 2024
Net (As Written) Large Deductible Call #8	April 15, 2024
Gross (1st Dollar) Large Deductible Call #9	April 15, 2024
Calendar Year Expense Call #14	April 15, 2024
Catastrophe Experience Call #15	April 15, 2024
Schedule W	April 15, 2024
Schedule W – Constraints Affecting Unpaid Claims Estimates*	April 15, 2024
Schedule W – Coal	April 15, 2024

Schedule W – Constraints Affecting Unpaid Claims Estimates must be submitted as a "PDF" file via the FDM.

For purposes of the FDIP and FDM, the term "Schedule W PA S" refers to, and includes, Schedule W Parts A-1, , and A-5,. The term "Schedule W PA C" refers to, and includes Schedule "W" Parts A-2, A-3, and A-4..

For purposes of determining fees for late submission, resubmissions and data errors, Calls #1, #4, #8, #9, #14, #15 and Schedule W, Acknowledgement Form and Statutory Page 14 will each be treated as separate entities. The Acknowledgement Form will not be subject to error assessments or resubmission fees. The *Schedule W – Constraints Affecting Unpaid Claims Estimates* and Schedule W PA C will not be subject to late fees, error assessments or resubmission fees within the FDIP. The Coal Mine Compensation Rating Bureau of Pennsylvania and the Pennsylvania Insurance Department will have access to the *Schedule W – Constraints Affecting Unpaid Claims Estimates* and the Schedule W PA C within the FDM. Those organizations, and not the PCRB, will be responsible for editing, carrier contact and incentive charges, if any, with regard to *Schedule W – Constraints Affecting Unpaid Claims Estimates* and Schedule W PA C.

III. GENERAL INFORMATION

Under the program, the PCRB will levy assessments on carriers for Forms, Financial Calls and Schedule Ws that are not transmitted via the FDM on or before the required due date(s). There will be no extensions granted for any reason. Also, assessments will be levied on carriers for errors detected on submitted Financial Calls and Schedule Ws. In addition, any resubmission of data within the Calls, Schedule W or Statutory Page 14 after the due date, whether requested or submitted on a voluntary basis, will carry an assessment charge. Note the resubmission of data is recorded by the PCRB based on the actual date received as recorded within the FDM.

All correspondence should be emailed to Gianna Piacentino Browne, Supervisor Financial Reporting at gpiacentino@pcrb.com or mailed to:

> Pennsylvania Compensation Rating Bureau
> Attention: Financial Data Reporting Department
> 30 South 17th Street – Suite 1500
> Philadelphia, PA 19103-4007

All carriers must have a completed FDIP/FDM Designation of Contact Person Form filed with the PCRB. The Contact Person acts as a contact between his/her employer, the Bureaus and the Pennsylvania Insurance Department. This is designed to help coordinate and accomplish timely and accurate submission of financial data for all carriers. The Bureaus will provide this information to the Department so that all parties are aware of the appropriate contact for your group.

A new member will be emailed a link and code to access our Correspondence Manager. Once logged on, the carrier should complete the Financial Data Call Designation of Contact Person Form with all contact information. The form should then be electronically signed, dated and saved. The contact person does not have to be responsible for filling out financial calls or the Pennsylvania Schedule W. However, they will be responsible for seeing that calls and Pennsylvania Schedule W are submitted on a timely basis, securing responses to questions posed by either the Bureaus or the Department with respect to their group's financial calls or Pennsylvania Schedule W and for communication regarding the FDIP including payment of any assessments levied against their company. Existing Bureau members will be contacted annually for updating of the form. If at any other time a carrier needs to change the Designated Contact Person (DCP) information, they should contact the Bureaus at Financial Data Reporting at (215) 568-2371 so that the form can be re-opened for updates.

IV. GROUP REPORTING

As noted in the instructions for the various Calls, carriers have the option of reporting their data on a group basis or an individual carrier basis. Schedule W, *Schedule W – Constraints Affecting Unpaid Claims Estimates* and Schedule W – Coal, must be reported on the same basis as is used for reporting data on PCRB Call #1.

The FDIP and its attendant assessments will be applied in the same manner as the data is reported. Thus, assessments will be levied on a group basis if the data is reported on a group basis. Likewise, assessments will be levied on an individual carrier basis if the data is reported on an individual carrier basis.

Carriers are advised to consider the potential costs associated with individual versus group reporting as related to assessments under the FDIP.

V. PROCEDURES

A. Timeliness

1. General

   Assessments for late submissions will be governed by the required due date for the particular Form, Call and Schedule W. If the carrier's FDM submission is not received on or before the required date due, that particular submission will be considered late, and assessments will accrue until the data is submitted. *Schedule W – Constraints Affecting Unpaid Claims Estimates* and Schedule W – Coal will not be subject to late submission fees within the FDIP.

   The FDM automatically logs all submission dates and retains the dates as proof of submission. The PCRB will refer to the Call List display within the FDM to verify submission dates when calculating late fees. When submitting information including correspondence to the PCRB, it is the carrier's responsibility to retain all receipts for proof of mailing (i.e., certified mail with return receipt, FDM Call submission receipts, etc.) to support its case in the event of a carrier appeal.

2. Assessments -- Original Submissions and Completeness

   Calls #1, #4, #8, #9, #14, #15 and Schedule W, Acknowledgement Form and Statutory Page 14 will be treated as separate entities for purposes of levying assessments.

   ASSESSMENTS FOR TIMELINESS WILL CONSIST OF A PER DAY AMOUNT AS FOLLOWS:

   Late fee of $100 per business day per call up to 100 days, subject to a maximum total of $20,000 in late submission assessments. Business days will exclude Saturdays, Sundays, and generally recognized holidays.

   Calls that are submitted without all the sections completed (including responses for all failed validation errors) will be considered late and subject to the same late fee of $100 per day per call.

   Partial submissions will not be considered in determining assessments for completeness, and the date that the completed submission is received will be considered the receipt date for purposes of the FDIP fees for late submissions.

3. Assessments -- Resubmissions

   The resubmissions of Calls #1, #4, #8, #9, #14, #15, Schedule W and Statutory Page 14 will be subject to a $100 fee per call per submission, whether requested or submitted on a voluntary basis. Each resubmission sent will be subject to this charge. The Acknowledgement Form, *Schedule W – Constraints Affecting Unpaid Claims Estimates* and Schedule W – Coal will not be subject to resubmission fees within the FDIP. No quality edit assessments will be applied to any data corrected by a voluntary resubmission received before the carrier is advised of the edit failure by the PCRB, but the flat resubmission rate of $100 will still be applicable.

4. Remediation Plan

   Data call submissions that are missing, inaccurate, incomplete or not verifiable may lead to the PCRB determination that the carrier's data should be excluded from the annual loss cost filing. An

insurer whose data is excluded from the annual loss cost filing pursuant to this provision is placed in the Remediation Plan and is subject to the following:

Representatives of the carrier's senior management shall be required to meet with the PCRB staff, no later than 30 calendar days following submission of the annual loss cost filing to explain the carrier's failure to submit reliable data calls. No later than 30 calendar days after the date of the meeting, the carrier shall submit to the PCRB a remediation plan, which will lead to restoration of the insurer's data reporting accuracy to an acceptable level.

The remediation plan shall include:
1. an explanation of the insurer's failure to submit accurate, complete and verifiable data;
2. the process to be used by the insurer to remedy its data reporting deficiencies;
3. the specific timeframes for resolving the data reporting deficiencies and submitting accurate, complete and verifiable data;
4. the procedures to be undertaken by the insurer to validate the accuracy of the data;
5. a list of the data calls required to be submitted; and
6. an agreement that the insurer shall pay all assessments levied pursuant to this section within 30 calendar days of the date of the invoice.

The Insurance Department will be notified of all carrier's placed in the Remediation Plan.

If a carrier is placed in the Remediation Plan, a charge of $5,000 per carrier will assessed in addition to fees associated with lateness, resubmission and data quality assessments.

B. Quality

General

Assessments for the quality of data submitted will be based on two levels of editing.

a. Preliminary Edits -- Preliminary edits are criteria that apply to all Forms, Calls and Schedule Ws and are prerequisites to the PCRB's processing of a carrier's submission. Failure of one or more preliminary edits will subject a company to assessments for timeliness and/or completeness according to the $250 per day Late Submission Assessment described above. Major sources of preliminary edit errors are incomplete pages and failed validation errors without explanations that may impede the processing of the Forms, Calls and Schedule Ws.

b. Data Quality Edits. Edits are primarily validation checks that identify conditions that can only occur as the result of an error or omission and can be determined based on a comparison of data elements on one or more statistical calls. Edits also verify the reasonableness of data reported. Major sources of edit errors are incorrect calculation or careless data entry. Most edits are contained within the FDM and must be run by the carrier prior to submission. If edits are not resolved and/or satisfactorily explained at the time of submission, carriers will be notified of those errors in a criticism letter.

Additional edits not contained within the FDM edit process will be performed by the PCRB. Those edits will generally focus on unusual reporting patterns and will also be brought to the carrier's attention in a criticism letter.

Assessments for data quality errors will be charged according to the Financial Data Error Assessment Schedule. This schedule includes a flat fee component and a component which reflects a carrier's market share (rounded to one decimal place - for example 3.45 percent would be rounded to 3.5 percent). The assessment schedule applies for a maximum period of 55 business days.

Carriers will be notified regarding the quality of their submissions via an email to the carrier appointed contact person. The results will also be posted in the FDM application. The notification will indicate whether there are no outstanding issues or if there are failed edits that need to be addressed.

It is the carriers' responsibility to update the carrier contact person so that notifications are delivered to the correct recipient in a timely manner. The PCRB will send a Contact Person form email each year for carriers to verify and/or update the contact information.

All Delaware carriers will be notified initially between March 15th and April 30th and Pennsylvania carriers will be notified between May 1st and July 15th. Once the carrier has received notification of the failed edits which will be considered the first business day after the date of the email, each subsequent day will generate charges according to the Assessment Schedule until such time as the carrier submits accurate revisions to its Data Calls.

