



January 30, 2026

**ANNUAL CALLS FOR EXPERIENCE
FINANCIAL DATA INCENTIVE PROGRAMS
NEW - FINANCIAL DATA REPORTING APPLICATION
PENNSYLVANIA & DELAWARE**

This announcement discusses Annual Calls for Experience and the Pennsylvania Insurance Department's Schedule W. In addition, revised versions of the Financial Data Incentive Programs (FDIP) for both Pennsylvania and Delaware are enclosed. These documents are also available on the PCRB and DCRB websites.

The Financial Data Manager (FDM) will be available on January 30, 2026 for carrier use in the completion of Pennsylvania and Delaware 2025 Financial Calls, Forms and Pennsylvania Schedule W. FDM must be used for the submission and resubmission of all Call data.

The legacy Financial Data Reporting Application (FDRA) has been retired and is no longer accessible to carriers.

The FDM captures all parts of Pennsylvania Schedule W and provides access to both the Pennsylvania Insurance Department and the Coal Mine Compensation Rating Bureau of Pennsylvania. This allows carriers to provide all of the Schedule W information through a single source.

The FDM is located within the Application Login area of the PCRB/DCRB website. The Application Login provides access to all of the secured applications and data on the website. All users must be registered in the PCRB's Application Login.

As is the case with all secure data products, carrier user access is managed directly through each Carrier Group Administrator (CGA).

If you are not a registered user in the Application Login, click on the First Time User link and complete the registration form as a Carrier Group User.

Users of the FDM must have access to the internet and use Google Chrome, Microsoft Edge or Firefox as their browser.



The enclosed FDM introductory letters for Pennsylvania and Delaware describe the most significant changes to the FDM for the reporting of 2025 data during 2026.

IF THIS CORRESPONDENCE HAS NOT BEEN DELIVERED TO THE PROPER AREA WITHIN YOUR ORGANIZATION, PLEASE DIRECT THEM TO THE APPROPRIATE AREA RESPONSIBLE FOR SUBMITTING THIS DATA TO THE BUREAUS.

All questions should be directed to the Financial Data Reporting Department at (215) 568-4923 or Gianna Browne, Financial Data Reporting Supervisor at gbrowne@pcrb.com

FINANCIAL DATA REPORTING GUIDEBOOK

This year, we have consolidated and streamlined the instructions for the annual financial calls into a single, comprehensive guide. Our goal is to make the reporting process clearer, more consistent, and easier for carriers to navigate.

The new guide includes:

- **All key due dates** for each required call
- **Detailed descriptions of every data element**, including premium, claim counts, losses, and other required financial information
- **Clarified definitions and reporting expectations** to ensure uniformity across carriers

DUE DATES

The **Acknowledgment Form** and Annual Statement **Statutory Page 14** for Delaware must be submitted on or before **March 16, 2026**. The Annual Statement **Statutory Page 14** for Pennsylvania must be submitted on or before **April 1, 2026**.

All other Calls, Forms and Schedule W:

Delaware Calls #1, #1A, #4, #8, #8A, #9, #9A #12, #12A, #15 and #15A are due on or before **March 16, 2026**. **Delaware** Call #2 and **Pennsylvania** Call #1, #1A, #4, #8, #8A, #9, #9A, #14, #15, #15A, Schedule W, Schedule W Constraints and Schedule W - Coal are due on or before **April 15, 2026**.

All Forms, Calls and Schedule W (excluding the Accident-Calendar Year Calls, Schedule W – Constraints and Schedule W – Coal) are subject to the Financial Data Incentive Program (FDIP).



All Forms, Calls and Schedule W (including the Accident-Calendar Year Calls, Schedule W – Constraints and Schedule W – Coal) must be submitted using the Financial Data Manager (FDM).

Data reported on the Annual Calls will be incorporated into the future loss cost and/or rate filings. It is essential that this experience be reported on or before the required due dates applicable to each Call.

DESIGNATION OF CONTACT PERSON FORM

This notice has been sent to each carrier's Designated Contact Person. A form will be sent to each carrier's Designated Contact Person each year to allow for confirmation or to update each carrier's Designated Contact Person information. This Designated Contact Person will receive all correspondence regarding the Financial Data Incentive Program (FDIP) which is discussed in more detail below. If any changes to the DCP information are necessary, please contact the PCRB/DCRB directly.

