



FINANCIAL Data Reporting Guidebook

Issued January 2026

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Section I - Introduction

Overview

Aggregate financial data is required to be reported annually by each carrier member of the Pennsylvania & Delaware Compensation Rating Bureaus in a prescribed format. Policy year and accident year aggregate statistics are reported in this manner together with Annual Statement information that pertains to workers’ compensation. This data forms the basis for the annual loss cost filings.

Financial Data Manager (FDM)

Financial Data Manager (FDM) is an Internet-based system that allows carriers to enter, edit and submit Financial Calls and Schedule W (Calls) subject to the Financial Data Incentive Program (FDIP) to the Pennsylvania Compensation Rating Bureau and the Delaware Compensation Rating Bureau, Inc. (herein collectively referred to as the Bureaus) and, for Schedule W only, to the Pennsylvania Insurance Department (Department).

FDM is a system designed to increase the timeliness and quality of data submissions by eliminating paper submissions, providing carriers with immediate feedback of failed edits and providing carriers with a central location for their data to ease the review of multiple calls. This system also provides carriers with the opportunity to view a log of criticisms sent by either the Department or the Bureaus.

Proper use of FDM requires specialized knowledge of workers compensation financial call reporting for the state of Pennsylvania and/or Delaware.

If you have any questions about the Data Calls, please contact the Rating Bureaus:

Website References:

PCRB: www.pcrb.com

DCRB: <https://www.dcrb.com/dcrb/>

FDM: <https://www.pcrbdata.com/FDM/>

User Guide: <https://www.pcrb.com/media/d4bhr0rj/fdm-user-guide.pdf>

Central Support E-Mail: centralsupport@pcrb.com

Financial Data Reporting Email: financialdatacalls@pcrb.com

Phone: 215.568.2371

Section II – 2025 Pennsylvania and Delaware Call Due Dates

Financial Call Due Dates

This Reporting Schedule identifies all of the Financial Calls and the data quality forms applicable to Financial Calls—with their required Due Date (for electronic submission*).

Delaware Acknowledgement Form	March 16, 2026
Delaware Statutory Page 14	March 16, 2026
Delaware Policy Year Call #1	March 16, 2026

Delaware Calendar-Accident Year Call #1A	March 16, 2026
Delaware Calendar Year Expense Data Call #2	April 15, 2026
Delaware Large Claim Experience by Policy Year #4	March 16, 2026
Delaware Net Large Deductible Policy Year Call #8	March 16, 2026
Delaware Net Large Deductible Calendar-Accident Year Call #8A	March 16, 2026
Delaware Gross Large Deductible Policy Year Call #9	March 16, 2026
Delaware Gross Large Deductible Calendar-Accident Year Call #9A	March 16, 2026
Delaware Assigned Risk Policy Year Call #12	March 16, 2026
Delaware Assigned Risk Calendar-Accident Year Call #12A	March 16, 2026
Delaware Catastrophe Experience Call #15	March 16, 2026
Delaware Catastrophe Calendar-Accident Year Call #15A	March 16, 2026

Pennsylvania Acknowledgement Form	March 16, 2026
Pennsylvania Statutory Page 14	April 1, 2026
Pennsylvania Policy Year Call #1	April 15, 2026
Pennsylvania Calendar-Accident Year Call #1A	April 15, 2026
Pennsylvania Large Claim Experience by Policy Year #4	April 15, 2026
Pennsylvania Net Large Deductible Policy Year Call #8	April 15, 2026
Pennsylvania Net Large Deductible Calendar-Accident Year Call #8A	April 15, 2026
Pennsylvania Gross Large Deductible Policy Year Call #9	April 15, 2026
Pennsylvania Gross Large Deductible Calendar-Accident Year Call #9A	April 15, 2026
Pennsylvania Calendar Year Expense Data Call #14	April 15, 2026
Pennsylvania Catastrophe Experience Call #15	April 15, 2026
Pennsylvania Catastrophe Calendar-Accident Year Call #15A	April 15, 2026
Pennsylvania Schedule W	April 15, 2026
Pennsylvania Schedule W – Coal	April 15, 2026
Pennsylvania Schedule W – Constraints	April 15, 2026

Please note that all data calls are subject to the Pennsylvania/Delaware Financial Data Incentive Program (FDIP): <https://www.pcrb.com/media/x25p0tes/pa-fdip.pdf>

Section III – General Guidelines

General Guidelines

Please read all instructions to ensure timely and accurate submissions of data calls.

- All carriers must complete the acknowledgement form located in FDM.

You must acknowledge which calls you will be submitting by selecting either “Will Submit” or “No Experience”. When this is complete; go to the bottom of the screen and click “Save”. This must be completed by March 16, 2026, for PA & DE.

If you write in Pennsylvania, you will also need to complete the “Schedule W Acknowledgement Questionnaire” located at the bottom of the Acknowledgement Form screen by April 15, 2026

- Reporting templates for each call are located in FDM on the ‘Call List’ screen.

Section IV – Pennsylvania/Delaware Financial Data Calls

Financial Data Calls

Overview

The ***Financial Call Reporting Guidebook*** is your primary resource for the reporting requirements and instructions needed to accurately complete your Financial Calls. Data providers are required to use this guidebook in conjunction with the Bureau’s ***Statistical Plan***.

This overview includes an outline and high-level look at how to submit the Financial Data Calls.

Financial Call Components

This section focuses on various Financial Call components and is intended to provide you with further details for the reporting of your Financial Call data. Specifically, this section is your detailed source of information on:

- Premium Reported in Financial Calls
- Losses Reported in Financial Calls
- Claim Count Information
- Loss Adjustment Expense (LAE)

Financial Call experience for losses, claim counts, and expenses for a given policy should be reported to the exposure state — the same state to which the corresponding policy premium has been assigned.

Premium Reported in Policy Year Calls (#1, #8, #9 & #12)

Report premium, by policy effective date, for all policy years.

Premium Reported in Calendar-Accident Year Calls (Call #1A, #8A, #9A & #12A)

Report premium, by transaction date, for the latest five calendar years only (do not report data for any shaded rows). The premium reported must match the calendar year premium

derived from Policy Year Call #1 (line Z), from Calls valued as of December 31, 2021, through December 31, 2025, respectively.

The three earned premium types (levels) reported in all Financial Calls and their components are defined as follows:

Standard Earned Premium at Bureau Designated Statistical Reporting Level

You are required to report Accumulated Standard Earned Premium for each of the indicated policy years. Specifically, for any given policy year, you are to report the entire Standard Earned Premium from policy inception through December 31, 2025, for those policies becoming effective during the policy year being reported.

Standard Earned Premium at Company Level

The earned premium on all risks should include:

- Deviations from Bureau Designated Statistical Reporting Levels
- Experience Rating Plan Adjustments
- Expense Constants (Carrier-charged Expense Constants)
- Loss Constants (Carrier-charged Loss Constants)
- Construction Classification Premium Adjustment Program (PA & DE)
- Delaware Workplace Safety Program (policies with effective dates prior to 7/1/99)
- Assigned Risk rating programs, surchargers, etc.

but should exclude:

- Retrospective Rating Plan Adjustments
- Other Individual Risk Rating Plan Adjustments (e.g., Schedule Rating)
- Premium Discounts
- Payment of Policyholder Dividends
- Premium Credits for Small Deductible Coverage
- Premium Credits for Pennsylvania Certified Safety Committee Credit Program
- Delaware Workplace Safety Program (policies with effective dates on or after 7/1/99)
- Merit Rating Plan (Pennsylvania and Delaware)
- Terrorism premium as coded under Statistical Classification 9740
- Catastrophe (Other than Certified Acts of Terrorism) premium as coded under Statistical Classification 9741

Note: For policies effective 7/1/98 through 9/30/99, Pennsylvania Employer Assessments were included as a part of PCRB loss costs and PCRB Designated Statistical Reporting Levels. Therefore, Employer Assessments for that period are

included in Standard Earned Premiums at PCRB and Company Levels. For policies effective 10/1/99 and later, there was no provision for Employer Assessments in PCRB loss costs and those assessments should be excluded from Standard Earned Premiums at PCRB and Company Levels.

Net Earned Premium

You are required to report the accumulated net earned premium on a direct basis for each of the indicated policy years. Specifically, for any given policy year, you are to report the entire net earned premium since policy inception through December 31, 2025, for those policies becoming effective during the policy year being reported. Note that in accumulated data there can be no negative entries.

For each policy year indicated, the accumulated net earned premium shall be the accumulated actual earned premium on all risks prior to the payment of policyholder dividends but after application of the following: retrospective rating plan adjustments, premium discounts, deviations from Bureau rates, schedule rating premium adjustments, merit rating premium adjustments, premium credits for small deductible coverage, premium credits for Pennsylvania Certified Safety Committee Credit Program and premium credits for the Delaware Workplace Safety Program. Terrorism premiums (Statistical Classification 9740) and Catastrophe (Other than Certified Acts of Terrorism) premiums (Statistical Classification 9741) should be excluded from Call #1. The Pennsylvania Employer Assessments are not considered premium and should be excluded for all policies effective on or after July 1, 1998.

Carriers Writing in Competitive Rating States

Carriers must enter the Standard Earned Premium figures at the Bureau Designated Statistical Reporting Level in the appropriate columns on the form. Refer to the Designated Reporting Level Section for appropriate definitions.

Carriers Writing at Deviations from Bureau Rates in Administered Pricing States

For State Funds and other carriers writing at deviations from Bureau Designated Statistical Reporting Levels in non-competitive rating states, the Standard Earned Premiums must be adjusted to Bureau Designated Statistical Reporting Level and reported in the column labeled "Standard at Bureau Designated Stat. Reporting Level." The Standard Earned Premium at the carrier level must be reported in the column labeled "Standard at Company Level."

Carriers that do not deviate from Bureau rates must enter their Standard Earned Premium in the column labeled "Standard at Bureau Designated Stat. Reporting Level" and must enter the same figure in the column labeled "Standard at Company Level."

Premium Components Summary

The most frequently utilized components of each premium type are illustrated in the following table, and further defined in the bullets below.

Statistical Code	- X means included	DSR (1)	STD (2)	NET (3)
9757	AUDIT NONCOMPLIANCE CHARGE			X
0990	BALANCE TO MINIMUM PREMIUM		X	X
9741	CATASTROPHE CHARGE			
9890	CERTIFIED SAFETY COMMITTEE PREMIUM CREDIT (PA)			X
9046	CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM (PCCPAP)	X	X	X
9880	DE WORKPLACE SAFETY			X
9846	DRUG FREE WORKPLACE (DE)			X
0938	EMPLOYER ASSESSMENT			
9803/9816	EMPLOYERS LIABILITY - INCREASED LIMITS	X	X	X
9848	EMPLOYERS LIABILITY MIN PREMIUM		X	X
0900	EXPENSE CONSTANT		X	X
9898	EXPERIENCE MODIFICATION	X	X	X
9874	MANAGED CARE CREDIT	X	X	X
9884/9886	MERIT RATING			X
9721	PACKAGE CREDIT (DE)			X
0063	PREMIUM DISCOUNT			X
	RETROSPECTIVE RATING PLAN			X
9887/9889	SCHEDULE RATING			X
0931	SHORT RATE PENALTY			X
	SMALL DEDUCTIBLE CREDIT	(gross of)	(gross of)	X
9740	TERRORISM CHARGE			
0930	WAIVER OF SUBROGATION	X	X	X
0982	WORKFARE PROGRAM EMPLOYEES (treat as another classification)	X	X	X

- **Audit Noncompliance Charge**

For policies where the carrier has chosen to apply an audit noncompliance charge because the employer would not allow the carrier to examine and audit its records.

- **Construction Classification Premium Adjustment Program**

A program that responds to wage differentials within the construction industry, providing a program of premium credits to higher-wage.

- **Employers Liability**

Employers' liability insurance provides coverage for the legal obligation of an employer to pay damages because of bodily injury by accident or disease, including resulting death, sustained by an employee.

- **Expense Constant**

Expense Constant (if any) is determined by individual carriers' rating values. It applies to every policy, and it covers expenses such as those for issuing, recording, and auditing, which are common to all workers compensation policies regardless of size.

- **Experience Rating Plan**

Experience rating is a method of rating in which your premium is adjusted up or down to reflect your previous loss experience. It is based on the presumption that your historical loss experience predicts your future loss experience.

- **Merit Rating**

The plan is intended to grant premium discounts or assess premium surcharges to employers, which do not qualify under the uniform Experience Rating Plan.

- **Minimum Premium**

The lowest premium amount for which a single risk can be insured for a policy period. Minimum premiums are not subject to experience modifications or rate deviations.

