

NEW JERSEY COMPENSATION RATING AND INSPECTION BUREAU

UNIT STATISTICAL REPORTING GUIDEBOOK



This Guidebook does not replace or revise reporting requirements set forth in the WCIO Workers Compensation Data Specifications Manual, or the Statistical Plan found in the New Jersey Workers Compensation and Employers Liability Insurance Manual. The Guidebook is intended solely as an information resource for insurers, producers and employers.

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SECTION I – Introduction

This guidebook outlines the preferred reporting and correction practices for the submission of New Jersey workers' compensation unit statistical data to the New Jersey Compensation Rating and Inspection Bureau ("Bureau"). It supplements the rules set forth in the Statistical Plan, Part 3, Section 13 of the [New Jersey Workers' Compensation and Employers' Liability Insurance Manual](#) ("The Manual"), which describes the reporting requirements relating to unit statistical data. This guidebook is intended to:

- Provide details and illustrative examples of unit statistical reporting as required by the Statistical Plan;
- Encourage common and effective reporting practices;
- Inform data providers of the Bureau's processes; and
- Provide procedures relating to specific reporting requirements.

SECTION II – Purposes of USR Reporting

The Bureau is the statutorily designated statistical agent and rating organization for New Jersey workers' compensation insurance. Timely and complete unit statistical reporting is necessary for both the ratemaking process and the promulgation of experience rating data.

1. Experience Rating

The Bureau is responsible for the calculation and distribution of experience modifications for workers' compensation policies with New Jersey exposure. Unit statistical data is required to determine whether a risk qualifies for experience rating, and provides the exposure and loss experience from which the ratings are calculated. Further information about the Experience Rating Plan can be found in Part 3, Section 11 of the Manual.

2. Ratemaking

Unit statistical data is one source of information used in the preparation of the Bureau's annual rate filing and to determine class relativities for the Manual rates.

3. Coverage Verification

The Bureau makes policy and coverage data available to meet employers' proof of coverage obligations to the State. Unit statistical data is matched to the coverage data and constitutes the last report of the policy coverage period.

4. Verification of Aggregate Financial Data

Unit statistical data and aggregate financial data reported by insurers are compared to verify the accuracy of both sets of data. Despite timing and definitional differences between the submission and valuation of unit statistical and aggregate financial data, meaningful comparisons can be made between these two sources of data as a test for consistency.

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SECTION III – Submission and Formatting of USR Data

In 1996, the Advisory Statistical Work Group (“ASWG”), a subcommittee of the WCIO, expanded the unit statistical report. This revised format is currently used industry wide.

The Electronic Data Interchange (“EDI”) committee, also a subcommittee of the WCIO, is charged with maintaining countrywide reporting standards for workers’ compensation data. The Bureau utilizes the EDI standards.

The Bureau is a member of the American Cooperative Council on Compensation Technology (“ACCCT”). As a member of ACCCT, the Bureau accepts statistical data via a software program known as the Bureau Entry and Edit Package (“BEEP”). BEEP Allows for the manual entry, import and electronic submission of statistical data.

The Bureau accepts the following data reporting media:

1. Electronic Transmission

The Bureau permits the electronic transmission of USR data which must use the WCSTAT file specifications in the [WCIO Workers Compensation Data Specifications Manual](#).

The file Transfer Protocol (“FTP”) service is available to insurers via the Compensation Data Exchange (“CDX”) or the Bureau’s website, www.njcrib.com. CDX is an ACCCT product which provides member insurers a secure, internet-based method for sending, receiving and managing a wide variety of transactions utilizing WCIO Standards.

2. Hard Copy

Hard copy forms (USR-ASWG-A) may be printed in-house, secured from outside vendors or the Bureau’s website. Forms printed in-house or secured from outside vendors must match the approved WCIO form and be properly aligned to accommodate the data fields. The Bureau recommends that data providers move to the electronic transmission medium.

SECTION IV – WCSTAT Electronic Reporting Requirements

The minimum WCSTAT reporting requirements are set forth below. For complete reporting instructions, refer to the [WCIO Workers Compensation Data Specifications Manual](#).

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1. Record Type Descriptions

Record type code	Record Type	Description
1	Header record	Contains information regarding the policy. This record type is required for USR reports.
2	Risk Name record	Contains the primary name of the insured. This record type is required for USR reports.
3	Risk Address record	Contains the mailing address of the insured. This record type is optional, but desired, for USR reports.
4	Exposure record	Provides detailed exposure data. This record type is required for USR first reports.
5	Loss record	Provides detailed loss data. This record type is required for USR subsequent reports.
6	Unit Total record	Provides totals for each unit report. This record type is required for USR reports.
9	Submission Control record	Provides the total number of records and units contained in a submission. This record is required for each submission of data.

2. Link Data

Link data (the first forty positions of each record) is common to all records. Link data is critical when matching records for a given unit report. Complete link records are required for all WCSTAT records, excluding Record Type code 9.

3. Minimum Record Requirements per Report Type

1 st Report		
MUST CONTAIN THESE RECORDS	CANNOT CONTAIN	MAY CONTAIN
1 & only 1 Record Type Code 1 - Header		Record Type Code 3 - Address
1 & only 1 Record Type Code 2 - Risk Name		Record Type Code 5 - Loss
At least 1 Record Type Code 4 - Exposure		
1 & only 1 Record Type Code 6 – Unit Total		

Exposure Correction		
MUST CONTAIN THESE RECORDS	CANNOT CONTAIN	MAY CONTAIN
1 & only 1 Record Type Code 1 - Header	Record Type Code 5 - Loss	Record Type Code 3 - Address
1 & only 1 Record Type Code 2 - Risk Name		
At least 1 Record Type Code 4 - Exposure		
1 & only 1 Record Type Code 6 - Unit Total		

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Header Correction		
MUST CONTAIN THESE RECORDS	CANNOT CONTAIN	MAY CONTAIN
1 & only 1 Record Type Code 1 - Header	Record Type Code 4 - Exposure	Record Type Code 3 - Address
1 & only 1 Record Type Code 2 - Risk Name	Record Type Code 5 - Loss	
	Record Type Code 6 - Unit Total	

Loss Correction		
MUST CONTAIN THESE RECORDS	CANNOT CONTAIN	MAY CONTAIN
1 & only 1 Record Type Code 1 - Header	Record Type Code 4 - Exposure	Record Type Code 3 - Address
1 & only 1 Record Type Code 2 - Risk Name		
At least 1 Record Type Code 5 - Loss		
1 & only 1 Record Type Code 6 - Unit Total		

Total Correction		
MUST CONTAIN THESE RECORDS	CANNOT CONTAIN	MAY CONTAIN
1 & only 1 Record Type Code 1 - Header	Record Type Code 4 - Exposure	Record Type Code 3 - Address
1 & only 1 Record Type Code 2 - Risk Name	Record Type Code 5 - Loss	
1 & only 1 Record Type Code 6 - Unit Total		

Multiple Correction		
MUST CONTAIN THESE RECORDS	CANNOT CONTAIN	MAY CONTAIN
1 & only 1 Record Type Code 1 - Header		Record Type Code 3 - Address
1 & only 1 Record Type Code 2 - Risk Name		
At least 1 Record Type Code 4 - Exposure		
At least 1 Record Type Code 5 - Loss		
1 & only 1 Record Type Code 6 - Unit Total		

Subsequent Report		
MUST CONTAIN THESE RECORDS	CANNOT CONTAIN	MAY CONTAIN
1 & only 1 Record Type Code 1 - Header	Record Type Code 4 - Exposure	Record Type Code 3 - Address
1 & only 1 Record Type Code 2 - Risk Name		
At least 1 Record Type Code 5 - Loss		
1 & only 1 Record Type Code 6 - Unit Total		

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SECTION V – Notification of Receipt of USR Data

Carriers will receive notification that USR data has been received by the Bureau. The type of notice depends on how the USR data was transmitted to the Bureau.

1. NJCRIB.com

The Bureau will notify the sender of the status of the USR data submission via the primary and alternate email addresses provided when the insurer registered for File Transfer Service through NJCRIB.com.

2. CDX

A system-generated confirmation email is sent from CDX to the file sender once the data file is received by CDX. A second confirmation email is triggered when the Bureau updates the CDX File Status. The second email confirmation notifies the carrier that the data has been rejected or accepted for processing.

SECTION VI – Processing of USR Data

Files received on a particular day are not assured of being processed that same day. Submissions are typically processed within two days. However, files received on Friday will typically be processed on Monday.

Files may be rejected in their entirety if they do not meet the minimum data quality standards.

USRs will be rejected from the submission file if they have fatal errors.

SECTION VII – Testing of USR Data

Carriers must submit test files to the Bureau in order to obtain approval. Carriers must submit test electronic submissions with duplicate hard copy unit reports for verification.

Carriers will be approved to submit production files after the submission of one successful test electronic file. A successful test is a file with no WCSTAT file pre-processing rejection errors; a limited number of other errors; and no discrepancies between the electronic transmission and the hard copy reports. Immediately after processing each file, the Bureau will contact the carrier with the test results.

1. Quantity of Data

Each test file must contain between 25 and 50 unit reports. If this is not possible, contact the Bureau for assistance.

2. Type of Data

Submit “live” production data during the test phase. If “live” production test data is not available, make prior arrangements with the Bureau for the submission of artificial data.

3. Conditions for Testing

The test file must contain one example of each of the following:

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STATISTICAL CONDITIONS REQUIRED FOR TESTING

1. EXPERIENCE MODIFICATION	
2. SPLIT REPORTS	
3. STATISTICAL CODES	
0063 0064	PREMIUM DISCOUNT
0900	EXPENSE CONSTANT
0931	SHORT RATE PENALTY PREMIUM
0935 0936	SURCHARGES
0942	PLAN PREMIUM ADJUSTMENT FACTOR
0945	RETROSPECTIVE RATING PREMIUM
6198 6199 9848	INCREASED E.L. LIMITS
9849	MIN PREM CHARGES (9849 FELA ONLY)
0990	MINIMUM PREMIUM
0998	FLAT RATE INCREASE CHARGE
9874	MCO DEDUCTIONS
9046	PREMIUM CREDIT NJCCPAP
9663	DEDUCTIBLE PREMIUM CREDIT AMOUNT
9740 9741	TRIPRA & CATASTROPHE (other than certified acts of terrorism)
9887 9889	SCHEDULE RATING CREDIT & DEBIT
4. LOSSES	
<u>Injury Type</u>	
1- DEATH	
2- PERMANENT TOTAL	
3- MAJOR	
4- MINOR	
5- TEMPORARY	
6- MEDICAL ONLY	
LOSS CONDITIONS	
US COVERAGE ON STATE CLASS	
<u>All</u> loss conditions must be submitted in accordance with the NJCRIB Statistical Plan.	
5. CORRECTIONS	
NEW LOSS CLAIMS	
ELIMINATED LOSS CLAIMS	
UPDATED LOSS CLAIMS	
NEW EXPOSURE CODES	
ELIMINATED EXPOSURE CODES	
UPDATED EXPOSURE CODES	
<u>Correction Type</u>	
HEADER	
EXPOSURE	
LOSS	
MULTIPLE	
TOTAL	
6. SUBSEQUENT LOSS REPORTS	
NEW CLAIMS	
ELIMINATED CLAIMS	
UPDATED CLAIMS	
7. FIRST REPORTS	
8. IF ANY (NO EXPOSURE) UNIT CARDS	
9. INCIDENTAL PER CAPITA (0910, 0912, 0913 & 0915)	

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SECTION VIII – USR Data Elements Applicable in New Jersey

1. Report Number

Report the one or two-digit numeric code that corresponds to the report level based on the loss valuation date.

Electronic Reporting: Report ‘1’ through ‘9’ and then ‘A’.

Code	Valued as of the:
1	18 th month after the month in which the policy became effective
2	30 th month after the month in which the policy became effective
3	42 nd month after the month in which the policy became effective
4	54 th month after the month in which the policy became effective
5	66 th month after the month in which the policy became effective
6	78 th month after the month in which the policy became effective
7	90 th month after the month in which the policy became effective
8	102 nd month after the month in which the policy became effective
9	114 th month after the month in which the policy became effective
10	126 th month after the month in which the policy became effective

2. Correction Sequence Number

Report the two-digit sequential number that corresponds to the number of correction reports submitted within a particular report level. Exposure and loss corrections on the same report level must be numbered consecutively.

Electronic Reporting: Report ‘1’ through ‘9’ and then ‘A’ through ‘Z’.

3. Correction Type

Report the one-letter code that identifies the type of correction report being submitted.

Code	Description
H	Header
E	Exposure
L	Loss
T	Total
M	Multiple record types

4. Replacement Report Code

Report the code that indicates that the USR is replacing a previously submitted report.

Replacement reports can only be filed if the status of the unit report being replaced is “Rejected”.

5. Carrier Code Number

Report the five-digit code assigned to the reporting company by the NCCI.

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6. Policy Number

Report the complete alpha/numeric policy number that uniquely identifies the policy and will make it possible to locate the policy record in the company files. This number must be identical to the number set forth on the policy Information Page or as endorsed. The policy number must remain the same throughout the life of the policy and for all experience reporting.

7. Policy Effective Date

Report the month, day and year that the policy became effective. This date must be identical to the date set forth in Item 2 of the policy Information Page or as endorsed.

For interstate policies endorsed after the policy effective date to provide coverage for New Jersey, report the effective date of the policy.

For the second and third periods of three-year variable rate policies, report the effective date as one and two years, respectively, subsequent to the policy effective date set forth in Item 2 of the policy Information Page. For the first period, report the policy effective date as shown on the policy Information Page, or as endorsed. If the policy contains a Policy Period Endorsement, then the effective date must coincide with the dates indicated on the schedule of that endorsement.

For the second period of extended-term policies, report the effective date as the date that the second period began as shown in the Policy Period Endorsement.

Electronic Reporting Format: YYMMDD

8. Policy Expiration Date

Report the month, day and year upon which the policy expired.

For mid-term cancelled policies, report the cancellation date as the expiration date.

For policies issued not longer than one year and sixteen days (considered standard one-year term policies), report the expiration date as shown on the policy Information Page.

For the first and second periods of three-year variable rate policies, report the expiration date as one and two years, respectively, subsequent to the policy effective date set forth in Item 2 of the policy Information Page. For the third period, report the policy expiration date as shown on the policy Information Page, or as endorsed. If the policy contains a Policy Period Endorsement, then the expiration date must coincide with the dates indicated on the schedule of that endorsement.

For the first and second period of extended-term policies, report the associated expiration date as shown in the Policy Period Endorsement.

Electronic Reporting Format: YYMMDD

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9. Exposure State

Report the two-digit state code in which coverage has been provided for the classifications and corresponding exposures, if any, and to which the payrolls of claimants have been assigned.

Code	State
29	New Jersey

10. Previous Report Number

Provide the report number code that was previously reported.

11. Previous Correction Sequence Number

Provide the correction sequence number that was previously reported.

12. Previous Carrier Code Number

Provide the carrier code that was previously reported

13. Previous Policy Number

Provide the policy number that was previously reported.

14. Previous Policy Effective Date

Provide the policy effective that was previously reported.

15. Previous Exposure State

Provide the exposure state code that was previously reported.

16. State Effective Date

Report the Endorsement Effective Date if New Jersey coverage was added, mid-term, to an interstate policy.

Electronic Reporting Format: YYMMDD

17. Policy Conditions

This data element is comprised of the following: Three Year Fixed Rate Policy, Multistate Policy, Interstate Rated Policy, Estimated Audit, Retrospective Rated Policy, Cancelled Mid-Term Policy and Managed Care Organization. Report the “Y” (Yes), “N” (No) or “U” (Uncooperative) indicator code as applicable.

A.

Three Year Fixed Rate Policy	
Code	Description
N	This is not a three-year fixed rate policy.

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B.

Multistate Policy	
Code	Description
Y	This is a multistate policy.
N	This is not a multistate policy.

C.

Interstate Rated Policy	
Code	Description
N	This is not an interstate rated policy.

D.

Estimated Audit	
Code	Description
Y	This policy has an estimated exposure.
N	This policy does not have an estimated exposure.
U	Uncooperative

E.

Retrospective Rated Policy	
Code	Description
Y	This is a retrospective rated policy.
N	This is not a retrospective rated policy.

F.

Cancelled Mid-Term Policy	
Code	Description
Y	This policy was cancelled mid-term.
N	This policy was not cancelled mid-term.

G.

Managed Care Organization (MCO) Policy	
Code	Description
Y	This is a managed care organization (MCO) policy.
N	This is not a managed care organization (MCO) policy.

18. Page Number

This is a hard copy field to be used only in risks with multiple pages.

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19. Last Page Number

This is a hard copy field to be used only in risks with multiple pages.

20. Unit Format Submission Code

This is an electronic field only. Use the following code:

Code	Description
A	ASWG format

21. Insured Name

Report the name of the person or business with whom an insurance contract is made and who is specifically designated by name in Item 1 of the policy Information Page or as endorsed.

22. Insured Address

Report the street address, city, state and zip code of the insured as shown in Item 1 of the Policy Information Page or as endorsed. The address record is an optional field.

23. Modification Effective Date

Normally, this is the effective date of the policy. However, when a split period due to an anniversary rating date (ARD) change is reported, report the appropriate dates applicable to the respective exposure periods. Note that, within each exposure period, the modification and rate effective dates must be the same. Furthermore, for electronic reporting, a modification effective date is required on all exposure records.

Electronic Reporting Format: YYMMDD

24. Rate Effective Date

Normally, this is the effective date of the policy. However, when a split period due to an ARD change is reported, report the appropriate dates applicable to the respective exposure periods. Note that, within each exposure period, the modification and rate effective dates must be the same. Furthermore, for electronic reporting, a modification effective date is required on all exposure records.

Electronic Reporting Format: YYMMDD

25. Split Period Code

This is an electronic field only, used to indicate a change in the manual/charged rates or modification factors.

Code	Description
0	First exposure period
1	Second exposure period
2	Third exposure period

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26. Update Type Code

This data element applies to both exposure and loss information. Report the one-letter code that identifies the activity of an exposure or loss record.

Method 1 Previous and Revised Procedure	
Code	Description
P	Previous
R	Revised

Note: Additions of exposure or loss records must be identified by update type “R” only.
Deletions of exposure or loss records must be identified by update type “P” only.
Changes of exposure or loss records must be identified by update types “P” and “R”.