CHANGES FROM PRIOR ANNUAL CALLS

The summary below is intended to help carriers identify the major changes to the Financial Calls. Other changes have been made to clarify instructions or eliminate typographical errors. However, it is each carrier's responsibility to read and understand the Financial Calls and instructions before completing them. The most significant changes include the following:

1) Designated Statistical Reporting Levels

Pennsylvania Designated Statistical Reporting Levels have been updated to reflect loss costs effective April 1, 2025.

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

2) Policy Year Calls #1, #8,#9,#12 and #15 have been expanded to include an additional policy year of data.

Calls #1, #8 and #9 and 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 will be accumulated and shown as one line in



the Calls. Note that experience for Policy Year 1994 and all policy years prior to 1994 was shown separately as of December 31, 2024, and experience for those lines will be combined for proper reporting of data as of December 31, 2025.

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

3) Schedule W and Schedule W – Coal

The Schedule W has been revised and now only requires that the Part A-1 and A-5 be completed.

The Schedule W – Coal has been revised and now only requires that the Part A-2, A-3 and A-4 be completed.

4) Edit Changes

Edits applicable to individual policy years have been extended to apply to an additional row in recognition of the additional policy year being reported.

Three new edits have been added to the list. Those edits have been highlighted on the edit listing provided with the FDIP.

5) Accident Year Calls

As announced in PCRB Circular No. 1798 four additional calls are required on a calendar-accident year basis. Those are Calls #1A, 8A, 9A and 15A. **These Calls will now be included in the FDIP.**

FINANCIAL DATA INCENTIVE PROGRAM (FDIP)

Significant changes to the FDIP are outlined in the enclosed cover letter to the FDIP. Carriers should read the FDIP and FDIP cover letter for each state carefully to familiarize themselves with the requirements.



Pennsylvania

As initially announced in PCRB Circular No. 1326, the FDIP was approved in Pennsylvania effective with the 1996 reporting of Calendar Year 1995 data. The program continues in effect for the 2026 reporting of Calendar Year 2025 data. A copy of the FDIP, dated January 31, 2026, is included in this package.

Within the FDM, the Schedule W – Coal and Schedule W – Constraints sections will be entered and stored as separate documents. While edits will be available within the FDM for the Schedule W – Coal document, review of that data, along with the Schedule W – Constraints will be the responsibility of the Pennsylvania Insurance Department and/or the Coal Mine Compensation Rating Bureau of Pennsylvania. Apart from providing a vehicle for the collection of the Schedule W – Coal and Schedule W – Constraints documents, **the PCRB will not otherwise pursue the collection or editing of Schedule W – Coal or Schedule W – Constraints, nor will the PCRB impose fines within the FDIP for issues related to the Schedule W – Coal or Schedule W – Constraints documents.**

Delaware

As initially announced in the DCRB Circular No. 686, the Delaware Governing Board approved the implementation of the Delaware FDIP applicable to the 1997 reporting of Calendar Year 1996 data for selected reports of financial data in Delaware. The program continues in effect for the 2026 reporting of Calendar Year 2025 data. A copy of the FDIP, dated January 31, 2026, is included in this package.

FDM APPLICATION AND INSTRUCTIONS

Carriers can and should familiarize themselves with the FDM by reviewing the FDM User Guidebook available on the website. Before using the FDM, it is strongly recommended that you read through the entire FDM User Guidebook. The FDM User Guidebook discusses the application's features and layout and provides helpful hints on how to complete the Calls contained within it.

All carriers are required to have a completed FDIP/FDM Designation of Contact Person Form filed with the PCRB/DCRB. The Contact Person acts as a contact between his/her employer, the Bureaus and the Pennsylvania Insurance Department for purposes of coordinating and



accomplishing timely and accurate submission of financial data for all carriers included within the indicated group.

PCR B will continue to notify data reporters of important notices related to the release of the FDM product as they occur, via announcements in the FDM application or email.



PENNSYLVANIA
Compensation Rating Bureau

January 30, 2026

To All Members of the PCRB:

Re: **FINANCIAL DATA INCENTIVE PROGRAM**

With the approval of the Governing Board, a Financial Data Incentive Program (FDIP) will apply to selected Pennsylvania financial data submissions of 2025 experience to be reported during 2026. This continues PCRB practice each year since the FDIP's initial implementation in 1996.