- **Premium Discount**

For policies with a total standard premium in excess of a specified amount, the premium discount recognizes that the relative expense of issuing and servicing larger premium policies is less than for smaller premium policies.

- **Retrospective rating plan**

A rating plan in which the final premium is based on the insured's actual loss experience during the policy term, subject to a minimum and maximum premium, with the final premium determined by a formula which is guaranteed in the insurance contract.

- **Schedule Rating Plan**

The loss and/or expense components of an insured risk's premium may, at the option of the underwriting carrier, be adjusted in accordance with provisions of this plan to reflect defined characteristics of the risk which, in the sole judgment of the underwriting carrier, are not adequately reflected in prior experience of the insured risk.

- **Subrogation**

A recovery action in which losses incurred by a carrier due to the injury of an employee are reimbursed either in part or in whole by a third party deemed primarily responsible for the injury.

- **Certified Safety Committee Program (PA)**

- **Workplace Safety Program (DE)**

These programs provide opportunity for employers meeting specified eligibility criteria to apply for workers compensation premium credits.

Losses Reported in Financial Calls

Financial Call losses (and premium) for a given policy should be reported only if the corresponding policy premium was assigned to DE/PA as well. Do not report losses by state of injury or state of benefit.

You are required to report accumulated total incurred losses (i.e., from date of inception through December 31, 2025). The Call further requires that accumulated total incurred losses be split into the following components: accumulated indemnity losses (separately for Paid, Outstanding Excluding IBNR - Case and Bulk, and IBNR) and accumulated medical losses (separately for Paid, Outstanding Excluding IBNR - Case and Bulk, and IBNR). The reporting of these components of incurred losses is mandatory for all carriers. Please note that for line Z only, under Outstanding Excluding IBNR and IBNR, the calendar year change should be reported rather than the accumulated total.

Additionally, incurred losses are split into indemnity and medical losses. When a claim involves a lump sum, the actual lump sum amount is subdivided according to indemnity and medical.

Paid losses represent the amount actually paid by the insurance company and are essential to the Bureau's ratemaking process. There are situations, however, that require special clarification—deductible policies and subrogation:

Deductible Policies for Call #1—For small deductible policies, all losses, including paid losses, should be reported by the insurance company gross of (i.e., “before the recovery of”) losses ultimately paid by the insured.

Deductible Policies for Calls #8 - For large deductible policies, all losses, including paid losses, should be reported by the insurance company net of (i.e., “after the recovery of”) losses ultimately paid by the insured.

Deductible Policies for Calls #9 - For large deductible policies, all losses, including paid losses, should be reported by the insurance company gross of (i.e., “before the recovery of”) losses ultimately paid by the insured.

Indemnity and Medical Losses

Workers' Compensation losses can be either for the replacement of lost wages (indemnity losses) or for the medical care (medical losses). Lost wage (indemnity) benefits can either be for the period during which the worker is recovering from the injury (temporary benefits) or for the loss of earning capacity once maximum recovery has been achieved (permanent benefits).

An **indemnity claim** is one that has either paid or expected indemnity losses. An indemnity claim may also have (and usually does have) medical losses as well as indemnity losses.

A **medical-only claim** is one that, by definition, has medical losses only. The injured worker was not eligible for wage replacement, either because the worker returned directly to work

after the injury or was not out of work for more than a three-day waiting period. A medical-only claim never has indemnity losses.

Subrogation—In some instances, a carrier is able to recover some or all of the paid losses from a third party. Such recoveries are called “subrogation.” Paid losses should be reduced by any losses recovered (actual, not anticipated) through subrogation, but under no circumstances should the reduction be more than the original paid loss.

The Outstanding Excluding IBNR category is designed to capture case reserves and bulk reserves. For the purposes of this Call, the following working definitions may be used by carriers:

Case Reserves - are amounts set aside for future expected payments on a specific claim (or case). Case reserves represent the carrier claim adjuster’s best estimate of what the future payments on the claim will be. Case reserves can also be offset by anticipated subrogation. The amount of the offset should never be more than the case incurred loss.

Bulk Reserves - are also amounts set aside for future expected payments on known claims. In contrast to case reserves, however, the amount is not associated with any specific claim. Even though case reserves are adjusted on an annual basis, some carriers prefer to set aside this bulk reserve for the possible overall variation in actual future loss payments from the amount set aside in the expected case reserves. Most, but not all, companies include bulk reserves with their estimate of IBNR (see below).

Vocational Rehabilitation Expenses—Report Vocational Rehabilitation costs and expenses as part of indemnity losses. Refer to Statistical Plan rule in Section I for the definition of Vocational Rehabilitation Expenses.

The goal of this reporting is to clearly isolate case reserves without impacting the carrier methodology of reporting IBNR. Carriers should not alter the mix of data which has historically been allocated to IBNR, since doing so would adversely impact the Bureaus’ development of IBNR data.

For this reason, carriers who have reported bulk reserves in IBNR should continue to do so. Located in the Questions icon of the Reporting Form, these carriers should respond “Yes” to the interrogatory regarding bulk reserves.

Those carriers who report bulk reserves in the Outstanding Excluding IBNR category should indicate that by selecting “In Outstanding reserves” for Question 1b located in the Questions icon of the Reporting Form. These carriers should have data reported in both the case reserves and bulk reserves.

Incurred But Not Reported (IBNR) Reserves are amounts set aside for future expected payments on claims that have yet to be reported to the carrier. Carriers know from experience that some claims will not be reported until some time after a policy has expired.

Some injured workers—because they are initially unaware that they have been injured, or perhaps because they are seeking legal advice— delay the submission of an injury claim.

Based on past experience, carrier actuaries calculate reserves estimates to cover these future anticipated losses.

Claim Count Information

Claim count information reported on Financial Calls is necessary for the Bureaus to determine the frequency, severity, and claim count development, which may be used in trend factor analyses. These analyses uncover changing patterns that are not apparent in loss ratio trends. Timely information on emerging trends is critical for developing accurate loss costs, as well as for providing key information for reform legislation.

Financial data claim counts include only indemnity claims, i.e., claims that Require payment for lost wages due to injury. Unlike the Financial Call incurred losses, which include indemnity and medical, Financial Call claim counts do not include medical-only claims (claims that have medical benefits only). Reporting of claim counts (other than as noted above) should be consistent with the reporting of incurred losses, e.g., both should be on a direct basis.

Incurred Indemnity Claim Count

The incurred indemnity claim count (i.e., the accumulated number of claims for which an indemnity payment has been made and/or an outstanding reserve exists) must be reported on a mandatory basis for all individual policy years.

The incurred indemnity claim count should exclude claims that start out with an indemnity reserve but were resolved as medical only claims or closed without payment. If a claim, which was originally thought to include indemnity losses, turns out to be a medical only claim, the incurred indemnity claim count should be reduced at the time of discovery.

The incurred indemnity claim count should include claims that start out as medical only but were resolved as indemnity at future valuations. If a medical only claim develops indemnity, then the indemnity incurred claim count should be increased at the time the indemnity developed.

If indemnity claims are reopened, they should not be added to the incurred indemnity claim count.

The Bureau expects that incurred indemnity claim count for an individual policy year, reconcile with the sum of the open and closed claims for the same policy year.

For PENNSYLVANIA CARRIERS ONLY, the incurred indemnity claim count reported on Call for Experience #1 should reconcile with Schedule “W”, Part B-1 incurred claims for appropriate policy years.

Closed (Paid) Indemnity Claim Count

This count includes those claims which are paid in full with no existing reserves. Claims that are reopened for which a case reserve exists at the valuation date should be removed from this category.

Report the accumulated number of paid and closed indemnity claims. Claims included in this count should contain indemnity or a combination of indemnity and medical.

- Include claims that start out as medical only claims but were resolved as indemnity at future valuations.
- Exclude indemnity claims that are resolved as medical only claims and claims closed without payment.

Open (Outstanding) Indemnity Claim Count

This includes those indemnity claims for which outstanding indemnity case reserves exist regardless of whether or not any payments have been made on those claims.

Report the total number of open indemnity claims which have outstanding reserves at year end. Claims with both indemnity payments and outstanding indemnity reserves are also counted in this column.

If a claim previously closed with indemnity payment is reopened in the year and remains open at the valuation date, then the open indemnity claim count should be increased.

For PENNSYLVANIA CARRIERS ONLY, separate reporting of open and closed claims is required for Policy Years 1987 and subsequent. (Those carriers who are in a position to do so are requested to report the open and/or closed indemnity claim counts for policy years prior to 1987 if possible.)

For DELAWARE CARRIERS ONLY, separate reporting of open and closed claims is required for Policy Years 1993 and subsequent. (Those carriers who are in a position to do so are requested to report the open and/or closed indemnity claim counts for as many policy years prior to 1993 as possible.)

Please note that if a carrier is able to capture open indemnity claims then you may be able to report closed indemnity claims from the total indemnity claims. This can be done by subtracting the open indemnity claims from the total indemnity claims.

Paid Losses on Closed Claims

Report the accumulated losses paid on claims included in the Closed (Paid) Claim Count. Once again, note if a carrier is able to capture incurred (paid plus outstanding) losses on open indemnity claims then they may be able to report indemnity losses on closed claims. This can be done by subtracting the incurred (paid plus outstanding) losses on open indemnity claims from the total indemnity losses.

If a claim previously closed with payment is reopened in the year and remains open at the valuation date, then the losses paid on the claim should be excluded from the Paid Losses on Closed Claims.

In addition, the medical losses paid on closed medical only claims should be included.

All of the information reported relating to indemnity claim counts should be reported consistently with incurred losses; i.e., on a direct basis excluding "F" classifications, underground coal mines, excess policies, National Defense Projects and large deductibles.

Allocated Loss Adjustment Expense

FOR PENNSYLVANIA CARRIERS ONLY, the reporting of Allocated Loss Adjustment Expense in this call is not required. Columns (23) through (26) should be left blank for Pennsylvania reporting.

For DELAWARE CARRIERS ONLY, starting in 1995 (data valued as of December 31, 1994), the reporting of Allocated Loss Adjustment Expenses is mandatory for Policy Years 1994 and subsequent. Starting with Policy Year 1994, the reporting of Paid, Case and Bulk + IBNR (columns (23) through (26)) is mandatory.

Note that the Allocated Loss Adjustment Expenses reported should be consistent with the incurred losses; i.e., reported on a direct basis excluding "F" classifications, coal mines, excess policies, National Defense Projects and large deductibles.

Allocated Loss Adjustment Expense Definition

Effective January 1, 1998, the NAIC developed a new definition for Allocated Loss Adjustment Expense. For the reporting of Policy Years 1998 and subsequent, the new NAIC definition should be used.

For Policy Years 1994 through 1997, allocated loss adjustment expense should be reported according to the definition approved in filing No. 94-01.

DCRB Circular #678 announced the approval of Delaware reference filing No. 94-01 which included Attachment (14) [Filing Item U-1292], establishing a definition of allocated loss adjustment expense.

For Policy Years 1993 and prior, allocated loss adjustment expense should be reported according to the old definition of allocated loss adjustment expense.

No Experience

State reports should not be submitted for any state in which the carrier(s) has (have) never had experience. In this case, Acknowledgement Forms should be completed and submitted through the FDM on or before the required due date so the Bureaus can confirm the status for those carriers who will not be submitting data for this Call. In instances where the carrier(s) failed to have experience in one or more, but not all, of the Prior to 1995 - 2025

Policy Years in a given state, enter zeroes across the appropriate Policy Year line(s) for that state.

Complete Submission

A complete Call submission per state consists of entering data in Sections #1 & #3 for Call #1, answering questions located in the Questions icon of the form, submitting the Call in FDM and providing adequate responses to any errors generated.

Questionnaire

Questions relating to reserving, discounting issues and premium audits must be reviewed and answers provided. The questions are located in the Questions icon of the Call.

Reconciliation Requirement

Section #3 of this Call must reconcile data reported in Section #1 of this Call with the Statutory Page 14 data, line 16. Data from Call #1 will automatically be entered into the reconciliation report in Section #3 of Call #1 by FDM. The Statutory Page 14 data will be automatically entered once the Page 14 is completed. The Call #8 data must be manually entered.

Additionally, calendar year experience for Deductible Policies, National Defense Projects, "F" classification, Coal Mine, Excess Policies, Terrorism and Catastrophe (Other than Certified Acts of Terrorism) must be separately reported as reconciliation items which should be entered manually by the user. If these reconciliation items and the data reported on this Call do not equal that reported on the Statutory Page 14, a detailed explanation for the differences is required in the text box provided.