The PCRB will issue a reminder email, sent via email to the carrier appointed contact person and again thru the FDM application, no later than 21 business days after the initial failed edit letter has been sent if the PCRB receives no response from a carrier. Apart from that single reminder letter, the PCRB will not initiate additional interim contacts with a carrier during the time that the carrier is responsible for working to provide explanations and/or corrections for failed edits and/or inquiries. It is the carrier's responsibility to be aware that assessment days and fines are accruing and that explanations and/or resubmissions are required as soon as possible.

Carriers are reminded that changes to one Call may well have an impact on other Calls, reconciliation pages and Schedule W. The FDM edit process will be helpful in identifying those situations; however, it is the carrier's responsibility to be mindful of such situations and make all corrections as appropriate.

Upon receipt of resubmissions, the PCRB will edit the carrier's data. If errors are found to continue and/or new problems are created, notification by email to the carrier appointed contact person and thru the FDM application will again be made to the carrier, and assessments will again be invoked. For assessment purposes, the count of business days without revision will start where it had left off upon the PCRB's receipt of the prior resubmission. For example, assume a carrier submits a revision on the 15th day after notification by the PCRB and incurs assessments corresponding to 15 business days on the Assessment Schedule. If that carrier is subsequently notified of continuing errors by the PCRB, the Assessment Schedule will apply beginning at the 16th business day.

If a carrier's response, in the form of a resubmission and/or explanation, to a criticism letter is found to be incomplete, i.e., it does not address all failed edits or inquiries identified by the PCRB, or if the carrier advises the PCRB that they are continuing to work on resolving a failed edit(s), the carrier will continue to be assessed from the date of receipt of the PCRB's previous failed edit inquiry letter. In the latter case, as previously noted, the PCRB will not initiate additional interim contacts with the carrier during the time that the carrier is responsible for

working to provide explanations and/or corrections for failed edits and/or inquiries. It is the carrier's responsibility to be aware that assessment days and fines are accruing and that explanations and/or resubmissions are required as soon as possible.

Resubmissions and/or explanations which, upon a cursory review by the PCRB, do not satisfy our requirements will not be accepted, and incentive charges will continue to accrue until a complete resubmission is provided.

For a response to be considered satisfactory, a carrier should describe the relevant factors that caused the condition in question. Asserting the accuracy of the reported data without written detail will not be considered a satisfactory response. Explanations that merely identify the source of the error without correcting the error condition will also not be considered acceptable.

The PCRB may require resubmission by the carrier of experience for the prior calendar year period to be consistent with changes or corrections in response to basic and/or actuarial edit criteria which are reflected in the most recent experience. When such resubmission is required, the PCRB's request shall be of like standing with any other correction and/or explanation required under terms of the FDIP.

Note: *Schedule W – Constraints Affecting Unpaid Claims Estimates* and Schedule W – Coal will not be subject to assessments for issues relating to the quality of the data submitted within the FDIP.

C. Maximum Assessment

All assessments in total are subject to a maximum of 50 percent of the second prior Calendar Year Direct Net Written Premium per the Statutory Page 14 of the Annual Statement. In the event that application of the Assessment Schedule as set forth herein produces indicated assessments in excess of such amount, the maximum assessment will apply. For example, during the 2023 processing of 2022 data, a carrier's 2021 Direct Written Premiums will be used to determine the maximum allowable assessment.

VI. COLLECTION OF ASSESSMENTS

When the entire editing process has been completed, a summary of assessments according to our records will be mailed to each carrier. The amount assessed will be due upon receipt.

VII. APPEAL PROCEDURES

A. Appeal

Carriers will have 31 days after receipt of the PCRB's notice of assessments to appeal the propriety of any assessments.

Any appeal of assessment must be made in writing and must set forth all factors which the carrier wishes to be considered in review of the appeal. Appeals must be emailed to Gianna Piacentino Browne Financial Data Reporting at gpiacentino@PCRB.com or mailed to:

Pennsylvania Compensation Rating Bureau
<u>Financial Data Reporting Department</u> – FDIP Appeals
30 South 17th Street – Suite 1500
Philadelphia, PA 19103-4007

Facsimile submission of appeals may be made to the above addressee at (215) 564-4328.

Appeals of lateness charges should be supported by documentation showing the date received at the PCRB as evidence of timely submission of the Call or submission of the Call fewer days late than assessed. Submission dates will automatically be tracked within the FDM.

Appeals of quality edit charges should be supported by an explanation of why the submission was correct and/or adequately explained and documentation that such explanation was submitted in a timely manner.

Documentation for the timing of submissions by carriers could include certified mail return receipts, signed and returned PCRB transmittal letters, etc., although submissions will generally be
tracked within the FDM.

Appeals will be reviewed by PCRB staff and management, and carriers will be advised in writing of the PCRB's final decision in appeals within 31 days after the carrier's receipt of the acknowledgment by the PCRB. In the event that a carrier remains dissatisfied with the PCRB's final decision, the carrier has 31 days after the receipt of the PCRB's final decision letter to request a hearing in the matter before the PCRB's Governing Board. The carrier's original appeal and the PCRB's final decision letter will be submitted to the Governing Board for review, and the carrier and PCRB staff will be given an opportunity to present their positions and answer questions from the Governing Board. Appeals will be scheduled at the next regular executive session of the Governing Board which occurs 20 or more days after the PCRB receives notice that the carrier wishes to appeal a final decision to the Governing Board.

B. Acknowledgment

The PCRB will send a letter acknowledging the appeal of an assessment within 14 days of receipt by the PCRB.

C. Response

Within 31 days of acknowledgment, the PCRB will respond to the carrier's appeal with an explanation of the reasons for affirming, modifying or withdrawing the assessment charges. If the assessment is subject to further review, the carrier will be so notified.

VIII. EDIT DESCRIPTIONS

Attached for general reference are data quality edit descriptions. This list is provided to assist the carriers in identifying common types of edit failures. It should be noted that the edit descriptions are not all-inclusive. There may be other types of data problems which could result in the carrier filing a revision and incurring assessments.

PENNSYLVANIA COMPENSATION RATING BUREAU

FINANCIAL DATA ERROR ASSESSMENT SCHEDULE

Effective for December 31, 2023 Calls

Business Day After Due Date	Flat Amount		Market Share Factor *	
	Daily	Cumulative	Daily	Cumulative
1	0	0	0	0
2	0	0	0	0
3	0	0	0	0
4	0	0	0	0
5	0	0	0	0
6	0	0	0	0
7	0	0	0	0
8	0	0	0	0
9	0	0	0	0
10	0	0	0	0
11	500	500	3,000	3,000
12	500	1,000	3,000	6,000
13	500	1,500	3,000	9,000
14	500	2,000	3,000	12,000
15	500	2,500	3,000	15,000
16	500	3,000	3,000	18,000
17	500	3,500	3,000	21,000
18	500	4,000	3,000	24,000
19	500	4,500	3,000	27,000
20	500	5,000	3,000	30,000
21	750	5,750	3,000	33,000
22	750	6,500	3,000	36,000
23	750	7,250	3,000	39,000
24	750	8,000	3,000	42,000
25	750	8,750	3,000	45,000
26	750	9,500	3,000	48,000
27	750	10,250	3,000	51,000
28	750	11,000	3,000	54,000
29	750	11,750	3,000	57,000
30	750	12,500	3,000	60,000
31	1,000	13,500	3,000	63,000
32	1,000	14,500	3,000	66,000
33	1,000	15,500	3,000	69,000
34	1,000	16,500	3,000	72,000
35	1,000	17,500	3,000	75,000
36	1,000	18,500	3,000	78,000
37	1,000	19,500	3,000	81,000
38	1,000	20,500	3,000	84,000
39	1,000	21,500	3,000	87,000
40	1,000	22,500	3,000	90,000
41	1,000	23,500	3,000	93,000
42	1,000	24,500	3,000	96,000
43	1,000	25,500	3,000	99,000
44	1,000	26,500	3,000	102,000
45	1,000	27,500	3,000	105,000
46	1,000	28,500	3,000	108,000
47	1,000	29,500	3,000	111,000
48	1,000	30,500	3,000	114,000
49	1,000	31,500	3,000	117,000
50	1,000	32,500	3,000	120,000
51	1,000	33,500	3,000	123,000
52	1,000	34,500	3,000	126,000
53	1,000	35,500	3,000	129,000
54	1,000	36,500	3,000	132,000
55	1,000	37,500	3,000	135,000

* Factor to be applied to carrier's market share. For example, a carrier with a 12.3% market share would multiply the above factor by 0.123.

1/31/2024

PENNSYLVANIA COMPENSATION RATING BUREAU
FINANCIAL DATA ERROR ASSESSMENT SCHEDULE
Effective for December 31, 2023 Calls

Business	**Example: Market Share 1%**			**Example: Market Share 5 %**		
Day After	Cumulative Assessment			Cumulative Assessment		
Due Date	Flat Amount	Market Share	Total Assessment	Flat Amount	Market Share	Total Assessment
1	0	0	0	0	0	0
2	0	0	0	0	0	0
3	0	0	0	0	0	0
4	0	0	0	0	0	0
5	0	0	0	0	0	0
6	0	0	0	0	0	0
7	0	0	0	0	0	0
8	0	0	0	0	0	0
9	0	0	0	0	0	0
10	0	0	0	0	0	0
11	500	30	530	500	150	650
12	1,000	60	1,060	1,000	300	1,300
13	1,500	90	1,590	1,500	450	1,950
14	2,000	120	2,120	2,000	600	2,600
15	2,500	150	2,650	2,500	750	3,250
16	3,000	180	3,180	3,000	900	3,900
17	3,500	210	3,710	3,500	1,050	4,550
18	4,000	240	4,240	4,000	1,200	5,200
19	4,500	270	4,770	4,500	1,350	5,850
20	5,000	300	5,300	5,000	1,500	6,500
21	5,750	330	6,080	5,750	1,650	7,400
22	6,500	360	6,860	6,500	1,800	8,300
23	7,250	390	7,640	7,250	1,950	9,200
24	8,000	420	8,420	8,000	2,100	10,100
25	8,750	450	9,200	8,750	2,250	11,000
26	9,500	480	9,980	9,500	2,400	11,900
27	10,250	510	10,760	10,250	2,550	12,800
28	11,000	540	11,540	11,000	2,700	13,700
29	11,750	570	12,320	11,750	2,850	14,600
30	12,500	600	13,100	12,500	3,000	15,500
31	13,500	630	14,130	13,500	3,150	16,650
32	14,500	660	15,160	14,500	3,300	17,800
33	15,500	690	16,190	15,500	3,450	18,950
34	16,500	720	17,220	16,500	3,600	20,100
35	17,500	750	18,250	17,500	3,750	21,250
36	18,500	780	19,280	18,500	3,900	22,400
37	19,500	810	20,310	19,500	4,050	23,550
38	20,500	840	21,340	20,500	4,200	24,700
39	21,500	870	22,370	21,500	4,350	25,850
40	22,500	900	23,400	22,500	4,500	27,000
41	23,500	930	24,430	23,500	4,650	28,150
42	24,500	960	25,460	24,500	4,800	29,300
43	25,500	990	26,490	25,500	4,950	30,450
44	26,500	1,020	27,520	26,500	5,100	31,600
45	27,500	1,050	28,550	27,500	5,250	32,750
46	28,500	1,080	29,580	28,500	5,400	33,900
47	29,500	1,110	30,610	29,500	5,550	35,050
48	30,500	1,140	31,640	30,500	5,700	36,200
49	31,500	1,170	32,670	31,500	5,850	37,350
50	32,500	1,200	33,700	32,500	6,000	38,500
51	33,500	1,230	34,730	33,500	6,150	39,650
52	34,500	1,260	35,760	34,500	6,300	40,800
53	35,500	1,290	36,790	35,500	6,450	41,950
54	36,500	1,320	37,820	36,500	6,600	43,100
55	37,500	1,350	38,850	37,500	6,750	44,250