27. Exposure Coverage Act

Report the two-digit code indicating the Act/Law or coverage under which the exposure for this record’s classification code is associated.

Code	Description
00	For Use with Statistical Codes
01	State Act or Federal Act Excluding USL&H
02	USL&H Coverage on “F” and Non “F” Classes

28. Classification Code

Report the four-digit classification code corresponding to the classification assigned to the insured according to the rules of the Manual or the statistical code, under which the basis of premium was actually audited and the insured billed.

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

29. Exposure Amount

This figure constitutes the basis for determining premium on a per classification level. Exposure amount is normally on a payroll basis. Refer to the Statistical plan for classification code exceptions. Report the entire whole dollar exposure amount for each classification assigned to the policy to the nearest whole dollar amount.

30. Manual Rate

Report the rate actually charged per unit of exposure for each classification code.

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31. Premium Amount

Report the premium amount corresponding to each classification. The premium amount for payroll classes is the result of multiplying the exposure by the manual/charged rate divided by 100. Report the premium amount developed by extension of payroll or other exposure amount at the authorized rate to the nearest whole dollar.

For non-exposure classifications, the premium is defined by the classification/statistical code. For other than payroll exposure classifications, the premium is the exposure amount times the manual/charged rate.

32. Experience Modification Factor

Report the factor based on the past experience of the insured that is used to modify an insured's premium. Multiple experience modification factors may apply.

If a change in the experience modification factor occurs after the policy effective date due to an ARD change, then the payrolls, authorized rates and corresponding premiums must be split.

33. Total Subject Premium

Report the sum of premium amounts subject to experience modification prior to the application of the modification factor. For exposure corrections, this must be the revised total amount.

34. Total Modified Premium

This is a hard copy field only. Report the sum of premium amounts subject to experience modification after the application of the modification factor. For exposure corrections, this must be the revised total amount.

35. Total Standard Exposure

Report the sum of all payroll exposure amounts to be included in standard exposure. For exposure corrections, this must be the revised total amount.

36. Total Standard Premium

Report the sum of all premium dollars, both subject to modification and not subject to modification, to be included in standard premium. For corrections, this must be the revised total amount.

37. Claim Number

Report the alphanumeric number that uniquely identifies the claim. The complete claim number must remain the same throughout the life of the claim. Claim number is not reported if the insurer elects the claim grouping option (discontinued for policies effective on or after 1/1/13).

38. Accident Date/Number of Claims

Report the month, day and year on which the injury occurred.

For hard copy reporting, the grouped claim count is reported in the Accident Date/Number of Claims field (discontinued for policies effective on or after 1/1/13). Claim count is not reported for individually listed claims on hard copy.

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For electronic reporting, this field applies only to individually listed losses. Leave blank when reporting grouped losses (discontinued for policies effective on or after 1/1/13).

Electronic Reporting Format: YYMMDD

39. Claim Count

This is an electronic field only. Report the claim count as defined by the Statistical Plan. This field is never left blank or zero-filled. For grouped claims, report the number of claims in the grouping.

40. Incurred Indemnity

Report the whole dollar amount of incurred indemnity, including all paid and outstanding reserve benefits due to an employee's lost wages or inability to work including compensation paid to the deceased prior to death, burial expenses, claimant's attorney fees, vocational rehabilitation, payments to the state and employers' liability losses and expenses as of the valuation date.

Note: Allocated Loss Adjustment Expenses for other than employers' liability coverage must be excluded from incurred indemnity loss amounts.

41. Incurred Medical

Report the whole dollar amount of incurred medical, including all paid and outstanding reserve benefits as of the loss valuation date.

42. Loss Classification Code

Report the appropriate four-digit classification code where the payroll of the claimant was reported. No claims should be charged to a classification if no exposure was reported.

43. Injury Code

Report the two-digit code that identifies under which provision of the law benefits are paid or expected to be paid.

Code	Description
01	Death
02	Permanent Total Disability
03	Major Permanent Partial Disability
04	Minor Permanent Partial Disability
05	Temporary Total Disability
06	Non-Compensable Medical Claims – Also known as Medical Only claims

44. Status Code

Report the one-digit code that indicates the status of the claim.

Code	Description
0	Open
1	Closed

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45. Loss Conditions

This data element is comprised of the following: Loss Coverage Act, Type of Loss, Type of Recovery, Type of Claim and Type of Settlement. Report the two-digit codes that correspond to each data element.

A.

Loss Coverage Act	
Code	Description
01	State Act or Federal Act – Excluding USL&H
02	USL&H Coverage on “F” and Non “F” classes

B.

Type of Loss		
Code	Description	Definition
01	Trauma	An injury resulting in disability or death traceable to a definite compensable accident occurring during the employee’s employment which cannot be classified as either a Disease Loss or Cumulative Injury as defined below.
02	Occupational Disease	Any condition resulting in disability or death not traceable to a definite accident occurring during the employee’s employment. The condition is caused by exposure to a disease-producing agent(s) present in the worker’s occupational environment. In order for a claim to be coded as a disease claim, it must have resulted from repetitive exposure extending over a period of time. Claims which arise from single identifiable incidents should not be coded as disease claims even though they may have been caused by inhalation, absorption, ingestion or environmental factors.
03	Cumulative Injury other than disease	Any injury which results in a disability or death and is not traceable to a definite compensable accident occurring during the employee’s employment. The injury occurs from, and is aggravated by, a repetitive-related activity.

C.

Type of Recovery	
Code	Description
01	No recovery
02	Second Injury Fund Only
03	Subrogation Only (Third Party)
04	Subrogation with Second Injury Fund (Third Party)

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D.

Type of Claim		
Code	Description	Definition
01	Workers Compensation (Part One) Only	Claim incurred under provisions of Part One of the Workers Compensation & Employers Liability Insurance Policy.
02	Employers Liability (Part Two) Only	Claim incurred under provisions of Part Two of the Workers Compensation & Employers Liability Insurance Policy.
03	Combination of Workers Compensation (Part One) and Employers Liability (Part Two)	Claim incurred under provisions of both Part One and Part Two of the Workers Compensation and Employers Liability Insurance Policy.
04	Liability Over	Refers to a particular Employer's Liability coverage situation where a third party, who is being sued by an employee, in turn sues the employer. Any damages incurred by the employer are classified as liability over, and are in addition to compensation payments made to the injured employee.

E.

Type of Settlement		
Code	Description	Definition
00	Claim not subject to settlement	
03	Stipulated Award (carrier/ claimant settlement)	A settlement agreed to by the claimant and the carrier.
04	Findings and Award (judicial award)	An award issued by a Judge of Compensation on evidence presented.
05	Dismissal or take nothing	A claim dismissed after judicial review or the claimant fails to pursue the claim.
06	Compromise – Section 20	A judicial settlement over the issues of applicability and extent of injury in accordance with N.J.S.A. 34:15-20.

46. Jurisdiction State

Report the two-digit state code of the governing jurisdiction that will administer the claim and whose statutes will apply to the claim adjustment process when that state code is different from the exposure state code.

47. Catastrophe Number

Any accident resulting in a compensable injury to two or more persons shall be considered a catastrophe. In reporting catastrophes, all claims resulting from the accident shall be designated by the numeral (1). If there is more than one catastrophe under the policy, each succeeding catastrophe should be designated by means of a separate sequential number (2), (3), etc., up to and including (10). After number (10) is assigned, the next number in the sequence will reprocess to number (1). Numbers (11) through (99) are reserved for ISO assigned catastrophe codes.

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48. MCO Type Code

Report the two-digit code to identify whether the claim is administered by an approved Managed Care Organization.

Code	Description
00	Claim not administered by an approved managed care organization program.
01	Claim is administered by an approved managed care organization program.

49. Injury Description Codes

This data element is comprised of the following elements: Part of Body, Nature of Injury and Cause of Injury. This data element is not required for closed grouped medical only claims (discontinued for policies effective on or after 1/1/13).

A. Part of Body

Report the two-digit code that represents the part of body for a given claim.
Refer to the 'Injury Description Code Table' in the Statistical Plan for applicable codes.

B. Nature of Injury

Report the two-digit code that represents the nature of injury for a given claim.
Refer to the 'Injury Description Code Table' in the Statistical Plan for applicable codes.

C. Cause of Injury

Report the two-digit code that represents the cause of injury for a given claim.
Refer to the 'Injury Description Code Table' in the Statistical Plan for applicable codes.

50. Occupation Description

Report a narrative description of the regular occupation of the injured worker.

51. Paid Indemnity

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

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

52. Paid Medical

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

53. Claimant's Attorney Fees

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

54. Employer's Attorney Fees (Optional Data Element)

Report the whole dollar amount paid plus outstanding reserves for employer's legal representation during the settlement of the claim as of the loss valuation date.

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55. Weekly Wage (Optional Data Element)

Report the actual weekly wage amount at the date of the injury upon which the indemnity benefits are based. Report whole dollars only.

56. ALAE Paid

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

57. ALAE Incurred (Optional data Element)

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

58. Total Number of Claims

Report the total number of claims within the policy. In the case of loss corrections or subsequent reports, this must be the revised total.

59. Total Incurred Indemnity

Report the total of the incurred indemnity amount within the policy. In the case of loss corrections or subsequent reports, this must be the revised total.

60. Total Incurred Medical

Report the total of the incurred medical amount within the policy. In the case of loss corrections or subsequent reports, this must be the revised total.

61. Total Paid Indemnity

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

62. Total Paid Medical

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

63. Total Claimant's Attorney Fees

Report the total of the incurred claimant's attorney fees reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.

64. Total Employer's Attorney Fees (Optional Data Element)

Report the total of the incurred employer's attorney fees reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.

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65. Total ALAE Paid

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

66. Total ALAE Incurred (Optional Data Element)

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

SECTION IX – Pre-delinquent, Due and Delinquent Data

Unit statistical data must be reported for any and all workers' compensation policies reported in New Jersey. When coverage information is sent to the Bureau and a policy record created, a unit report must follow at a later date based on the valuation dates for report levels set for the policy effective date. During the period of time from policy issuance until the first valuation of losses, the first report USR is termed "pre-delinquent."

The premium and losses of each policy are first valued as of eighteen (18) months after the policy effective date, and must be reported no later than twenty (20) months after the policy effective date.

Unit statistical reports are termed "due" from the first possible day of valuation until the data is overdue. First reports are due beginning on the first day of the 18th month through the fifteenth day of the 20th month from the policy effective date.

First reports not submitted by the fifteenth day of the 20th month are "delinquent" and subject to financial penalties.

Subsequent report valuations are at 30, 42, 54, 66, 78, 90, 102, 114 and 126 months, respectively, after the policy effective date. The subsequent reports must be submitted no later than the fifteenth day of the 32, 44, 56, 68, 80, 92, 104, 116, and 128 months, respectively, after the policy effective month.

Subsequent reports are required when:

1. The previous report contained open claims;
2. One or more claims are reopened;
3. Previously unreported claims have become known; or
4. There are changes in the loss valuation of one or more claims.

Subsequent reports are "pre-delinquent" from the prior report with open claims until the valuation for the subsequent report.

Subsequent reports are "due" from the first possible day of valuation until the day the data is overdue.

Subsequent reports are "delinquent" if not received by the Bureau by the due date, and become subject to financial penalties.

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SECTION X – Pre-delinquent and Delinquent listings – WCCNTL

Pre-delinquent and delinquent listings are distributed to carriers via regular mail or electronically via Workers Compensation Control Listings (“WCCNTL”). The hard copy pre-delinquent list is mailed on the first work day of each month, and the delinquent list no later than the nineteenth day.

Data providers may also obtain this data electronically via WCCNTL (the WCIO standard electronic reporting format for pre-delinquent and delinquent listings). In order to receive and return this data electronically carriers must contact the Bureau. Bureau contact information can be found in Section XVIII of this guidebook.

The insurer response fields found in the paper and electronic listings are “advisory notices” only, and are not substitutes for required notices of cancellation, reinstatements, policy submissions or endorsements. Missing policy data must be filed with the Bureau in the appropriate manner prior to the submission of the unit statistical reports.

SECTION XI – Monetary Sanctions

In accordance with section 3:13 of the Manual, all members of the Bureau must report the required unit statistical data in a timely, accurate and complete manner.

1. USR Time Line Schedule

<u>Policy Effective</u>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
	:	:	:	:	:	:	:	:	:	:	:	:
<u>Pre-delinquent List</u> (14 months)	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
	:	:	:	:	:	:	:	:	:	:	:	:
<u>Claims to be Valued</u> (18 months)*	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	:	:	:	:	:	:	:	:	:	:	:	:
<u>Reports to be Filed</u> (19 ½ months)*	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
	:	:	:	:	:	:	:	:	:	:	:	:
<u>Delinquent List</u> (20 ½ months)	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
	:	:	:	:	:	:	:	:	:	:	:	:
<u>Subject to Fines</u> (21 ½ months)	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct

***For additional details, see Section 3:13-7 in the Statistical Plan.**

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2. Delinquent USRs

Any Carrier or Carrier group with fifty (50) or more delinquent reports in one month will be assessed a monetary sanction of \$50.00 per report per delinquent month or any part thereof until the required unit statistical reports are filed and accepted by the Bureau.

3. USRs with Data Quality Issues

Any Carrier or Carrier group with more than one hundred unit statistical reports in error (edit status severity code 2, 3 & 4) and an error rate of 10% and higher of USRs filed in one month, is subject to a monetary sanction of \$25.00 for each error-filled USR.

SECTION XII – Editing of USRs by NJCRIB

When Carriers use BEEP to enter USR data, some of the data is edited and validated prior to submission to the Bureau. When the unit statistical data is processed in the Bureau's system, that data is then validated by another extensive and comprehensive edit process.

1. Edit Status and Severity

The status of a USR is determined by the severity of the edits appearing on that particular USR.

Status	Severity
Accepted With Warnings (AWW)	1
Rejected	2
Accepted With Errors (AWE)	3
Critical Errors	4

- **Accepted With Warnings** are those USRs which contain questionable errors. Carriers will have to review these USRs and verify that whatever was reported is correct and submit either written notifications to that effect or correction reports.
- **Rejected** are those USRs with fatal errors which cannot be processed by the Bureau. In order to resolve these errors carriers will have to submit replacement USRs, correction reports or file the necessary Policy data (policy, endorsements, cancellation and reinstatement notices), so that USRs can be processed and entered in the Bureau's database.
- **Accepted With Errors** are those USRs that contain non-fatal errors, which require correction reports or supporting documentation (policy data) to be filed with the Bureau.
- **Critical Errors** are fatal errors that require immediate attention from the Carrier and/or the Bureau.

2. Error Reports

Daily and monthly follow-up error reports are sent via regular mail to the unit statistical contact for the carrier.

3. Criticism Letters

Criticism letters are sent via regular mail to the unit statistical contact for the carrier.

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4. Edit Error Message List

▪ **Severity Status Code.**

Identifies the severity of the edits appearing on a USR, for additional information please refer to “Edit Status and Severity” in Section XII .

▪ **Preliminary Error.**

The edits flagged by the ‘Y’ (Yes) code identify the edits that are used to evaluate Data Quality of submissions. The system rejects any submission that has or exceeds 20 % (threshold) of these errors.

▪ **Auto Load Reject Error.**

Submissions that include any USR with edits flagged with the ‘Y’ (Yes) code will be automatically rejected by the system.

▪ **Auto Fail/Reject Error.**

If a USR contains any of the edits flagged with ‘Y’ (Yes) code, the system will automatically flag the USR for rejection.