Amounts to be reported for earned premiums and incurred losses are to be on a DIRECT basis with respect to reinsurance. Regarding reinsurance, do not submit premium or claim data for assumed policies (e.g., exclude losses paid to other carriers on account of reinsurance assumed by the data provider). No deductions should be made by the data provider for losses recovered from other data providers due to ceded reinsurance. Standard Earned Premium figures will be at Bureau Designated Statistical Reporting Level (i.e., prior to deviations for applicable items).

Rounding Procedure and Reporting of Credits

Please report amounts of premiums and losses in WHOLE DOLLARS ONLY. FDM will not allow cents to be entered onto the form. If the values are not entered as whole dollars, the application will return an error message and will not allow the importing of the template. Negative amounts must have a negative sign in front of the number being entered.

Financial Call losses (and premium) for a given policy should be reported only if the corresponding policy premium was assigned to DE/PA as well. Do not report losses by state of injury or state of benefit.

You are required to report accumulated total incurred losses (i.e., from date of inception through December 31, 2025). The Call further requires that accumulated total incurred losses be split into the following components: accumulated indemnity losses (separately for Paid, Outstanding Excluding IBNR - Case and Bulk, and IBNR) and accumulated medical losses (separately for Paid, Outstanding Excluding IBNR - Case and Bulk, and IBNR). The reporting of these components of incurred losses is mandatory for all carriers. Please note that for line Z only, under Outstanding Excluding IBNR and IBNR, the calendar year change should be reported rather than the accumulated total.

Additionally, incurred losses are split into indemnity and medical losses. When a claim involves a lump sum, the actual lump sum amount is subdivided according to indemnity and medical.

SPECIFIC INSTRUCTIONS

For Call #1, #8, #9 and #12

1. "F" Classifications

Experience of the "F" Classifications for policies effective January 1, 1974, and thereafter MUST BE EXCLUDED.

2. Coal Mine Experience

Coal Mine experience MUST BE EXCLUDED. Note that in Pennsylvania, this exclusion applies to ALL Coal Mine Experience, not just underground coal mines.

3. Excess Policies

Experience on excess policies MUST BE EXCLUDED.

4. National Defense Projects

Experience on National Defense Projects written under either the old Comprehensive Rating Plan or the new National Defense Projects Rating Plan MUST BE EXCLUDED. Experience incurred on a Defense Base should be included unless written under the National Defense Projects Rating Plan.

5. Terrorism

All premiums collected in connection with Terrorism (Statistical Classification 9740) MUST BE EXCLUDED. Qualifying losses should be included.

6. Catastrophe (Other than Certified Acts of Terrorism)

All premiums collected in connection with the Catastrophe (Other than Certified Acts of Terrorism) (Statistical Classification 9741) MUST BE EXCLUDED. Qualifying losses should be included.

7. Reinsurance

No deductions shall be made from premiums and losses for or on account of reinsurance ceded. Premiums and losses arising from reinsurance received by the reporting company shall be excluded from the experience. Experience should be DIRECT BUSINESS ONLY.

8. Assigned Risk

(A) Experience for assigned risk policies written on a direct basis MUST BE INCLUDED. The impact of surcharges should also be included.

(B) All assigned risk experience written by direct assignment carriers should be included.

9. Experience Incurred Under Occupational Disease Act

Experience incurred under any Occupational Disease Act, which is separate and distinct from the Compensation Act for the state, shall be combined with the traumatic experience under the State Compensation Act, and the total of such combined experience shall be reported.

10. IBNR

Losses reported by state should include an appropriate reserve for incurred but not reported cases. The IBNR reserve must be reported separately for indemnity and medical.

Commencing with the Policy Year Call valued as of December 31, 1986, the Outstanding Excluding IBNR category has been further refined to capture case reserves and bulk reserves.

This reporting clearly isolates case reserves without impacting the carrier methodology of reporting IBNR. Carriers should not alter the mix of data which has historically been allocated to IBNR, since doing so would adversely impact the Bureaus' development of IBNR data.

11. Reopened Cases

Include an appropriate loss reserve for reopened cases in the IBNR reserve.

12. Reserves for Specific Contingencies

Include medical and other loss reserves to meet specific contingencies in the IBNR reserve.

13. Other Voluntary Reserves

Exclude voluntary reserves other than those mentioned above.

14. Expenses

Exclude all expenses, allocated or unallocated, except allocated Employers Liability loss adjustment expense from losses. Allocated loss adjustment expense is to be separately reported (Delaware only).

15. Assessments and Special Compensation Funds

The inclusion of assessments and other compensation special funds as incurred losses in this Policy Year Call follow the same instructions that apply in reporting of experience

under the Bureaus' Workers Compensation Unit Statistical Plan Manual. Specifically, where the compensation law states that, in connection with a certain type of injury, a specified amount shall be paid into special funds (e.g., a Second Injury Fund), and that such amounts are in addition to the compensation payable to the injured worker or his dependents, then the combined total amount shall be reported as incurred indemnity losses. Examples are (1) payments in no dependent death claims, and (2) a specified percentage of the permanent partial award. However, any special payments to the states, which are assessed on total premium writings, total losses paid or incurred, or total indemnity losses paid or incurred instead of on a per-claim basis shall not be reported as losses to the Bureaus. In other words, special funds or assessments are reported as incurred losses only when the assessment is levied on certain types of injuries.

16. Small Deductible Programs

Call #1

A small deductible policy is defined as a policy with a deductible amount less than \$100,000. Losses are to be reported on a gross basis inclusive of the employer paid loss amount.

17. Large Deductible Programs

Call #1

A large deductible policy is defined as a policy with a deductible amount greater than or equal to \$100,000. Experience for large deductible policies MUST BE EXCLUDED.

Call #8 and #9

Experience for large deductible policies must be reported on Bureau Calls for Experience #8 and #9.

18. Earned But Unbilled Premium (EBUB)

Earned But Unbilled (EBUB) premium should be included in this call only if the adjustment can be allocated to the proper policy year. If the adjustment cannot be allocated, then the EBUB premium should be excluded and noted as a Reason for Difference if this causes a validation to fire.

19. Payments to Paid Furloughed Employees

Any experience and premium effects associated with payments allocated to paid furloughed employees as coded under statistical code 1212 must be excluded from all Calls and valuations.

20. Payments to Paid Furloughed Employees

Any experience and premium effects associated with payments allocated to paid furloughed employees as coded under statistical code 1212 must be excluded from all Calls and valuations.

Pennsylvania and Delaware Call for Experience #1

POLICY YEAR CALL FOR COMPENSATION EXPERIENCE BY STATE VALUED AS OF DECEMBER 31, 2025 – DUE MARCH 16, 2026 IN DELAWARE AND APRIL 15, 2026 IN PENNSYLVANIA

In accordance with the approved statistical program, you are requested to file with the Bureaus on or before March 16, 2026 in Delaware and April 15, 2026 in Pennsylvania, your compensation experience by policy year valued as of December 31, 2025. Data reported in this Call is subject to the Financial Data Incentive Program (FDIP) and must be submitted using the Financial Data Manager (FDM).

The data reported in this Call should exclude experience developed under large deductible policies (deductible amount of \$100,000 or more per claim or per accident). For small deductible policies (deductible amount less than \$100,000), losses are to be reported on a gross basis inclusive of the employer paid loss amount.

This Call will collect underwriting experience for 30 full policy years (1995 - 2024) and for the incomplete Policy Year 2025 valued as of December 31, 2025. Experience for all policy years prior to 1995 should be accumulated and shown on the "Prior to 1995" line of the Call. Note that Policy Year 2025, valued as of December 31, 2025, is an incomplete policy year and is not counted as one of the 30 years.

For Pennsylvania carriers only, please note that the data used to complete this Call, as well as for Calls for Experience #8 and #9, must be consistent and comparable to the data used to complete the Pennsylvania Schedule W.

Pennsylvania Designated Statistical Reporting Levels have been updated to reflect loss cost changes effective April 1, 2025. Delaware Designated Statistical Reporting Levels have been updated to reflect voluntary loss cost changes and residual market rates effective December 1, 2025.

The Statutory Page 14 data must be completed by the carrier using the Financial Data Manager (FDM). All questions should be directed to Financial Data Reporting at (215) 568-2371 or by email at financialdatacalls@pcrb.com.

- **Designated Statistical Reporting Level**

The Designated Statistical Reporting Level is the Standard Earned Premium that would have been developed if carrier business had been written at Bureau rates, pure premiums, or loss costs, as applicable.

Standard Earned Premium at the Company Level must be adjusted to the Standard Earned Premium at the Designated Statistical Reporting Level by referencing the designated statistical reporting rates or loss costs set forth by the Bureaus.

During 1993, Pennsylvania Act 44 was passed providing for a loss cost system of pricing Pennsylvania Workers' Compensation insurance. Thus, the Designated Statistical Reporting Level for Policy Year 1993 is split between PCRB rates and loss costs. For Policy Years 1992 and earlier, the Designated Statistical Reporting Levels will continue to reflect historical PCRB rate levels.

Delaware loss costs became effective August 1, 1994, for voluntary business. Residual market rates also became effective August 1, 1994. Therefore, for voluntary business, the Designated Statistical Reporting Level for Policy Year 1994 is split between DCRB rates and loss costs. Similarly, for the residual market, the Designated Statistical Reporting Level for Policy Year 1994 is split between DCRB rates and DCRB residual market rates. For Policy Years 1993 and earlier, the Designated Statistical Reporting Levels will continue to reflect historical DCRB rate levels.

Designated Statistical Reporting Level Other Than U S L & H* Business

Delaware	
Voluntary Market	
Policy Eff Date	DSR Level
12/1/05 - 11/30/06	12/1/05 DCRB Loss Costs
12/1/06 - 11/30/07	12/1/06 DCRB Loss Costs
12/1/07 - 9/30/08	12/1/07 DCRB Loss Costs
10/1/08 - 11/30/08	10/1/08 DCRB Loss Costs (applicable to new, renewal and outstanding policies)
12/1/08 - 11/30/09	12/1/08 DCRB Loss Costs (reflecting Chancery Court-ordered reductions refer to DCRB Circular #858)
12/1/09 - 11/30/10	12/1/09 DCRB Loss Costs (reflecting Chancery Court-ordered reductions refer to DCRB Circular #859)
12/1/10 - 11/30/11	12/1/10 DCRB Loss Costs (reflecting Chancery Court-ordered reductions refer to DCRB Circular #865)
12/1/11 - 11/30/12	12/1/11 DCRB Loss Costs (reflecting Chancery Court-ordered reductions refer to DCRB Circular #872)
12/1/12 - 11/30/13	12/1/12 DCRB Loss Costs
12/1/13 - 11/30/14	12/1/13 DCRB Loss Costs
12/1/14 - 11/30/15	12/1/14 DCRB Loss Costs
12/1/15 - 11/30/16	12/1/15 DCRB Loss Costs
12/1/16 - 11/30/17	12/1/16 DCRB Loss Costs
12/1/17 - 11/30/18	12/1/17 DCRB Loss Costs
12/1/18 - 11/30/19	12/1/18 DCRB Loss Costs
12/1/19 - 11/30/20	12/1/19 DCRB Loss Costs
12/1/20 - 11/30/21	12/1/20 DCRB Loss Costs
12/1/21 - 11/30/22	12/1/21 DCRB Loss Costs
12/1/22 - 11/30/23	12/1/22 DCRB Loss Costs
12/1/23 - 11/30/24	12/1/23 DCRB Loss Costs
12/1/24 - 11/30/25	12/1/24 DCRB Loss Costs
12/1/25 - 12/31/25	12/1/25 DCRB Loss Costs