PA Call 1 - Policy Year Call

Validation Id	Message
71	The value reported for Call #1, Section #3, Line (12), Standard At Bureau DSR Level (Col 1) should equal the value reported for Call #2, Section #1, Line (4). The difference is ___. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
72	The value reported for Call #1, Section #3, Net Earned Premium Line (12), (Col 2) should equal the value reported for Call #2, Section #1, Line (2). The difference is ____. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
73	The value reported for Call #1, Section #3, Line (9), Terrorism Standard At Bureau DSR Level (Col 1) should equal the value reported for Call #2, Section #1, The Premium Adjustment for Terrorism - Standard Basis, Line (5E). The difference is ____. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
74	The value reported for Call #1, Section #3, Line (9), Terrorism Net Earned Premium (Col 2) should equal the value reported for Call #2, Section #1, Premium Adjustment for Terrorism - Net Basis, Line (5F). The difference is _____. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
75	The value reported for Call #1, Section #3, Line (10), Catastrophe - Standard At Bureau DSR Level (Col 1) should equal the value reported for Call #2, Section #1, Premium Adjustment for Catastrophe - Standard Basis, Line (5G). The difference is _____. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
76	The value reported for Call #1, Section #3, Line (10), Catastrophe Net Earned Premium (Col 2) should equal the value reported for Call #2, Section #1, Premium Adjustment for Catastrophe - Net Basis, Line (5H). The difference is _____. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
77	The value reported for Call #1, Section #3, Line (2), Standard At Bureau DSR Level (Col 1) should equal the value reported for Call #8, Standard At Bureau DSR Level (Col 1), Line (Z). The difference is _____. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
78	The value reported for Call #1, Section #3, Line (2), Net Earned Premium (Col 2) should equal the value reported for Call #8, Net Premium (Col 3), Line (Z). The difference is _____. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
79	The value reported for Call #1, Section #3, Line (2), Incurred Losses (Col 3) should equal the value reported for Call #8, Total Incurred Losses Including IBNR (Col 7), Line (Z). The difference is _____. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
80	If Net Earned Premium is reported, Section #3, Line (12), (Col 2), then the amount reported on Section #3, Line (9), Terrorism Net Earned Premium (Col 2) should not equal zero. Please correct the data.
81	If Net Earned Premium is reported, Section #3, Line (12), (Col 2), then the amount reported on Section #3, Line (9), Terrorism Standard at Bureau DSR Level (Col 1) should not equal zero. Please correct the data.
82	The ratio of [Section #3, Line (9), Terrorism Net Earned Premium (Col 2)] / [Section #3, Line (12), Net Earned Premium (Col 2)] 0 / 0 does not fall within the interval (0.00 - 0.05) . If the data is correct, provide a detailed explanation regarding the relationship between the columns.
83	The ratio of [Section #3, Line (10), Catastrophe Net Earned Premium (Col 2)] / [Section #3, Line (12), Net Earned Premium (Col 2)] 0 / 0 does not fall within the interval (0.00 - 0.05) . If the data is correct, provide a detailed explanation regarding the relationship between the columns.
84	When reporting Terrorism premium greater than zero, generally, Terrorism Standard at Bureau DSR Level, Section #3, Line (9), (Col 1) should not equal Terrorism Net Earned Premium, Section #3, Line (9), (Col 2). If the data is correct, provide a detailed explanation regarding the relationship between the columns.
85	When reporting Catastrophe premium greater than zero, generally, Catastrophe Standard at Bureau DSR Level, Section #3, Line (10), (Col 1) should not equal Catastrophe Net Earned Premium, Section #3, Line (10), (Col 2). If the data is correct, provide a detailed explanation regarding the relationship between the columns.
86	If Net Earned Premium is reported on Section #3, Line (12), (Col 2) then the amount reported on Section #3, Line (10), Catastrophe Net Earned Premium (Col 2) should not equal zero. If the data is correct, provide a detailed explanation regarding the relationship between the columns.

87	If Net Earned Premium is reported on Section #3, Line (12), (Col 2) then the amount reported on Section #3, Line (10), Catastrophe Standard at Bureau DSR Level (Col 1) should not equal zero. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
113	Call #1, Section #3, Line (2), Standard at Bureau DSR Level (Col 1) should equal Call #8, Line (Z), Standard at Bureau DSR Level (Col 1). The difference is _____. Please correct the data or provide an explanation.
114	Call #1, Section #3, Line (2), Net Earned Premium (Col 2) should equal Call #8, Line (Z), Net Premium (Col 3). The difference is _____. Please correct the data or provide an explanation.
115	Call #1, Section #3, Line (2), Incurred Losses (Col 3) should equal Call #8, Line (Z), Total Incurred Losses Including IBNR (Col 7). The difference is _____. Please correct the data or provide an explanation.
116	The difference between Call #1, Section #3, Line (12), Net Earned Premium (Col 2) and Pennsylvania Statutory Page 14, Net Earned Premium (Col 2) is not between (5,000) and 5,000. Please correct the data or provide an explanation.
117	The difference between Call #1, Section #3, Line (12), Incurred Losses (Col 3) and Pennsylvania Statutory Page 14, Incurred Losses (Col 6) is not between (5,000) and 5,000. Please correct the data or provide an explanation.
118	The difference between Call #1, Section #3, Line (12), Net Earned Premium (Col 2) and Delaware Statutory Page 14, Net Earned Premium (Col 2) is not between (5,000) and 5,000. Please correct the data or provide an explanation.
119	The difference between Call #1, Section #3, Line (12), Incurred Losses (Col 3) and Delaware Statutory Page 14, Incurred Losses (Col 6) is not between (5,000) and 5,000. Please correct the data or provide an explanation.
192	Policy Year XXXX Net Earned Premium reported in (Col 3) is greater than $250,000 without any Incurred Losses (Col 7). Please verify that there are no losses for this policy year and if necessary, send corrections. [Applicable to all policy years]
193	Policy Year XXXX Medical Incurred reported (Col 10+12+14) is greater than $250,000 without any Indemnity Incurred Losses (Col 9+11+13). Please verify that all losses are medical only and if necessary, send corrections. [Applicable to all policy years]
194	Policy Year XXXX Indemnity Incurred reported (Col 9+11+13) is greater than $250,000 without any Medical Incurred Losses (Col 10+12+14). Please verify that no medical losses are associated with these indemnity claims and if necessary, send corrections. [Applicable to all policy years]
202	The sum of Closed Indemnity Claim Counts (Col 19) and Open Indemnity Claim Counts (Col 20) must be equal to Incurred Indemnity Claim Counts (Col 8) for Policy Year 2007. The difference is _____. Please correct the data.
214	Policy Year XXXX, when Bulk is reported in "Outstanding" (Question #1B), Indemnity Case and Bulk reserves (Col 15+16) must be equal to Indemnity Outstanding Excluding IBNR (Col 11). Please correct the data.
215	Policy Year XXXX, when Bulk is reported in "Outstanding" (Question #1B), Medical Case and Bulk reserves (Col 17+18) must be equal to Medical Outstanding Excluding IBNR (Col 12). Please correct the data.
216	Policy Year XXXX, if you do not report Bulk (Question #1A) or when Bulk is reported in IBNR (Question #1B), Case and Bulk reserves (Col 15, 16, 17 and 18), Column (15) should not be reported. Please correct the data.
217	Policy Year XXXX. When Bulk is reported in "Outstanding" (Question #1B) and outstanding reserves exist (cols 11 + 12), then Indemnity Bulk (Col 16) or Medical Bulk (Col 18) should be reported. Please correct the data.
218	Policy Year XXXX. If Total Incurred Losses Including IBNR (Col 7) are reported then Standard at Bureau DSR Level (Col 1), Standard at Company Level (Col 2) and Net Premium (Col 3) must be reported. Please correct the data.
219	Policy Year XXXX. If Indemnity Paid (Col 9) or Indemnity Outstanding Excluding IBNR (Col 11) are reported, then Incurred Indemnity Claim Count (Col 8) must be reported. Please correct the data.
220	Policy Year XXXX. If Indemnity Paid (Col 9) and Indemnity Outstanding Excluding IBNR (Col 11) are equal to zero, then Incurred Indemnity Claim Count (Col 8) should be equal to zero. Please correct the data.
221	Policy Year XXXX. If Closed Indemnity Claim Counts (Col 19) are reported, then Indemnity Paid (Col 9) must be reported. Please correct the data.
222	Policy Year XXXX. If Open Indemnity Claim Counts (Col 20) are reported, then Indemnity Outstanding Excluding IBNR (Col 11) should be reported. Please correct the data.
223	Policy Year XXXX. If Open Indemnity Claim Counts (Col 20) equals zero, then Indemnity Outstanding Excluding IBNR (Col 11) should be equal to zero unless Indemnity Outstanding Excluding IBNR (Col 11) is equal to Indemnity Bulk (Col 16). Please correct the data.
224	Policy Year XXXX. Indemnity Paid On Closed Claims (Col 21) must be less than or equal to Indemnity Paid (Col 9). The difference is 2. Please correct the data.