Edit #	Edit Error Message	Severity Status Code	Preliminary Error	Auto Load Reject Error	Auto Fail/Reject Error	WCIO WCESTAT Error #
000001	USR has more than 1 header record.	2	Y	Y	N	01041008
000002	Name record (type=2)-either none or more than 1 is reported.	2	Y	Y	N	02041000
000003	USR must have 1 and only 1 Totals record.	2	Y	Y	N	06041000
000004	Exposure Class code is invalid or expired.	2	Y	N	N	04043000
000005	Correction Type Code is invalid.	4	N	N	N	01122000
000007	Injury Code (Injury Type) is invalid.	2	Y	N	N	05079000
000008	State Code is not Acceptable.	2	Y	Y	N	01031002
000026	Three-Year Fixed Rate Policy Indicator is invalid.	2	N	N	N	01146002
000027	Multistate Policy Indicator is invalid.	2	N	N	N	01147000
000028	Interstate Rated Policy Indicator is invalid.	2	N	N	N	01148000
000029	Policy Condition - Estimated Audit Code - is invalid.	2	N	N	N	01149000
000030	Retrospective Rated Policy indicator is invalid.	2	N	N	N	01150000
000031	Canceled Mid-Term Policy Indicator is invalid.	2	N	N	N	01151000
000032	Managed Care Organization (MCO) Policy indicator is invalid.	2	N	N	N	01152000

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Edit #	Edit Error Message	Severity Status Code	Preliminary Error	Auto Load Reject Error	Auto Fail/Reject Error	WCIO WCESTAT Error #
000034	Exposure Update Type is invalid.	4	N	N	Y	04121000
000035	Exposure Coverage Code (ACT) is invalid.	2	N	N	N	04123000
000037	Loss Update Type is invalid.	4	N	N	Y	05121000
000038	Claim Status is invalid.	2	N	N	N	05073000
000039	Loss Conditions - Type of Loss - is invalid.	2	N	N	N	05125000
000040	Type of Recovery is invalid.	2	N	N	N	05127000
000041	Type of Claim is invalid.	2	N	N	N	05129000
000042	Type of Settlement is invalid.	2	N	N	N	05131000
000043	Loss Conditions - ACT - is invalid.	2	N	N	N	05123000
000044	MCO Type is invalid.	2	N	N	N	05142001
000045	Part of Body is invalid.	2	N	N	N	05144000
000046	Nature of Injury is invalid.	2	N	N	N	05146000
000047	Cause of Injury is invalid.	2	N	N	N	05148000
000048	Exposure amount must be zero for statistical codes.	2	Y	N	N	04067006
000051	Exposure Amount must be zero for this Class Code.	2	N	N	N	04067004
000052	Loss record is not allowed for this Class Code.	2	N	N	N	05043002
000053	Premium Amount is incorrect.	2	N	N	N	04077001
000055	Incorrect mod effective date.	2	N	N	N	N/A
000056	ASWG Unit Submission Indicator is invalid.	4	N	N	Y	01250000
000058	Exposure Class Code - Codes 0063 and 0064 should not be on the same policy.	2	N	N	N	04043011
000059	Rate Effective Date is incorrect.	2	N	N	N	04061009
000060	Multiple Effective Date of Rate values supplied within the same split period.	2	N	N	N	04061005
000061	Split Period Indicator is invalid.	2	N	N	N	04093000
000063	Number of Claims is incorrect.	2	N	N	N	05051001
000064	Accident Date is outside of policy period.	2	N	N	N	05055002
000065	Claim Number is invalid.	2	N	N	N	05061000
000066	Duplicate Claim Number is not allowed.	2	N	N	N	05061002
000068	Incurred Indemnity amount cannot be 0 for this Injury Code.	2	N	N	N	05083014
000069	Incurred Indemnity amount must be zero for this Injury Code.	2	N	N	N	05083001
000071	There must be 2 or more claims for each distinct catastrophe.	2	N	N	N	05081004
000072	Catastrophe numbers are not in sequence.	2	N	N	N	05081005

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Edit #	Edit Error Message	Severity Status Code	Preliminary Error	Auto Load Reject Error	Auto Fail/Reject Error	WCIO WCESTAT Error #
000074	The Accident Date must be the same for every loss included in the catastrophe.	2	N	N	N	05055005
000075	Group Claims may not be included in a catastrophe.	2	N	N	N	05081001
000076	Number of Claims indicates a group claim; Incurred Indemnity must be zero.	2	N	N	N	05051003
000080	Jurisdiction State is invalid.	3	N	N	N	05140000
000081	MCO Type is either invalid, or not compatible with the Policy Condition.	2	N	N	N	05142000
000082	Paid Indemnity (Amount) cannot be greater than Incurred Indemnity (Indemnity Amount).	2	N	N	N	05174001
000083	Paid Medical (Amount) cannot be greater than Incurred Medical (Medical Amount).	2	N	N	N	05183001
000084	Carrier Code is invalid.	2	Y	N	N	01001000
000085	Matching policy not found.	4	Y	N	Y	01006000
000086	Exposure State is not the bureau state code.	2	Y	Y		01031001
000087	Report is too early for policy entered.	2	N	N	N	01039005
000089	Report received out of sequence.	4	N	N	N	01039006
000091	Policy Expiration or Cancellation Date does not match the Expiration Date of the reported policy.	2	N	N	N	01055001
000092	Correction type must be compatible with actual data changed.	2	N	N	N	01122008
000093	State Effective Date is invalid.	2	N	N	N	01123000
000094	Canceled Mid-Term Policy Indicator is not consistent with policy.	2	N	N	N	01151001
000096	Previous Carrier Code is invalid.	2	N	N	N	01193000
000097	Previous Policy Number is invalid.	2	N	N	N	01198000
000098	Previous Policy Effective Date is invalid.	2	N	N	N	01216000
000099	Previous Exposure State is incorrect.	2	N	N	N	01222001
000100	Policy Effective Date is not consistent with the ASWG Approval Date and/or the Effective Date of Policy.	2	N	N	N	01033004
000101	Name of Insured is either blank or contains nonprintable characters.	2	Y	N	N	02042000
000103	Multiple revised exposure records in the same split period with the same non-standard Class Code.	2	N	N	N	04041006
000104	Paid Indemnity (Amount) should match Incurred Indemnity (Indemnity Amount) if claim is closed.	3	N	N	N	05174002

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Edit #	Edit Error Message	Severity Status Code	Preliminary Error	Auto Load Reject Error	Auto Fail/Reject Error	WCIO WCESTAT Error #
000105	Paid Medical (Amount) should match Incurred Medical (Medical Amount) if claim is closed.	3	N	N	N	05183002
000106	Multiple exposure records in the same split period with the same Class Code and Exposure Coverage Code (ACT) for this USR.	2	N	N	N	04041007
000108	Previous exposure line not found.	2	N	N	N	04041010
000109	Previous loss line not found.	2	N	N	N	05048005
000111	Exposure Total - Payroll is incorrect.	2	Y	N	N	06042001
000113	Subject Premium Total is incorrect.	2	Y	N	N	06063001
000114	Subject Premium Total exceeds (NJ 850 or 900) and there are exposure records with class code 0990 with premium > 0.	1	N	N	N	04077027
000115	Subject Premium Total premium exceeds \$50,000 and total indemnity and total medical are 0.	1	N	N	N	06063003
000116	Standard Premium Total is incorrect.	2	Y	N	N	06073003
000117	Number of Claims Total is incorrect.	2	N	N	N	06084001
000118	Incurred Indemnity Total is incorrect.	2	Y	N	N	06089001
000119	Incurred Medical Total is incorrect.	2	Y	N	N	06099001
000120	Number of Records in Unit Report is incorrect.	2	Y	N	N	06109001
000122	Total Paid Indemnity is incorrect.	3	N	N	N	06123001
000123	Total Paid Medical is incorrect.	2	N	N	N	06133001
000124	USR must have at least one Exposure Record on a Report 01 Correction 00.	2	N	N	N	01039002
000125	There must be at least 1 Exposure Record and no Loss records on this USR.	2	N	N	N	01122004
000126	Exposure Update Type is invalid for 1st Report.	2	N	N	N	04121001
000130	Accident Date is invalid.	2	N	N	N	05055000
000131	Policy Expiration or Cancellation Date is invalid.	2	N	N	N	01055000
000132	Policy Effective Date is invalid.	2	N	N	N	01033001
000133	Invalid numeric or date field in total record.	2	N	N	N	06041001
000134	Rate Effective Date is invalid.	2	N	N	N	04061006
000135	Loss Class Code not reported in exposure Class Codes.	2	Y	N	N	05043013
000137	Record Type is invalid.	2	N	N	N	01041000
000138	Below the line class contains an experience mod other than zero.	2	N	N	N	04043060

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Edit #	Edit Error Message	Severity Status Code	Preliminary Error	Auto Load Reject Error	Auto Fail/Reject Error	WCIO WCESTAT Error #
000139	Correction report reduced total payroll, non-payroll and standard premium to zero.	1	N	N	N	01040004
000141	Split Indicator must start with zero and the reported split periods must be in chronological order.	2	N	N	N	04093001
000142	Exposure coverage code (ACT) is invalid for Class Code.	2	N	N	N	04123002
000148	Error matching previous and revised Exposure records.	4	N	N	Y	04041001
000149	Error matching previous and revised loss records.	4	N	N	Y	05061010
000150	Policy is canceled flat.	2	N	N		01006001
000153	This is a correction to a USR that has not been received.	4	N	N	Y	01040001
000154	Unit Level previously processed.	4	Y	N	Y	01039018
000155	Multiple experience Modification Effective Date values supplied within the same split period.	2	N	N	N	04055007
000156	Multiple Experience Modification values supplied within the same split period.	2	N	N	N	04051005
000158	Loss declared - There are loss records in accepted with this class code.	2	Y	N	N	05043014
000161	Report out of sequence with prior reports.	4	Y	N	N	01039020
000163	Loss declared and Premium Amount for Class Code is zero.	2	N	N	N	04077010
000164	Contract medical losses identified by injury code of 07 are not valid.	3	N	N	N	05079001
000165	Link Data in submission control record must be filled with "9"s.	2	Y	Y	N	09001000
000166	Detail Record Count in the submission control record is incorrect.	2	N	Y	N	09042001
000167	Total Unit Reports Submitted in the submission control record is incorrect.	2	N	Y	N	09050000
000168	ASWG Tape Submission Indicator - is either incorrect and/or the carrier is not approved to submit as indicated.	2	Y	N	N	09250000
000169	The submission must contain a Submission Control Record.	2	Y	Y	N	09041000
000170	The letter of transmittal Detail Record Count must match the actual detail record count on tape.	2	Y	Y	N	09042002
000171	The letter of transmittal Total Unit Reports Submitted must match the actual Unit Reports Count on tape.	2	N	Y	N	09050001

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Edit #	Edit Error Message	Severity Status Code	Preliminary Error	Auto Load Reject Error	Auto Fail/Reject Error	WCIO WCESTAT Error #
000172	Carrier is not approved to file first reports in ASWG format.	2	N	Y	N	01001005
000173	Carrier is not approved to file subsequent reports in ASWG format.	2	N	Y	N	01001006
000174	Carrier is not approved to file premium correction reports in ASWG format.	2	N	Y	N	01001007
000175	Carrier is not approved to file loss correction reports in ASWG format.	2	N	Y	N	01001008
000176	Open claim(s) on previous report not reported on this subsequent report.	2	N	N	N	05073005
000182	ASWG Unit Submission Indicator for the subsequent or correction report does not match the previous report's Indicator.	4	N	N	Y	01250001
000184	This tape has PRE-ASWG USR's with a policy effective date greater than or equal to the ASWG deadline date.	2	N	N	N	01033000
000186	A subsequent USR must have at least 1 loss record.	2	N	N	N	01039000
000188	Intrastate experience mod does not match the mod in the rating table.	3	N	N	N	04051001
000192	Correction rpt reduced Standard Premium Total to zero.	2	N	N	N	06073002
000193	Exposure Class Code - This class code conflicts with another class code.	1	N	N	N	04043013
000194	Data receiver code in transmittal record on tape does not match current state code.	2	Y	Y	N	N/A
000195	Allocated Loss Adjustment Expense (ALAE) - Paid (Amount) - is invalid.	1	N	N	N	05230000
000197	Total ALAE Paid is incorrect.	2	N	N	N	06163001
000198	Exposure supplied and Manual Rate is zero.	2	N	N	N	04086003
000199	Either the Exposure Amount exceeds the threshold amount for change, or the previous exposure has been decreased to zero.	1	N	N	N	04067002
000201	Split indicator must start with zero and the reported split periods must be in chronological order.	2	N	N	N	04093001
000202	Exposure Class code is invalid for State or for Policy Effective Date.	2	N	N	N	04043001
000204	Expense constant amount too large.	3	N	N	N	04043046
000206	Premium discount too Large	1	N	N	N	04043063
000211	Verify large exposure amount.	1	N	N	N	04043066
000212	Verify the large premium amount	1	N	N	N	04077029
000215	"F" classification without appropriate exposure coverage act.	2	N	N	N	04043047

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Edit #	Edit Error Message	Severity Status Code	Preliminary Error	Auto Load Reject Error	Auto Fail/Reject Error	WCIO WCESTAT Error #
000216	Exposure Coverage Act indicates that Manual/Charged Rate should reflect USL&H factor.	3	N	N	N	04086008
000217	Manual/Charged Rate is incorrect.	3	Y	N	N	04086009
000226	There appears to be a gap in coverage.	1	N	N	N	01033006
000228	Assigned Risk policies can not have premium discount.	2	N	N	N	04043100
000229	Assigned Risk policies cannot have retro revisions.	3	N	N	N	01150002
000230	Assigned Risk policies must be single state.	3	N	N	N	01147003
000231	Assigned Risk policies can not have large deductible provisions.	3	N	N	N	04043101
000232	Premium on this single state policy appears to be too small for retrospective rating provisions.	1	N	N	N	01150003
000235	Claim has remained open too long to be coded as a temporary claim.	1	N	N	N	05079010
000236	Incurred Indemnity is too large for a claim coded as temporary.	3	N	N	N	05079016
000237	Verify large indemnity incurred.	1	N	N	N	05083007
000238	Verify large medical incurred.	1	N	N	N	05092002
000239	Verify large indemnity paid.	1	N	N	N	05174003
000240	Verify Large Medical Paid	1	N	N	N	05183003
000245	Verify the lack of ALAE (Allocated Loss Adjustment Expense) Paid on this large claim.	1	N	N	N	05230001
000247	Verify lack of claimant's attorney fees on this large claim.	1	N	N	N	05192002
000248	The Claimants Attorney fees reported on this claim must also be recorded as indemnity loss.	3	N	N	N	05192003
000253	Nature of injury code does not support Type of loss code. If the nature of injury is 01-59 type of loss must be 01. If the nature of injury is 60-68 type of loss must be 02 or 03. If nature of injury is 69 or 70 type of loss can be 01, 02, or 03.	3	N	N	N	05146002
000260	Negative loss amount.	2	N	N	N	05083008
000263	Claim Count and at least one loss amount are inconsistent.	3	N	N	N	05051007
000273	Total Claimant's Attorney Fees is incorrect.	3	Y	N	N	06143001
000415	This USR has a report level that is greater than 05 for this policy effective date.	4	N	N	Y	01039016
000416	Exposure or premium is not allowed on subsequent reports.	2	N	N	N	04041009

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Edit #	Edit Error Message	Severity Status Code	Preliminary Error	Auto Load Reject Error	Auto Fail/Reject Error	WCIO WCESTAT Error #
000421	Invalid accident date for claim submitted with Catastrophe Code 48.	2	N	N	N	05081016
000422	Invalid policy effective date for claim submitted with Catastrophe Code 48.	2	N	N	N	05081017
000423	The estimated exposure indicator has been filed. Audited data is required.	1	N	N	N	01149002
000427	Duplicate USR exists.	2	Y	N	N	01039003
000434	Death claims with catastrophe code 48 require injury part and nature equal 90, and injury cause equal to 89.	2	N	N	N	05081006
000438	The USR policy effective date is prior to the Class Code effective date.	2	Y	N	N	04043045
000439	Loss record is not allowed for Class Code 9740.	2	N	N	N	05043017
000440	Class 9740 should be reported for the approved date range.	3	N	N	N	04043053
000454	Exposure Class Code-9046-Construction credit not applied.	3	N	N	N	04043012
000455	Class not authorized.	3	N	N	N	04043029
000456	CPAP credit reduces standard premium below minimum.	2	N	N	N	06073008
000462	USR reports deductible provisions but endorsement is not part of the original policy.	3	N	N	N	04043061
000463	USR reports retrospective rating but endorsement is not part of the original policy.	3	N	N	N	01150004
000466	Allocated Loss Adjustment Expense (ALAE)-Paid is a required data element. Please verify in writing that no expenses were incurred.	1	N	N	N	05230003
000467	Multistate Policy Indicator is inconsistent with policy.	1	N	N	N	01147002
000468	Type of Loss-Loss Condition code 03-Workers Compensation including Employers Liability, has been reported with injury code 06.	2	N	N	N	05129001
000472	Paid Medical and Paid Indemnity cannot be zero for report levels 6 through 10.	1	N	N	N	05183005
000476	Report number is greater than 10.	4	N	N	Y	01039015
000484	Manual/Charged Rate is incorrect.	3	Y	N	N	04086009
000485	Verify large medical amount without indemnity losses.	1	N	N	N	05092007
000486	Warning- Accident Date has changed.	1	N	N	N	05055006
000487	Verify repeating exposure or premium digits.	1	N	N	N	04067007
000488	USR was reported with an unacceptable replacement indicator.	2	N	N	N	01105002

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Edit #	Edit Error Message	Severity Status Code	Preliminary Error	Auto Load Reject Error	Auto Fail/Reject Error	WCIO WCESTAT Error #
000489	Verify repeating digits in loss amounts.	1	N	N	N	05183006
000491	Verify that audited payroll has been reported.	1	N	N	N	04067008
000493	Claim has same accident date as another catastrophe but a different catastrophe number.	3	N	N	N	05081011
000494	Verify replacement report not reporting claim records.	1	N	N	N	01105003
000496	Verify large premium risk without corresponding losses.	1	N	N	N	06099002
000501	Corrections to the correction sequence number are not allowed.	4	N	N	Y	01192003
000503	Header corrections not allowed on report / correction of 01 / 00 or report levels greater than 01.	4	N	N	N	N/A
000504	Header link data corrections not allowed at report levels greater than 01 and previous fields must be different than link data fields.	4	N	N	N	01122012
000505	Max number of attempts reached during USR Correction Processing. Unable to apply corrections - Staff intervention is required.	4	N	N	N	N/A
000506	Error processing Link Data Correction during USR Correction Processing. Unable to apply corrections.	4	N	N	N	01006006
000507	Header link data corrections are not allowed when subsequent USRs exist for the policy.	4	N	N	N	01193004
000508	Update Type of C found on USR - Change records are not allowed in USR Correction Processing.	4	N	N	N	04121007
000509	Invalid Jurisdiction State for claim with Catastrophe Code 87.	2	N	N	N	05140003
000510	Invalid accident date for claim submitted with Catastrophe Code 87.	2	N	N	N	05081013
000511	Invalid loss type for claim submitted with Catastrophe Code 87.	2	N	N	N	05125006
000512	Invalid Cause of Injury for claim submitted with Catastrophe Code 87.	2	N	N	N	05148001
000514	No premium reported for class 9740 or 9741.	3	N	N	N	04043042
000515	A-rate class code is not approved.	2	Y	N	N	04043037
000517	Open indemnity claim without indemnity paid.	1	N	N	N	05174004
000518	Open medical claim without medical paid.	1	N	N	N	05183004

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Edit #	Edit Error Message	Severity Status Code	Preliminary Error	Auto Load Reject Error	Auto Fail/Reject Error	WCIO WCESTAT Error #
000519	Open medical claim on 3rd report or higher without medical paid and incurred medical less than \$1000.	3	N	N	N	05183007
000520	Loss cannot be coded to class 9741.	2	N	N	N	05043015
000521	Class 9741 should be reported for the approved date range.	3	N	N	N	04043054
000531	This replacement unit deleted a USR with the same link data that contained Notes. Please review the USR Notes on the deleted unit before taking any action.	2	N	N	N	N/A
000538	The premium discount reported does not match the premium discount selection filed by the carrier.	3	N	N	N	04043038
000539	The rating reported on the USR does not match the rating issued by our ratings system.	3	N	N	N	04051003
000540	The rating reported on the USR does not agree with the most recent version of the rating issued by our system.	3	N	N	N	04051004
000542	Modification Effective Date cannot be prior to the policy effective date by a year or more.	2	N	N	N	04055000
000543	Modification Effective Date cannot be greater than or equal to the policy expiration date.	3	N	N	N	04055001
000544	Modification Effective Date cannot be greater than the policy effective date for split 0.	3	N	N	N	04055002
000546	Warning - Part 65 (Insufficient info to properly identify-unclassified) reported. Please review.	1	N	N	N	05144001
000547	Catastrophe code not approved.	2	N	N	N	05081010
000552	Second injury fund reported for injury other than death or permanent total.	1	N	N	N	05127005
000553	If correction type code is present, correction sequence number must be greater than '00'.	2	N	N	N	01122013
000571	Rate Effective Date cannot be greater than or equal to the policy expiration date.	2	N	N	N	04061007
000572	The grouped claim reporting option is no longer a reporting option. All claims must be listed individually with the appropriate claim number.	2	Y	N	N	05051005
000573	Losses cannot be closed without payment when paid amounts were reported on the previous loss records. A revised loss record is required.	2	N	N	N	05073010