Residual Market	
Policy Eff Date	DSR Level
12/1/05 - 11/30/06	12/1/05 DCRB Residual Market Rates
12/1/06 - 11/30/07	12/1/06 DCRB Residual Market Rates
12/1/07 - 9/30/08	12/1/07 DCRB Residual Market Rates
10/1/08 - 11/30/08	10/1/08 DCRB Residual Market Rates (applicable to new, renewal and outstanding policies)
12/1/08 - 11/30/09	12/1/08 DCRB Residual Market Rates (reflecting Chancery Court-ordered reductions refer to DCRB Circular #858)
12/1/09 - 11/30/10	12/1/09 DCRB Residual Market Rates (reflecting Chancery Court-ordered reductions refer to DCRB Circular #859)
12/1/10 - 11/30/11	12/1/10 DCRB Residual Market Rates (reflecting Chancery Court-ordered reductions refer to DCRB Circular #865)
12/1/11 - 11/30/12	12/1/11 DCRB Residual Market Rates (reflecting Chancery Court-ordered reductions refer to DCRB Circular #872)
12/1/12 - 11/30/13	12/1/12 DCRB Residual Market Rates
12/1/13 - 11/30/14	12/1/13 DCRB Residual Market Rates
12/1/14 - 11/30/15	12/1/14 DCRB Residual Market Rates
12/1/15 - 11/30/16	12/1/15 DCRB Residual Market Rates
12/1/16 - 11/30/17	12/1/16 DCRB Residual Market Rates
12/1/17 - 5/31/18	12/1/17 DCRB Residual Market Rates
6/1/18 - 11/30/18	6/1/18 DCRB Residual Market Rates
12/1/18 - 11/30/19	12/1/18 DCRB Residual Market Rates
12/1/19 - 11/30/20	12/1/19 DCRB Residual Market Rates
12/1/20 - 11/30/21	12/1/20 DCRB Residual Market Rates
12/1/21 - 11/30/22	12/1/21 DCRB Residual Market Rates
12/1/22 - 11/30/23	12/1/22 DCRB Residual Market Rates
12/1/23 - 11/31/24	12/1/23 DCRB Residual Market Rates
12/1/24 - 11/30/25	12/1/24 DCRB Residual Market Rates
12/1/25 - 12/31/25	12/1/25 DCRB Residual Market Rates

Note: The DCRB's Filing No. 0806 (October 1, 2008, filing) was applicable to new, renewal and all outstanding policies. Final rating values for December 1, 2008 (Filing No. 0807, Circular #858, Exhibit 41), December 1, 2009

(Filing No. 0903, Circular #859, Exhibit 41), December 1, 2010 (Filing No. 1002, Circular #865, Exhibit 41) and December 1, 2011 (Filing No. 1105, Circular #872, Exhibit 41) include rating values that reflect the Chancery Court-ordered reductions. The Chancery Court-ordered reductions do not apply to rating values effective December 1, 2012, and subsequent.

* U S L & H - United States Longshore and Harbor Workers Act Coverages. U S L & H data should be excluded from Calls #1, #8 and #9.

Designated Statistical Reporting Level Other than U S L & H* Business

Pennsylvania	
Policy Effective Date	DSR Level
4/1/05 - 3/31/06	4/1/05 PCRB Loss Costs
4/1/06 - 3/31/07	4/1/06 PCRB Loss Costs
4/1/07 - 3/31/08	4/1/07 PCRB Loss Costs
4/1/08 - 3/31/09	4/1/08 PCRB Loss Costs
4/1/09 - 3/31/10	4/1/09 PCRB Loss Costs
4/1/10 - 3/31/11	4/1/10 PCRB Loss Costs
4/1/11 - 3/31/12	4/1/11 PCRB Loss Costs
4/1/12 - 3/31/13	4/1/12 PCRB Loss Costs
4/1/13 - 3/31/14	4/1/13 PCRB Loss Costs
4/1/14 - 3/31/15	4/1/14 PCRB Loss Costs
4/1/15 - 3/31/16	4/1/15 PCRB Loss Costs
4/1/16 - 3/31/17	4/1/16 PCRB Loss Costs
4/1/17 - 1/31/18	4/1/17 PCRB Loss Costs
2/1/18 - 3/31/18	2/1/18 PCRB Loss Costs
4/1/18 - 12/31/18	4/1/18 PCRB Loss Costs (Filing C-370) +
1/1/19 - 3/31/19	1/1/19 PCRB Loss Costs (Filing C-373) +
4/1/19 - 3/31/20	4/1/19 PCRB Loss Costs
4/1/20 - 3/31/21	4/1/20 PCRB Loss Costs
4/1/21 - 3/31/22	4/1/21 PCRB Loss Costs
4/1/22 - 3/31/23	4/1/22 PCRB Loss Costs
4/1/23 - 3/31/24	4/1/23 PCRB Loss Costs
4/1/24 - 3/31/25	4/1/24 PCRB Loss Costs
4/1/25 - 12/31/25	4/1/25 PCRB Loss Costs

+ Loss costs included in PCRB Filing No. C-372 effective January 1, 2019, were for informational purposes only. Those loss costs should not be used as the basis for premium reported at Designated Statistical Reporting Level. Refer to PCRB Circulars #1713 and #1714 for further information.

* U S L & H - United States Longshore and Harbor Workers Act Coverages. U S L & H data should be excluded from Calls #1, #8 and #9.

Please note that the due date for reporting this data is on or before March 16, 2026 in Delaware and April 15, 2026 in Pennsylvania.

It is urged that every effort be made to comply with these reporting dates, as a delay in receiving this data will seriously hamper the Bureaus in the preparation of filings.

Pennsylvania and Delaware Call for Experience #1A

CALENDAR-ACCIDENT YEAR CALL FOR COMPENSATION EXPERIENCE BY STATE VALUED AS OF DECEMBER 31, 2025 – DUE MARCH 16, 2026, IN DELAWARE AND APRIL 15, 2026, IN PENNSYLVANIA

In accordance with the approved statistical program, you are requested to file with the Bureaus on or before March 16, 2026, in Delaware and April 15, 2026, in Pennsylvania, your compensation experience by calendar year for premium and accident year for losses valued as of December 31, 2025. **Data reported in this Call is subject to the Financial Data Incentive Program (FDIP) until calls valued as of December 31, 2025, and must be submitted using the Financial Data Manager (FDM).**

The data reported in this Call should exclude experience developed under large deductible policies (deductible amount of \$100,000 or more per claim or per accident). For small deductible policies (deductible amount less than \$100,000), losses are to be reported on a gross basis inclusive of the employer paid loss amount.

This Call will collect loss experience for 31 full accident years (1995 – 2025) and experience for all accident years prior to 1995 should be accumulated and shown on the “Prior to 1995” line of the Call. The premium experience is only required for the latest 5 years of calendar year premium reported in columns 1 – 3, lines X, Y and Z are not required.

For Pennsylvania carriers only, please note that the data used to complete this Call, as well as for Calls for Experience #8 and #9, must be consistent and comparable to the data used to complete the Pennsylvania Schedule W.

The Statutory Page 14 data must be completed by the carrier using the Financial Data Manager (FDM). All questions should be directed to Financial Data Reporting at (215) 568-2371 or by email at financialdatacalls@pcrb.com.

Please note that the due date for reporting this data is on or before March 16, 2026, in Delaware and April 15, 2026 in Pennsylvania.

It is urged that every effort be made to comply with these reporting dates, as a delay in receiving this data will seriously hamper the Bureaus in the preparation of filings.

Delaware Call for Experience #2

CALL FOR 2025 DELAWARE CALENDAR YEAR EXPENSE DATA - DUE APRIL 15, 2026

In accordance with the approved statistical program, you are requested to file with the DCRB on or before April 15, 2026, your Workers' Compensation expense data for Calendar Year 2025. **Data reported in this Call is subject to the Financial Data Incentive Program (FDIP) and must be submitted using the Financial Data Manager (FDM).**

This call reports this information by individual member carrier or by group as was established on the Designation of Contact Person Form.

Experience developed under deductible policies should be included in this Call and reported on a net (as written) basis. Premium and losses should be consistent with amounts reported in the Annual Statement.

The reconciliation report of this call (Section #2) will be completed by automatically pulling the necessary entries from Section #1 of this Call and from Statutory Page 14.

All questions should be directed to Financial Data Reporting at (215) 568-2371 or by email at financialdatacalls@pcrb.com.

Premium Discount Adjustments, Retrospective Rating Adjustments, Premium Deviation and Loss Cost Multiplier Adjustments, Premium Schedule Rating Adjustments, Merit Rating Adjustments, Delaware Workplace Safety Credit Adjustments.

Include all Calendar Year adjustments actually made in 2025 for risks rated under the various plans noted above. Adjustments that decrease premium, such as Deviations and Premium Discounts, should be entered as positive amounts, while adjustments that increase premium such as Loss Cost Multiplier (above 1.00) should be entered as negative amounts.

Note the Delaware Workplace Safety Program adjustment line should only include credits earned on policies effective on or after July 1, 1999.

* Note: the Delaware Workplace Safety Program premium adjustment should only be included on Line 3(F) for policies effective on or after July 1, 1999. Policies effective prior to July 1, 1999 should be excluded from this line.

Premium Adjustments for Deductible Coverages, Terrorism and Catastrophe (Other than Certified Acts of Terrorism)

(5A) – (5D) Enter the amount of premium credit given for deductible policies. Standard basis refers to Standard Premium at DCRB Designated Statistical Reporting Levels as described in Item #4 above. These adjustments are not included in Line 2.

A Large Deductible program consists of deductible amounts equivalent to, or in excess of, \$100,000. Deductible amounts for a Small Deductible program must be less than \$100,000.

(5E) – (5F) Enter the amount of premium charge given for coverage under Terrorism. These adjustments for Terrorism are already included in Line 2. However, we require the separate identification of these figures for DCRB purposes.

(5G) – (5H) Enter the amount of premium charge given for coverage under Catastrophe (Other than Certified Acts of Terrorism). These adjustments for Catastrophe (Other than Certified Acts of Terrorism) are already included in Line 2. However, we require the separate identification of these figures for DCRB purposes.

All Other

Branch Office - Delaware's Share

Show actual expenses if you maintain an office within Delaware that processed only Delaware business. Allocation by line of insurance must be made in accordance with Regulation 30. If you maintained a regional branch office in Delaware or any other state that processed Delaware's business along with business of other states, use the actual branch office expenses and determine Delaware portion by appropriate allocation.

Home Office - Delaware's Share

Determine by appropriate allocation.

Direct Losses Net of Deductibles

Both paid and incurred losses are actual amounts. Incurred losses should agree with Statutory Page 14. Incurred losses should be reduced by the amount of deductible recovered, if any.

Direct Unallocated Loss Adjustment Expense

Determine by appropriate allocation if Delaware's actual data is not available.

Direct Allocated Loss Adjustment Expenses

Determine by appropriate allocation if Delaware's actual data is not available. (Note: Report actual amounts for paid allocated loss adjustment expense.)

Direct Boards and Bureaus Expense

Determine all fees paid to Boards and Bureaus by appropriate allocation if Delaware's actual data is not available.

Direct Audit, Inspection and Other General Expenses

This item includes all General Expenses other than Boards and Bureaus Expense. Determine by appropriate allocation if Delaware's actual data is not available.

Direct Taxes, Licenses, and Fees

Show Delaware's actual data. This item includes the appropriate Delaware Premium Tax, Miscellaneous Taxes, Licenses and Fees.

Reimbursed Deductible Losses and Loss Adjustment Expenses

Show the reimbursable amount of employer paid and incurred losses for deductible coverages.

For policies that include loss adjustment expenses as a part of the large deductible threshold, include the reimbursable amounts of loss adjustment expenses for the large deductible coverages.

Definitions for Large and Small Deductible programs are consistent with those found on Page 2 under the Premium Adjustments for Deductible Coverages section.

Type of Insurer

Please identify carrier in accordance with the following:

N = Non-Participating Stock Companies

P = Participating Stock Companies

M = Mutual Companies

R = Reciprocal Exchanges

F = State Funds

X = Miscellaneous Companies

Note: If this report is for a group with both participating and non-participating stock companies, please indicate the predominant type of insurer.

Rounding Procedure and Reporting of Credits

Please report amounts of premiums and losses in WHOLE DOLLARS ONLY. FDM will not allow cents to be entered onto the form. If the values are not entered as whole dollars, the application will return an error message and will not allow the importing of the template. Negative amounts must have a negative sign in front of the number being entered.

Allocation Codes

Method of determining reported expense. Below is a table of allocation codes. For each item allocated, enter the code number of the basis which best describes the method used. Where none of the listed bases are suitable, enter code number 7, and include an explanation of the method used, utilizing the "comment" feature within FDM. Exactly one code number should be entered in the appropriate box for each of the items 6A, 6Bi, 6Bii, 8, 9, 10A, 10B, and 11 if paid or incurred expenses have been entered on the respective lines.

Please use Actual Expenses (code number 1) whenever possible. Allocation Code

<u>Allocation Code</u>	<u>Allocation Basis</u>
1	Actual Expenses
2	Written Premium
3	Earned Premium
4	Losses
5	Salaries
6	Time Studies
7	Other, please explain using comment feature.

Section #2 - Reconciliation

This section is to certify the reconciliation of the data reported to the DCRB on Calls #1 and #2 with the data reported on Statutory Page 14.

Please note that the information requested from the Delaware Call #1 can be found in Section #3 of Call #1 (Reconciliation), Line 12.