225	Policy Year XXXX. Medical Paid On Closed Claims (Col 22) must be less than or equal to Medical Paid (Col 10). The difference is ____. Please correct the data.
226	Column (1), Line (Y) from the current Policy Year Call must equal Column (1), Line (X) from the prior Policy Year Call. The difference is ____. Since your company is reporting a change from last year's valuation, please verify the accuracy of the data. If either report is incorrect, send a revised report. If it is correct, provide an explanation.
227	If the answer selected for Question #2 on the current year's call "No" does not equal the answer selected for the prior year's call "Yes - Only for Indemnity cases reserved on a tabular basis discounted at 3.5%", then the answer to Question #3 should be "Yes". Please verify your answers to questions on the current and prior year's calls.
256	The value for Standard At Bureau DSR Level, Standard At Company Level, Net premium or Total Incurred Losses Including IBNR (Col 1, 2, 3 or 7) for Policy Year XXXX, col (1) should not be equal to Line (Z) unless both values are equal to zero.
258	Policy Year Prior to 1992, if the value for Standard at Bureau DSR Level (Col 1) is greater than or equal to 500,000, then Standard at Bureau DSR Level (Col 1) and Standard at Company Level (Col 2) should not be equal to Net Premium (Col 3). If the data is correct, provide a detailed explanation regarding the relationship between the columns.
260	Policy Year XXXX, if the value for Standard at Bureau DSR Level (Col 1) is greater than or equal to 500,000, then Standard at Company Level (Col 2) divided by Net Premium (Col 3) should be between the range of (0.45 and 2.00). If the data is correct, provide a detailed explanation regarding the relationship between the columns.
262	Policy Year XXXX, if the value for Standard at Bureau DSR Level (Col 1) is greater than or equal to 500,000, then Standard at Bureau DSR Level (Col 1) divided by Net Premium (Col 3) should be between the range of (0.50 and 2.00). If the data is correct, provide a detailed explanation regarding the relationship between the columns.
264	The method of discounting reserves has changed from the prior year call.
269	Paid Losses (Col 4, 9, 10, 21 and 22) for the current valuation should generally not decrease from the prior valuation. Policy Year XXXX, Column 4 on the current Call decreases by more than 50,000 from the prior Policy Year Call. The difference is ____. Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data.
271	Policy Year XXXX, Premium reported Net Premium Earned on the current year call for Column 3, compared to the prior year call is greater than 50,000 but their ratio ____ falls outside the range of (0.99 and 1.01). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data.
273	Policy Year XXXX, Premium reported on the current year call for Column 1, compared to the prior year call is greater than 10,000, but their ratio ____ falls outside the range of (0.50 and 2.00). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data.
275	Policy Year XXXX, Total Paid + O/S excl IBNR (Col 4+5) of the current year call compared to the prior year call is greater than 200,000 but their ratio ____ falls outside the range. Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. NOTE: Range intervals vary by policy year
277	Policy Year XXXX, Indemnity Paid + O/S excl IBNR (Col 9+11) of the current year call compared to the prior year call is greater than 200,000 but their ratio ____ falls outside the range. Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. NOTE: Range intervals vary by policy year
279	Policy Year XXXX, Medical Paid + O/S excl IBNR (Col 10+12) of the current year call compared to the prior year call is greater than 200,000 but their ratio ____ falls outside the range. Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. NOTE: Range intervals vary by policy year
281	Policy Year XXXX, Indemnity Claim Counts (Col 8) of the current year call compared to the prior year call is greater than 10 and their ratio ____ falls outside the range. Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. NOTE: Range intervals vary by policy year
283	Policy Year XXXX, Total Paid (Col 4) of the current year call compared to the prior year call is greater than 200,000 but their ratio ____ falls outside the range. Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. NOTE: Range intervals vary by policy year

285	Policy Year XXXX, Indemnity Paid (Col 9) of the current year call compared to the prior year call is greater than 200,000 but their ratio ____ falls outside the range. Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. NOTE: Range intervals vary by policy year
287	Policy Year XXXX, Medical Paid (Col 10) of the current year call compared to the prior year call is greater than 200,000 but their ratio ____ falls outside the range. Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. NOTE: Range intervals vary by policy year
289	Policy Year XXXX Net Earned Premium (Col 3) was reported on last year's call but is not reported on this year's call. Please provide a correction and/or explanation for this unusual development of your data.
291	Policy Year XXXX Net Earned Premium (Col 3) is reported on this year's call but was not reported on last year's call. Please provide a correction and/or explanation for this unusual development of your data.
293	Policy Year XXXX Incurred Losses (Col 7) were reported on last year's call but are not reported on this year's call. Please provide a correction and/or explanation for this unusual development of your data.
295	Policy Year XXXX Incurred Losses (Col 7) are reported on this year's call but were not reported on last year's call. Please provide a correction and/or explanation for this unusual development of your data.
297	Policy Year XXXX Claim Counts (Col 8) are reported on this year's call but were not reported on last year's call. Please provide a correction and/or explanation for this unusual development of your data.
301	Policy Year XXXX Claim Counts (Col 8) were reported on last year's call but are not reported on this year's call. Please provide a correction and/or explanation for this unusual development of your data.
372	Policy Year XXXX, Indemnity Claim Counts (Col 8) of the current year call compared to the prior year call is greater than 10. Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data.
401	Call #1, Section #3, Line (4), Standard at Bureau DSR Level (Col 1) should equal Schedule W, Part A-1, Line (7). The difference is ____. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
403	Call #1, Section #3, Line (4), Net Premium (Col 2) should equal Schedule W, Part A-1, Line (5). The difference is ____. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
405	Call #1, Section #3, Line (4), Incurred Losses (Col 3) should equal Schedule W, Part A-1, Line (9C), Incurred Losses (Col 4). The difference is ____. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
407	Call #1, Section #3, Line (12), Standard at Bureau DSR Level (Col 1) should equal Schedule W, Part A-5, Line (7). The difference is ____. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
409	Call #1, Section #3, Line (12), Net Premium (Col 2) should equal Schedule W, Part A-5, Line (5). The difference is ____. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
411	Call #1, Section #3, Line (12), Incurred Losses (Col 3) should equal Schedule W, Part A-5, Line (9C), Incurred Losses (Col 4). The difference is ____. Verify the data on both reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
440	The value for Call #1, Column (1), the sum of Policy Years Prior to 1992 through 1993 must be greater than or equal to Call #12, Column (1), Policy Year Prior to 1994. Please correct the data or provide an explanation.
441	For PY 1994 and subsequent: The value for Call #1, Column (1), Policy Year XXXX, must be greater than or equal to Call #12, Column (1), Policy Year XXXX. Please correct the data or provide an explanation.
467	Policy Year XXXX. All data should be non-negative except for Bulk and IBNR Reserves (Col 6, 13, 14, 16 and 18) Column (22). Please correct the data.
477	Call 1 submitted (Year XXXX), but Schedule W Acknowledgement Questionnaire not completed. Please fill out the Schedule W questionnaire located at the bottom of the acknowledgment tab.
601	Policy Year XXXX. Net Premium (Col 3) is reported so Standard At Company Level (Col 2) must be greater than 0. Please update the data or provide an explanation.
603	Policy Year XXXX. Net Premium (Col 3) is reported so Standard at Bureau Designated Statistical Reporting Level (Col 1) must be greater than 0. Please update the data or provide an explanation.

PA Call 4 - Large Claim Experience by Policy Year

Validation Id	Message
28	Policy Year XXXX, Claim Number ____. Incurred Losses for prior valuation (Col 4+5+6+7) and/or current valuation (Col 8+9+10+11) must equal or be greater than 500,000. Verify the claim information reported. If incorrect, submit revised report. If correct, submit revised report as claim does not need to be reported.
29	Policy Year XXXX, Claim Number ____. Column (XX), All data reported should be greater than or equal to zero. Please correct the data.
30	Policy Year XXXX, Claim Number ____. Coverage Code (Col 13) must be a '1', '2', or '3'. Please correct the data.
31	Policy Year XXXX, Claim Number ____. If Coverage Code (Col 13) is a '3', then Deductible amount (Col 12) must be equal to or greater than 100,000. Please correct the data.
32	Policy Year XXXX, Claim Number ____. Indemnity Paid for current valuation (Col 8) should be equal to or greater than prior valuation (Col 4). Since this data is reported as an accumulated value, paid amounts normally should increase over time. Please correct the data or provide an explanation.
33	Policy Year XXXX, Claim Number ____. Medical Paid for current valuation (Col 10) should be equal to or greater than prior valuation (Col 6). Since this data is reported as an accumulated value, paid amounts normally should increase over time. Please correct the data or provide an explanation.
34	Policy Year XXXX, Claim Number ____. If the Deductible Amount (Col 12) 250,000 is greater than or equal to 100,000 then the Coverage Code (Col 13) should have a value of '3'. Please correct the data.
35	Policy Year XXXX, Claim Number ____. When the Policy Year does not equal the current call year, Incurred losses for prior valuation (Col 4+5+6+7) should be greater than zero. Please correct the data or provide an explanation.
36	Policy Year XXXX , Claim Number ____, if Incurred Losses (Col 4+5+6+7) on the present year Call is equal to or greater than 250,000, the same Incurred Losses should be reported (Col 8+9+10+11) on the prior year Call with the same Claim Number ____ (Col 2). Verify the data on both reports and submit revised report(s).
37	Policy Year XXXX , Claim Number ____, if Incurred Losses (Col 8+9+10+11) on the prior year Call is equal to or greater than 250,000, the same Incurred Losses should be reported (Col 4+5+6+7)on the present year Call with the same Claim Number ____ (Col 2). Verify the data on both reports and submit revised report(s).
38	Policy Year XXXX, Claim Number ____, if Incurred Losses (Col 4+5+6+7) on the present year Call 2023 is equal to or greater than 500,000, and the Claim Number (____) is the same in the prior year Call 2022, the Policy Year (XXXX) reported on the present year should be the same as the Policy Year (XXXX) reported on the prior year's. Verify the data on both reports and submit revised report(s).
39	Policy Year XXXX, Claim Number ____, if Incurred Losses (Col 4+5+6+7) on the present year Call 2023 is equal to or greater than 500,000, and the Claim Number (Col 2) is the same on the prior year Call 2022, the Deductible Amount (Col 12) of the present year should be the same as the prior year's. Verify the data on both reports and submit revised report(s).
40	Policy Year XXXX, Claim Number ____, if Incurred Losses (Col 8+9+10+11) on the prior year Call 2022 is equal to or greater than 500,000, and the Claim Number (Col 2) is the same on the present year Call 2023, the Deductible Amount (Col 12) of the prior year should be the same as the present year's. Verify the data on both reports and submit revised report(s).
41	Policy Year XXXX, Claim Number ____, if Incurred Losses (Col 4+5+6+7) on the present year Call 2023 is equal to or greater than 500,000, and the Claim Number (Col 2) is the same on the prior year Call 2022, the Coverage Code (Col 13) of the present year should be the same as the prior year's. Verify the data on both reports and submit revised report(s).
42	Policy Year XXXX, Claim Number ____, if Incurred Losses (Col 8+9+10+11) on the prior year Call 2022 is equal to or greater than 500,000, and the Claim Number (Col 2) is the same on the present year Call 2023, the Coverage Code (Col 13) of the prior year should be the same as the present year's. Verify the data on both reports and submit revised report(s).
43	There is a duplicate for Policy Year XXXX, Claim Number ____. Please correct the data.
44	There are multiple entries for Claim Number on the prior year Call for Policy Year XXXX and the Claim Number ____. Please note that other edits may not be able to run against this claim. Please correct the data.
45	Policy Year XXXX, Claim Number ____ has met the large claim Incurred Loss threshold of 250,000 (Col 4+5+6+7) and should be reported on a prior year Call #4. Please submit prior report(s) to include data for this claim.
46	The comparison of Call #4 to Call #1 failed at Policy Year XXXX. If Coverage Code '1' appears on the carrier summary report, Indemnity Paid (Col 8) must be equal to or less than Call #1, Indemnity Paid (Col 9) for that same policy year. Verify the data on both reports and submit revised report(s).