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Edit #	Edit Error Message	Severity Status Code	Preliminary Error	Auto Load Reject Error	Auto Fail/Reject Error	WCIO WCESTAT Error #
000575	An Accepted USR already exists within this Coverage Group for the same Effective Date. Please review.	2	N	N	N	01033009
000583	Warning: The occupation description must be reported.	1	N	N	N	05150001
000584	Occupation description “Unknown” and or ‘Worker” are not valid descriptions.	3	N	N	N	05150002
000585	Claimants’ Attorney Fees Incurred amount exceeds Incurred Indemnity amount.	2	N	N	N	05192001
000586	0935 Incorrect surcharge premium amount.	3	Y	N	N	04043079
000587	0936 Incorrect surcharge premium amount.	3	Y	N	N	04043080
000588	Required DTEC (9741) premium not reported.	3	N	N	N	04043084
000589	The reported DTEC (9741) premium \$ _ is not equal to the Bureau calculated premium \$ _.	3	N	N	N	04043087
000590	DTEC (9741) premium is invalid for this risk.	1	N	N	N	04043085
000591	Required TRIA (9740) premium not reported.	3	N	N	N	04043083
000592	The reported TRIA (9740) premium \$ _ is not equal to the Bureau calculated premium \$ _.	3	N	N	N	04043086
000593	0935 Surcharge not reported.	3	Y	N	N	04043081
000594	0936 Surcharge not reported.	3	Y	N	N	04043082
000595	Schedule Rating does not apply to AR policies.	3	N	N	N	04043091
000596	This report contains both schedule credit and schedule debit statistical codes.	3	N	N	N	04043039
000597	Schedule Rating (9889) debit of \$ _ is over the Maximum _ %.	3	N	N	N	04043092
000598	Schedule Rating (9887) credit of \$ _ is over the Maximum _ %.	3	N	N	N	04043093
000599	MCO + Schedule Rating Credit exceeds the Maximum _% credit.	3	N	N	N	04043094
000600	The occupation description must be reported.	3	N	N	N	05150000
000601	EL Limits require manual review.	2	N	N	N	04043088
000602	EL Limits premium \$ _ should be the Minimum \$ _ charge.	3	N	N	N	04043089
000603	EL Limits premium charge of \$ _ should be \$ _.	3	N	N	N	04043090
000604	Incorrect NJCCPAP (9046) premium amount of \$ _ for Split Period _.	3	N	N	N	04043095

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Edit #	Edit Error Message	Severity Status Code	Preliminary Error	Auto Load Reject Error	Auto Fail/Reject Error	WCIO WCESTAT Error #
000605	Incorrect NJCCPAP (9046) premium amount of \$_ .	3	N	N	N	04043096
000606	Required PPAP (0942) not reported.	3	N	N	N	04043097
000607	Incorrect PPAP (0942) premium amount of \$ _ for Split Period _.	3	N	N	N	04043098
000608	Incorrect PPAP (0942) premium amount of \$_ .	3	N	N	N	04043099
000609	Invalid MCO (9874) reported – not an MCO carrier.	2	N	N	N	04043103
000610	Incorrect MCO (9874) premium amount.	3	N	N	N	04043104
000611	0937 Surcharge reported for Non-AR policy.	3	N	N	N	04043105
000612	Invalid surcharge (0937) reported.	3	N	N	N	04043106
000613	0937 Incorrect surcharge premium amount.	3	N	N	N	04043107
000614	Unit Statistical Report filed too late.	2	N	N	N	01039021
000615	“Per Capita” policies do not require USRs.	2	N	N	N	01006007
000616	Policy Expiration Date is greater than 1 year and 16 days.	2	N	N	N	01055006
000617	Class code not reported on the policy – Unauthorized Class.	1	N	N	N	04043029

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SECTION XIII – Correction of Data

Correction reports shall be filed whenever there is an error of any kind on a report previously filed, whether the error is discovered by the carrier or the Bureau.

1. When to Correct Data

Revisions to first reports are required:

- Upon the identification of errors in the previously reported header, exposure or loss information by either the Bureau or carrier; or
- Upon receipt of a final audit, re-audit or any other adjustment affecting code numbers, payrolls or premiums.

Revisions of losses between valuations are permitted only when:

- There are errors in the previously reported information;
- Loss values are included or excluded through mistake other than error of judgment;
- The claimant obtained a recovery in an action against a third party, provided the reported net loss is less than the total incurred loss previously used in the rating;
- A claim has been officially dismissed by judicial or appropriate departmental ruling as non-compensable or for lack of prosecution where the statute of limitations has expired;
- A settlement has been approved in accordance with N.J.S.A. 34:15-20 of the New Jersey Worker's Compensation Law where the issue involves a question of jurisdiction, disability, casual relationship or dependency of the petitioner;
- A claim valued on a life pension basis is settled on a basis other than a life pension; or
- A claim should have been reported with Catastrophe Code Number 48 or 87.

Loss corrections must be submitted to the latest report level only.

2. Correction Reports

To correct a unit statistical report, use the report number of that which you are correcting and submit '01' in the correction sequence number. If previous corrections were submitted, use the next correction number in the sequence. Correction reports must contain update type codes. The revised reports can be submitted using the method outlined in subsection 3 below.

3. Update Type Method

Method 1 – P & R (Previous and Revised Procedure)	
Update Type Code	
P	Previous
R	Revised

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4. Correction Types

Code	Description
H	Header Record Correction
E	Exposure Record Correction (first reports only)
L	Loss Record Correction
M	Corrections to multiple USR parts (header, exposure, loss)
T	Total Record Correction

5. Preparation of USR Corrections

A. Header Corrections

For header corrections, use correction type 'H'.

Notes: Header corrections cannot be used to backout USRs previously filed.

Header corrections cannot be used to correct “correction sequence numbers”.

Header corrections do not update the Policy.

- On changes involving key-data elements (e.g., Carrier code number, Policy number or Policy effective date), report all revised key-data in the link data and all previous key-data in record type code 1 or below the horizontal lines provided in the associated hard copy elements.
- For changes involving non key-data elements (Expiration date, Policy conditions, etc.,) report all key-data in the link data along with all the revised non key- data elements.

Hard copy USR	Electronic USR
Report <u>all revised key-data</u> in the link data above, and the <u>previous key-data</u> below the horizontal lines provided in the associated hard copy elements.	Report <u>all revised key-data</u> in the link data and <u>all previous key-data</u> in record type code 1.

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B. Exposure Corrections

For exposure corrections, use correction type 'E'. An exposure correction requires update type codes.

Method 1 – (Previous and Revised Procedure) P/R
Revised reports shall show the items which were previously reported and the corresponding revised items.
Additions – To add a new exposure, all applicable data elements are to be reported along with an 'R' in the update type field.
Deletions – To eliminate existing exposure information, all applicable data elements are to be reported along with a 'P' in the update type field. <p style="text-align: center;">OR</p> Deletions – To eliminate existing exposure information, the following key data elements must be reported along with a 'P' in the update type field: <ul style="list-style-type: none"> ▪ Existing exposure. - Class code & Exposure coverage (Act) code.
Changes – To change an existing exposure, both 'P' and 'R' update type elements along with their appropriate data elements must be reported.
Experience Modification – If the revision involves a change in the experience modification, report all of the data for each manual class code affected by the modification change including the manual subject, modified and standard premium total amounts.
Split exposure periods – Where split exposure periods are involved and data for a class code number in one of the periods is changing, the unchanged data in the other period, for that particular code number, must also be reported.
Totals – The revised risk totals are required.

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C. Loss Corrections

For loss corrections, use correction type 'L'. A loss correction requires update type codes.

Method 1 – (Previous and Revised Procedure) P/R
Revised reports shall show the items which were previously reported and the corresponding revised items.
Additions – To add a new individual claim or grouped medical losses, all applicable data elements are to be reported along with an 'R' in the update type field.
Deletions – To eliminate existing loss information, all applicable data elements are to be reported along with a 'P' in the update type field. OR Deletions – To eliminate existing loss information, the following key data elements must be reported along with a 'P' in the update type field: <ul style="list-style-type: none">▪ Individual claim. – Claim number and Accident date.▪ Grouped Medical losses. – Class code, Injury type and Loss conditions (Act) (discontinued for policies effective on or after 1/1/13).
Changes – To change an existing individual claim or grouped medical losses, both 'P' and 'R' update type elements along with their appropriate data elements must be reported.
Totals – The revised risk totals are required.

D. Multiple Corrections

For multiple corrections, use correction type 'M'. This correction type should be used whenever multiple areas of the USR (header, exposure, and loss) require correction. This type of correction is normally used for first reports.

When necessary to correct exposure and loss information and the Bureau already has a subsequent report (report level 2-10), separate exposure and loss corrections must be filed.

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E. Total Correction

For total corrections, use correction type ‘T’. The Bureau’s system calculates the exposure, premium and loss totals. If the calculated totals are different from the reported totals, either some detail exposure or loss record is missing or incorrect, or the reported totals do not follow the total definitions found in the Statistical Plan.

If the detail information is incorrect or missing, exposure or loss corrections are needed.

If the totals are incorrect, a totals correction must be submitted.

6. Replacement Reports

Replacement reports can only be filed if the status of the unit report being replaced is “Rejected”.

Report an “R” in the Replacement Report Code field to identify the new report as a replacement report being submitted in response to a unit report that has been rejected.

SECTION XIV – Other Reporting Issues

1. Cancelled Flat Policies

Policies which have been cancelled flat (i.e., the cancellation date is the same as the policy inception date) do not require the submission of unit statistical data. Unit statistical reports are required for policies that have been cancelled mid-term. In those cases, the USR should be reported with an effective date the same as that of the policy and an expiration date the same as the cancellation effective date.

2. Extended Term Policies

Three-year annual policies or policies extending beyond one year and sixteen days are considered separate policies for unit statistical reporting purposes. The unit reports for each segment of twelve months or less shall be filed at the same time all other reports on policies with the same effective date. The USR policy periods must be consistent with the policy periods established by the policy period endorsement (WC000405).

3. Split Exposure Policies

An exposure split occurs when the exposure for the policy must be split into multiple, usually two, periods. The reason for an exposure split is a change in the ARD. Because the rates and experience modification are functions of the ARD, a split exposure requires two sets of rates and experience modifications.

4. Subrogation

In New Jersey, subrogation for workers compensation purposes is defined as a recovery action in which losses incurred by a carrier due to the injury of an employee are reimbursed either in part or in whole by a third party deemed primarily responsible for the injury.

Subrogation corrections must be filed when a carrier has obtained a subrogation recovery in an action against a third party.

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When a subrogation recovery is received by the data provider subsequent to the first reporting of the claim, a correction report must be filed with the Bureau reducing the incurred loss on the claim by the amount of the subrogation recovery received.

A correction report must be filed to the latest report level to reflect the change in loss due to the subrogation recovery.

The valid Loss Condition – Type of recovery codes for identifying subrogation corrections are **03** [Subrogation Only (Third Party) – the data provider has received reimbursements from an entity other than the employer with legal liability due to circumstances for the injury] and **04** [Subrogation with Second Injury – the data provider received reimbursement from both the Second Injury Fund and a third party].

The net liability of the loss is determined by deducting from the incurred cost prior to recovery the amount recovered through subrogation less any expenses incurred in connection with such recovery.

If the expenses incurred in connection with such recovery exceed the amount recovered, the net amount of losses reported shall not exceed the gross amount of loss prior to recovery.

The net liability incurred shall be apportioned to indemnity and medical in the same proportion as the gross incurred cost. See the illustration below:

SAMPLE SUBROGATION CALCULATION

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

* Value of the claim had there been no recovery.

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

*** The allocation of the net cost between indemnity and medical is to be shown on the USR correction.

Notes (applicable only to policies effective prior to 1/1/13):

1. If the entire cost of a claim is recovered prior to the submission of the first report, do not report the loss.
2. If the entire cost of a claim is recovered after the first reporting of the claim, then the claim needs to be deleted from the USR ("P" record only). Do not revise the loss to "0" indemnity and "0" medical.

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6. Exclusive Per Capita Policies

Policies which develop private residence or estates per capita experience exclusively (whether one or three years) shall be reported by a special call on forms provided for that purpose. Normally, this type of workers' compensation policy is written in the absence of a homeowners' policy.

7. Canceled Flat Policy List

Each bulk submission of experience reports shall be accompanied by a list of "Canceled Flat Policies" for that month.

8. Transmittal Procedure

Unit statistical reports submitted via hardcopy must be accompanied by a transmittal letter (Form S-31 NJ) signed by an officer of the company. All items on the letter of transmittal must be completed.

Unit statistical reports submitted via magnetic tape must be accompanied by a transmittal letter (Form S-30 NJ) signed by an officer of the company. All items on the letter of transmittal must be completed.

Unit statistical reports submitted electronically must include the required "Universal Electronic Transmittal". For additional information and requirements please refer to the General section of the [WCIO Workers Compensation Data Specifications Manual](#). All the fields applicable to New Jersey must be completed.

9. Short Rate Penalty Premium

The short rate penalty premium shall be calculated pursuant to Rule 3:3-80 of the Manual.

10. Claim Reporting Procedures

For policies effective 2013 and prior:

- If a claim is determined to be non-compensable (zero incurred indemnity and zero incurred medical) **prior to submitting the 1st report**, the claim is not to be reported.

Subsequently:

- If a claim is determined to be non-compensable (zero incurred indemnity and zero incurred medical), the claim must be dismissed and reported on the latest report level (correction or subsequent report) with a P record.
- If a claim is partially dismissed, the claim must be reported on the latest report level (correction or subsequent report) with P and R records showing the lower incurred indemnity and/or incurred medical amount(s). These claims must be coded with loss conditions settlement code 05.

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For policies effective 2014 and after:

- If a claim is determined to be non-compensable (zero incurred indemnity, zero incurred medical, zero paid indemnity, zero paid medical, zero claimant's attorney fees, zero employer's attorney fees, zero ALAE paid and zero ALAE incurred) **prior to submitting the 1st report**, the claim is not to be reported.
- If a claim is determined to be non-compensable (zero incurred indemnity, zero incurred medical, zero paid indemnity, zero paid medical, zero claimant's attorney fees) but one of the following fields shows a dollar amount greater than zero (employer's attorney fees, ALAE paid or ALAE incurred) **prior to submitting the 1st report**, the claim must be reported and coded with injury code 06 and loss conditions settlement code 05. The loss must be included in the USR 'Total Number of Claims'.

Subsequently:

- If a claim is determined to be non-compensable (zero incurred indemnity, zero incurred medical, zero paid indemnity, zero paid medical, zero claimant's attorney fees, zero employer's attorney fees, zero ALAE paid and zero ALAE incurred), the claim must be dismissed and reported on the latest report level (correction or subsequent report) with a P record.
- If a claim is determined to be non-compensable (zero incurred indemnity, zero incurred medical, zero paid indemnity, zero paid medical, zero claimant's attorney fees) but one of the following fields shows a dollar amount greater than zero (employer's attorney fees, ALAE paid and ALAE incurred), the claim must be reported with P and R records and coded with injury code 06 and loss conditions settlement code 05. The loss must be included in the USR 'Total Number of Claims'.
- If a claim is partially dismissed, the claim must be reported on the latest report level (correction or subsequent report) with P and R records showing the lower incurred indemnity and/or incurred medical amount(s). These claims must be coded with loss conditions settlement code 05.

SECTION XV – Miscellaneous

1. Increased EL Limits

To assist data providers, the following table reflects the most frequently used increased limits factors for employers' liability insurance. Note that this is not an all-inclusive table.

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**INCREASED LIMITS TABLE
MOST FREQUENTLY USED FACTORS**

BY ACCIDENT	POLICY LIMIT	BY EMPLOYEE	MINIMUM CHARGES (\$)	FACTOR %	MINIMUM CHARGES (\$)	FACTOR %
			Policies effective prior to January 1, 2013		Policies effective January 1, 2013 and after	
100,000	500,000	100,000	0	0.00%	0	0.00%
100,000	1,000,000	100,000	75	0.70%	0	0.20%
100,000	5,000,000	100,000	125	1.70%	0	1.00%
100,000	10,000,000	100,000	150	2.40%	0	2.00%
500,000	500,000	500,000	50	1.90%	100	1.10%
500,000	1,000,000	500,000	75	2.20%	100	1.30%
500,000	5,000,000	500,000	125	3.20%	100	2.10%
500,000	10,000,000	500,000	150	3.90%	100	3.10%
1,000,000	1,000,000	1,000,000	75	3.30%	150	1.40%
1,000,000	5,000,000	1,000,000	125	4.40%	150	2.20%
1,000,000	10,000,000	1,000,000	150	5.00%	150	3.20%
2,000,000	2,000,000	2,000,000	88	5.20%	175	1.80%
2,000,000	7,000,000	2,000,000	135	6.20%	175	2.80%
3,000,000	3,000,000	3,000,000	100	6.60%	200	2.20%
4,000,000	4,000,000	4,000,000	113	7.70%	225	2.60%
5,000,000	5,000,000	5,000,000	125	8.60%	250	3.00%
5,000,000	10,000,000	5,000,000	150	9.30%	250	4.00%
8,000,000	8,000,000	8,000,000	140	10.70%	280	4.00%
10,000,000	10,000,000	10,000,000	150	11.80%	300	4.60%

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2. New Jersey Special Class Codes

Per Capita	Statistical	“F” Classes	Admiralty	F.E.L.A.	“B” Min	Chemical	A - Rates
<u>Not Sub. To Mod.</u>	<u>Not Sub. To Mod.</u>						
0910	0063	1320	7019	6702- A	7711	4828	2157
0912	0064	6235	7027	6703- A	7715	4829	4571
0913	0900	6801**	7038	7151			4835
0915	0931	6872	7046	7152			5099
	0935	6874	7089	8737			6702
	0936	7309	7098	8738			6703
	0937	7327	7334	8814			7230
	0942	7359	7335	8815			9088
	0945	7360**	7394				9529
	0990	8709	7395				
	9046	8711					
	9663	8726					
	9740						
	9741						
	9849						
	9874						
	9887						
	9889						
	<u>Sub. To Mod.</u>						
	0998						
	6198						
	6199						
	9848						

Note: **Class codes may exclude USL & H coverage [See Rule 2:1-4(b) of the Manual]. These two codes may have “exposure coverage Act” code 01.