The FDIP for 2025 experience covers the following data submissions:

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

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

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

- All Calls, Forms and Schedule W must be submitted through the FDM which is an Internet-based system for the capture of Financial Data.
- For late reporting purposes, the Acknowledgment Form, Statutory Page 14, Calls #1, #1A, #4, #8, #8A, #9, #9A, #14, #15, #15A and Schedule W will be assessed on a per call basis.
- Preliminary edits are criteria that apply to all Forms, Calls and Schedule Ws and are prerequisites to the PCRB's processing of a carrier's submission. Failure of one or more preliminary edits will subject a company to assessments for timeliness and/or completeness according to the \$100 per day Late Submission Assessment described above. Major sources of preliminary edit errors are incomplete pages and failed validation errors without explanations that may impede the processing of the Forms, Calls and Schedule Ws.
- An assessment of \$100 per business day per call will be imposed for late submissions. Imposition of late submission charges could be applied for submission of calls after the due date, failure of Preliminary Edits and incomplete submissions. Late submission assessments will be subject to a cumulative maximum of \$20,000.
- For preliminary edit purposes, Calls #1, #1A, #4, #8, #8A, #9, #9A #14, #15, #15A, Schedule W and Statutory Page 14 will be assessed on a per call basis.
- Data Quality Edits are primarily validation checks that identify conditions that can only occur as the result of an error or omission and can be determined based on a comparison of data elements on one or more statistical calls. Edits also verify the reasonableness of data reported. Major sources of edit errors are incorrect calculation or careless data entry. Most edits are contained within the FDM and must be run by the carrier prior to submission. If edits are not resolved and/or satisfactorily explained at the time of submission, carriers will be notified of those errors in a criticism letter.
- Data Quality errors will be subject to a Financial Data Error Assessment Schedule which will include a flat fee component and a component which reflects a carrier's market share. The assessment schedule applies for a maximum period of 55 business days with the fine for the first ten business days equaling zero (in effect providing a ten-day grace period).
- For Calls #1, #1A, #4, #8, #8A, #9, #9A, #14, #15, #15A, Schedule W and Statutory Page 14, all resubmissions received after the due date will be subject to a \$100 per call charge.
- Data call submissions that are missing, inaccurate, incomplete or not verifiable that lead to the PCRB determination that the carrier's data should be excluded from the annual loss cost filing will be placed in the Remediation Plan.
- Total FDIP assessments for a carrier or group of carriers will be subject to a maximum of 50 percent of the carrier's Pennsylvania Workers Compensation Annual Statement Direct Written Premium for the calendar year immediately preceding the data reportable in the latest Calls.

- If a carrier group elects to submit separate Calls for individual carriers within their group or to submit separate Calls for subsets of the carriers comprising their entire group, each separate Call submission will be treated separately for all purposes of the FDIP. Thus, carriers are encouraged to consider potential ramifications of the FDIP in deciding on the basis (carrier, group or subgroup) to be used in reporting their data.
- Incomplete resubmissions and/or responses (i.e., those which do not address all failed edits or inquiries previously identified by the PCRB) or resubmissions and/or responses, which can be determined based on a cursory review not to satisfy the failed edits or inquiries previously identified by the PCRB, will not stop the accrual of assessments from the date of the previous PCRB notice letter.

- **Due Dates:**

The Acknowledgement Form is due to be reported on or before March 16, 2026 and the Statutory Page 14 is due to be reported on or before April 1, 2026. All other Pennsylvania submissions are due on or before April 15, 2026.

A complete updated copy of the 2025 FDIP is enclosed and may also be accessed via the PCRB's website at www.pcrb.com.

Amy Benck Quinn
President and CEO

**PENNSYLVANIA COMPENSATION RATING BUREAU
FINANCIAL DATA INCENTIVE PROGRAM**

I. INTRODUCTION

For Calls received in 2026, the PCRB is again applying the Financial Data Incentive Program (FDIP). This continues PCRB practice each year since the FDIP's initial implementation in 1996. This program recognizes the critical importance of the PCRB receiving quality financial data on time so that it can be used in support of filings made with the Pennsylvania Insurance Department. In addition, this program is intended to more equitably allocate costs associated with late or inaccurate data submission to the PCRB.