47	The comparison of Call #4 to Call #1 failed at Policy Year XXXX. If Coverage Code '1' appears on the carrier summary report, Indemnity Case Reserve (Col 9) must be equal to or less than Call #1, Indemnity Outstanding (Col 11) for that same policy year. Verify the data on both reports and submit revised report(s).
48	The comparison of Call #4 to Call #1 failed at Policy Year XXXX. If Coverage Code '1' appears on the carrier summary report, Medical Paid (Col 10) must be equal to or less than Call #1, Medical Paid (Col 10) for that same policy year. Verify the data on both reports and submit revised report(s).
49	The comparison of Call #4 to Call #1 failed at Policy Year XXXX. If Coverage Code '1' appears on the carrier summary report, Medical Case Reserve (Col 11) must be equal to or less than Call #1, Medical Outstanding (Col 12) for that same policy year. Verify the data on both reports and submit revised report(s).
50	The comparison of Call #4 to Call #9 failed at Policy Year XXXX. If Coverage Code '3' appears on the carrier summary report, Indemnity Paid (Col 8) must be equal to or less than Call #9, Indemnity Paid (Col 9) for that same policy year. Verify the data on both reports and submit revised report(s).
51	The comparison of Call #4 to Call #9 failed at Policy Year XXXX. If Coverage Code '3' appears on the carrier summary report, Indemnity Case Reserve (Col 9) must be equal to or less than Call #9, Indemnity Outstanding (Col 11) for that same policy year. Verify the data on both reports and submit revised report(s).
52	The comparison of Call #4 to Call #9 failed at Policy Year XXXX. If Coverage Code '3' appears on the carrier summary report, Medical Paid (Col 10) must be equal to or less than Call #9, Medical Paid (Col 10) for that same policy year. Verify the data on both reports and submit revised report(s).
53	The comparison of Call #4 to Call #9 failed at Policy Year XXXX. If Coverage Code '3' appears on the carrier summary report, Medical Case Reserve (Col 11) must be equal to or less than Call #9, Medical Outstanding (Col 12) for that same policy year. Verify the data on both reports and submit revised report(s).
471	Policy Year XXXX, Claim _____ has met the large claim threshold of 250,000 in the sum of (Col 8+9+10+11) on the prior year Call and should be reported on a current year Call #4. Please correct the data or provide an explanation
478	Policy Year XXXX, Claim Number _____. Indemnity Incurred reported for the current valuation (columns 8 + 9) changed by more than $500,000 from the prior valuation (columns 4 + 5) and the ratio exceeds the range (0.5, 1.5) . Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the development of the data.
479	Policy Year XXXX, Claim Number _____. Medical Incurred reported for the current valuation (columns 10 + 11) changed by more than $250,000 from the prior valuation (columns 6 + 7) and the ratio exceeds the range (0.5, 1.5) . Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the development of the data.
480	Policy Year XXXX, Claim Number _____. Since development is not expected on a closed claim, when case reserves are zero on the prior valuation (columns 5 + 7), and not zero on the current valuation (columns 9 + 11). Please correct the data or provide an explanation.

PA Call 8 - Net Large Deductible by Policy Year Call

Validation Id	Message
181	Policy Year XXXX. Call #9, Line (Z), Standard At Bureau DSR Level (Col 1) minus Call #8, Line (Z), Standard At Bureau DSR Level (Col 1) should equal Call #2, Line (5C). Verify the data on all reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
182	Policy Year XXXX. Call #9, Line (Z), Net Premium (Col 3) minus Call #8, Line (Z), Net Premium (Col 3) should equal Call #2, Line (5D). Verify the data on all reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
183	Policy Year XXXX. Call #9, Line (Z), Total Paid (Col 4) minus Call #8, Line (Z), Total Paid (Col 4) should equal Call #2, Line 12B, Standard At Company Level (Col 2) - Paid. Verify the data on all reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
184	Policy Year XXXX. Call #9, Line (Z), Total Incurred Losses Including IBNR (Col 7) minus Call #8, Line (Z), Total Incurred Losses Including IBNR (Col 7) should equal Call #2, Line 12B, Net Premium (Col 3) - Incurred. Verify the data on all reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
185	Policy Year XXXX. Call #9, Line (Z), ALAE Paid (Col 23) minus Call #8, Line (Z), ALAE Paid (Col 23) should equal Call #2, Line (12C), Standard At Company Level (Col 2) - Paid. Verify the data on all reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
186	Policy Year XXXX. Call #9, Line (Z), ALAE Incurred (Col 26) minus Call #8, Line (Z), ALAE Incurred (Col 26) should equal Call #2 Line (12C), Net Premium (Col 3) - Incurred. Verify the data on all reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.

192	Policy Year XXXX Net Earned Premium reported in (Col 3) is greater than $250,000 without any Incurred Losses (Col 7). Please verify that there are no losses for this policy year and if necessary, send corrections. [Applicable to all policy years]
193	Policy Year XXXX Medical Incurred reported (Col 10+12+14) is greater than $250,000 without any Indemnity Incurred Losses (Col 9+11+13). Please verify that all losses are medical only and if necessary, send corrections. [Applicable to all policy years]
194	Policy Year XXXX Indemnity Incurred reported (Col 9+11+13) is greater than $250,000 without any Medical Incurred Losses (Col 10+12+14). Please verify that no medical losses are associated with these indemnity claims and if necessary, send corrections. [Applicable to all policy years]
202	The sum of Closed Indemnity Claim Counts (Col 19) and Open Indemnity Claim Counts (Col 20) must be equal to Incurred Indemnity Claim Counts (Col 8) for Policy Year 2007. The difference is ____. Please correct the data.
203	All non-zero data entries on Call #8, Policy Year XXXX, Column (12) should be less than the corresponding data entries on Call #9, Policy Year XXXX, Column (12) except for Columns (6, 13, 14, 16 and 18) where Call #8 may be less than or equal to Call #9. Please correct the data.
204	Data reported for Large Deductible Policies should generally be larger on a gross basis than a net basis. Policy Year XXXX, Call #9, Column (7) should be greater than Policy Year XXXX, Call #8, Column (7) except for IBNR and Bulk Reserves (Col 6, 13, 14, 16 and 18). Please correct the data or provide an explanation.
214	Policy Year XXXX, when Bulk is reported in "Outstanding" (Question #1B), Indemnity Case and Bulk reserves (Col 15+16) must be equal to Indemnity Outstanding Excluding IBNR (Col 11). Please correct the data.
215	Policy Year XXXX, when Bulk is reported in "Outstanding" (Question #1B), Medical Case and Bulk reserves (Col 17+18) must be equal to Medical Outstanding Excluding IBNR (Col 12). Please correct the data.
216	Policy Year XXXX, if you do not report Bulk (Question #1A) or when Bulk is reported in IBNR (Question #1B), Case and Bulk reserves (Col 15, 16, 17 and 18), Column (15) should not be reported. Please correct the data.
217	Policy Year XXXX. When Bulk is reported in "Outstanding" (Question #1B) and outstanding reserves exist (cols 11 + 12), then Indemnity Bulk (Col 16) or Medical Bulk (Col 18) should be reported. Please correct the data.
218	Policy Year XXXX. If Total Incurred Losses Including IBNR (Col 7) are reported then Standard at Bureau DSR Level (Col 1), Standard at Company Level (Col 2) and Net Premium (Col 3) must be reported. Please correct the data.
219	Policy Year XXXX. If Indemnity Paid (Col 9) or Indemnity Outstanding Excluding IBNR (Col 11) are reported, then Incurred Indemnity Claim Count (Col 8) must be reported. Please correct the data.
220	Policy Year XXXX. If Indemnity Paid (Col 9) and Indemnity Outstanding Excluding IBNR (Col 11) are equal to zero, then Incurred Indemnity Claim Count (Col 8) should be equal to zero. Please correct the data.
221	Policy Year XXXX. If Closed Indemnity Claim Counts (Col 19) are reported, then Indemnity Paid (Col 9) must be reported. Please correct the data.
222	Policy Year XXXX. If Open Indemnity Claim Counts (Col 20) are reported, then Indemnity Outstanding Excluding IBNR (Col 11) should be reported. Please correct the data.
223	Policy Year XXXX. If Open Indemnity Claim Counts (Col 20) equals zero, then Indemnity Outstanding Excluding IBNR (Col 11) should be equal to zero unless Indemnity Outstanding Excluding IBNR (Col 11) is equal to Indemnity Bulk (Col 16). Please correct the data.
224	Policy Year XXXX. Indemnity Paid On Closed Claims (Col 21) must be less than or equal to Indemnity Paid (Col 9). The difference is 2. Please correct the data.
225	Policy Year XXXX. Medical Paid On Closed Claims (Col 22) must be less than or equal to Medical Paid (Col 10). The difference is ____. Please correct the data.
226	Column (1), Line (Y) from the current Policy Year Call must equal Column (1), Line (X) from the prior Policy Year Call. The difference is ____. Since your company is reporting a change from last year's valuation, please verify the accuracy of the data. If either report is incorrect, send a revised report. If it is correct, provide an explanation.
227	If the answer selected for Question #2 on the current year's call "No" does not equal the answer selected for the prior year's call "Yes - Only for Indemnity cases reserved on a tabular basis discounted at 3.5%", then the answer to Question #3 should be "Yes". Please verify your answers to questions on the current and prior year's calls.
256	The value for Standard At Bureau DSR Level, Standard At Company Level, Net premium or Total Incurred Losses Including IBNR (Col 1, 2, 3 or 7) for Policy Year XXXX, col (1) should not be equal to Line (Z) unless both values are equal to zero.