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3. Summary of Special Statistical Plan Codes

The notation in parentheses following each code number refers to the Rule in the Manual governing the use of the code number.

- 0063** – Schedule Y Premium Discount (3:13-30)
- 0064** – Schedule X Premium Discount (3:13-30)
- 0900** – Expense Constant – All classifications (3:13-34)
- 0931** – Short Rate Penalty Premium (3:13-33)
- 0935** – Second Injury Fund Surcharge (3:13-34A)
- 0936** – Uninsured Employers Fund Surcharge (3:13-34A)
- 0937** – New Jersey Workers Compensation Insurance Plan Surcharge for employers rejecting voluntary coverage (3:14-7g) – Applicable only to policies effective prior to July 1, 2013
- 0942** – Premium Resulting from the application of the Plan Premium Adjustment Program [3:14-8(13)]
- 0945** – Retrospective Rating Premium for Risks Electing New Jersey Retrospective Rating (3:12)
- 0990** – Additional Premium to equal policy Minimum Premium (3:13-29a)
- 0998** – For reporting premium resulting from flat increase for law amendment on aggregate premium earned on outstanding policies after effective date of amendment (3:13-32)
- 6198** – Additional Premium for Increased Limits under Part Two Coverage – Admiralty/FELA (3:13-31b)
- 6199** – Additional Premium for Increased Limits under Part Two Coverage – Other than Admiralty/FELA (3:13-31a)
- 9046** – Premium Credit amount resulting from the application of the New Jersey Construction Classification Premium Adjustment Program (3:13-34G)
- 9663** – Premium credit amount for Large Deductible Coverage (3:13-34E) which is to be applied after experience modification
- 9740** – Premium for Terrorism (3:13-34H)
- 9741** – Premium for Catastrophe (Other than Certified Acts of Terrorism) (3:13-34I)
- 9848** – Additional Premium to equal increased limits Part Two minimum charge – Other than Admiralty/FELA (3:13-31a)
- 9849** – Additional Premium to equal minimum premium for Admiralty/FELA Coverage (3:13-29b)
- 9874** – Premium reduction resulting from the application of an Approved Managed Care Program (3:13-34F)
- 9887** – Premium credit resulting from the application of the Schedule Rating Plan (3:13-34J)
- 9889** – Premium debit resulting from the application of the Schedule Rating Plan (3:13-34K)

Note: Information on how to calculate premiums on minimum premium and other than minimum premium policies can be found in Part Three, Section 2, Pages 12(a) and (b) of the Manual.

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4. How to Report Statistical & Incidental Per Capita Codes on USRs

All blank lines **above line A** of the exposure/premium side of the hardcopy USR report shall be used for reporting premium items subject to experience modification. These items include all New Jersey business classifications and the following New Jersey statistical code numbers:

Above the Modification

0998
6198
6199
9848

Lines **D, E, & F** shall be used for reporting items not subject to experience modification, but which are included (added or subtracted) in the “Total Standard Premium.”

Below the Modification

0910
0912
0913
0915
0931
0990
9046
9849
9874
9887
9889

Lines **J, K, & L** shall be used for reporting items not subject to experience modification, which are not included in the “Total Standard Premium.”

Below Total Standard Premium (Also known as Non-Standard codes)

0063
0064
0900
0935
0936
0937
0942
0945
9663
9740
9741

Note: For electronic submissions (WCSTAT), use the references of Above the Modification, Below the Modification and Below Total Standard Premium.

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5. State Code List

State	Abbreviation	Code
Alabama	AL	01
Alaska	AK	54
Arizona	AZ	02
Arkansas	AR	03
California	CA	04
Colorado	CO	05
Connecticut	CT	06
Delaware	DE	07
District of Columbia	DC	08
Florida	FL	09
Georgia	GA	10
Hawaii	HI	52
Idaho	ID	11
Illinois	IL	12
Indiana	IN	13
Iowa	IA	14
Kansas	KS	15
Kentucky	KY	16
Louisiana	LA	17
Maine	ME	18
Maryland	MD	19
Massachusetts	MA	20
Michigan	MI	21
Minnesota	MN	22
Mississippi	MS	23
Missouri	MO	24
Montana	MT	25
Nebraska	NE	26
Nevada	NV	27
New Hampshire	NH	28
New Jersey	NJ	29
New Mexico	NM	30
New York	NY	31
North Carolina	NC	32
North Dakota	ND	33
Ohio	OH	34
Oklahoma	OK	35
Oregon	OR	36
Pennsylvania	PA	37
Rhode Island	RI	38
South Carolina	SC	39
South Dakota	SD	40
Tennessee	TN	41
Texas	TX	42
Utah	UT	43
Vermont	VT	44
Virginia	VA	45
Washington	WA	46
West Virginia	WV	47
Wisconsin	WI	48
Wyoming	WY	49

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Section XVI – USR Examples and Illustrations

For ease of use, all illustrations are displayed in the hardcopy format.

ILLUSTRATION 1 – A No Exposure, Minimum Premium, Intrastate 1st Report. Note the additional premium required to meet the Minimum Premium (\$650) is determined by the Minimum Premium (\$850) for class code 5022 minus New Jersey Expense Constant (\$220).

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No. 01	Corr. No.	Corr. Type	Replace Rpt. Ind	Carrier Code 11111	Policy Number WC111222333	Policy Effective Date 01/01/13	Policy Expiration Date 01/01/14	Expos State 29	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No						
Insured's Name: AAA CORP.										F.E.I.N. →		Pending File No.								
Insured's Address: (OPTIONAL BUT PREFERRED)										T.P.E / F.E.I.N. →										
Mod. Effective Date	Rate Effective Date		Policy Conditions							Policy Type ID			Deduct Type	Deduct Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use	
			3 YR. F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-Term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std							

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
	Upd Type													Act	Type	Recv	Clim	Settl			
	R	01	5022		18.71																
							Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
S U B J E C T						Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type
							Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
N O T S B J	A. Total Subject Premium					Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type
	B. Experience Mod (XX.XXX)																				
	C. Total Modified Premium																				
N O T S B J	D.	0990	630			Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type
	E.																				
	F.																				
G.	Total Standard Exposure		Total Standard Premium		Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type	
			630																		
A F T E R S T D	H.	006_	Premium Discount Amount				Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
	I.	0900	Expense Constant Amount		220		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
	J.					LOSS TOTALS															
	K.					Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical			
	L.					Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved For Future Use				Total ALAE Paid		Total ALAE Incurred					

Illustration # 1, No Exposure, Minimum Premium Intrastate (NJ) Risk.

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ILLUSTRATION 2 – A No Exposure, Multistate 1st Report where the Expense Constant and Minimum Premium are to be reported on the Unit Statistical Report of the state which contains the greatest values. In this example, it is not New Jersey.

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No. 01	Corr. No.	Corr. Type	Replace Rpt. Ind	Carrier Code 22222	Policy Number WC222333444	Policy Effective Date 01/01/14	Policy Expiration Date 01/01/15	Expos State 29	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No				
Insured's Name: BBB CORP.										F.E.I.N. →		Pending File No.						
Insured's Address: (OPTIONAL BUT PREFERRED)										T.P.E / F.E.I.N. →								
Mod. Effective Date	Rate Effective Date		Policy Conditions 3 YR. F/R Policy: N Multistate Policy: Y Interstate Rating: N Estimated Exposures: N Retro Policy: N Cancelled Mid-Term: N MCO Indicator: N C.H.C. Network: N							Policy Type ID Type Cov.: Plan Ind: Non Std:		Deduct Type	Deduct Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
	Act	Type	Recv	Clim	Settl																
	R	01	7219	17.17																	
							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical				
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred				
S U B J E C T						Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type
							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical				
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred				
A F T E R	A. Total Subject Premium					Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type
	B. Experience Mod (XX.XXX)						Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical				
	C. Total Modified Premium						Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred				
N O T						Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type
	D.						Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical				
	E.						Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred				
S B J						Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type
	F.						Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical				
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred				
G.	Total Standard Exposure		Total Standard Premium		Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type	
						Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical					
						Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred					
A F T E R S T D	LOSS TOTALS																				
	Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical								
	Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved For Future Use		Total ALAE Paid		Total ALAE Incurred												
	L.																				

Illustration # 2, No Exposure, Multistate (NJ) Risk.

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ILLUSTRATION 3 – A Non-Rated, Minimum Premium 1st Report which requires a split period due to an Anniversary Rating Date (ARD) change per Rule 3:1-2 of the Manual. Note that the rates to be used are those in effect on the “Rate Effective Date” of each exposure period. Note that the EL limits factor (1.10%) and minimum charge (\$100) is determined by the policy effective date not the ARD date. Note that the applicable Surcharges are determined by applying the factors in effect on the policy effective date to the Total Modified Premium of the entire report. Note that the increased limits charge (\$100) reported under code 6199 and 9848 is not recognized for determining the minimum premium amount for code 0990.

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No. 01	Corr. No.	Corr. Type	Replace Rpt. Ind	Carrier Code 99999	Policy Number WC123321	Policy Effective Date 01/01/13	Policy Expiration Date 01/01/14	Expos State 29	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No 1	Last Page No 2			
Insured's Name: DEF CORP.										F.E.I.N. →		Pending File No.					
Insured's Address: (OPTIONAL BUT PREFERRED)										T.P.E / F.E.I.N. →							
Mod. Effective Date 05/01/12	Rate Effective Date 05/01/12		Policy Conditions 3 YR. F/R Policy Multistate Policy Interstate Rating Estimated Exposures Retro Policy Cancelled Mid-Term MCO Indicator C.H.C. Network						Policy Type ID Type Cov. Plan Ind Non Std		Deduct Type	Deduct Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S S U B J E C T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type														
															Act	Type	Recv	Clim	Settl																	
	R	01	5022	1,000	17.16	172																														
	R	01	6199			2		Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical																
	R	01	9848			65		Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred																			
							Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type														
N O T S B J								Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical																
								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred																			
							Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type														
	R	D.	0990			364		Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical																
		E.						Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred																			
		F.					Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type														
A F T E R S T D				Total Standard Exposure		Total Standard Premium		Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical																
		H.	006_	Premium Discount Amount				Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred																			
	R	I.	0900	Expense Constant Amount		220		LOSS TOTALS <table border="1"> <tr> <td>Reserved For Future Use</td> <td>Total No. Claims</td> <td>Total Incurred Indemnity</td> <td>Total Incurred Medical</td> <td>Reserved For Future Use</td> <td>Total Paid Indemnity</td> <td>Total Paid Medical</td> </tr> <tr> <td>Tot. Claimant's Attny. Fees</td> <td>Tot. Employer's Attny. Fees</td> <td colspan="2">Reserved For Future Use</td> <td colspan="2">Total ALAE Paid</td> <td>Total ALAE Incurred</td> </tr> </table>															Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical	Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use		Total ALAE Paid		Total ALAE Incurred
	Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical																													
	Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use		Total ALAE Paid		Total ALAE Incurred																													
	R	J.	0935	(6.76%)		24																														
R	K.	0936	(0.00%)		0																															
R	L.	9740	(\$0.03)		0																															

Illustration #3, Non-Rated, Minimum Premium Risk With Split Rate Period.

POLICY INFORMATION

Illustration #3, Non-Rated, Minimum Premium Risk With Split Rate Period.

**NEW JERSEY COMPENSATION RATING AND INSPECTION BUREAU
UNIT STATISTICAL REPORTING GUIDEBOOK**

ILLUSTRATION 4 – An Experience Rated 1st Report which requires a split period due to an Anniversary Rating Date (ARD) change per Rule 3:1-2 of the Manual. Note that the Rates, Mods and premium credits resulting from the Plan Premium Adjustment Program (0942) and the New Jersey Construction Classification Premium Adjustment (9046) are determined by the factors and values in effect on the associated “Mod Effective Date” and “Rate Effective Date”. Note that the applicable Surcharges and Approved Managed Care Premium Credit are determined by applying the factors in effect on the policy effective date to the Total Modified Premium of the entire report. Exposure information also includes the application of Per Capita premium. Note that the Injury Description Code fields for Part/Nature/Cause were left blank because the policy effective date precedes 01/01/06, when Part/Nature/Cause data was not required. Note that Policy Conditions, Occupation Description, Paid Indemnity, Paid Medical, Claimant’s Attorney Fees, Employer’s Attorney Fees, Weekly Wage, ALAE Paid, ALAE Incurred, Total Paid Indemnity, Total Paid Medical, Total Claimant’s Attorney Fees, Total Employer’s Fees, Total ALAE Paid and Total ALAE Incurred fields were left blank because the policy effective date precedes 01/01/14 when the data was not required or optional. Note that Total Incurred Indemnity (\$606,439) is incorrect. See Illustration #8 for correction.

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No
01				22222	WC444333	05/01/05	05/01/06	29					1	3

Insured's Name:	ABC CORP.	F.E.I.N. →	Pending File No.
Insured's Address:	(OPTIONAL BUT PREFERRED)	T.P.E / F.E.I.N. →	

Mod. Effective Date	Rate Effective Date	Policy Conditions							Policy Type ID			Deduct Type	Deduct Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use
3 YR. F/R Policy	Multi-state Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-Term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std								
07/01/04	07/01/04																	

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type																	
																		Act	Type	Recv	Clm	Settl																			
																			01	01	01	01	00			01															
S U B J E C T	R	01	3632	850,000	3.61	30,685	R	123450	05/15/05			353,300	10,500	8810	01	0																									
	R	02	3632	900,000	5.42	48,780		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical																			
	R	02	7309	500,000	33.15	165,250		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred																				
	R	01	7380	750,000	8.68	65,100	R	123460	05/27/05			116,090	52,789	7309	03	0		02	02	01	03	03			01																
	R	01	8742	600,000	.49	2,940		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical																			
	R	01	8810	900,000	.26	2,340		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred																				
		A. Total Subject Premium				315,095	R	123470	06/03/05			64,500	77,898	7309	03	0		02	03	03	01	04			01																
	R	B. Experience Mod (XX.XXX)				1.010		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical																			
		C. Total Modified Premium				318,246		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred																				
N O T S B J	R	D.	0912			80	R	123480	07/17/05			49,500	17,037	8810	03	1		01	01	04	01	04			01																
	R	E.	9046	(0%)		0		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical																			
	R	F.	9874	(5%)		(32,579)		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred																				
A F T E R S T D	G.		Total Standard Exposure			Total Standard Premium	R	123490	08/10/05			123,094	8,000	8742	03	0		01	01	01	01	06			01																
	R	H.	0063	Premium Discount Amount		(64,649)		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical																			
	R	I.	0900	Expense Constant Amount		200		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred																				
	LOSS TOTALS																																								
	R	J.	0935	(5.74%)		11,999		Reserved For Future Use																Total No. Claims			Total Incurred Indemnity			Total Incurred Medical			Reserved For Future Use			Total Paid Indemnity			Total Paid Medical		
	R	K.	0936	(0.09%)		188		Tot. Claimant's Attny. Fees			Tot. Employer's Attny. Fees			Reserved For Future Use						Total ALAE Paid			Total ALAE Incurred																		
R	L.	0942	(20%)		63,649																																				

Illustration #4, Rated Risk With ARD Change. Note Total Incurred Indemnity Is Incorrect. See Illustration #8

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No
01				22222	WC444333	05/01/05	05/01/06	29					2	3

Insured's Name: ABC CORP. F.E.I.N. → Pending File No.

Insured's Address: (OPTIONAL BUT PREFERRED) T.P.E / F.E.I.N. →

Mod. Effective Date	Rate Effective Date	Policy Conditions						Policy Type ID			Deduct Type	Deduct Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use
3 YR. F/R Policy	Multi-state Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-Term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std							
07/01/04	07/01/04																

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
																		Act	Type	Recv	Clm	Settl			
S U B J E C T								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
							Upd	Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
R							Upd	Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
N O T S B J							Upd	Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
		D.						Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
		E.						Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
G.				Total Standard Exposure		Total Standard Premium	Upd	Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
A F T E R S T D		H.		Premium Discount Amount				LOSS TOTALS																	
		I.		Expense Constant Amount				Reserved For Future Use	Total No. Claims		Total Incurred Indemnity		Total Incurred Medical			Reserved For Future Use			Total Paid Indemnity			Total Paid Medical			
	R	J.	9740	(\$0.03)		2,700		Tot. Claimant's Attnry. Fees	Tot. Employer's Attnry. Fees			Reserved For Future Use					Total ALAE Paid			Total ALAE Incurred					
		L.																							