The applicable Delaware Call #1 and Statutory Page 14 data will automatically be entered on this page once these Calls have been saved.

Payments to Paid Furloughed Employees

Any experience and premium effects associated with payments allocated to paid furloughed employees as coded under statistical code 1212 must be excluded from all Calls and valuations.

Please note that the due date for reporting this data is on or before March 16, 2026, in Delaware and April 15, 2026 in Pennsylvania.

It is urged that every effort be made to comply with these reporting dates, as a delay in receiving this data will seriously hamper the Bureaus in the preparation of filings.

Pennsylvania and Delaware Call for Experience #4

CALL FOR WORKERS' COMPENSATION LARGE CLAIM EXPERIENCE BY POLICY YEAR, VALUED AS OF DECEMBER 31, 2024 AND DECEMBER 31, 2025 - DUE MARCH 16, 2026 IN DELAWARE AND APRIL 15, 2026 IN PENNSYLVANIA

In accordance with the approved statistical program, you are requested to file with the Bureaus on or before March 16, 2026 in Delaware and April 15, 2026 in Pennsylvania, your compensation experience by policy year valued as of December 31, 2025. **Data reported in this Call is subject to the Financial Data Incentive Program (FDIP) and must be submitted using the Financial Data Manager (FDM).**

We are asking for detailed claim data on any claim for which the sum of the accumulated total paid losses and total case reserve valued as of December 31, 2024 and/or December 31, 2025 exceeds \$250,000 in Delaware or \$500,000 in Pennsylvania, in any of the policy periods from prior to 1995 to 2025. For each such claim, you must provide the Bureaus with data for both the December 31, 2024 and the December 31, 2025 valuations regardless of whether one of the two evaluations falls below the threshold.

The Accident Date for each claim should be reported in Column 3.

Claim numbers should be consistent across all data sets reported to the Bureaus (ex. financial data calls, unit statistical reports, medical data calls and indemnity data calls) to help facilitate data comparison and reconciliation analysis.

Claim numbers can only be used once per Policy Year.

Losses are to be reported on a gross basis, i.e., prior to any reduction for reimbursable deductibles. Please indicate the amount of the deductible, if applicable, in Column 12.

For a detailed explanation of the Losses that should be reported refer to the Section IV instructions: pages 12-13.

Subrogation—In some instances, a carrier is able to recover some or all of the paid losses from a third party. Such recoveries are called “subrogation.” Paid losses should be reduced by any losses recovered (actual, not anticipated) through subrogation, but under no circumstances should the reduction be more than the original paid loss.

Column 13 indicates the type of coverage. Please use the following coverage codes:

- (1) Losses under All Workers' Compensation Experience EXCEPT the following: “F” Classification, Coal Mine, Excess Policies, Reinsurance, National Defense Projects, Large Deductible Policies, etc. as described in Call #1.
- (2) Losses under “F” Classification
- (3) Losses under Large Deductible Policies (Deductible amount must be indicated)

Please report amounts of premiums and losses in WHOLE DOLLARS ONLY. FDM will not allow cents to be entered onto the form. If the values are not entered as whole dollars, the Application will return an error message and will not allow the importing of the template. Negative amounts must have a negative sign in front of the number being entered.

All questions should be directed to Financial Data Reporting at (215) 568-2371 or by email at financialdatacalls@pcrb.com.

Pennsylvania and Delaware Call for Experience #8

NET (AS WRITTEN) LARGE DEDUCTIBLE POLICY YEAR CALL FOR COMPENSATION EXPERIENCE BY STATE VALUED AS OF DECEMBER 31, 2025 - DUE MARCH 16, 2026 IN DELAWARE AND APRIL 15, 2026 IN PENNSYLVANIA

In accordance with the approved statistical program, you are requested to file with the Bureaus on or before March 16, 2026 in Delaware and April 15, 2026 in Pennsylvania, your compensation experience for large deductible policies on a net basis valued as of December 31, 2025. **Data reported in this Call is subject to the Financial Data Incentive Program (FDIP) and must be submitted using the Financial Data Manager (FDM).**

To qualify as a Large Deductible program, the deductible amount per claim or accident cannot be less than \$100,000. All programs with a deductible of less than \$100,000 should be reported on the standard Policy Year Call on a gross basis.

Data collected in the **Net (As Written)** Large Deductible Policy Year Call includes earned premiums and incurred losses generated by the application of large deductible coverage on a **net** basis (**after** the large deductible credit). Large deductible experience is also collected on a **gross** basis (**prior to** large deductible credits) in **Call #9**.

This Call will collect underwriting experience for 30 full policy years (1995 - 2024) and for the incomplete Policy Year 2025 valued as of December 31, 2025. Experience for all policy years prior to 1995 should be accumulated and shown on the "Prior to 1995" line of the Call. Note that Policy Year 2025, valued as of December 31, 2025, is an incomplete policy year and is not counted as one of the 30 years.

For Pennsylvania carriers only, please note that the data used to complete this Call, as well as Calls for Experience #1 and #9, must be consistent and comparable to the data used to complete the Pennsylvania Schedule W.

Pennsylvania Designated Statistical Reporting Levels have been updated to reflect loss cost changes effective April 1, 2025. Delaware Designated Statistical Reporting Levels have been updated to reflect voluntary loss cost changes and residual market rates effective December 1, 2025.

All questions should be directed to Financial Data Reporting at (215) 568-2371 or by email at financialdatacalls@pcrb.com.

Designated Statistical Reporting Level Other than U S L & H* Business

Delaware	
Voluntary Market	
Policy Eff Date	DSR Level
12/1/05 - 11/30/06	12/1/05 DCRB Loss Costs
12/1/06 - 11/30/07	12/1/06 DCRB Loss Costs
12/1/07 - 9/30/08	12/1/07 DCRB Loss Costs
10/1/08 - 11/30/08	10/1/08 DCRB Loss Costs (applicable to new, renewal and outstanding policies)
12/1/08 - 11/30/09	12/1/08 DCRB Loss Costs (reflecting Chancery Court-ordered reductions refer to DCRB Circular #858)
12/1/09 - 11/30/10	12/1/09 DCRB Loss Costs (reflecting Chancery Court-ordered reductions refer to DCRB Circular #859)
12/1/10 - 11/30/11	12/1/10 DCRB Loss Costs (reflecting Chancery Court-ordered reductions refer to DCRB Circular #865)
12/1/11 - 11/30/12	12/1/11 DCRB Loss Costs (reflecting Chancery Court-ordered reductions refer to DCRB Circular #872)
12/1/12 - 11/30/13	12/1/12 DCRB Loss Costs
12/1/13 - 11/30/14	12/1/13 DCRB Loss Costs
12/1/14 - 11/30/15	12/1/14 DCRB Loss Costs
12/1/15 - 11/30/16	12/1/15 DCRB Loss Costs
12/1/16 - 11/30/17	12/1/16 DCRB Loss Costs
12/1/17 - 11/30/18	12/1/17 DCRB Loss Costs
12/1/18 - 11/30/19	12/1/18 DCRB Loss Costs
12/1/19 - 11/30/20	12/1/19 DCRB Loss Costs
12/1/20 - 11/30/21	12/1/20 DCRB Loss Costs
12/1/21 - 11/30/22	12/1/21 DCRB Loss Costs
12/1/22 - 11/30/23	12/1/22 DCRB Loss Costs
12/1/23 - 11/30/24	12/1/23 DCRB Loss Costs
12/1/24 - 11/30/25	12/1/24 DCRB Loss Costs
12/1/25 - 12/31/25	12/1/25 DCRB Loss Costs

Residual Market	
Policy Eff Date	DSR Level
12/1/05 - 11/30/06	12/1/05 DCRB Residual Market Rates
12/1/06 - 11/30/07	12/1/06 DCRB Residual Market Rates
12/1/07 - 9/30/08	12/1/07 DCRB Residual Market Rates
10/1/08 - 11/30/08	10/1/08 DCRB Residual Market Rates (applicable to new, renewal and outstanding policies)
12/1/08 - 11/30/09	12/1/08 DCRB Residual Market Rates (reflecting Chancery Court-ordered reductions refer to DCRB Circular #858)
12/1/09 - 11/30/10	12/1/09 DCRB Residual Market Rates (reflecting Chancery Court-ordered reductions refer to DCRB Circular #859)
12/1/10 - 11/30/11	12/1/10 DCRB Residual Market Rates (reflecting Chancery Court-ordered reductions refer to DCRB Circular #865)
12/1/11 - 11/30/12	12/1/11 DCRB Residual Market Rates (reflecting Chancery Court-ordered reductions refer to DCRB Circular #872)
12/1/12 - 11/30/13	12/1/12 DCRB Residual Market Rates
12/1/13 - 11/30/14	12/1/13 DCRB Residual Market Rates
12/1/14 - 11/30/15	12/1/14 DCRB Residual Market Rates
12/1/15 - 11/30/16	12/1/15 DCRB Residual Market Rates
12/1/16 - 11/30/17	12/1/16 DCRB Residual Market Rates
12/1/17 - 5/31/18	12/1/17 DCRB Residual Market Rates
6/1/18 - 11/30/18	6/1/18 DCRB Residual Market Rates
12/1/18 - 11/30/19	12/1/18 DCRB Residual Market Rates
12/1/19 - 11/30/20	12/1/19 DCRB Residual Market Rates
12/1/20 - 11/30/21	12/1/20 DCRB Residual Market Rates
12/1/21 - 11/30/22	12/1/21 DCRB Residual Market Rates
12/1/22 - 11/30/23	12/1/22 DCRB Residual Market Rates
12/1/23 - 11/30/24	12/1/23 DCRB Residual Market Rates
12/1/24 - 11/30/25	12/1/24 DCRB Residual Market Rates
12/1/25 - 12/31/25	12/1/25 DCRB Residual Market Rates

Note: The DCRB's Filing No. 0806 (October 1, 2008, filing) was applicable to new, renewal and all outstanding policies. Final rating values for December 1, 2008 (Filing No. 0807, Circular #858, Exhibit 41), December 1, 2009

(Filing No. 0903, Circular #859, Exhibit 41), December 1, 2010 (Filing No. 1002, Circular #865, Exhibit 41) and December 1, 2011 (Filing No. 1105, Circular #872, Exhibit 41) include rating values that reflect the Chancery Court- ordered reductions. The Chancery Court- ordered reductions do not apply to rating values effective December 1, 2012, and subsequent.

* U S L & H - United States Longshore and Harbor Workers Act Coverages. U S L & H data should be excluded from Calls #1, #8 and #9.

Designated Statistical Reporting Level Other than U S L & H* Business

Pennsylvania	
Policy Effective Date	DSR Level
4/1/05 - 3/31/06	4/1/05 PCRB Loss Costs
4/1/06 - 3/31/07	4/1/06 PCRB Loss Costs
4/1/07 - 3/31/08	4/1/07 PCRB Loss Costs
4/1/08 - 3/31/09	4/1/08 PCRB Loss Costs
4/1/09 - 3/31/10	4/1/09 PCRB Loss Costs
4/1/10 - 3/31/11	4/1/10 PCRB Loss Costs
4/1/11 - 3/31/12	4/1/11 PCRB Loss Costs
4/1/12 - 3/31/13	4/1/12 PCRB Loss Costs
4/1/13 - 3/31/14	4/1/13 PCRB Loss Costs
4/1/14 - 3/31/15	4/1/14 PCRB Loss Costs
4/1/15 - 3/31/16	4/1/15 PCRB Loss Costs
4/1/16 - 3/31/17	4/1/16 PCRB Loss Costs
4/1/17 - 1/31/18	4/1/17 PCRB Loss Costs
2/1/18 - 3/31/18	2/1/18 PCRB Loss Costs
4/1/18 - 12/31/18	4/1/18 PCRB Loss Costs (Filing C-370) +
1/1/19 - 3/31/19	1/1/19 PCRB Loss Costs (Filing C-373) +
4/1/19 - 3/31/20	4/1/19 PCRB Loss Costs
4/1/20 - 3/31/21	4/1/20 PCRB Loss Costs
4/1/21 - 3/31/22	4/1/21 PCRB Loss Costs
4/1/22 - 3/31/23	4/1/22 PCRB Loss Costs
4/1/23 - 3/31/24	4/1/23 PCRB Loss Costs
4/1/24 - 3/31/25	4/1/24 PCRB Loss Costs
4/1/25 - 12/31/25	4/1/25 PCRB Loss Costs

+ Loss costs included in PCRB Filing No. C-372 effective January 1, 2019, were for informational purposes only. Those loss costs should not be used as the basis for premium reported at Designated Statistical Reporting Level. Refer to PCRB Circulars #1713 and #1714 for further information.