258	Policy Year Prior to 1992, if the value for Standard at Bureau DSR Level (Col 1) is greater than or equal to 500,000, then Standard at Bureau DSR Level (Col 1) and Standard at Company Level (Col 2) should not be equal to Net Premium (Col 3). If the data is correct, provide a detailed explanation regarding the relationship between the columns.
260	Policy Year XXXX, if the value for Standard at Bureau DSR Level (Col 1) is greater than or equal to 500,000, then Standard at Company Level (Col 2) divided by Net Premium (Col 3) should be between the range of (0.45 and 2.00). If the data is correct, provide a detailed explanation regarding the relationship between the columns.
262	Policy Year XXXX, if the value for Standard at Bureau DSR Level (Col 1) is greater than or equal to 500,000, then Standard at Bureau DSR Level (Col 1) divided by Net Premium (Col 3) should be between the range of (0.50 and 2.00). If the data is correct, provide a detailed explanation regarding the relationship between the columns.
264	The method of discounting reserves has changed from the prior year call.
269	Paid Losses (Col 4, 9, 10, 21 and 22) for the current valuation should generally not decrease from the prior valuation. Policy Year XXXX, Column 4 on the current Call decreases by more than 50,000 from the prior Policy Year Call. The difference is ____. Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data.
271	Policy Year XXXX, Premium reported Net Premium Earned on the current year call for Column 3, compared to the prior year call is greater than 50,000 but their ratio ____ falls outside the range. Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. NOTE: Range intervals vary by policy year
273	Policy Year XXXX, Premium reported on the current year call for Column 1, compared to the prior year call is greater than 10,000, but their ratio 0.00 falls outside the range. Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. NOTE: Range intervals vary by policy year
275	Policy Year XXXX, Total Paid + O/S excl IBNR (Col 4+5) of the current year call compared to the prior year call is greater than 200,000 but their ratio ____ falls outside the range. Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. NOTE: Range intervals vary by policy year
277	Policy Year XXXX, Indemnity Paid + O/S excl IBNR (Col 9+11) of the current year call compared to the prior year call is greater than 200,000 but their ratio ____ falls outside the range. Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. NOTE: Range intervals vary by policy year
279	Policy Year XXXX, Medical Paid + O/S excl IBNR (Col 10+12) of the current year call compared to the prior year call is greater than 200,000 but their ratio ____ falls outside the range. Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. NOTE: Range intervals vary by policy year
281	Policy Year XXXX, Indemnity Claim Counts (Col 8) of the current year call compared to the prior year call is greater than 10 and their ratio ____ falls outside the range. Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. NOTE: Range intervals vary by policy year
283	Policy Year XXXX, Total Paid (Col 4) of the current year call compared to the prior year call is greater than 200,000 but their ratio ____ falls outside the range. Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. NOTE: Range intervals vary by policy year
285	Policy Year XXXX, Indemnity Paid (Col 9) of the current year call compared to the prior year call is greater than 200,000 but their ratio ____ falls outside the range. Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. NOTE: Range intervals vary by policy year
287	Policy Year XXXX, Medical Paid (Col 10) of the current year call compared to the prior year call is greater than 200,000 but their ratio ____ falls outside the range. Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. NOTE: Range intervals vary by policy year
289	Policy Year XXXX Net Earned Premium (Col 3) was reported on last year's call but is not reported on this year's call. Please provide a correction and/or explanation for this unusual development of your data.

291	Policy Year XXXX Net Earned Premium (Col 3) is reported on this year's call but was not reported on last year's call. Please provide a correction and/or explanation for this unusual development of your data.
293	Policy Year XXXX Incurred Losses (Col 7) were reported on last year's call but are not reported on this year's call. Please provide a correction and/or explanation for this unusual development of your data.
295	Policy Year XXXX Incurred Losses (Col 7) are reported on this year's call but were not reported on last year's call. Please provide a correction and/or explanation for this unusual development of your data.
297	Policy Year XXXX Claim Counts (Col 8) are reported on this year's call but were not reported on last year's call. Please provide a correction and/or explanation for this unusual development of your data.
301	Policy Year XXXX Claim Counts (Col 8) were reported on last year's call but are not reported on this year's call. Please provide a correction and/or explanation for this unusual development of your data.
372	Policy Year XXXX, Indemnity Claim Counts (Col 8) of the current year call compared to the prior year call is greater than 10. Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data.
467	Policy Year XXXX. All data should be non-negative except for Bulk and IBNR Reserves (Col 6, 13, 14, 16 and 18) Column (22). Please correct the data.
601	Policy Year XXXX. Net Premium (Col 3) is reported so Standard At Company Level (Col 2) must be greater than 0. Please update the data or provide an explanation.
603	Policy Year XXXX. Net Premium (Col 3) is reported so Standard at Bureau Designated Statistical Reporting Level (Col 1) must be greater than 0. Please update the data or provide an explanation.

PA Call 9 - Gross Large Deductible by Policy Year Call

Validation Id	Message
181	Policy Year XXXX. Call #9, Line (Z), Standard At Bureau DSR Level (Col 1) minus Call #8, Line (Z), Standard At Bureau DSR Level (Col 1) should equal Call #2, Line (5C). Verify the data on all reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
182	Policy Year XXXX. Call #9, Line (Z), Net Premium (Col 3) minus Call #8, Line (Z), Net Premium (Col 3) should equal Call #2, Line (5D). Verify the data on all reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
183	Policy Year XXXX. Call #9, Line (Z), Total Paid (Col 4) minus Call #8, Line (Z), Total Paid (Col 4) should equal Call #2, Line 12B, Standard At Company Level (Col 2) - Paid. Verify the data on all reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
184	Policy Year XXXX. Call #9, Line (Z), Total Incurred Losses Including IBNR (Col 7) minus Call #8, Line (Z), Total Incurred Losses Including IBNR (Col 7) should equal Call #2, Line 12B, Net Premium (Col 3) - Incurred. Verify the data on all reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
185	Policy Year XXXX. Call #9, Line (Z), ALAE Paid (Col 23) minus Call #8, Line (Z), ALAE Paid (Col 23) should equal Call #2, Line (12C), Standard At Company Level (Col 2) - Paid. Verify the data on all reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
186	Policy Year XXXX. Call #9, Line (Z), ALAE Incurred (Col 26) minus Call #8, Line (Z), ALAE Incurred (Col 26) should equal Call #2 Line (12C), Net Premium (Col 3) - Incurred. Verify the data on all reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
192	Policy Year XXXX Net Earned Premium reported in (Col 3) is greater than $250,000 without any Incurred Losses (Col 7). Please verify that there are no losses for this policy year and if necessary, send corrections. [Applicable to all policy years]
193	Policy Year XXXX Medical Incurred reported (Col 10+12+14) is greater than $250,000 without any Indemnity Incurred Losses (Col 9+11+13). Please verify that all losses are medical only and if necessary, send corrections. [Applicable to all policy years]
194	Policy Year XXXX Indemnity Incurred reported (Col 9+11+13) is greater than $250,000 without any Medical Incurred Losses (Col 10+12+14). Please verify that no medical losses are associated with these indemnity claims and if necessary, send corrections. [Applicable to all policy years]
202	The sum of Closed Indemnity Claim Counts (Col 19) and Open Indemnity Claim Counts (Col 20) must be equal to Incurred Indemnity Claim Counts (Col 8) for Policy Year 2007. The difference is _____. Please correct the data.
203	All non-zero data entries on Call #8, Policy Year XXXX, Column (12) should be less than the corresponding data entries on Call #9, Policy Year XXXX, Column (12) except for Columns (6, 13, 14, 16 and 18) where Call #8 may be less than or equal to Call #9. Please correct the data.