Illustration #4, Rated Risk With ARD Change. Note Total Incurred Indemnity Is Incorrect. See Illustration #8

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No. 01	Corr. No.	Corr. Type	Replace Rpt. Ind	Carrier Code 22222	Policy Number WC444333	Policy Effective Date 05/01/05	Policy Expiration Date 05/01/06	Expos State 29	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No 3	Last Page No 3				
Insured's Name: ABC CORP.										F.E.I.N. →		Pending File No.						
Insured's Address: (OPTIONAL BUT PREFERRED)										T.P.E / F.E.I.N. →								
Mod. Effective Date 07/01/05	Rate Effective Date 07/01/05	Policy Conditions						Policy Type ID			Deduct Type	Deduct Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use	
		3 YR. F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-Term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std						

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S S U B J E C T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
															Act	Type	Recv	Clm	Settl				
	R	01	3632	850,000	4.04	34,340	R	1234567	08/15/05	325,412	75,000	3632	02	0	01	01	01	01	00		01	01	
	R	02	3632	900,000	6.06	54,540		Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
	R	02	7309	500,000	36.75	183,750		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred		
							Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
	R	01	7380	750,000	9.67	72,525	R	1234568	08/15/05	40,965	1,961	3632	04	0	01	01	01	03	00		01	01	
	R	01	8742	600,000	.55	3,300		Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
	R	01	8810	900,000	.27	2,430		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred		
		A. Total Subject Premium				350,885	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
	R						R	1234569	08/27/05	11,000	2,100	8810	05	0	01	01	01	02	00	04		01	
		B. Experience Mod (XX.XXX)				0.950		Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
		C. Total Modified Premium				333,341		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred		
N O T S B J	R	D.	9046	(11%)	(36,668)		Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
		E.						Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
		F.						Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred		
A F T E R S T D		G.			Total Standard Exposure 9,000,000	Total Standard Premium 582,420	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
		H.	0063	Premium Discount Amount				Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
		I.	0900	Expense Constant Amount				Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred		
	R	J.	0942	(0%)	0		LOSS TOTALS																
		K.						Reserved For Future Use	Total No. Claims 9	Total Incurred Indemnity 606,439	Total Incurred Medical 250,776	Reserved For Future Use			Total Paid Indemnity			Total Paid Medical					
	L.						Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees			Reserved For Future Use			Total ALAE Paid			Total ALAE Incurred						

Illustration #4, Rated Risk With ARD Change. Note Total Incurred Indemnity Is Incorrect. See Illustration #8

**NEW JERSEY COMPENSATION RATING AND INSPECTION BUREAU
UNIT STATISTICAL REPORTING GUIDEBOOK**

ILLUSTRATION 5 – A Policy Information (Header) Correction (“H” Corr. Type) changes the policy number of Illustration #3. Note that Corr. No. (01) represents the first correction to this 1st Report level.

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No. 01	Corr. No. 01	Corr. Type H	Replace Rpt. Ind	Carrier Code 99999	Policy Number WC123381	Policy Effective Date 01/01/13	Policy Expiration Date 01/01/14	Expos State 29	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No				
01	01	H		99999	WC123321	01/01/13	01/01/14	29										
Insured's Name: DEF CORP.										F.E.I.N. →		Pending File No.						
Insured's Address: (OPTIONAL BUT PREFERRED)										T.P.E / F.E.I.N. →								
Mod. Effective Date	Rate Effective Date	Policy Conditions 3 YR. F/R Policy Multistate Policy Interstate Rating Estimated Exposures Retro Policy Cancelled Mid-Term MCO Indicator C.H.C. Network								Policy Type ID Type Cov. Plan Ind Non Std		Deduct Type	Deduct Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
															Act	Type	Recv	Clm	Settl			
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
							Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
S U B J E C T								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
							Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
A F T E R	G.	A. Total Subject Premium					Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
		B. Experience Mod (XX.XXX)						Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
		C. Total Modified Premium						Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
N O T S B J		D.					Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
		E.						Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
		F.						Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
S T D	G.	Total Standard Exposure				Total Standard Premium	Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
		LOSS TOTALS																				
								Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use			Total Paid Indemnity	Total Paid Medical						
A F T E R	G.	Premium Discount Amount						Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees			Reserved For Future Use			Total ALAE Paid			Total ALAE Incurred				
		Expense Constant Amount																				

Illustration # 5, Policy Information (Header) H-Correction Changing Policy Number to Illustration #3

**NEW JERSEY COMPENSATION RATING AND INSPECTION BUREAU
UNIT STATISTICAL REPORTING GUIDEBOOK**

ILLUSTRATION 6 – An Exposure information correction (“E” Corr. Type) changing the Class Code and Minimum Premium to Illustration #3 and 5. Note that Corr. No. (02) represents the second correction to this 1st Report level. Note the correction requires a split report to be identified with the appropriate “Mod Effective Date” and “Rate Effective Date”. Note that this report does not include the codes with no changes in premium.

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No. 01	Corr. No. 02	Corr. Type E	Replace Rpt. Ind.	Carrier Code 99999	Policy Number WC123381	Policy Effective Date 01/01/13	Policy Expiration Date 01/01/14	Expos State 29	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No. 1	Last Page No. 2			
Insured's Name: DEF CORP.										F.E.I.N. →		Pending File No.					
Insured's Address: (OPTIONAL BUT PREFERRED)										T.P.E / F.E.I.N. →							
Mod. Effective Date 05/01/12	Rate Effective Date 05/01/12		Policy Conditions 3 YR. F/R Policy Multistate Policy Interstate Rating Estimated Exposures Retro Policy Cancelled Mid-Term MCO Indicator C.H.C. Network						Policy Type ID Type Cov. Plan Ind Non Std		Deduct Type	Deduct Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
	Act	Type	Recv	Clim	Settl																
	P	01	5022	1,000	17.16																
	R	01	5222	1,000	19.55		Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical				
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred				
S U B J E C T						Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type
							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical				
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred				
N O T S B J	A. Total Subject Premium				263	Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type
	R	B. Experience Mod (XX.XXX)																			
		C. Total Modified Premium				263															
P R J	P	D.	0990		364		Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type
	R	E.	0990		329		Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical				
		F.					Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred				
G.	Total Standard Exposure		Total Standard Premium		Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type	
A F T E R S T D	H.	006_	Premium Discount Amount				Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical				
	I.	0900	Expense Constant Amount				Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred				
	LOSS TOTALS																				
	P	J.	0935		24		Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical								
	R	K.	0935		27		Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees			Reserved For Future Use				Total ALAE Paid		Total ALAE Incurred				
		L.																			

Illustration #6, Exposure E-Correction Changing Exposure Class Code and Surcharge Premium to Illustration #3 & 5

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No. 01	Corr. No. 02	Corr. Type E	Replace Rpt. Ind	Carrier Code 99999	Policy Number WC123381	Policy Effective Date 01/01/13	Policy Expiration Date 01/01/14	Expos State 29	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No 2	Last Page No 2			
Insured's Name: DEF CORP.										F.E.I.N. →		Pending File No.					
Insured's Address: (OPTIONAL BUT PREFERRED)										T.P.E / F.E.I.N. →							
Mod. Effective Date 05/01/13	Rate Effective Date 05/01/13		Policy Conditions 3 YR. F/R Policy Multistate Policy Interstate Rating Estimated Exposures Retro Policy Cancelled Mid-Term MCO Indicator C.H.C. Network						Policy Type ID Type Cov. Plan Ind Non Std		Deduct Type	Deduct Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
		P	01	5022	500	18.71		94											Act	Type	Recv	Clim	Settl		
	S U B J E C T	R	01	5222	500	21.02	105		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
									Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
								Upd	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type
									Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
N O T S B J		D.					Upd	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type	
		E.						Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
		F.							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
A F T E R S T D	G.			Total Standard Exposure 1,500		Total Standard Premium 730	Upd	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type	
		H.	006_	Premium Discount Amount				Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
		I.	0900	Expense Constant Amount					Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
		J.						LOSS TOTALS																	
		K.						Reserved For Future Use	Total No. Claims			Total Incurred Indemnity			Total Incurred Medical			Reserved For Future Use			Total Paid Indemnity			Total Paid Medical	
	L.						Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees			Reserved For Future Use						Total ALAE Paid			Total ALAE Incurred					

Illustration #6, Exposure E-Correction Changing Exposure Class Code and Surcharge Premium to Illustration #3 & 5

**NEW JERSEY COMPENSATION RATING AND INSPECTION BUREAU
UNIT STATISTICAL REPORTING GUIDEBOOK**

ILLUSTRATION 7 – An Exposure information correction (“E” Corr. Type) changing the Exposure Coverage from USL&H designation (02) to State (01) for class code 3632 on Illustration #4. Note the correction requires a split report to be identified with the appropriate “Mod Effective Date” and “Rate Effective Date”. Note that where split exposure periods are involved and data for a class code number in one of the periods is changing, the unchanged data in the other period for that particular code number must also be reported.

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No. 01	Corr. No. 01	Corr. Type E	Replace Rpt. Ind	Carrier Code 22222	Policy Number WC444333	Policy Effective Date 05/01/05	Policy Expiration Date 05/01/06	Expos State 29	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No 1	Last Page No 3					
Insured's Name: ABC CORP.										F.E.I.N. →		Pending File No.							
Insured's Address: (OPTIONAL BUT PREFERRED)										T.P.E / F.E.I.N. →									
Mod. Effective Date 07/01/04	Rate Effective Date 07/01/04		Policy Conditions						Policy Type ID			Deduct Type	Deduct Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use	
	3 YR. F/R Policy	Multi-state Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-Term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std								

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S S U B J E C T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
	P	01	3632	850,000	3.61	30,685										Act	Type	Recv	Cm	Settl		
	R	01	3632	1,750,000	3.61	63,175		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
	P	02	3632					Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
	P	01	8810	900,000	.27	2,340	Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Cm	Settl	Jurisdic State	Cat. No.	MCO Type
	R	01	8810	900,000	.26	2,340		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Cm	Settl	Jurisdic State	Cat. No.	MCO Type
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
N O T S B J	P	D.	9046	(0%)		0	Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Cm	Settl	Jurisdic State	Cat. No.	MCO Type
	R	E.	9046	(0%)		0		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
	P	F.	9874	(5%)		(32,579)		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
A F T E R S T D	G.			Total Standard Exposure		Total Standard Premium	Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Cm	Settl	Jurisdic State	Cat. No.	MCO Type
	P	H.	0063	Premium Discount Amount		(64,649)		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
		I.	0900	Expense Constant Amount				Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
	LOSS TOTALS																					
	P	J.	0935	(5.74%)		11,999		Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use			Total Paid Indemnity	Total Paid Medical						
	R	K.	0935	(5.74%)		35,465		Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees			Reserved For Future Use			Total ALAE Paid			Total ALAE Incurred				
P	L.	0936	(0.09%)		188																	

Illustration #7, Exposure E-Correction Changing Exposure Code to Class Code 3632 to Illustration #4

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No
01	01	E		22222	WC444333	05/01/05	05/01/06	29					2	3

Insured's Name: ABC CORP. F.E.I.N. → Pending File No.

Insured's Address: (OPTIONAL BUT PREFERRED) T.P.E / F.E.I.N. →

Mod. Effective Date	Rate Effective Date	Policy Conditions							Policy Type ID			Deduct Type	Deduct Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use
3 YR. F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-Term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std								
07/01/04	07/01/04																	

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code		Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type					
								Act					Type		Recv		Clm			Settl												
S U B J E C T								Case Number		Part	Nature	Cause	Occupation Description				Voc.	Lump	Fraud	Deduct.	Paid Indemnity				Paid Medical							
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid				ALAE Incurred									
							Upd	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code		Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type				
									Case Number		Part	Nature	Cause	Occupation Description				Voc.	Lump	Fraud	Deduct.	Paid Indemnity				Paid Medical						
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid				ALAE Incurred								
							Upd	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code		Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type				
		A. Total Subject Premium					Upd	Case Number		Part	Nature	Cause	Occupation Description				Voc.	Lump	Fraud	Deduct.	Paid Indemnity				Paid Medical							
		B. Experience Mod (XX.XXX)					Upd	Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid				ALAE Incurred									
N O T S B J	R	D.	9874	(5%)		(30,893)	Upd	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code		Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type				
		E.																														
		F.					Upd	Case Number		Part	Nature	Cause	Occupation Description				Voc.	Lump	Fraud	Deduct.	Paid Indemnity				Paid Medical							
A F T E R S T D	G.			Total Standard Exposure			Total Standard Premium		Upd	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code		Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
	R	H.	0063	Premium Discount Amount		(60,742)		Case Number		Part	Nature	Cause	Occupation Description				Voc.	Lump	Fraud	Deduct.	Paid Indemnity				Paid Medical							
		I.	0900	Expense Constant Amount				Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid				ALAE Incurred									
	LOSS TOTALS																															
				Reserved For Future Use		Total No. Claims	Total Incurred Indemnity		Total Incurred Medical			Reserved For Future Use			Total Paid Indemnity		Total Paid Medical															
				Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved For Future Use				Total ALAE Paid			Total ALAE Incurred																	

Illustration #7, Exposure E-Correction Changing Exposure Code to Class Code 3632 to Illustration #4

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No
01	01	E		22222	WC444333	05/01/05	05/01/06	29					3	3

Insured's Name: ABC CORP. F.E.I.N. → Pending File No.

Insured's Address: (OPTIONAL BUT PREFERRED) T.P.E / F.E.I.N. →

Mod. Effective Date	Rate Effective Date	Policy Conditions							Policy Type ID			Deduct Type	Deduct Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use
3 YR. F/R Policy	Multi-state Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-Term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std								
07/01/05	07/01/05																	

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
																		Act	Type	Recv	Clm	Settl			
		P	01	3632	850,000	4.04		70,700																	
S U B J E C T	R	01	3632	1,750,000	4.04	70,700		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
	P	02	3632					Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred					
	P	01	8810	900,011	.27	2,430	Upd	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
	R	01	8810	900,011	.27	2,430		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred					
		A. Total Subject Premium				332,705	Upd	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
	R	B. Experience Mod (XX.XXX)				0.950		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
		C. Total Modified Premium				316,070		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred					
N O T S B J	P	D.	9046	(11%)	(36,668)	Upd	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
	R	E.	9046	(11%)	(34,768)		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
		F.						Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred					
	G.			Total Standard Exposure 9,000,011	Total Standard Premium 552,202	Upd	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
		H.	0063	Premium Discount Amount			Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
		I.	0900	Expense Constant Amount			Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
A F T E R S T D	P	J.	0942	(0%)			LOSS TOTALS																		
	R	K.	0942	(0%)			Reserved For Future Use	Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical							
		L.					Tot. Claimant's Attnry. Fees	Tot. Employer's Attnry. Fees		Reserved For Future Use				Total ALAE Paid			Total ALAE Incurred								

Illustration #7, Exposure E-Correction Changing Exposure Code to Class Code 3632 to Illustration #4

**NEW JERSEY COMPENSATION RATING AND INSPECTION BUREAU
UNIT STATISTICAL REPORTING GUIDEBOOK**

ILLUSTRATION 8 – A “Totals” change only (“T” Corr. Type) to be used when only the Exposure Totals on Line G or Loss Totals are changed. Note the Corr. No. (02) represents the second correction to this 1st Report level of Illustration #4 where Total Incurred Indemnity (\$606,439) was incorrect and corrected to (\$1,146,655) on this report.

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No
01	02	T		22222	WC444333	05/01/05	05/01/06	29						

Insured's Name:	ABC CORP.	F.E.I.N. →	Pending File No.
Insured's Address:	(OPTIONAL BUT PREFERRED)	T.P.E / F.E.I.N. →	

Mod. Effective Date	Rate Effective Date	Policy Conditions							Policy Type ID			Deduct Type	Deduct Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use
3 YR. F/R Policy	Multi-state Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-Term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std								

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
		Act	Type	Recv	Clm	Settl																					
	S U B J E C T								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
							Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred						
							Upd	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
		A. Total Subject Premium					Upd	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
			B. Experience Mod (XX.XXX)																								
		C. Total Modified Premium						Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
N O T S B J		D.					Upd	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
		E.						Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
		F.						Case Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
			Total Standard Exposure		Total Standard Premium	Upd																					
A F T E R S T D		H.	0063	Premium Discount Amount					Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
					Expense Constant Amount					Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
		J.						LOSS TOTALS																			
								Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical							
			K.						9	1,146,655		250,776															
	L.							Tot. Claimant's Attnry. Fees		Tot. Employer's Attnry. Fees		Reserved For Future Use				Total ALAE Paid			Total ALAE Incurred								

Illustration #8, Totals T-CorrectionChanging Only the Loss Totals of Illustration #4

**NEW JERSEY COMPENSATION RATING AND INSPECTION BUREAU
UNIT STATISTICAL REPORTING GUIDEBOOK**

ILLUSTRATION 9 – A correction changing multiple sections (“M” Corr. Type) of a report at one time. In this case, both the exposure and loss information sections change by developing exposure for class code 7219 and adding claim 111221 to Illustration #2. Note that the Second Injury Fund (0935) Surcharge, the Premium for Terrorism (9740) and the Premium for Catastrophe (9741) have developed due to generating Total Modified Premium and Total Standard Exposure on this previous “No Exposure Risk”.

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No. 01	Corr. No. 01	Corr. Type M	Replace Rpt. Ind	Carrier Code 22222	Policy Number WC222333444	Policy Effective Date 01/01/14	Policy Expiration Date 01/01/15	Expos State 29	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No																																																					
Insured's Name: BBB CORP.										F.E.I.N. →		Pending File No.																																																							
Insured's Address: (OPTIONAL BUT PREFERRED)										T.P.E / F.E.I.N. →																																																									
Mod. Effective Date	Rate Effective Date	<table border="1"> <tr> <th colspan="8">Policy Conditions</th> <th colspan="3">Policy Type ID</th> <th>Deduct Type</th> <th>Deduct Percent</th> <th>Deductible Amount Per Claim/Accident</th> <th>Deductible Amount Aggregate</th> <th>Business Segment Identifier</th> <th>For Carrier Use</th> <th>For Bureau Use</th> </tr> <tr> <td>3 YR. F/R Policy</td> <td>Multistate Policy</td> <td>Interstate Rating</td> <td>Estimated Exposures</td> <td>Retro Policy</td> <td>Cancelled Mid-Term</td> <td>MCO Indicator</td> <td>C.H.C. Network</td> <td>Type Cov.</td> <td>Plan Ind</td> <td>Non Std</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>N</td> <td>Y</td> <td>N</td> <td>N</td> <td>N</td> <td>N</td> <td>N</td> <td>N</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>								Policy Conditions								Policy Type ID			Deduct Type	Deduct Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use	3 YR. F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-Term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std										N	Y	N	N	N	N	N	N												
Policy Conditions								Policy Type ID			Deduct Type	Deduct Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use																																																		
3 YR. F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-Term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std																																																									
N	Y	N	N	N	N	N	N																																																												

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S S U B J E C T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
	P	01	7219		17.17		R	111221	12/21/14	1,500	500	7219	04	0	01	01	01	01	00			00
	R	01	7219	10,000	17.17	1,717		Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred					
							Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type
								Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred					
							Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type
								Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred					
N O T S B J		D.					Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type
		E.						Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical		
		F.						Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred					
A F T E R S T D	G.			Total Standard Exposure 10,000		Total Standard Premium 1,717	Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type
		H.	006_	Premium Discount Amount				Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical		
		I.	0900	Expense Constant Amount				Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred					
	R	J.	0935	(6.56%)		113		LOSS TOTALS														
	R	K.	9740	(\$0.03)		3		Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use		Total Paid Indemnity	Total Paid Medical							
	R	L.	9741	(\$0.01)		1		Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use		Total ALAE Paid		Total ALAE Incurred								
							0	0			0		0									

Illustration #9, Multiple Change (Exposure & Loss) to Illustration #2

**NEW JERSEY COMPENSATION RATING AND INSPECTION BUREAU
UNIT STATISTICAL REPORTING GUIDEBOOK**

ILLUSTRATION 10 – 1st Report, Large Risk – Large Deductible. Note that the deductible credit amount is reported via statistical code 9663 in accordance with Section 3:10A of the Manual. This credit is based on the risk's election of a Large Risk – Large Deductible Program. The reported losses are gross amounts prior to deductible considerations.