* U S L & H - United States Longshore and Harbor Workers Act Coverages. U S L & H data should be excluded from Calls #1, #8 and #9.

Please note that the due date for reporting this data is on or before March 16, 2026 in Delaware and April 15, 2026 in Pennsylvania.

It is urged that every effort be made to comply with these reporting dates, as a delay in receiving this data will seriously hamper the Bureaus in the preparation of filings.

Pennsylvania and Delaware Call for Experience #8A

NET (AS WRITTEN) LARGE DEDUCTIBLE CALENDAR-ACCIDENT YEAR CALL FOR COMPENSATION EXPERIENCE BY STATE VALUED AS OF DECEMBER 31, 2025 - DUE MARCH 16, 2026, IN DELAWARE AND APRIL 15, 2026, IN PENNSYLVANIA

In accordance with the approved statistical program, you are requested to file with the Bureaus on or before March 16, 2026, in Delaware and April 15, 2026, in Pennsylvania, your compensation experience for large deductible by calendar year on a net basis valued as of December 31, 2025. **Data reported in this Call is subject to the Financial Data Incentive Program (FDIP) until calls valued as of December 31, 2025, and must be submitted using the Financial Data Manager (FDM).**

To qualify as a Large Deductible program, the deductible amount per claim or accident cannot be less than \$100,000. All programs with a deductible of less than \$100,000 should be reported on the standard Calendar-Accident Year Call on a gross basis.

Data collected in the Net (As Written) Large Deductible Calendar-Accident Year Call includes earned premiums and incurred losses generated by the application of large deductible coverage on a **net** basis (**after** the large deductible credit). Large deductible experience is also collected on a **gross** basis (**prior to** large deductible credits) in Call #9A.

This Call will collect loss experience for 31 full accident years (1995 - 2025) and Experience for all accident years prior to 1995 should be accumulated and shown on the "Prior to 1995" line of the Call. The Premium experience is only required for the last 5 years of calendar year premium reported in Columns 1-3, lines X, Y and Z are not required.

For Pennsylvania carriers only, please note that the data used to complete this Call, as well as Calls for Experience #1 and #9, must be consistent and comparable to the data used to complete the Pennsylvania Schedule W.

All questions should be directed to Financial Data Reporting at (215) 568-2371 or by email at financialdatacalls@pcrb.com.

Please note that the due date for reporting this data is on or before March 16, 2026, in Delaware and April 15, 2026 in Pennsylvania.

It is urged that every effort be made to comply with these reporting dates, as a delay in receiving this data will seriously hamper the Bureaus in the preparation of filings.

Pennsylvania and Delaware Call for Experience #9

GROSS (1ST DOLLAR) LARGE DEDUCTIBLE POLICY YEAR CALL FOR COMPENSATION EXPERIENCE BY STATE VALUED AS OF DECEMBER 31, 2025 - DUE MARCH 16, 2026 IN DELAWARE AND APRIL 15, 2026 IN PENNSYLVANIA

In accordance with the approved statistical program, you are requested to file with the Bureaus on or before March 16, 2026 in Delaware and April 15, 2026 in Pennsylvania, your compensation experience for large deductible policies on a gross basis valued as of December 31, 2025. **Data reported in this Call is subject to the Financial Data Incentive Program (FDIP) and must be submitted using the Financial Data Manager (FDM).**

To qualify as a Large Deductible program, the deductible amount per claim or accident cannot be less than \$100,000. All programs with a deductible of less than \$100,000 should be reported on the standard Policy Year Call on a gross basis.

Data collected in the Gross (1st Dollar) Large Deductible Policy Year Call includes earned premiums and incurred losses generated by the application of large deductible coverage on a **gross** basis (**prior to** the large deductible credit). Large deductible experience is also collected on a **net** basis (**after** large deductible credits) in Call #8.

This Call will collect underwriting experience for 30 full policy years (1995 - 2024) and for the incomplete Policy Year 2025 valued as of December 31, 2025. Experience for all policy years prior to 1995 should be accumulated and shown on the "Prior to 1995" line of the Call. Note that Policy Year 2025, valued as of December 31, 2025, is an incomplete policy year and is not counted as one of the 30 years.

For Pennsylvania carriers only, please note that the data used to complete this Call, as well as Calls for Experience #1 and #8, must be consistent and comparable to the data used to complete the Pennsylvania Schedule W.

Pennsylvania Designated Statistical Reporting Levels have been updated to reflect loss cost changes effective April 1, 2025. Delaware Designated Statistical Reporting Levels have been updated to reflect loss cost changes and residual market rates effective December 1, 2025.

All questions should be directed to Financial Data Reporting at (215) 568-2371 or by email: financialdatacalls@pcrb.com.

Designated Statistical Reporting Level

The Designated Statistical Reporting Level is the Standard Earned Premium that would have been developed if carrier business had been written at Bureau rates, pure premiums or loss costs, as applicable.

Standard Earned Premium at the Company Level must be adjusted to the Standard Earned Premium at the Designated Statistical Reporting Level by referencing the designated statistical reporting rates or loss costs set forth by the Bureaus.

During 1993, Pennsylvania Act 44 was passed providing for a loss cost system of pricing Pennsylvania Workers' Compensation insurance. Thus, the Designated Statistical Reporting Level for Policy Year 1993 is split between PCRB rates and loss costs. For policy years 1992 and earlier, the Designated Statistical Reporting Levels will continue to reflect historical PCRB rate levels.

Delaware loss costs became effective August 1, 1994, for voluntary business. Residual market rates also became effective August 1, 1994. Therefore, for voluntary business, the Designated Statistical Reporting Level for Policy Year 1994 is split between DCRB rates and loss costs. Similarly, for the residual market, the Designated Statistical Reporting Level for Policy Year 1994 is split between DCRB rates and DCRB residual market rates. For policy years 1993 and earlier, the Designated Statistical Reporting Levels will continue to reflect historical DCRB rate levels.

Designated Statistical Reporting Level Other than U S L & H* Business

Delaware	
Voluntary Market	
Policy Eff Date	DSR Level
12/1/05 - 11/30/06	12/1/05 DCRB Loss Costs
12/1/06 - 11/30/07	12/1/06 DCRB Loss Costs
12/1/07 - 9/30/08	12/1/07 DCRB Loss Costs
10/1/08 - 11/30/08	10/1/08 DCRB Loss Costs (applicable to new, renewal and outstanding policies)
12/1/08 - 11/30/09	12/1/08 DCRB Loss Costs (reflecting Chancery Court-ordered reductions refer to DCRB Circular #858)
12/1/09 - 11/30/10	12/1/09 DCRB Loss Costs (reflecting Chancery Court-ordered reductions refer to DCRB Circular #859)
12/1/10 - 11/30/11	12/1/10 DCRB Loss Costs (reflecting Chancery Court-ordered reductions refer to DCRB Circular #865)
12/1/11 - 11/30/12	12/1/11 DCRB Loss Costs (reflecting Chancery Court-ordered reductions refer to DCRB Circular #872)
12/1/12 - 11/30/13	12/1/12 DCRB Loss Costs
12/1/13 - 11/30/14	12/1/13 DCRB Loss Costs
12/1/14 - 11/30/15	12/1/14 DCRB Loss Costs
12/1/15 - 11/30/16	12/1/15 DCRB Loss Costs
12/1/16 - 11/30/17	12/1/16 DCRB Loss Costs
12/1/17 - 11/30/18	12/1/17 DCRB Loss Costs
12/1/18 - 11/30/19	12/1/18 DCRB Loss Costs
12/1/19 - 11/30/20	12/1/19 DCRB Loss Costs
12/1/20 - 11/30/21	12/1/20 DCRB Loss Costs
12/1/21 - 11/30/22	12/1/21 DCRB Loss Costs
12/1/22 - 11/30/23	12/1/22 DCRB Loss Costs
12/1/23 - 11/30/24	12/1/23 DCRB Loss Costs
12/1/24 - 11/30/25	12/1/24 DCRB Loss Costs
12/1/25 - 12/31/25	12/1/25 DCRB Loss Costs

Residual Market	
Policy Eff Date	DSR Level
12/1/05 - 11/30/06	12/1/05 DCRB Residual Market Rates
12/1/06 - 11/30/07	12/1/06 DCRB Residual Market Rates
12/1/07 - 9/30/08	12/1/07 DCRB Residual Market Rates
10/1/08 - 11/30/08	10/1/08 DCRB Residual Market Rates (applicable to new, renewal and outstanding policies)
12/1/08 - 11/30/09	12/1/08 DCRB Residual Market Rates (reflecting Chancery Court-ordered reductions refer to DCRB Circular #858)
12/1/09 - 11/30/10	12/1/09 DCRB Residual Market Rates (reflecting Chancery Court-ordered reductions refer to DCRB Circular #859)
12/1/10 - 11/30/11	12/1/10 DCRB Residual Market Rates (reflecting Chancery Court-ordered reductions refer to DCRB Circular #865)
12/1/11 - 11/30/12	12/1/11 DCRB Residual Market Rates (reflecting Chancery Court-ordered reductions refer to DCRB Circular #872)
12/1/12 - 11/30/13	12/1/12 DCRB Residual Market Rates
12/1/13 - 11/30/14	12/1/13 DCRB Residual Market Rates
12/1/14 - 11/30/15	12/1/14 DCRB Residual Market Rates
12/1/15 - 11/30/16	12/1/15 DCRB Residual Market Rates
12/1/16 - 11/30/17	12/1/16 DCRB Residual Market Rates
12/1/17 - 5/31/18	12/1/17 DCRB Residual Market Rates
6/1/18 - 11/30/18	6/1/18 DCRB Residual Market Rates
12/1/18 - 11/30/19	12/1/18 DCRB Residual Market Rates
12/1/19 - 11/30/20	12/1/19 DCRB Residual Market Rates
12/1/20 - 11/30/21	12/1/20 DCRB Residual Market Rates
12/1/21 - 11/30/22	12/1/21 DCRB Residual Market Rates
12/1/22 - 11/30/23	12/1/22 DCRB Residual Market Rates
12/1/23 - 11/30/24	12/1/23 DCRB Residual Market Rates
12/1/24 - 11/30/25	12/1/24 DCRB Residual Market Rates
12/1/25 - 12/31/25	12/1/25 DCRB Residual Market Rates

Note: The DCRB's Filing No. 0806 (October 1, 2008 filing) was applicable to new, renewal and all outstanding policies. Final rating values for December 1, 2008 (Filing No. 0807, Circular #858, Exhibit 41), December 1, 2009 (Filing No. 0903, Circular #859, Exhibit 41), December 1, 2010 (Filing No. 1002, Circular #865, Exhibit 41) and December 1, 2011 (Filing No. 1105, Circular #872, Exhibit 41) include rating values that reflect the Chancery Court-ordered reductions. The Chancery Court-ordered reductions do not apply to rating values effective December 1, 2012 and subsequent.

* U S L & H - United States Longshore and Harbor Workers Act Coverages. U S L & H data should be excluded from Calls #1, #8 and #9.

Designated Statistical Reporting Level Other than U S L & H* Business

Pennsylvania	
Policy Effective Date	DSR Level
4/1/05 - 3/31/06	4/1/05 PCRB Loss Costs
4/1/06 - 3/31/07	4/1/06 PCRB Loss Costs
4/1/07 - 3/31/08	4/1/07 PCRB Loss Costs
4/1/08 - 3/31/09	4/1/08 PCRB Loss Costs
4/1/09 - 3/31/10	4/1/09 PCRB Loss Costs
4/1/10 - 3/31/11	4/1/10 PCRB Loss Costs
4/1/11 - 3/31/12	4/1/11 PCRB Loss Costs
4/1/12 - 3/31/13	4/1/12 PCRB Loss Costs
4/1/13 - 3/31/14	4/1/13 PCRB Loss Costs
4/1/14 - 3/31/15	4/1/14 PCRB Loss Costs
4/1/15 - 3/31/16	4/1/15 PCRB Loss Costs
4/1/16 - 3/31/17	4/1/16 PCRB Loss Costs
4/1/17 - 1/31/18	4/1/17 PCRB Loss Costs
2/1/18 - 3/31/18	2/1/18 PCRB Loss Costs
4/1/18 - 12/31/18	4/1/18 PCRB Loss Costs (Filing C-370) +
1/1/19 - 3/31/19	1/1/19 PCRB Loss Costs (Filing C-373) +
4/1/19 - 3/31/20	4/1/19 PCRB Loss Costs
4/1/20 - 3/31/21	4/1/20 PCRB Loss Costs
4/1/21 - 3/31/22	4/1/21 PCRB Loss Costs
4/1/22 - 3/31/23	4/1/22 PCRB Loss Costs
4/1/23 - 3/31/24	4/1/23 PCRB Loss Costs
4/1/24 - 3/31/25	4/1/24 PCRB Loss Costs
4/1/25 - 12/31/25	4/1/25 PCRB Loss Costs

+ Loss costs included in PCRB Filing No. C-372 effective January 1, 2019 were for informational purposes only. Those loss costs should not be used as the basis for premium reported at Designated Statistical Reporting Level. Refer to PCRB Circulars #1713 and #1714 for further information.