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

II. APPLICATION

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

<u>Name</u>	<u>Due Date</u>
Acknowledgement Form	March 16, 2026
Statutory Page 14	April 1, 2026
Policy Year Call #1	April 15, 2026
Calendar-Accident Year Call #1A	April 15, 2026
Large Claim Call #4	April 15, 2026
Net (As Written) Large Deductible Call #8	April 15, 2026
Net (As Written) Large Deductible Calendar- Accident #8A	April 15, 2026
Gross (1st Dollar) Large Deductible Call #9	April 15, 2026
Gross (1st Dollar) Large Deductible Calendar- Accident #9A	April 15, 2026
Calendar Year Expense Call #14	April 15, 2026
Catastrophe Experience Call #15	April 15, 2026
Catastrophe Experience Calendar-Accident Call #15A	April 15, 2026
Schedule W	April 15, 2026
Schedule W – Constraints Affecting Unpaid Claims Estimates*	April 15, 2026
Schedule W – Coal	April 15, 2026

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

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

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

III. GENERAL INFORMATION

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

The Designated Contact Person acts as the primary liaison between the carrier, the Bureaus, and the Pennsylvania Insurance Department. This role ensures timely and accurate submission of financial data, coordinating responses to inquiries from the Bureaus or the Department and managing communications related to FDIP, including payment of any assessments. The Bureaus share this information with the Department to maintain accurate contact details for your group.

All carriers must have a completed FDIP/FDM Designation of Contact Person (DCP) Form on file with the PCRB. These forms are distributed annually via email for updates or changes. Using the QR code on the email, log in and complete the Financial Data Call Designation of Contact Person Form with all required contact details. Electronically sign, date, and save the form.

To change your DCP at any time, contact Bureaus' Central Support at (215) 320-4933 or email financialdatacalls@pcrb.com to reopen the form for updates.

Important Note: It's the carrier's responsibility to keep their Designated Contact Person (DCP) information up to date. PCRB will always follow the established guidelines and reach out to the listed DCP, but if that individual leaves the company or is out for an extended period, we're not in a position to identify or assign alternate contacts on their behalf.

IV. GROUP REPORTING

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

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

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

V. PROCEDURES

A. Timeliness

1. General

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

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

2. Assessments -- Original Submissions and Completeness

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

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

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

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

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

3. Assessments -- Resubmissions

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

4. Remediation Plan

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

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

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

The remediation plan shall include:

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

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

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

B. Quality

General

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

- a. **Preliminary Edits** -- Preliminary edits are criteria that apply to all Forms, Calls and Schedule Ws and are prerequisites to the PCRБ's processing of a carrier's submission. Failure of one or more preliminary edits will subject a company to assessments for timeliness and/or completeness according to the \$100 per day Late Submission Assessment described above. Major sources of preliminary edit errors are incomplete pages and failed validation errors without explanations that may impede the processing of the Forms, Calls and Schedule Ws.
- b. **Data Quality Edits**. Edits are primarily validation checks that identify conditions that can only occur as the result of an error or omission and can be determined based on a comparison of data elements on one or more statistical calls. Edits also verify the reasonableness of data reported. Major sources of edit errors are incorrect calculation or careless data entry. Most edits are contained within the FDM and must be run by the carrier prior to submission. If edits are not resolved and/or satisfactorily explained at the time of submission, carriers will be notified of those errors in a criticism letter.

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

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

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

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

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

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

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

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

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

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

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

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

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

C. Maximum Assessment

All assessments in total are subject to a maximum of 50 percent of the second prior Calendar Year Direct Net Written Premium per the Statutory Page 14 of the Annual Statement. In the event that application of the Assessment Schedule as set forth herein produces indicated assessments in excess of such amount, the maximum assessment will apply. For example, during the 2024 processing of 2023 data, a carrier's 2022 Direct Written Premiums will be used to determine the maximum allowable assessment.

VI. COLLECTION OF ASSESSMENTS

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

VII. APPEAL PROCEDURES

A. Appeal

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

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

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

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

Documentation for the timing of submissions by carriers will generally be tracked within the FDM.

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

B. Acknowledgment

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

C. Response

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

VIII. EDIT DESCRIPTIONS

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

PENNSYLVANIA COMPENSATION RATING BUREAU
FINANCIAL DATA ERROR ASSESSMENT SCHEDULE
 Effective for December 31, 2025 Calls

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

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

PENNSYLVANIA COMPENSATION RATING BUREAU
FINANCIAL DATA ERROR ASSESSMENT SCHEDULE
 Effective for December 31, 2025 Calls