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No
01				12345	WC1234567890	07/01/13	07/01/14	29					1	2

Insured's Name:	ACD TRUCKING CO.	F.E.I.N. →	Pending File No.
Insured's Address:	(OPTIONAL BUT PREFERRED)	T.P.E / F.E.I.N. →	

Mod. Effective Date	Rate Effective Date	Policy Conditions							Policy Type ID			Deduct Type	Deduct Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use
3 YR. F/R Policy	Multi-state Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-Term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std								

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type					
																		Act	Type	Recv	Clm				Settl				
R		01	7219	1,727,116	15.75	272,021	R	000001	07/15/13			200,000	75,000	7219	01	0		01	01	01	01	00			00				
R		01	8292	1,882,058	11.57	217,754		Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical								
R		01	8293	1,376,147	17.51	240963		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
							Upd	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
							R	000002	08/12/13			150,000	50,000	8292	03	0		01	01	01	01	00			00				
								Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical								
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
		A. Total Subject Premium				730,738	Upd	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
		R	B. Experience Mod (XX.XXX)				1.500		Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical							
			C. Total Modified Premium				1,096,107		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
N O T S B J	R	D.	0912	80			Upd	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
		E.						Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical								
		F.						Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
G.			Total Standard Exposure		Total Standard Premium		Upd	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
			4,985,321		1,096,187																								
A F T E R S T D		H.	006_	Premium Discount Amount				Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical								
	R	I.	0900	Expense Constant Amount		220		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
	LOSS TOTALS																												
	R	J.	0935	(6.76%)		74,097		Reserved For Future Use																Total Paid Indemnity			Total Paid Medical		
	R	K.	9663			(562,971)		Tot. Claimant's Attny. Fees			Tot. Employer's Attny. Fees			Reserved For Future Use			Total ALAE Paid			Total ALAE Incurred									
R	L.	9740	(\$0.03)		1,496																								

Illustration #10, Risk Involves Large Risk – Large Deductible Premium Credit

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No
01				12345	WC1234567890	07/01/13		29					2	2
							07/01/14							

Insured's Name: ACD TRUCKING CO. F.E.I.N. → Pending File No.

Insured's Address: (OPTIONAL BUT PREFERRED) T.P.E / F.E.I.N. →

Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct Type	Deduct Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use
3 YR. F/R Policy	Multi-state Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-Term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std									

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number			Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
																				Act	Type	Recv	Clm	Settl			
S U B J E C T								Case Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
								Claimant's Attorney Fees			Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
							Upd	Claim Number			Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
								Case Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
								Claimant's Attorney Fees			Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
		A. Total Subject Premium					Upd	Claim Number			Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
		B. Experience Mod (XX.XXX)						Case Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
		C. Total Modified Premium						Claimant's Attorney Fees			Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
N O T S B J		D.					Upd	Claim Number			Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
		E.						Case Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
		F.						Claimant's Attorney Fees			Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
G.			Total Standard Exposure			Total Standard Premium	Upd	Claim Number			Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
A F T E R S T D		H.	006_	Premium Discount Amount				Case Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
		I.	0900	Expense Constant Amount				Claimant's Attorney Fees			Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
	R	J.	9741	(\$0.01)		499	LOSS TOTALS																				
		K.					Reserved For Future Use			Total No. Claims		Total Incurred Indemnity		Total Incurred Medical			Reserved For Future Use			Total Paid Indemnity			Total Paid Medical				
		L.					Tot. Claimant's Attny. Fees			Tot. Employer's Attny. Fees			Reserved For Future Use						Total ALAE Paid			Total ALAE Incurred					

Illustration #10, Risk Involves Large Risk – Large Deductible Premium Credit

**NEW JERSEY COMPENSATION RATING AND INSPECTION BUREAU
UNIT STATISTICAL REPORTING GUIDEBOOK**

ILLUSTRATION 11 – First Report. A risk including claims administered by an Approved Managed Care Organization (MCO) in accordance with Section 3:10B of the Manual. Note that only part of the risk's claims is administered by an MCO due to geographical reasons. Therefore, the premium reduction (5%) reported under class code 9874 apply to the premiums for that part of the risk (code 7219) administered by the MCO. Note that the applicable Foreign and Domestic Terrorism premium charges are determined by applying the factors to the Total Standard Exposure. Note that Part/Nature/Cause must be reported for all claims.

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No. 01	Corr. No.	Corr. Type	Replace Rpt. Ind	Carrier Code 77777	Policy Number WC111222	Policy Effective Date 01/01/13	Policy Expiration Date 01/01/14	Expos State 29	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No						
Insured's Name: JKL TRUCKING											F.E.I.N. →		Pending File No.							
Insured's Address: (OPTIONAL BUT PREFERRED)											T.P.E / F.E.I.N. →									
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct Type	Deduct Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use	
		3 YR. F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-Term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std								

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S U B J E C T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
																Act	Type	Recv	Clim	Settl			
	R	01	7219	18,275	15.75	2,878	R	11111	09/15/13	60,000	30,000	7219	03	0		01	01	01	01	00			01
	R	01	8810	2,160	.25	5		Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical			
								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred						
							Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type	
	R						R	22222	10/01/13	15,000	1,750	8810	04	0		01	01	01	01	00			00
								Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical			
								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred						
	A F T E R S T D	Upd	A. Total Subject Premium				2,883	R	33333	10/02/13		1,025	7219	06	1		01	01	01	01	00		
R			B. Experience Mod (XX.XXX)				.425		Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical		
			C. Total Modified Premium				1,225		Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred					
N O T S B J	Upd	R	D.	9874	(5%)	61		Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type	
			E.					Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical			
			F.					Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred						
G.	Upd	Total Standard Exposure						Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type	
		20,435				1,286																	
			H.	006_	Premium Discount Amount			Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical			
		R	I.	0900	Expense Constant Amount	220		Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred						
		LOSS TOTALS																					
		R	J.	0935	(6.76%)	83		Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical									
R	K.	9740	(\$0.03)	6		Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use	Total ALAE Paid	Total ALAE Incurred													
R	L.	9741	(\$0.01)	2																			

**NEW JERSEY COMPENSATION RATING AND INSPECTION BUREAU
UNIT STATISTICAL REPORTING GUIDEBOOK**

ILLUSTRATION 12 – First Report. A Retrospective Rated Risk including a construction class which qualifies for the New Jersey Construction Classification Premium Adjustment Program. The credit amount reported under class code 9046 is determined in accordance with Rule 3:8-2 of the Manual. Note the retro premium is reported under class code 0945.

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No
01				12231	WC890601	01/01/13	01/01/14	29					1	2

Insured's Name:	XYZ CONTRACTORS	F.E.I.N. →	Pending File No.
Insured's Address:	(OPTIONAL BUT PREFERRED)	T.P.E / F.E.I.N. →	

Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct Type	Deduct Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use
3 YR. F/R Policy	Multi-state Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-Term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std									

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims		Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
																Act	Type	Recv	Clm	Settl				
S U B J E C T	R	01	5022	4,291,604	18.71	802,959																		
	R	01	8810	245,640	.25	614		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
							Upd	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
							Upd	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
							Upd	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
							Upd	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
							Upd	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
							Upd	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
A F T E R S T D				Total Standard Exposure		Total Standard Premium	Upd	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
				4,537,244		715,180																		
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
								LOSS TOTALS																
								Reserved For Future Use	Total No. Claims		Total Incurred Indemnity		Total Incurred Medical			Reserved For Future Use			Total Paid Indemnity			Total Paid Medical		
							Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees			Reserved For Future Use					Total ALAE Paid			Total ALAE Incurred					

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No
01				12231	WC890601	01/01/13	01/01/14	29					2	2

Insured's Name:	XYZ CONTRACTORS	F.E.I.N. →	Pending File No.
Insured's Address:	(OPTIONAL BUT PREFERRED)	T.P.E / F.E.I.N. →	

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

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
																		Act	Type	Recv	Clm	Settl			
S U B J E C T								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred					
								Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred					
		A. Total Subject Premium					Upd	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred					
N O T S B J		D.					Upd	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
		E.						Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
		F.							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred				
A F T E R S T D	G.			Total Standard Exposure		Total Standard Premium	Upd	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
		H.	006_	Premium Discount Amount				Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
		I.	0900	Expense Constant Amount					Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred				
	R	J.	9740	(\$0.03)		1,361		LOSS TOTALS																	
	R	K.	9741	(\$0.01)		454		Reserved For Future Use	Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical						
	L.							Tot. Claimant's Attnry. Fees	Tot. Employer's Attnry. Fees			Reserved For Future Use				Total ALAE Paid			Total ALAE Incurred						

**NEW JERSEY COMPENSATION RATING AND INSPECTION BUREAU
UNIT STATISTICAL REPORTING GUIDEBOOK**

ILLUSTRATION 13 – A Loss Correction Report adding two loss claims to Illustration #12.

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No. 01	Corr. No. 01	Corr. Type L	Replace Rpt. Ind	Carrier Code 12231	Policy Number WC890601	Policy Effective Date 01/01/13	Policy Expiration Date 01/01/14	Expos State 29	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No						
Insured's Name: XYZ CONTRACTORS										F.E.I.N. →		Pending File No.								
Insured's Address: (OPTIONAL BUT PREFERRED)										T.P.E / F.E.I.N. →										
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct Type	Deduct Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use	
		3 YR. F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-Term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std								

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S U B J E C T	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Udp Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
														Act	Type	Recv	Clim	Settl			
						R	98675	05/29/13	18,681	3,924	5022	05	1	01	01	01	01	00			00
							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical				
							Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid					ALAE Incurred					
						Udp Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type
						R	98676	06/29/13	222,635	190,775	8810	03	0	01	01	01	01	00			00
							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical				
							Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid					ALAE Incurred					
A F T E R S T D	A. Total Subject Premium					Udp Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type
	B. Experience Mod (XX.XXX)						Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical				
	C. Total Modified Premium						Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid					ALAE Incurred					
N O T S B J	D.					Udp Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type
	E.						Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical				
	F.						Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid					ALAE Incurred					
G.	Total Standard Exposure		Total Standard Premium		Udp Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type	
							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical				
							Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid					ALAE Incurred					
	LOSS TOTALS																				
	Reserved For Future Use							Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use					Total Paid Indemnity	Total Paid Medical				
							2	241,316	194,699												
Tot. Claimant's Attny. Fees							Tot. Employer's Attny. Fees			Reserved For Future Use					Total ALAE Paid			Total ALAE Incurred			

**NEW JERSEY COMPENSATION RATING AND INSPECTION BUREAU
UNIT STATISTICAL REPORTING GUIDEBOOK**

ILLUSTRATION 14 – A Loss Correction to Illustrations #12 and 13 deleting loss claim #98675 as a result of a full dismissal. Note that Corr. No. (02) represents the second correction to this Report level.

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No. 01	Corr. No. 02	Corr. Type L	Replace Rpt. Ind	Carrier Code 12231	Policy Number WC890601	Policy Effective Date 01/01/13	Policy Expiration Date 01/01/14	Expos State 29	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No				
Insured's Name: XYZ CONTRACTORS										F.E.I.N. →		Pending File No.						
Insured's Address: (OPTIONAL BUT PREFERRED)										T.P.E / F.E.I.N. →								
Mod. Effective Date	Rate Effective Date	Policy Conditions						Policy Type ID			Deduct Type	Deduct Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use	
		3 YR. F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-Term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std						

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S S U B J E C T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
							P	98675	05/29/13	18,681	3,924	5022	05	1	Act	Type	Recv	Clm	Settl			00
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
							Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
A F T E R S T D							Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
G.				Total Standard Exposure		Total Standard Premium	Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
								LOSS TOTALS														
								Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use			Total Paid Indemnity	Total Paid Medical						
							Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use			Total ALAE Paid			Total ALAE Incurred							

**NEW JERSEY COMPENSATION RATING AND INSPECTION BUREAU
UNIT STATISTICAL REPORTING GUIDEBOOK**

ILLUSTRATION 15 – A Subsequent (2nd) Report to Illustrations #12, 13 and 14 claim #98676 indicating the developed (changed) Indemnity and Medical amounts.

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No. 02	Corr. No.	Corr. Type	Replace Rpt. Ind	Carrier Code 12231	Policy Number WC890601	Policy Effective Date 01/01/13	Policy Expiration Date 01/01/13	Expos State 29	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No
Insured's Name: XYZ CONTRACTORS														
Insured's Address: (OPTIONAL BUT PREFERRED)														
Mod. Effective Date														
Rate Effective Date														
Policy Conditions														
Policy Type ID														
Deduct Type														
Deduct Percent														
Deductible Amount Per Claim/Accident														
Deductible Amount Aggregate														
Business Segment Identifier														
For Carrier Use														
For Bureau Use														

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S U B J E C T	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
						P	98676	06/29/13	222,635	190,775	8810	03	0	Act	Type	Recv	Clim	Settl			00
							Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
S U B J E C T						R	98676	06/29/13	413,364	190,775	8810	02	0	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type
							Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
							Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
A F T E R S T D							Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
							Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
A F T E R S T D							Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
							LOSS TOTALS														
							Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use			Total Paid Indemnity	Total Paid Medical						
						Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use			Total ALAE Paid			Total ALAE Incurred							

**NEW JERSEY COMPENSATION RATING AND INSPECTION BUREAU
UNIT STATISTICAL REPORTING GUIDEBOOK**

ILLUSTRATION 16 – A Subsequent (2nd) Report to Illustration #11 changing claim # 11111 as a result of a “Partial Dismissal” and claim #22222 as a result of a “Compromise Settlement – N.J.S.A. 34:15-20”. Note that the revised loss totals reflect the inclusion of the data from the closed claim (#33333) previously reported on the First Report.

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No. 02	Corr. No.	Corr. Type	Replace Rpt. Ind	Carrier Code 77777	Policy Number WC111222	Policy Effective Date 01/01/13	Policy Expiration Date 01/01/14	Expos State 29	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No					
Insured's Name: JKL TRUCKING											F.E.I.N. →		Pending File No.						
Insured's Address: (OPTIONAL BUT PREFERRED)											T.P.E / F.E.I.N. →								
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct Type	Deduct Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use
		3 YR. F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-Term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std							

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S U B J E C T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
							P	11111	09/15/13	60,000	30,000	7219	03	0	Act	Type	Recv	Clim	Settl			01
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
							Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type
							R	11111	09/15/13	14,168		7219	05	1	01	01	01	01	05			01
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
N O T S B J							Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type
							P	22222	10/01/13	15,000	1,750	8810	04	0	01	01	01	01	00			00
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
							Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type
							R	22222	10/01/13	2,500		8810	05	1	01	01	01	01	06			00
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
A F T E R S T D							Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
								LOSS TOTALS														
								Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use			Total Paid Indemnity	Total Paid Medical						
								3	16,668	1,025												
							Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use			Total ALAE Paid			Total ALAE Incurred							

**NEW JERSEY COMPENSATION RATING AND INSPECTION BUREAU
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ILLUSTRATION 17 – A First Report which involves a Schedule Rating Premium Credit. Note that where both an Approved Managed Care Program and Schedule Rating are applicable, a maximum combined credit of 20% is permitted.

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No. 01	Corr. No.	Corr. Type	Replace Rpt. Ind	Carrier Code 55555	Policy Number WC33334444	Policy Effective Date 07/01/13	Policy Expiration Date 07/01/14	Expos State 29	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No						
Insured's Name: TMP INC.											F.E.I.N. →		Pending File No.							
Insured's Address: (OPTIONAL BUT PREFERRED)											T.P.E / F.E.I.N. →									
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct Type	Deduct Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use	
		3 YR. F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-Term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std								

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S U B J E C T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
	R	01	0035	45,750	4.18	1,912										Act	Type	Recv	Clim	Settl		
	R	01	6199		(1.10%)	21		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
	R	01	8810	15,250	.25	38		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
	R	01	9848			79	Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
A F T E R S T D								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
N O T S B J								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
	R	D.	9874	(15%)		197	Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type
	R	E.	9887	(5%)		66		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
G.								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
A F T E R S T D								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
								LOSS TOTALS														
								Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use			Total Paid Indemnity	Total Paid Medical						
							Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees			Reserved For Future Use					Total ALAE Paid		Total ALAE Incurred				

**NEW JERSEY COMPENSATION RATING AND INSPECTION BUREAU
UNIT STATISTICAL REPORTING GUIDEBOOK**

ILLUSTRATION 18 – A First Report which involves a Schedule Rating Premium Debit.

POLICY INFORMATION

[illegible]

LOSS INFORMATION

C O D E S U B J E C T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
	R	01	0035	25,750	4.18	1,076													Act	Type	Recv	Clim	Settl				
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred						
							Upd	Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type	
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred						
		A. Total Subject Premium				1,076	Upd	Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type	
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
	R	B. Experience Mod (XX.XXX)				.985		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred						
		C. Total Modified Premium				1,060																					
N O T S B J	R	D.	9889	(10%)	106	Upd	Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type		
		E.					Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
		F.					Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred							
A F T E R S T D	G.			Total Standard Exposure 25,750	Total Standard Premium 1,166	Upd	Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type		
		H.	006_	Premium Discount Amount			Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
	R	I.	0900	Expense Constant Amount	220		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred							
	R	J.	0935	(6.76%)	72		LOSS TOTALS																				
	R	K.	9740	(\$0.03)	8		Reserved For Future Use	Total No. Claims		Total Incurred Indemnity		Total Incurred Medical			Reserved For Future Use			Total Paid Indemnity			Total Paid Medical						
	R	L.	9741	(\$0.01)	3		Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees			Reserved For Future Use						Total ALAE Paid			Total ALAE Incurred							

**NEW JERSEY COMPENSATION RATING AND INSPECTION BUREAU
UNIT STATISTICAL REPORTING GUIDEBOOK**

ILLUSTRATION 19 – Short Rate Penalty Premium Calculation in accordance with Rule 3:3-80 of the Manual. The Policy was issued effective 01/01/10 to 01/01/11 and cancelled on 06/30/10.