* U S L & H - United States Longshore and Harbor Workers Act Coverages. U S L & H data should be excluded from Calls #1, #8 and #9.

Please note that the due date for reporting this data is on or before March 16, 2026 in Delaware and April 15, 2026 in Pennsylvania.

It is urged that every effort be made to comply with these reporting dates, as a delay in receiving this data will seriously hamper the Bureaus in the preparation of filings.

Pennsylvania and Delaware Call for Experience #9A

GROSS (1ST DOLLAR) LARGE DEDUCTIBLE CLENDAR – ACCIDENT YEAR CALL FOR COMPENSATION EXPERIENCE BY STATE VALUED AS OF DECEMBER 31, 2025 - DUE MARCH 16, 2026, IN DELAWARE AND APRIL 15, 2026, IN PENNSYLVANIA

In accordance with the approved statistical program, you are requested to file with the Bureaus on or before March 16, 2026, in Delaware and April 15, 2026, in Pennsylvania, your compensation experience for large deductible policies on a gross basis valued as of December 31, 2025. **Data reported in this Call is subject to the Financial Data Incentive Program (FDIP) until calls valued as of December 31, 2025, and must be submitted using the Financial Data Manager (FDM).**

To qualify as a Large Deductible program, the deductible amount per claim or accident cannot be less than \$100,000. All programs with a deductible of less than \$100,000 should be reported on the standard Calendar-Accident Year Call on a gross basis.

Data collected in the Gross (1st Dollar) Large Deductible Accident Year Call includes earned premiums and incurred losses generated by the application of large deductible coverage on a **gross** basis (**prior to** the large deductible credit). Large deductible experience is also collected on a **net** basis (**after** large deductible credits) in Call #8.

This Call will collect loss experience for 31 full accident years (1995-2025) and experience for all accident years prior to 1995 should be accumulated and shown on the “Prior to 1995” line of the Call. The premium experience is only required for the last 5 years of calendar year premium reported in columns 1-3, lines X, Y and Z are not required.

For Pennsylvania carriers only, please note that the data used to complete this Call, as well as Calls for Experience #1 and #8, must be consistent and comparable to the data used to complete the Pennsylvania Schedule W.

All questions should be directed to Financial Data Reporting at (215) 568-2371 or by email at financialdatacalls@pcrb.com.

Please note that the due date for reporting this data is on or before March 16, 2026, in Delaware and April 15, 2026, in Pennsylvania.

It is urged that every effort be made to comply with these reporting dates, as a delay in receiving this data will seriously hamper the Bureaus in the preparation of filings.

Delaware Call for Experience #12

DELAWARE ASSIGNED RISK POLICY YEAR CALL VALUED AS OF DECEMBER 31, 2025 - DUE MARCH 16, 2026

In accordance with the approved statistical program, you are requested to file with the DCRB on or before March 16, 2026, your Delaware compensation experience by policy year valued as of December 31, 2025. **Data reported in this Call is subject to the Financial Data Incentive Program (FDIP) and must be submitted on the Financial Data Manager (FDM).**

The data reported in this Call should exclude experience developed under large deductible policies (deductible amount of \$100,000 or more per claim or per accident). For small deductible policies (deductible amount less than 100,000), losses are to be reported on a gross basis inclusive of the employer paid loss amount.

This Call will collect underwriting experience for 30 full policy years (1995 - 2024) and for the incomplete Policy Year 2025 valued as of December 31, 2025. Experience for all policy years prior to 1995 should be accumulated and shown on the "Prior to 1995" line of the Call. Note that Policy Year 2025, valued as of December 31, 2025, is an incomplete policy year and is not counted as one of the 30 years.

As of August 1, 1994, Loss Costs in the state of Delaware became effective for voluntary business. Consequently, this Call will be used to develop assigned risk experience and also will be used along with the standard Policy Year Call #1 to develop "voluntary business only" experience. The data submitted on this Call should also be consistent with the assigned risk experience reported on the Policy Year Call #1.

All questions should be directed to Financial Data Reporting at (215) 568-2371 or by email at financialdatacalls@pcrb.com.

Designated Statistical Reporting Level

The Designated Statistical Reporting Level is the Standard Earned Premium that would have been developed if carrier business had been written at DCRB rates, pure premiums, or loss costs, as applicable.

Standard Earned Premium at the Company Level must be adjusted to the Standard Earned Premium at the Designated Statistical Reporting Level by referencing the designated statistical reporting rates or loss costs set forth by the DCRB. For Policy Years 1993 and earlier, the Designated Statistical Reporting Levels will continue to reflect historical DCRB rate levels.

Designated Statistical Reporting Level Other than U S L & H* Business

Delaware	
Residual Market	
Policy Eff Date	DSR Level
12/1/05 - 11/30/06	12/1/05 DCRB Residual Market Rates
12/1/06 - 11/30/07	12/1/06 DCRB Residual Market Rates
12/1/07 - 9/30/08	12/1/07 DCRB Residual Market Rates
10/1/08 - 11/30/08	10/1/08 DCRB Residual Market Rates (applicable to new, renewal and outstanding policies)
12/1/08 - 11/30/09	12/1/08 DCRB Residual Market Rates (reflecting Chancery Court-ordered reductions refer to DCRB Circular #858)
12/1/09 - 11/30/10	12/1/09 DCRB Residual Market Rates (reflecting Chancery Court-ordered reductions refer to DCRB Circular #859)
12/1/10 - 11/30/11	12/1/10 DCRB Residual Market Rates (reflecting Chancery Court-ordered reductions refer to DCRB Circular #865)
12/1/11 - 11/30/12	12/1/11 DCRB Residual Market Rates (reflecting Chancery Court-ordered reductions refer to DCRB Circular #872)
12/1/12 - 11/30/13	12/1/12 DCRB Residual Market Rates
12/1/13 - 11/30/14	12/1/13 DCRB Residual Market Rates
12/1/14 - 11/30/15	12/1/14 DCRB Residual Market Rates
12/1/15 - 11/30/16	12/1/15 DCRB Residual Market Rates
12/1/16 - 11/30/17	12/1/16 DCRB Residual Market Rates
12/1/17 - 5/31/18	12/1/17 DCRB Residual Market Rates
6/1/18 - 11/30/18	6/1/18 DCRB Residual Market Rates
12/1/18 - 11/30/19	12/1/18 DCRB Residual Market Rates
12/1/19 - 11/30/20	12/1/19 DCRB Residual Market Rates
12/1/20 - 11/30/21	12/1/20 DCRB Residual Market Rates
12/1/21 - 11/30/22	12/1/21 DCRB Residual Market Rates
12/1/22 - 11/30/23	12/1/22 DCRB Residual Market Rates
12/1/23 - 11/30/24	12/1/23 DCRB Residual Market Rates
12/1/24 - 11/30/25	12/1/24 DCRB Residual Market Rates
12/1/25 - 12/31/25	12/1/25 DCRB Residual Market Rates

Note: The DCRB's Filing No. 0806 (October 1, 2008 filing) was applicable to new, renewal and all outstanding policies. Final rating values for December 1, 2008 (Filing No. 0807, Circular #858, Exhibit 41), December 1, 2009 (Filing No. 0903, Circular #859, Exhibit 41), December 1, 2010 (Filing No. 1002, Circular #865, Exhibit 41) and December 1, 2011 (Filing No. 1105, Circular #872, Exhibit 41) include rating values that reflect the Chancery Court- ordered reductions. The Chancery Court-ordered reductions do not apply to rating values effective December 1, 2012 and subsequent.

* U S L & H - United States Longshore and Harbor Workers Act Coverages. U S L & H data should be excluded from Calls #1, #8 and #9.

Rounding Procedure and Reporting of Credits

Please report amounts of premiums and losses in WHOLE DOLLARS ONLY. FDM will not allow cents to be entered onto the form. If the values are not entered as whole dollars, the application will return an error message and will not allow the importing of the template. Negative amounts must have a negative sign in front of the number being entered.

Please note that the due date for reporting this data is on or before March 16, 2026.

It is urged that every effort be made to comply with this reporting date, as a delay in receiving this data will seriously hamper the DCRB in its preparation of filings.

Delaware Call for Experience #12A

DELAWARE ASSIGNED RISK CALENDAR-ACCIDENT YEAR CALL VALUED AS OF DECEMBER 31, 2025 - DUE MARCH 16, 2026

In accordance with the approved statistical program, you are requested to file with the DCRB on or before March 16, 2026, your Delaware compensation experience by calendar year for premium and accident year for losses valued as of December 31, 2025. **Data reported in this Call is subject to the Financial Data Incentive Program (FDIP) until calls valued as of December 31, 2025, and must be submitted using the Financial Data Manager (FDM).**

The data reported in this Call should exclude experience developed under large deductible policies (deductible amount of \$100,000 or more per claim or per accident). For small deductible policies (deductible amount less than 100,000), losses are to be reported on a gross basis inclusive of the employer paid loss amount.

This Call will collect loss experience for 31 full accident years (1995-2025) and experience for all accident years prior to 1995 should be accumulated and shown on the “Prior to 1995” line of the Call. The premium experience is only required for the last 5 years of calendar year premium reported in columns 1-3, lines X, Y and Z are not required.

As of August 1, 1994, Loss Costs in the state of Delaware became effective for voluntary business. Consequently, this Call will be used to develop assigned risk experience and also will be used along with the standard Calendar-Accident Year Call #1A to develop “voluntary business only” experience. The data submitted on this Call should also be consistent with the assigned risk experience reported on the Calendar-Accident Year Call #1A.

All questions should be directed to Financial Data Reporting at (215) 568-2371 or by email at financialdatacalls@pcrb.com.

Please note that the due date for reporting this data is on or before March 16, 2026.

It is urged that every effort be made to comply with this reporting date, as a delay in receiving this data will seriously hamper the DCRB in its preparation of filings.

Pennsylvania Call for Experience #14

CALL FOR 2025 PENNSYLVANIA CALENDAR YEAR EXPENSE DATA - DUE APRIL 15, 2026

In accordance with the approved statistical program, you are requested to file with the PCRB on or before April 15, 2026, your Workers' Compensation expense data for Calendar Year 2025. **Data reported in this Call is subject to the Financial Data Incentive Program (FDIP) and must be submitted using the Financial Data Manager (FDM).**

The purpose of this Call is to collect expense data for use in the derivation of the Workers' Compensation rates for "F" Class business in Pennsylvania.

This call reports this information by individual member carrier or by group.

All questions should be directed to Financial Data Reporting at (215) 568-2371 or by email at financialdatacalls@pcrb.com.

SPECIFIC INSTRUCTIONS

- 1. Definitions for the various expense items should be consistent with those used in the preparation of the Annual Statement and Insurance Expense Exhibit.**
- 2. Experience should be reported on a DIRECT basis, that is, prior to the effects of reinsurance.**
- 3. Rounding Procedure and Reporting of Credits**

Please report amounts of premiums and losses in WHOLE DOLLARS ONLY. The FDM will not allow cents to be entered onto the form. If the values are not entered as whole dollars, the application will return an error message and will not allow the importing of the template. Negative amounts must have a negative sign in front of the number being entered.

4. Section #2 – Reconciliation

This section is to certify the reconciliation of the data reported to the PCRB on this Call with the data reported on Statutory Page 14. Data from the Statutory Page 14 will automatically be entered into the reconciliation report on Section #2 of Call #14 once the Statutory Page 14 is completed. If these reconciliation items do not equal that reported on the Statutory Page 14, a detailed explanation for the differences is required in the text box provided.

