UNIT STATISTICAL REPORT

| POLICY INFORMATION Report Corr. Corr. Replace Carrier Code Policy Number Policy Effective Date Policy Effective Date Policy Effective Date Expos. State Effective Date Certificate No. Card Serial No. Risk ID Number Page No. Last Page No. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------|---------------------|----------------------------------|-----------------|--------------------|--------------|---|-------------------------|---|---------------------------------------|--------------------------|--|-------------------------------|--------------------------|---------------------------------|-------------------------|-------------------------|-------------------------|-----------------|-----------------|-----------------|------------------------------|--------------------|---------------------|---------------|--------------|--|
| Report No. | Corr. No. | Corr. Type | Replace Rpt. Ind. | Carrier Code | | Policy No | Policy Number | | Policy | Policy Effective Date | | Expiration Da | Date Expos. State | | State Effective Da | te Certi | Certificate No. | | Card Serial No. | | Risk ID Number | | Page No. | Las | Page No. | | |
| 01 | | | | 12345 | | 1234567 | | | 12/01/04 | | 1 | 2/01/05 | 05 37 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insured's Name: 123, Inc. | | | | | | | | | | | • | | • | • | | • | | | | | F.E.I. | N. | | Pending | File No. | | |
| Insured's Address: | | | | | | | | | | | | | | | | | | | | 123456789 | | | | | | | |
| Mod Effective Date | | Rate Effective Date | | AV-FID M-IP-1-1 | | | icy Conditions Estimated Retro Canceler | | | | olicy Type I D | | Deduct. Deduct Type Percei | | Deductible Amou | | | | Reserve | | | • | For P | | Bureau Use | | |
| | | 00/04/0 | | Policy Policy | Policy Rating | | xposure Policy Mid-Te | | MCO Indicator | Type Cov. | Ind. S | td. | | cent | Claim/Accide | nt | Aggregate | | | | | | | | | | |
| 09/01/04 | | |)1/04 | N Y | | N N | | N | N | 01 | 01 01 03 | | 01 | 100 | | | | | | | | | | | | | |
| 11-4 | | EXPOS | | RE INFORMATION | | | 21-4 | Claim Number Acc. Date/ | | | / Inc. | LOSS curred Indemnity Incurred Medical | | | NFORMATION Class Injury Status | | | | | | | | luviadia | Cat | MCO | | |
| Upd Type | Exp. Cov. | Clas | Class Code Exposure Am | | Manual Rate | Premium Rate | | *Upd Type | Claim Nur | Claim Number | | s incu | rea inaemnity | inc | curred Medical | Code | Injury | Status | | | | s Conditions Recov Cov Sett | | Jurisdic State | Cat. No. | MCO Type | |
| | | | | | | | | | | | | | | | | | | | | | | | 30 | · · | | | |
| | | | | | | | | | Social Security Numb | | Number | Part | Nature | ure Cause | | Occupation Description | | | Voc. | Lump Fraud Dedu | | Deduct | Paid | Paid Indemnity | | Paid Medical | |
| | | | | | | + | | | Claimant's Attorney Fees Employer's At | | Attorney Fees | | | | Rever | Use | se I I | | | Al | | AE Paid | ALAE I | ALAE Incurred | | | |
| | | | | | | | *Upd | Claim Number | | Acc. Date/ Inc | | rred Indemnity I | | Incurred Medical Class | | Injury Sta | | | | | Loss Conditions | | Jurisdic | Cat. MCO | | | |
| | | | | | | Туре | | | No. Claims | | | | | Code | ,, | | Act Type | | | | | State | No. | Туре | | | |
| | A. | | Total Subject Premium | | | | | | | 1 | | | | | | | | | | | | | | | | | |