(a) Determine the payroll expended during the period the policy was in force.

Class Code	Audited Payroll	Rate	Manual Premium
9015	\$10,000	5.81	\$581
		Mod.	.961
	Modified Premium	→	558

(b) Extend the payroll in (a) pro rata by the application of a factor determined by dividing the number of days for which the policy was written by the number of days the policy was in force.

$$365 \text{ (term of policy)} / 180 \text{ (days in force)} = \mathbf{2.02777} \text{ (factor)}$$

$$\$10,000 \times 2.02777 = \mathbf{\$20,278} \text{ (pro-rata payroll)}$$

(c) Determine the extended premium by applying manual rates to the payrolls in (b) divided by 100 and applying any applicable experience modification.

$$[(\$20,278 \times \$5.81) / 100] \times .961 \text{ (Mod)} = \mathbf{\$1,132} \text{ (extended modified premium)}$$

(d) Calculate the extended number of days from which to determine the short rate percentage by dividing the number of days the policy was in force by the number of days for which the policy was written and multiplying the result by 365 days.

$$180 / 365 = .493 \times 365 = \mathbf{179.945} \text{ (days)}$$

(e) The short rate premium is calculated by applying the short rate percentage corresponding to the extended number of days in (d) to the premium in (c). The short rate percentages are set forth in the table in Section 2:4 of the Manual.

$$179.945 = \mathbf{60\%} \text{ (short rate percentage)}$$

$$\$1,132 \times 60\% = \mathbf{\$679} \text{ (short rate premium)}$$

$$\$679 - \$558 = \mathbf{\$121} \text{ (short rate penalty)}$$

(f) The final premium is determined by adding the expense constant to the short rate premium in (e). If the final premium so computed is less than the specified minimum premium, the minimum premium shall be charged.

Not applicable in this example

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No. 01	Corr. No.	Corr. Type	Replace Rpt. Ind	Carrier Code 99999	Policy Number 123456789	Policy Effective Date 01/01/10	Policy Expiration Date 06/30/10	Expos State 29	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No 1	Last Page No 2			
Insured's Name: XYZ										F.E.I.N. →		Pending File No.					
Insured's Address: (OPTIONAL BUT PREFERRED)										T.P.E / F.E.I.N. →							
Mod. Effective Date 01/01/10	Rate Effective Date 01/01/10		Policy Conditions 3 YR. F/R Policy Multistate Policy Interstate Rating Estimated Exposures Retro Policy Cancelled Mid-Term MCO Indicator C.H.C. Network						Policy Type ID Type Cov. Plan Ind Non Std		Deduct Type	Deduct Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S S U B J E C T	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
	Act	Type	Recv	Clim	Settl																
	R	01	9015	10000	5.81	581		Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical			
	R	01	6199			11		Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred				
	R	01	9848			39															
							Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.
N O T S B J							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical				
							Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred					
							Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.
A F T E R S T D							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical				
							Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred					
							Upd	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.
G.							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical				
							Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred					
H.																					
I.																					
J.																					
K.																					
L.																					
LOSS TOTALS Reserved For Future Use Total No. Claims Total Incurred Indemnity Total Incurred Medical Reserved For Future Use Total Paid Indemnity Total Paid Medical Tot. Claimant's Attny. Fees Tot. Employer's Attny. Fees Reserved For Future Use Total ALAE Paid Total ALAE Incurred																					

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No
01				99999	123456789	01/01/10		29					2	2
							06/30/10							

Insured's Name:	XYZ	F.E.I.N. →	Pending File No.
Insured's Address:	(OPTIONAL BUT PREFERRED)	T.P.E / F.E.I.N. →	

Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct Type	Deduct Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use
3 YR. F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-Term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std									
01/01/10	01/01/10																		

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
																	Act	Type	Recv	Clm	Settl			
S U B J E C T								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred				
								Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred				
								Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
		A. Total Subject Premium						Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
		B. Experience Mod (XX.XXX)						Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred				
		C. Total Modified Premium						Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
N O T S B J		D.						Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
		E.						Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred				
		F.						Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
G.				Total Standard Exposure		Total Standard Premium		Case Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
A F T E R S T D		H.	006_	Premium Discount Amount				Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
		I.	0900	Expense Constant Amount				Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred				
		J.	9741			1	LOSS TOTALS																	
		K.					Reserved For Future Use			Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use			Total Paid Indemnity		Total Paid Medical			
		L.					Tot. Claimant's Attnry. Fees		Tot. Employer's Attnry. Fees			Reserved For Future Use			Total ALAE Paid			Total ALAE Incurred						

**NEW JERSEY COMPENSATION RATING AND INSPECTION BUREAU
UNIT STATISTICAL REPORTING GUIDEBOOK**

ILLUSTRATION 20 – A First report for a multistate policy including claims administered by an Approved Managed Care Organization (MCO). This information is indicated in the appropriate policy condition fields and supported by policy data and carrier information filed with the Bureau. This USR also includes an ALAE only claim. Note that some loss fields were left blank because they were either optional data elements (Employer’s Attorney Fees, Weekly Wage, ALAE Incurred, Total Employer’s Attorney Fees and Total ALAE Incurred) or the claims did not have data for those fields at valuation date.

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No
01				99999	WC4321536	01/01/14	01/01/15	29					1	2

Insured's Name:	ABC INC	F.E.I.N. →	Pending File No.
Insured's Address:	(OPTIONAL BUT PREFERRED)	T.P.E / F.E.I.N. →	

Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct Type	Deduct Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use
3 YR. F/R Policy	Multi-state Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-Term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std									
01/01/14	01/01/14	N	Y	N	N	N	Y												

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
								12345001	05/25/14	22	16	30	Occupation Description	Voc.	Lump				Fraud	Deduct.	Paid Indemnity						Paid Medical	
																					Act	Type	Recv				Cm	Settl
S U B J E C T	R	01	8742	956,728	.60	5,740	R	12345001		05/25/14				8810		06	1		01	01	01	01	05	29		01		
	R	01	8810	1,455,872	.25	3,640		Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid			ALAE Incurred								
													564		1,564			1,564										
							Upd	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Cm	Settl	Jurisdic State	Cat. No.	MCO Type		
							R	12346002		08/27/14		64,500		52,789		8742	04	0	01	01	01	03	00	29		01		
A. Total Subject Premium								Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid			ALAE Incurred								
								12,980					645		765			2,575										
							Upd	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Cm	Settl	Jurisdic State	Cat. No.	MCO Type		
B. Experience Mod (XX.XXX)					9,380	R	12347005		09/03/14		9,545		1,898		8810	05	0	01	03	01	01	00	29		01			
	R				.975			Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid			ALAE Incurred								
C. Total Modified Premium													425															
								9,146																				
							Upd	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Cm	Settl	Jurisdic State	Cat. No.	MCO Type		
							R	12348099		11/17/14		49,500		17,037		8742	04	0	01	01	01	01	00	29		01		
E.								Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid			ALAE Incurred								
								9,875					789		275			950										
G.				Total Standard Exposure		Total Standard Premium	Upd	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Cm	Settl	Jurisdic State	Cat. No.	MCO Type		
				2,412,600		9,146	R	12349100		12/10/14		3,500		960		8742	05	0	01	01	01	01	00	29		01		
		H.	006_	Premium Discount Amount				Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
		I.	0900	Expense Constant Amount				Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid			ALAE Incurred								
A F T E R S T D							LOSS TOTALS																					
	R	J.	0935			600		Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical								
	R	K.	0936			0				5		127,045		72,684				20,243		5,527								
	R	L.	9740			724		Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved For Future Use				Total ALAE Paid		Total ALAE Incurred										
								22,855								3,064		5,089										

Illustration #20, USR with Additional (header & loss) Data Elements for Policies Effective January 1, 2014 & after

POLICY INFORMATION

Illustration #20, USR with Additional (header & loss) Data Elements for Policies Effective January 1, 2014 & after

**NEW JERSEY COMPENSATION RATING AND INSPECTION BUREAU
UNIT STATISTICAL REPORTING GUIDEBOOK**

ILLUSTRATION 21 – A Subsequent (2nd) Report to Illustration 20. Changing claim #12345001 as a result of the claim being re-opened, as well as indicating the developed (changed) loss values for claims #12346002 and #12348099. This USR also shows that claim #12347005 was dismissed and that claim #12349100 became an ALAE only claim, because both were determined to be non-compensable claims.

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No
02				99999	WC4321536	01/01/14		29					1	2
							01/01/15							

Insured's Name:	ABC INC	F.E.I.N. →	Pending File No.
Insured's Address:	(OPTIONAL BUT PREFERRED)	T.P.E / F.E.I.N. →	

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

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
								12345001	05/25/14	8810	06	1	Act	Type	Recv				Clm	Settl							
													01	01	01				01	05							
S U B J E C T							P	Case Number		Part 22	Nature 16	Cause 30	Occupation Description Secretary		Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage 564			ALAE Paid 1,564			ALAE Incurred 1,564						
							Upd	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
						R	12345001		05/25/14		12,597		2,645		8810				04	0	01	01	01				01
									Case Number		Part 22	Nature 16	Cause 30	Occupation Description Secretary		Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage 564			ALAE Paid 1,564			ALAE Incurred 2,015						
							Upd	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
						P	12346002		08/27/14		64,500		52,789		8742				04	0	01	01	01				03
									Case Number		Part 54	Nature 28	Cause 32	Occupation Description Salesman		Voc.	Lump	Fraud	Deduct.	Paid Indemnity 16,899			Paid Medical 2,200				
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage 645			ALAE Paid 765			ALAE Incurred 2,575						
N O T S B J							Upd	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
						R	12346002		08/27/14		124,572		52,789		8742				03	0	01	01	01				03
									Case Number		Part 54	Nature 28	Cause 32	Occupation Description Salesman		Voc.	Lump	Fraud	Deduct.	Paid Indemnity 46,868			Paid Medical 32,200				
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage 645			ALAE Paid 1,955			ALAE Incurred 2,575					
							Upd	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
						P	12347005		09/03/14		9,545		1,898		8810				05	0	01	03	01				01
A F T E R S T D								Case Number		Part 39	Nature 71	Cause 98	Occupation Description Typist		Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage 425			ALAE Paid			ALAE Incurred						
								LOSS TOTALS																			
								Reserved For Future Use				Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use				Total Paid Indemnity			Total Paid Medical		
								Tot. Claimant's Attnry. Fees				Tot. Employer's Attnry. Fees		Reserved For Future Use				Total ALAE Paid				Total ALAE Incurred					

Illustration #21, USR with Additional (header & loss) Data Elements for Policies Effective January 1, 2014 & after

POLICY INFORMATION

Illustration #21, USR with Additional (header & loss) Data Elements for Policies Effective January 1, 2014 & after

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SECTION XVII – Contact Information and Form

Topic	Contact Person	Phone Number	Email
USR Reporting Requirements	Debra Grubbs Isabel F. Santos	973-622-6014 X. 235 973-622-6014 X. 257	dgrubbs@njcrib.com isantos@njcrib.com
Electronic Data Submissions	Debra Grubbs Isabel F. Santos Madeline Montalvo	973-622-6014 X. 235 973-622-6014 X. 257 973-622-6014 X. 268	dgrubbs@njcrib.com isantos@njcrib.com mmontalvo@njcrib.com
Testing for Electronic Reporting	Debra Grubbs Isabel F. Santos Madeline Montalvo	973-622-6014 X. 235 973-622-6014 X. 257 973-622-6014 X. 268	dgrubbs@njcrib.com isantos@njcrib.com mmontalvo@njcrib.com
Testing for Hard Copy Reporting	Isabel F. Santos	973-622-6014 X. 257	isantos@njcrib.com
CDX/BEEP	Fernanda Santos-Rodriguez	973-622-6014 X. 266	fsantos-rodriguez@njcrib.com
WCSTAT	Isabel F. Santos Madeline Montalvo	973-622-6014 X. 257 973-622-6014 X. 268	isantos@njcrib.com mmontalvo@njcrib.com
WCCNTL	Madeline Montalvo	973-622-6014 X. 268	mmontalvo@njcrib.com

In order to maintain proper communication channels between carriers and the Bureau, the Contact Form which follows must be submitted whenever the carrier's contact information changes.

CONTACT FORM

NEW JERSEY COMPENSATION RATING AND INSPECTION BUREAU UNIT STATISTICAL REPORTING GUIDEBOOK

SECTION XVIII – Glossary

ACCCT

American Cooperative Council on Compensation Technology.

Add/Change/ Delete (“A”, “C”, “D”)

Update types which identify how the Bureau is to process the correction or subsequent report.

Address Record

Insured Mailing Address.

ALAE

Allocated Loss Adjustment Expense.

Anniversary Rating Date (“ARD”)

The ARD is the normal renewal date of the policy. If the policy effective date changes, the Bureau establishes the ARD. The ARD determines the rates and experience mod(s) that will apply to a policy.

ASWG

Advisory Statistical Work Group. The ASWG is a subcommittee of the WCIO that reviews and recommends data elements and codes for statistical reporting.

BEEP

Bureau Entry and Edit Package. Software, developed by ACCCT, used for entry, pre-edit and submission of USR data.

Carrier Code

This is the five-digit number assigned by the (NCCI) to identify the individual carrier.

CDX

Compensation Data Exchange. Developed by ACCCT, CDX is a web-based application which provides secure transfer of information between the carriers and DCOs.

Death Claim

A claim filed by the survivors or dependents of a worker who dies from a job-related incident. Death claims are identified by type of injury code ‘01’.

EDI

Electronic Data Interchange.

Electronic Reporting

Any method of reporting information that is not paper-based, and can be processed into the DCO’s database without a key entry process.

Employers Liability

Coverage for the legal obligation of an employer to pay damages that are not included in statutory workers’ compensation coverage.

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ETR

Electronic Transmittal Record. Includes identifying information about an electronic data submission.

Expense Constant

A premium charge which applies to every policy. The expense constant covers expenses such as those for issuing, recording and auditing, which are common to all workers' compensation policies regardless of premium size.

Experience

Refers to the payroll and loss data for an employer or classification.

Experience Modification

A factor that increases or decreases an employer's total subject (manual) premium based on the employer's payroll and loss history.

Experience Rating

A Bureau experience modification calculation which uses up to 3 years and 6 months of insured loss and payroll experience submitted via unit statistical reports.

Experience Rating Worksheet

A form that shows the exposures and loss data used in the development of the experience modification.

Exposure

The basis on which premium is determined, usually represented by payroll. Other exposure basis include number of employees (per capita).

Exposure Coverage Act Code

Code which distinguishes between State and Federal coverage.

Exposure Record

Is comprised of a specific class, act, exposure, rate and premium.

F Class

Federal Classifications – The classifications of work performed at or near harbors that is included in the federal United States Longshoremen and Harbor Workers Compensation Act ("USL&H").

First Report

The first unit statistical report of a policy that includes exposures, premiums and losses valued as of the 18th month after the policy effective date.

ICR (Individual Case Report)

A statistical report that provides more detailed claim information in addition to the usual loss record.

Incurred (indemnity or medical)

Includes both paid-to-date amounts and reserves for future payments.

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Jurisdiction State

The state that will administer the claim and whose statute will apply to the claim adjustment process.

Link Data

Link Data is the set of header elements that uniquely identifies the records as belonging to a specific unit statistical report.

Loss

Generally refers to the amount paid or expected to be paid for medical and indemnity benefits on a claim.

Managed Care Organization (MCO)

A state-approved organization that will administer the medical care aspects of a claim.

Mod. Effective Date

The date on which the modification is effective and applicable to the portion of the unit report.

Modified Premium

The Total Subject (Manual) Premium multiplied by the experience modification factor.

NCCI

National Council on Compensation Insurance.

NJCRI

New Jersey Compensation Rating and Inspection Bureau.

Permanent Total Claim

A claim filed by a worker with permanent total disability due to an injury from a job-related incident.

Policy Identification/Match Data

Data fields used to match a unit statistical report to a policy, including carrier number, policy number and policy effective date.

Pre-delinquent Data

USR data that is expected to be reported at some point in the future due to the existence of coverage.

Premium

The amount paid for an insurance policy.

Previous and Revised (“P” & “R”)

Refers to the pair of update types commonly used for corrections or subsequent unit statistical reports.

Rate Effective Date

The date that the rates are effective and apply to the portion of the unit report.

Record

A collection of related data fields grouped into a fixed length format for the electronic reporting of data. A unit statistical report requires several record types.

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Record Type Code

The code that identifies the information and format of the record in an electronic file.

Report

May refer to Report Level or Unit Statistical Report.

Split (Exposure Split)

An exposure split occurs when the exposure for the policy must be split into two periods due to an ARD.

Subrogation

The legal process by which an insurance company, after paying a loss, seeks to recover all or a portion of the loss from another party legally liable for that loss.

Subsequent Reports

The annual revaluation of previously reported open claims, and the filing of late claims on subsequent reports (report levels 2-10).

TPA

A third-party administrator is an organization contracted by an insurance company to perform specified duties such as policy issuance or statistical reporting.

Unmatched USR

A USR that does not match a policy in the Bureau's system.

USR (Unit Statistical Report)

A USR is the report used to report detailed header, exposure, premium and loss information for a specific workers' compensation policy. Reports may be filed electronically or via hard copy.

USR Correction Reports

Unit statistical reports that are filed to amend previously reported data, due to inaccuracies or errors.

Valuation Date

The month and year that the losses are evaluated for unit statistical reporting purposes.

WCCNTL (Workers' Compensation Control Listings)

The WCIO standard electronic reporting format for pre-delinquent and delinquent USR listings.

WCIO

The WCIO (Workers' Compensation Insurance Organizations) is a voluntary association of statutorily authorized or licensed rating, advisory, or data service organizations that collect workers' compensation insurance information in one or more states. The WCIO is composed of the managers of the various boards and jurisdictions and several insurance carriers.

The purpose of the WCIO is to provide a forum for the exchange of information about workers' compensation insurance. The WCIO publishes and maintains the WCIO Data Specifications Manual.

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WCSTAT

The unit statistical record format approved and published by the WCIO for the reporting of workers' compensation unit statistical reports.