Example: Market Share 1%

Example: Market Share 5%

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

EDIT DESCRIPTIONS FOR PENNSYLVANIA CALLS APPLICABLE TO FDIP

Pennsylvania

Call #1 - Policy Year Call

Validation Id	Edit Description
71	The value reported for Call #1, Section #3, Line (12), Standard At Bureau DSR Level (Col 1) __ should equal the value reported for Call #2, Section #1, Line (4) __. The difference is __. Please correct the data or provide an explanation.
72	The value reported for Call #1, Section #3, Net Earned Premium Line (12), (Col 2) __ should equal the value reported for Call #2, Section #1, Line (2) __. The difference is __. Please correct the data or provide an explanation.
73	The value reported for Call #1, Section #3, Line (9), Terrorism Standard At Bureau DSR Level (Col 1) __ should equal the value reported for Call #2, Section #1, Line (5E), The Premium Adjustment for Terrorism - Standard Basis, __. The difference is __. Please correct the data or provide an explanation.
74	The value reported for Call #1, Section #3, Line (9), Terrorism Net Earned Premium (Col 2) __ should equal the value reported for Call #2, Section #1, Line (5F), Premium Adjustment for Terrorism - Net Basis, __. The difference is __. Please correct the data or provide an explanation.
75	The value reported for Call #1, Section #3, Line (10), Catastrophe - Standard At Bureau DSR Level (Col 1) __ should equal the value reported for Call #2, Section #1, Line (5G), Premium Adjustment for Catastrophe - Standard Basis, __. The difference is __. Please correct the data or provide an explanation.
76	The value reported for Call #1, Section #3, Line (10), Catastrophe Net Earned Premium (Col 2) __ should equal the value reported for Call #2, Section #1, Line (5H), Premium Adjustment for Catastrophe - Net Basis, __. The difference is __. Please correct the data or provide an explanation.
77	The value reported for Call #1, Section #3, Line (2), Standard At Bureau DSR Level (Col 1) __ should equal the value reported for Call #8, Standard At Bureau DSR Level (Col 1), Line (Z) __. The difference is __. Please correct the data or provide an explanation.
78	The value reported for Call #1, Section #3, Line (2), Net Earned Premium (Col 2) __ should equal the value reported for Call #8, Net Premium (Col 3), Line (Z) __. The difference is __. Please correct the data or provide an explanation.
79	The value reported for Call #1, Section #3, Line (2), Incurred Losses (Col 3) __ should equal the value reported for Call #8, Total Incurred Losses Including IBNR (Col 7), Line (Z) __. The difference is __. Please correct the data or provide an explanation.
80	If Net Earned Premium is reported, Section #3, Line (12), (Col 2) __, then the amount reported on Section #3, Line (9), Terrorism Net Earned Premium (Col 2) should not equal zero. Please correct the data or provide an explanation.
81	If Net Earned Premium is reported, Section #3, Line (12), (Col 2) __, then the amount reported on Section #3, Line (9), Terrorism Standard at Bureau DSR Level (Col 1) should not equal zero. Please correct the data or provide an explanation.
82	The ratio of [Section #3, Line (9), Terrorism Net Earned Premium (Col 2)] / [Section #3, Line (12), Net Earned Premium (Col 2)] __ / __ does not fall within the interval (0 - 0.05) __. Please correct the data or provide an explanation.
83	The ratio of [Section #3, Line (10), Catastrophe Net Earned Premium (Col 2)] / [Section #3, Line (12), Net Earned Premium (Col 2)] __ / __ does not fall within the interval (0 - 0.05) __. Please correct the data or provide an explanation.
84	When reporting Terrorism premium greater than zero, generally, Terrorism Standard at Bureau DSR Level, Section #3, Line (9), (Col 1) __ should not equal Terrorism Net Earned Premium, Section #3, Line (9), (Col 2) __. Please correct the data or provide an explanation.