Pennsylvania and Delaware Call for Experience #15

CATASTROPHE CALL VALUED AS OF DECEMBER 31, 2025 - DUE MARCH 16, 2026 IN DELAWARE AND APRIL 15, 2026 IN PENNSYLVANIA

In accordance with the approved statistical program, you are requested to file with the Bureaus on or before March 16, 2026 in Delaware and April 15, 2026 in Pennsylvania, your compensation experience by policy year valued as of December 31, 2025. **Data reported in this Call is subject to the Financial Data Incentive Program (FDIP) and must be submitted using the Financial Data Manager (FDM).**

This Call captures the following data:

- Open, closed and total indemnity claim counts
- Paid losses for both indemnity and medical
- Case outstanding losses for both indemnity and medical excluding bulk and IBNR reserves

Catastrophe Code #12

As announced in PCRB Circular No. 1737 and DCRB Circular No. 976, Catastrophe Code #12 claims are attributable to Coronavirus Disease 2019 (COVID-19) with accident dates of December 1, 2019 through June 30, 2023.

Each of the following events occurred in states other than Pennsylvania or Delaware and claims are subject to benefits as prescribed by the respective states where the event occurred. It is possible, however, that some claims to which these events apply may be incurred on Pennsylvania or Delaware policies. Such claims should be reported on Call #15.

Catastrophe Code #48

As announced in PCRB Circular No. 1436 and DCRB Circular No. 756, Catastrophe Code #48 claims are attributable to:

All claims directly arising from the commercial airline hijackings of September 11, 2001 and the resulting subsequent events with accident dates of September 11, 2001 through September 14, 2001.

Catastrophe Code 48 includes the following types of claims occurring within the time frame of September 11, 2001 to September 14, 2001:

- Death and injury claims
- Stress claims and potential respiratory cases
- Claims resulting from recovery and clean-up efforts

Catastrophe Code #48 losses are restricted to Policy Years 2000 and 2001.

Anthrax and biochemical claims are not included under the definition of Catastrophe Code 48.

Catastrophe Code #87

Catastrophe Code #87 claims are attributable to Workers Compensation occupational disease claims emanating from the rescue, recovery and clean-up work at the World Trade Center between September 11, 2001 and September 12, 2002, and the employer had to order the worker into the WTC site. Volunteers are not covered.

Catastrophe Code #87 losses are restricted to Policy Years 2000, 2001 and 2002.

Catastrophe Code #77

Catastrophe Code #77 claims are attributable to an explosion at the ConAgra processing plant in Garner, North Carolina on June 9, 2009.

Catastrophe Code #93

Catastrophe Code #93 claims are attributable to an explosion and fire at the Kleen Energy Systems power plant in Middletown, Connecticut on February 7, 2010. The accident date range for claimants is February 7, 2010 through February 14, 2010 which covers losses sustained on the day of the event and any claims for responders thereafter.

All questions should be directed to Financial Data Reporting at (215) 568-2371 or by email at financialdatacalls@pcrb.com.

Pennsylvania and Delaware Call for Experience #15A

CATASTROPHE CALL VALUED AS OF DECEMBER 31, 2025 - DUE MARCH 16, 2026, IN DELAWARE AND APRIL 15, 2026 IN PENNSYLVANIA

In accordance with the approved statistical program, you are requested to file with the Bureaus on or before March 16, 2026, in Delaware and April 15, 2026, in Pennsylvania, your compensation experience by Calendar-Accident Year valued as of December 31, 2025. **Data reported in this Call is subject to the Financial Data Incentive Program (FDIP) until calls valued as of December 31, 2025, and must be submitted using the Financial Data Manager (FDM).**

This Call captures the following data:

- Open, closed, and total indemnity claim counts
- Paid losses for both indemnity and medical
- Case outstanding losses for both indemnity and medical excluding bulk and IBNR reserves

Catastrophe Code #12

As announced in PCRB Circular No. 1737 and DCRB Circular No. 976, Catastrophe Code #12 claims are attributable to Coronavirus Disease 2019 (COVID-19) with accident dates of December 1, 2019, through June 30, 2023.

Each of the following events occurred in states other than Pennsylvania or Delaware and claims are subject to benefits as prescribed by the respective states where the event occurred. It is possible, however, that some claims to which these events apply may be incurred on Pennsylvania or Delaware policies. Such claims should be reported on Call #15.

Catastrophe Code #48

As announced in PCRB Circular No. 1436 and DCRB Circular No. 756, Catastrophe Code #48 claims are attributable to:

All claims directly arising from the commercial airline hijackings of September 11, 2001, and the resulting subsequent events with accident dates of September 11, 2001 through September 14, 2001.

Catastrophe Code 48 includes the following types of claims occurring within the time frame of September 11, 2001, to September 14, 2001:

- Death and injury claims
- Stress claims and potential respiratory cases
- Claims resulting from recovery and clean-up efforts.

Catastrophe Code #48 losses are restricted to Policy Years 2000 and 2001

Anthrax and biochemical claims are not included under the definition of Catastrophe Code 48.

Catastrophe Code #87

Catastrophe Code #87 claims are attributable to Workers Compensation occupational disease claims emanating from the rescue, recovery and clean-up work at the World Trade Center between September 11, 2001, and September 12, 2002, and the employer had to order the worker into the WTC site. Volunteers are not covered.

Catastrophe Code #87 losses are restricted to Policy Years 2000, 2001 and 2002

Catastrophe Code #77

Catastrophe Code #77 claims are attributable to an explosion at the ConAgra processing plant in Garner, North Carolina on June 9, 2009.

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Catastrophe Code #93 claims are attributable to an explosion and fire at the Kleen Energy Systems power plant in Middletown, Connecticut on February 7, 2010. The accident date range for claimants is February 7, 2010, through February 14, 2010, which covers losses sustained on the day of the event and any claims for responders thereafter.

All questions should be directed to Financial Data Reporting at (215) 568-2371 or by email at financialdatacalls@pcrb.com.

Pennsylvania Special Schedule “W” Instructions

These instructions pertain to Special Schedule “W” submissions made to the Pennsylvania Compensation Rating Bureau (PCRB) via the PCRB’s Financial Data Manager (FDM). Refer to the PCRB’s web site, www.pcrb.com, for further information on reporting Workers’ Compensation (including Coal Mine) experience for Special Schedule “W” via the FDM.

The Schedule W exhibits are Pennsylvania state exhibits. All items refer to direct business in the Commonwealth of Pennsylvania. Direct business is to include all business exclusive of any reinsurance assumed and before any reinsurance ceded. Dollar amounts are to be reported in whole dollars only.

DEFINITIONS

Incurred Claims: Include closed claims for which a payment was made and claims that remain open, whether a payment has been made or not. Claims with both a medical and indemnity payment or reserve should be counted on both the medical and indemnity parts.

State and Federally Funded Projects: Experience on the “F” Classifications for policies effective January 1, 1974 and thereafter, experience on the National Defense Projects written under either the old Comprehensive Rating Plan or the National Defense Projects Rating Plan, and experience on excess policies.

Large Deductible: A deductible equal to or in excess of \$100,000 per occurrence.

Small Deductible: A deductible less than \$100,000 per occurrence.

First Dollar Basis: Data reported prior to the application of deductible credits.

As Written Basis: Data reported after the application of deductible credits.

SPECIFIC LINE INSTRUCTIONS

Part A

Part A contains five sections. Sections 1 and 5 are the only sections that need to be completed for non-coal carriers. Sections 2, 3 and 4 are to be completed by coal carriers. Each section collects information regarding Pennsylvania direct business as follows:

- Section 1: All Workers’ Compensation Business Except Coal Mine and State and Federally Funded Projects
- Section 2: All Coal Mining Except Black Lung and State and Federally Funded Projects
- Section 3: Black Lung: State Occupational Disease Only Except State and Federally Funded Projects

Section 4:	Black Lung: Federal Occupational Disease Only Except State and Federally Funded Projects
Section 5:	All Workers' Compensation Business Including Coal Mine and State and Federally Funded Projects
Line 1	Net Written Premiums on Direct Business. This is the net written premium on direct business as specified in each section.
Line 2	Premiums Unearned December 31 Previous Year. This number should balance to your 2024 Schedule "W" data call Part A Line 4 – Premiums Unearned December 31 Current Year.
Line 3	Total. This is the sum of Line 1 and Line 2.
Line 4	Premiums Unearned December 31 Current Year.
Line 5	Net Earned Premiums on Direct Business. This is the net earned premium on direct business as specified in each section.
Line 6A	Retrospective Rating Adjustment. This represents the premium impact resulting from the use of retrospective rating plans. If this impact was to increase the otherwise premium applicable, this impact should be entered as a negative number, and vice-versa.
Line 6B	Premium Discount Adjustment. This amount should be the premium dollar adjustment resulting from the use of a premium discount table. Premium discounts serve to reduce an insurer's premium, and should therefore be entered into as a positive amount.
Line 6C	Premium Deviation and Loss Cost Multiplier Adjustments. These represent the premium impact resulting from the use of deviations and loss cost multipliers. If this impact was to increase the otherwise premium applicable, this impact should be entered as a negative number, and vice-versa. This should yield the premium applicable if the deviation and loss cost multiplier were both 1.0000.
Line 6D	Premium Credits for Pennsylvania Certified Safety Committee Credit Program. This represents a 5% premium discount the insureds received for being certified for establishing a safety committee that operates within the workplace to detect hazards and prevent accidents. These credits serve to reduce an insurer's premium and should therefore be entered as a positive number.
Line 6E	Premium Adjustment for Schedule Rating Plan. This represents the premium impact resulting from the use of a schedule rating plan. If this impact was to increase the otherwise premium applicable, this impact should be entered as a negative number, and vice-versa.

- Line 6F Premium Adjustment for Merit Rating Plan. This represents the premium impact resulting from the use of a merit rating plan. If this impact was to increase the otherwise premium applicable, this impact should be entered as a negative number, and vice-versa.
- Line 6G Employer Assessments. This represents the assessments for the maintenance of the Subsequent Injury Fund, the Supersedeas Fund and the Administration Fund for policies effective July 1, 1998 through September 30, 1999, inclusive. Do not include employer assessments on policies effective October 1, 1999 and subsequent. This amount should be entered as a positive number.
- Line 6H Total Adjustment. This is the sum of Line 6A, Line 6B, Line 6C, Line 6D, Line 6E, Line 6F, and Line 6G.
- Line 7 Loss Costs. This is the sum of Line 5 and Line 6H.
- Line 8A Small Deductible Premium Adjustment. This represents the reduction to premium as a result of writing small deductible policies and should be entered as a positive amount. The adjustment, when added to small deductible policy premiums, will yield the full coverage premium applicable if there had been no small deductible policies written. The adjustment should be on a standard earned premium basis at designated statistical reporting levels consistent with Line 7.
- Line 8B Large Deductible Premium Adjustment. This represents the reduction to premium as a result of writing large deductible policies and should be entered as a positive amount. The adjustment, when added to large deductible policy premiums, will yield the full coverage premium applicable if there had been no large deductible policies written. The adjustment should be on a standard earned premium basis at designated statistical reporting levels consistent with Line 7.
- Lines 9A-9G Unpaid losses should be valued as of December 31 and should include a provision for incurred but not reported (IBNR) losses including bulk reserves.
- Lines 9A through 9C should show all deductibles on an 'as written' basis.
- Lines 9D through 9G should show the adjustment of losses from the deductible policies to a 'first dollar' basis. That is, subtract the paid loss as a result of issuing deductible policies from the paid loss of the same policies as if there were no deductibles. Generally, this amount should be entered as a positive number.
- Line 9H This is the sum of Line 9D, Line 9E, Line 9F, and Line 9G.

NOTE: Premium reporting for Statistical Codes 9740 and 9741 should be excluded from Parts A-1 through A-4 and included only on Part A-5 (even though the exclusive reporting for those codes on Parts A-9740 and A-9741 is no longer required).

How to answer failed error validations effectively

When answering a failed error validation, always provide claim numbers and amounts for each claim number that triggered the errors.

Example #1:

Policy Year 2013, Total Paid + O/S excl IBNR (Col 4+5) of the current year call \$2,722,187 compared to the prior year call \$2,446,592 is greater than \$200,000. The difference is \$275,595 and their ratio 1.11 falls outside the range of (0.97 and 1.03). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims.

Unacceptable response:

The data is correct.

Acceptable response:

The data is correct. Claim XXXX had \$25,000 indemnity paid, \$50,000 in medical paid, \$50,000 in indemnity reserve and \$150,000 in medical reserve during 2025.

Example #2:

Policy Year 2017, Total Paid (Col 4) of the current year call \$1,819,302 compared to the prior year call \$1,573,887 is greater than \$200,000. The difference is \$245,415 and their ratio 1.16 falls outside the range of (1 and 1.03). Since you are reporting a change between current and previous valuations that is outside our expected range, please correct the data or explain the unusual development of your data giving details of any large claims.

Unacceptable response:

Data is correct.

Acceptable response:

Total paid losses for Claim XXXXXX increased by \$227,050 during Calendar Year 2025 due to a settlement.