| | В. | | norionac d (XX.X) | | | | | | Social Security Number | | Part | Nature | ture Cause Occupatio | | Occupation Des | tion Description Voc. L | | Lump | Fraud Deduct P | | Paid | Paid Indemnity | | Paid Medical | | | |
| | C. | Tot | tal Madi | ied Premium | | | | | Claimant's Attorney Fees Employer's Attorney Fees | | | | | Reversed for Future Use | | | | | | ALAE F | | | AE Paid | Paid ALAE Incurred | | | |
| | <u> </u> | 10 | tai wouli | ieu Pieiiiuiii | | | | *Upd | Claim Number Acc. Date/ | | | ncurred Indemnity Incurred Medical | | Class | | | | Loss Conditions | | | | Jurisdic | Cat. | MCO | | | |
| | | | | | | | | Туре | | No. Claims | | S | | | | Code | | | Act | Act Type | | Recov Cov Sett | | State | No. | Туре | |
| | D. | 9 | 046 | | .20 | | 4827 | | Socia | al Security N | Number | Part | Nature | Cause | | Occupation Des | cription | | Voc. | Lump | Fraud | Deduct | Paid | Indemnity | Paid N | ledical | |
| | Ε. | | | | | | | | Claimant's Attorney Fees | | | | | | Reversed for Future U | | | | | | | | ALAE Paid | | ALAE Incurred | | |
| | F. | | | | | | Claimant's Attorney Fees Employer's Attorney Fees | | | | Neverseu für Future üse | | | | | | | ALAL | | | AE Palu | ALAE IIICUITEU | | | | | |
| | | | | | | | | *Upd Type | | | Acc. Date/ No. Claims | | | emnity Incurred Medical | | Class Injury Code | | Status | | | Loss | Loss Conditions | | Jurisdic State | Cat. No. | MCO Type | |
| | G. | Total | otal Standard Exposure Total Sta | | Total Standard Pro | mium | | | | | | | | | | | | | Act | Type Recov | | Cov Se | ttl | | | | |
| | G. | | | | | | | | Socia | al Security N | Number | Part | Nature | Cause | | Occupation Des | cription | | Voc. | Lump | Fraud | Deduct | Paid | Indemnity | Paid N | 1edical | |
| | H. | 0 | 0063 Premium Discou | | nt Amt. 873 | | | | | | | | | | | | | • | | | | | | | | | |
| | | | 0000 Evenes Consts | | at Amt | | | Claimant's Atto | rney Fees | es Employer's Attorne | | ees | | Reversed | | sed for Future | d for Future Use | | | | | | AE Paid | ALAE Incurred | | | |
| | l | U | 0900 Expense Constar | | IL AIIIL | niii. | | *Upd | | | Acc. Date/ | | | lemnity Incurred Medical | | Class Injury | | Status | us | | Loss Conditions | | | Jurisdic | Cat. | MCO | |
| | | | | | | | | Туре | | | No. Claims | S | | | | Code | | | Act | t T | уре | Recov | Cov Se | State | No. | Туре | |
| | J. | 9 | 740 | | .04 | 1 | 30 | | Socia | al Security N | Number | Part | Nature | Cause | | Occupation Des | cription | | Voc. | Lump | Fraud | Deduct | Paid | Indemnity | Paid N | ledical | |
| | K. | 0 | 0938 .0236 285 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | | | | | | | | Claimant's Atto | aimant's Attorney Fees Employer's Att | | Attorney Fees | ney Fees | | | Revers | Reversed for Future Use | | | | | | | ALAE Paid ALAE Ir | | ncurred | |
| | | | | | | | | | | | | LOSS TOTALS Total Incurred Indemnity Total Incurred Medical | | | | | I Boundfast II I - | | | | | | T.I.I.D.:IM. | | | | |
| | | | | | | | | | Reserved for Future Use | | | otal No. Claims | | Total Incurred Indemnity | | Total Incur | Res | Reserved for Future Use | | | rotal Pai | d Indemnity | Total Paid Medical | | | | |
| | | + | | | | | | | Tot. Claimant's Attny. Fees Tot. Employer' | | | oyer's Attny. F | Attny. Fees | | | Reserved for Future Use | | | | | Total ALAE Paid | | | Total ALAE Incurred | | | |
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