204	Data reported for Large Deductible Policies should generally be larger on a gross basis than a net basis. Policy Year XXXX, Call #9, Column (7) should be greater than Policy Year XXXX, Call #8, Column (7) except for IBNR and Bulk Reserves (Col 6, 13, 14, 16 and 18). Please correct the data or provide an explanation.
214	Policy Year XXXX, when Bulk is reported in "Outstanding" (Question #1B), Indemnity Case and Bulk reserves (Col 15+16) must be equal to Indemnity Outstanding Excluding IBNR (Col 11). Please correct the data.
215	Policy Year XXXX, when Bulk is reported in "Outstanding" (Question #1B), Medical Case and Bulk reserves (Col 17+18) must be equal to Medical Outstanding Excluding IBNR (Col 12). Please correct the data.
216	Policy Year XXXX, if you do not report Bulk (Question #1A) or when Bulk is reported in IBNR (Question #1B), Case and Bulk reserves (Col 15, 16, 17 and 18), Column (15) should not be reported. Please correct the data.
217	Policy Year XXXX. When Bulk is reported in "Outstanding" (Question #1B) and outstanding reserves exist (cols 11 + 12), then Indemnity Bulk (Col 16) or Medical Bulk (Col 18) should be reported. Please correct the data.
218	Policy Year XXXX. If Total Incurred Losses Including IBNR (Col 7) are reported then Standard at Bureau DSR Level (Col 1), Standard at Company Level (Col 2) and Net Premium (Col 3) must be reported. Please correct the data.
219	Policy Year XXXX. If Indemnity Paid (Col 9) or Indemnity Outstanding Excluding IBNR (Col 11) are reported, then Incurred Indemnity Claim Count (Col 8) must be reported. Please correct the data.
220	Policy Year XXXX. If Indemnity Paid (Col 9) and Indemnity Outstanding Excluding IBNR (Col 11) are equal to zero, then Incurred Indemnity Claim Count (Col 8) should be equal to zero. Please correct the data.
221	Policy Year XXXX. If Closed Indemnity Claim Counts (Col 19) are reported, then Indemnity Paid (Col 9) must be reported. Please correct the data.
222	Policy Year XXXX. If Open Indemnity Claim Counts (Col 20) are reported, then Indemnity Outstanding Excluding IBNR (Col 11) should be reported. Please correct the data.
223	Policy Year XXXX. If Open Indemnity Claim Counts (Col 20) equals zero, then Indemnity Outstanding Excluding IBNR (Col 11) should be equal to zero unless Indemnity Outstanding Excluding IBNR (Col 11) is equal to Indemnity Bulk (Col 16). Please correct the data.
224	Policy Year XXXX. Indemnity Paid On Closed Claims (Col 21) must be less than or equal to Indemnity Paid (Col 9). The difference is 2. Please correct the data.
225	Policy Year XXXX. Medical Paid On Closed Claims (Col 22) must be less than or equal to Medical Paid (Col 10). The difference is ____. Please correct the data.
226	Column (1), Line (Y) from the current Policy Year Call must equal Column (1), Line (X) from the prior Policy Year Call. The difference is ____. Since your company is reporting a change from last year's valuation, please verify the accuracy of the data. If either report is incorrect, send a revised report. If it is correct, provide an explanation.
227	If the answer selected for Question #2 on the current year's call "No" does not equal the answer selected for the prior year's call "Yes - Only for Indemnity cases reserved on a tabular basis discounted at 3.5%", then the answer to Question #3 should be "Yes". Please verify your answers to questions on the current and prior year's calls.
256	The value for Standard At Bureau DSR Level, Standard At Company Level, Net premium or Total Incurred Losses Including IBNR (Col 1, 2, 3 or 7) for Policy Year XXXX, col (1) should not be equal to Line (Z) unless both values are equal to zero.
258	Policy Year Prior to 1992, if the value for Standard at Bureau DSR Level (Col 1) is greater than or equal to 500,000, then Standard at Bureau DSR Level (Col 1) and Standard at Company Level (Col 2) should not be equal to Net Premium (Col 3). If the data is correct, provide a detailed explanation regarding the relationship between the columns.
260	Policy Year XXXX, if the value for Standard at Bureau DSR Level (Col 1) is greater than or equal to 500,000, then Standard at Company Level (Col 2) divided by Net Premium (Col 3) should be between the range of (0.45 and 2.00). If the data is correct, provide a detailed explanation regarding the relationship between the columns.
262	Policy Year XXXX, if the value for Standard at Bureau DSR Level (Col 1) is greater than or equal to 500,000, then Standard at Bureau DSR Level (Col 1) divided by Net Premium (Col 3) should be between the range of (0.50 and 2.00). If the data is correct, provide a detailed explanation regarding the relationship between the columns.
264	The method of discounting reserves has changed from the prior year call.
269	Paid Losses (Col 4, 9, 10, 21 and 22) for the current valuation should generally not decrease from the prior valuation. Policy Year XXXX, Column 4 on the current Call decreases by more than 50,000 from the prior Policy Year Call. The difference is ____. Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data.

271	Policy Year XXXX, Premium reported Net Premium Earned on the current year call for Column 3, compared to the prior year call is greater than 50,000 but their ratio _____ falls outside the range. Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. NOTE: Range intervals vary by policy year
273	Policy Year XXXX, Premium reported on the current year call for Column 1, compared to the prior year call is greater than 10,000, but their ratio 0.00 falls outside the range. Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. NOTE: Range intervals vary by policy year
275	Policy Year XXXX, Total Paid + O/S excl IBNR (Col 4+5) of the current year call compared to the prior year call is greater than 200,000 but their ratio _____ falls outside the range. Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. NOTE: Range intervals vary by policy year
277	Policy Year XXXX, Indemnity Paid + O/S excl IBNR (Col 9+11) of the current year call compared to the prior year call is greater than 200,000 but their ratio _____ falls outside the range. Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. NOTE: Range intervals vary by policy year
279	Policy Year XXXX, Medical Paid + O/S excl IBNR (Col 10+12) of the current year call compared to the prior year call is greater than 200,000 but their ratio _____ falls outside the range. Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. NOTE: Range intervals vary by policy year
281	Policy Year XXXX, Indemnity Claim Counts (Col 8) of the current year call compared to the prior year call is greater than 10 and their ratio _____ falls outside the range. Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data. NOTE: Range intervals vary by policy year
283	Policy Year XXXX, Total Paid (Col 4) of the current year call compared to the prior year call is greater than 200,000 but their ratio _____ falls outside the range. Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. NOTE: Range intervals vary by policy year
285	Policy Year XXXX, Indemnity Paid (Col 9) of the current year call compared to the prior year call is greater than 200,000 but their ratio _____ falls outside the range. Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. NOTE: Range intervals vary by policy year
287	Policy Year XXXX, Medical Paid (Col 10) of the current year call compared to the prior year call is greater than 200,000 but their ratio _____ falls outside the range. Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims. NOTE: Range intervals vary by policy year
289	Policy Year XXXX Net Earned Premium (Col 3) was reported on last year's call but is not reported on this year's call. Please provide a correction and/or explanation for this unusual development of your data.
291	Policy Year XXXX Net Earned Premium (Col 3) is reported on this year's call but was not reported on last year's call. Please provide a correction and/or explanation for this unusual development of your data.
293	Policy Year XXXX Incurred Losses (Col 7) were reported on last year's call but are not reported on this year's call. Please provide a correction and/or explanation for this unusual development of your data.
295	Policy Year XXXX Incurred Losses (Col 7) are reported on this year's call but were not reported on last year's call. Please provide a correction and/or explanation for this unusual development of your data.
297	Policy Year XXXX Claim Counts (Col 8) are reported on this year's call but were not reported on last year's call. Please provide a correction and/or explanation for this unusual development of your data.
301	Policy Year XXXX Claim Counts (Col 8) were reported on last year's call but are not reported on this year's call. Please provide a correction and/or explanation for this unusual development of your data.
372	Policy Year XXXX, Indemnity Claim Counts (Col 8) of the current year call compared to the prior year call is greater than 10. Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data.
467	Policy Year XXXX. All data should be non-negative except for Bulk and IBNR Reserves (Col 6, 13, 14, 16 and 18) Column (22). Please correct the data.

601	Policy Year XXXX. Net Premium (Col 3) is reported so Standard At Company Level (Col 2) must be greater than 0. Please update the data or provide an explanation.
603	Policy Year XXXX. Net Premium (Col 3) is reported so Standard at Bureau Designated Statistical Reporting Level (Col 1) must be greater than 0. Please update the data or provide an explanation.

PA Call 14 - Calendar Year Expense Data Call

Validation Id	Message
229	Section #2, Direct ALAE Paid does not match your Annual Statement (Col 8). The difference is ___. Please correct the data or provide an explanation for difference.
232	Section #2, Direct ALAE Incurred does not match your Annual Statement (Col 9). The difference is ____. Please correct the data or provide an explanation for difference.
235	Section #2, Commission & Brokerage Expense does not match your Annual Statement (Col 11). The difference is ____. Please correct the data or provide an explanation for difference.
237	Section #2, Taxes, Licenses & Fees does not match your Annual Statement (Col 12). The difference is ____. Please correct the data or provide an explanation for difference.
239	If Incurred Losses are reported on Schedule W, Part A-5, Line (9C), Column (4), Call #14, ULAE - Paid, Line (1c) should not be equal to zero. Please correct the data.
241	If Incurred Losses are reported on Schedule W, Part A-5, Line (9C), Column (4), Call #14, ULAE - Incurred, Line (1d) should not be equal to zero. Please correct the data.
243	If Net Earned Premium is reported on Schedule W, Part A-5, Line (5), Call #14, Other Acquisition - Incurred, Line (2b) should not be equal to zero. Please correct the data.
245	If Net Earned Premium is reported on Schedule W, Part A-5, Line (5), Call #14, General Expense, Line (3) should not be equal to zero. Please correct the data.
472	[Line (1b) + Line (1d)]/[Schedule W, Part A-5, Line (9C), Column (4) + Line (9H), Column (4)] does not fall within the interval [0.01-0.35]. Please correct the data or explain why the ratio is out of range.
473	[Line (2a)]/[Schedule W, Part A-5, Line (7)] does not fall within the interval [0.01-0.15]. Please correct the data or explain why the ratio is out of range.
474	[Line (2b)]/[Schedule W, Part A-5, Line (7)] does not fall within the interval [0.00-0.12]. Please correct the data or explain why the ratio is out of range.
475	[Line (3)]/[Schedule W, Part A-5, Line (7)] does not fall within the interval [0.02-0.20]. Please correct the data or explain why the ratio is out of range.
476	[Line (4)]/[Schedule W, Part A-5, Line (7)] does not fall within the interval [0.01-0.20]. Please correct the data or explain why the ratio is out of range.

PA Call 15 - Catastrophe Experience Call

Validation Id	Message
303	Section #1, Policy Year XXXX. The sum of Indemnity Closed Claims with Payment and Indemnity Open Claims (Col 1+2) must equal Indemnity Total Claims (Col 3). Please correct the data.
306	Section #1, Policy Year XXXX. If Indemnity Closed Claims with Payment (Col 1) are reported then Indemnity Paid Losses (Col 4) should be reported. Please correct the data.
308	Section #1, Policy Year XXXX. If Indemnity Open Claims (Col 2) are reported then the sum of the Outstanding Losses (Col 6+7) must be greater than zero. Please correct the data.
310	Section #1, Policy Year XXXX. If Indemnity Paid Losses (Col 4) are reported then Indemnity Claim Counts (Col 3) should be reported. Please correct the data.
312	Section #2, Policy Year XXXX. If Indemnity Outstanding Losses (Col 6) are reported then Indemnity Open Claims (Col 2) should be reported. Please correct the data.
314	Section #4, Policy Year XXXX, Column (5) must be less than or equal to Section #1, Policy Year XXXX, Column (5). Please correct the data.
316	Section #2, Policy Year XXXX, Column (3) must be less than or equal to Section #3, Policy Year XXXX, Column (3). Please correct the data.
318	Section #1, Policy Year XXXX, Indemnity Closed Claims with Payment (Col 1) on the current year call should not decrease compared to Indemnity Closed Claims with Payment (Col 1) on the prior year call. Please correct the data.
320	Section #1, Policy Year XXXX, Indemnity Total Claims (Col 3) on the current year call should not decrease compared to Indemnity Total Claims (Col 3) on the prior year call. Please correct the data.

322	Section #1, Policy Year XXXX, Indemnity Paid Losses (Col 4) on the current year call should not decrease compared to Indemnity Paid Losses (Col 4) on the prior year call. Please correct the data.
334	Section #1, Policy Year XXXX, Medical Paid Losses (Col 5) on the current year call should not decrease compared to Medical Paid Losses (Col 5) on the prior year call. Please correct the data.
346	Section #1, Policy Year XXXX, Column (1) should be less than or equal to Call #1, Policy Year XXXX, Column (19). Please correct the data.
358	Section #2, Policy Year XXXX, Column (1) should be less than or equal to Call #8, Policy Year XXXX, Column (19). Please correct the data.
369	Section #3, Policy Year XXXX, Column (4) should be less than or equal to Call #9, Policy Year XXXX, Column (9). Please correct the data.
371	Section #4, Policy Year XXXX, Column (5) should be less than or equal to Call #12, Policy Year XXXX, Column (10). Please correct the data.
465	If the response to Question #1 is 'Yes', then claims should be reported on Call #15. Please correct the data or provide an explanation
466	For all entries - Section 1, Policy Year XXXX, Column (4) should be non-negative. Please correct the data.

PA Schedule W

Validation Id	Message
230	Part A-5, Net Written Premium (Line 1) must be greater than or equal to Part A-1, Net Written Premium (Line 1). The difference is _____. Please correct the data or provide an explanation.
233	Part A-5, Net Earned Premium (Line 5) must be greater than or equal to Part A-1, Net Earned Premium (Line 5). The difference is _____. Please correct the data or provide an explanation.
236	Part A-5, Indemnity Losses - Paid (Line 9A, Col 1) must be greater than or equal to Part A-1, Indemnity Losses - Paid (Line 9A, Col 1). The difference is _____. Please correct the data or provide an explanation.
238	Part A-5, Medical Losses - Paid (Line 9B, Col 1) must be greater than or equal to Part A-1, Medical Losses - Paid (Line 9B, Col 1). The difference is _____. Please correct the data or provide an explanation.
240	Part A-5, Total Losses - Paid (Line 9C, Col 1) must be greater than or equal to Part A-1, Total Losses - Paid (Line 9C, Col 1). The difference is _____. Please correct the data or provide an explanation.
242	Part A-5, Indemnity Losses - Unpaid Current Year (Line 9A, Col 2)must be greater than or equal to Part A-1, Indemnity Losses - Unpaid Current Year (Line 9A, Col 2). The difference is _____. Please correct the data or provide an explanation.
244	Part A-5, Medical Losses - Unearned Current Year (Line 9B, Col 2) must be greater than or equal to Part A-1, Medical Losses - Unearned Current Year (Line 9B, Col 2). The difference is _____. Please correct the data or provide an explanation.
246	Part A-5, Total Losses - Unpaid Current Year (Line 9C, Col 2) must be greater than or equal to Part A-1, Total Losses - Unpaid Current Year (Line 9C, Col 2). The difference is _____. Please correct the data or provide an explanation.
247	Part A-5, Indemnity Losses - Unpaid Prior Year (Line 9A, Col 3) must be greater than or equal to Part A-1, Indemnity Losses - Unpaid Prior Year (Line 9A, Col 3). The difference is _____. Please correct the data or provide an explanation.
248	Part A-5, Medical Losses - Unearned Prior Year (Line 9B, Col 3) must be greater than or equal to Part A-1, Medical Losses - Unearned Prior Year (Line 9B, Col 3). The difference is _____. Please correct the data or provide an explanation.
249	Part A-5, Total Losses - Unpaid Prior Year (Line 9C, Col 3) must be greater than or equal to Part A-1, Total Losses - Unpaid Prior Year (Line 9C, Col 3). The difference is _____. Please correct the data or provide an explanation.
339	Premium Discount Adjustment should be non-negative. Part A-1, Line (6B). Please correct the data or provide an explanation.
340	Premium Credits for PA Certfied Safety Committee Credit Program should be non-negative. Part A-1, Line (6D). Please correct the data or provide an explanation.
341	Deductible Premium Adjustments should be non-negative. Part A-1, Line (8B). Please correct the data or provide an explanation.
342	Ratio of Premium Discount Adjustment (6B) to Net Earned Premium + Premium Discount Adjustment (5+6B), Part A-1, should be within the range [0.000 and 0.125]. Please correct the data or provide an explanation.
343	Part A-1, the ratio of [Line (6D) /(Line (7) - Line (6C) - Line (6D) - Line (6E) - Line (6F))] should be less than or equal to 0.05 and greater than or equal to 0.00. Please correct the data or provide an explanation.
344	Part A-1, the ratio of [Line (6E) / (Line (7) - Line (6C) - Line (6F))] should be within the range (-0.25 and 0.25). Please correct the data or provide an explanation.

345	Part A-5, the ratio of [Line (6F) / (Line (7) - Line (6C))] should be within the range (-0.05 and 0.05). Please correct the data or provide an explanation.
348	Indemnity Small Deductible Adjustment should be non-negative. Part A-1, Line (9D), Column (1). Please correct the data or provide an explanation.
349	Medical Small Deductible Adjustment should be non-negative. Part A-1, Line (9E), Column (1). Please correct the data or provide an explanation.
350	Indemnity Large Deductible Adjustment should be non-negative. Part A-1, Line (9F), Column (1). Please correct the data or provide an explanation.
351	Medical Large Deductible Adjustment should be non-negative. Part A-1, Line (9G), Column (1). Please correct the data or provide an explanation.
364	Part A-1, if Net Earned Premium is reported Line (5) then the Merit Rating Adjustment Line (6F) should not equal zero. Please correct the data or provide an explanation.
365	Net Written Premium on the Annual Statement (Col 1) must equal Schedule W, Part A-5, Line (1) . The difference is ____. Please correct the data or provide an explanation.
366	Net Earned Premium on the Annual Statement (Col 2) must equal Schedule W, Part A-5, Line (5). The difference is ____. Please correct the data or provide an explanation.
367	Paid Losses on the Annual Statement (Col 5) must equal Schedule W, Part A-5, Line (9C), Column (1). The difference is ____. Please correct the data or provide an explanation.
368	Unpaid Current Year on the Annual Statement (Col 7) must equal Schedule W, Part A-5, Line (9C), Column (2). The difference is ____. Please correct the data or provide an explanation.
370	Incurred Losses on the Annual Statement (Col 6) must equal Schedule W, Part A-5, Line (9C), Column (4). The difference is ____. Please correct the data or provide an explanation.
379	The Part A-1, Indemnity Losses Unpaid Prior Year (Line 9A, Col 3) on the current year's Schedule W must equal the Part A-1, Indemnity Losses Unpaid Cur Year (Line 9A, Col 2) on the prior year's Schedule W. The difference is ____. Please correct the data or provide an explanation.
380	The Part A-5, Indemnity Losses Unpaid Prior Year (Line 9A, Col 3) on the current year's Schedule W must equal the Part A-5, Indemnity Losses Unpaid Cur Year (Line 9A, Col 2) on the prior year's Schedule W. The difference is ____. Please correct the data or provide an explanation.
381	The Part A-1, Premium Unearned Current Year (Line 4) on the prior year's Schedule W must equal the Part A-1, Premium Unearned Prior Year (Line 2) on the current year's Schedule W. The difference is ____. Please correct the data or provide an explanation.
382	The Part A-5, Premium Unearned Current Year (Line 4) on the prior year's Schedule W must equal the Part A-5, Premium Unearned Prior Year (Line 2) on the current year's Schedule W. The difference is ____. Please correct the data or provide an explanation.
385	The Schedule W, Part A-1, Standard Earned Premium (Line 7) should equal the Call #1, Section #3, Standard Earned Premium (Line 4, Col 1). The difference is ____. Please correct the data or provide an explanation.
386	The Schedule W, Part A-1, Net Earned Premium (Line 5) should equal the Call #1, Section #3, Net Earned Premium (Line 4, Col 2). The difference is ____. Please correct the data or provide an explanation.
387	The Schedule W, Part A-1, Incurred Losses (Line 9C, Col 4) should equal the Call #1, Section #3, Incurred Losses (Line 4, Col 3). The difference is ____. Please correct the data or provide an explanation.
388	The Schedule W, Part A-5, Standard Earned Premium (Line 7) should equal the Call #1, Section #3, Standard Earned Premium (Line 12, Col 1). The difference is ____. Please correct the data or provide an explanation.
389	The Schedule W, Part A-5, Net Earned Premiums (Line 5) should equal the Call #1, Section #3, Net Direct Earned Premium (Line 12, Col 2). The difference is ____. Please correct the data or provide an explanation.
390	The Schedule W, Part A-5, Incurred Losses (Line 9C, Col 4) should equal the Call #1, Section #3, Incurred Losses (Line 12, Col 3). The difference is ____. Please correct the data or provide an explanation.
42 various validation edits	**Edits applied to deleted Parts B-1, B-5, C-1, C-5, D-1, D-2, E-1 and E-2 have been removed**