85	When reporting Catastrophe premium greater than zero, generally Catastrophe Standard at Bureau DSR Level, Section #3, Line (10), (Col 1) __ should not equal Catastrophe Net Earned Premium, Section #3, Line (10), (Col 2) __. Please correct the data or provide an explanation.
86	If Net Earned Premium is reported on Section #3, Line (12), (Col 2) __, then the amount reported on Section #3, Line (10), Catastrophe Net Earned Premium (Col 2) should not equal zero. Please correct the data or provide an explanation.
87	If Net Earned Premium is reported on Section #3, Line (12), (Col 2) __, then the amount reported on Section #3, Line (10), Catastrophe Standard at Bureau DSR Level (Col 1) should not equal zero. Please correct the data or provide an explanation.
113	The value reported for Call #1, Section #3, Line (2), Standard at Bureau DSR Level (Col 1) __ should equal the value reported for Call #8, Line (Z), Standard at Bureau DSR Level (Col 1) __. The difference is __. Please correct the data or provide an explanation.
114	The value reported for Call #1, Section #3, Line (2), Net Earned Premium (Col 2) __ should equal the value reported for Call #8, Line (Z), Net Premium (Col 3) __. The difference is __. Please correct the data or provide an explanation.
115	The value reported for Call #1, Section #3, Line (2), Incurred Losses (Col 3) __ should equal the value reported for Call #8, Line (Z), Total Incurred Losses Including IBNR (Col 7) __. The difference is __. Please correct the data or provide an explanation.
116	The difference between Pennsylvania Statutory Page 14, Net Earned Premium (Col 2) __ and Call #1, Section #3, Line (12), Net Earned Premium (Col 2) __ is not between -5,000 and 5,000. The difference is __. Please correct the data or provide an explanation.
117	The difference between Pennsylvania Statutory Page 14, Incurred Losses (Col 6) __ and Call #1, Section #3, Line (12), Incurred Losses (Col 3) __ is not between -5,000 and 5,000. The difference is __. Please correct the data or provide an explanation.
118	The difference between Delaware Statutory Page 14, Net Earned Premium (Col 2) __ and Call #1, Section #3, Line (12), Net Earned Premium (Col 2) __ is not between -5,000 and 5,000. The difference is __. Please correct the data or provide an explanation.
119	The difference between Delaware Statutory Page 14, Incurred Losses (Col 6) __ and Call #1, Section #3, Line (12), Incurred Losses (Col 3) __ is not between -5,000 and 5,000. The difference is __. Please correct the data or provide an explanation.
192	Policy Year XXXX Net Earned Premium reported in (Col 3) __ is greater than \$250,000 without any Incurred Losses (Col 7). Please verify that there are no losses for this policy year and provide an explanation or correct the data.
193	Policy Year XXXX Medical Incurred reported (Col 10+12+14) __ is greater than \$250,000 without any Indemnity Incurred Losses (Col 9+11+13). Please verify that all losses are medical only and provide an explanation or correct the data.
194	Policy Year XXXX Indemnity Incurred reported (Col 9+11+13) __ is greater than \$250,000 without any Medical Incurred Losses (Col 10+12+14). Please verify that no medical losses are associated with these indemnity claims and provide an explanation or correct the data.
202	The sum of Closed Indemnity Claim Counts (Col 19) and Open Indemnity Claim Counts (Col 20) __ must be equal to Incurred Indemnity Claim Counts (Col 8) __ for Policy Year XXXX. The difference is __. Please correct the data.
214	Policy Year XXXX, when Bulk is reported in "Outstanding" (Question #1B), Indemnity Case and Bulk reserves (Col 15+16) __ must be equal to Indemnity Outstanding Excluding IBNR (Col 11) __. Please correct the data.
215	Policy Year XXXX, when Bulk is reported in 'Outstanding' (Question #1B), Medical Case and Bulk reserves (Col 17+18) __ must be equal to Medical Outstanding Excluding IBNR (Col 12) __. Please correct the data.
216	Policy Year XXXX, if you do not report Bulk (Question #1A) or when Bulk is reported in IBNR (Question #1B), Case and Bulk reserves (Col 15, 16, 17 and 18), Column (15) __ should not be reported. Please correct the data.

217	Policy Year XXXX, when Bulk is reported in 'Outstanding' (Question #1B) and outstanding reserves exist (cols 11 + 12) __, then Indemnity Bulk (Col 16 Line X) or Medical Bulk (Col 18 Line X) should be reported. Please correct the data.
218	Policy Year XXXX. If Total Incurred Losses Including IBNR (Col 7) __ are reported then Standard at Bureau DSR Level (Col 1) __, Standard at Company Level (Col 2) __, and Net Premium (Col 3) __ must be reported. Please correct the data.
219	Policy Year XXXX. If Indemnity Paid (Col 9) __ or Indemnity Outstanding Excluding IBNR (Col 11) __ are reported, then Incurred Indemnity Claim Count (Col 8) __ must be reported. Please correct the data.
220	Policy Year XXXX. If Indemnity Paid (Col 9) __ and Indemnity Outstanding Excluding IBNR (Col 11) __ are equal to zero, then Incurred Indemnity Claim Count (Col 8) __ should be equal to zero. Please correct the data.
221	Policy Year XXXX. If Closed Indemnity Claim Counts (Col 19) __ are reported, then Indemnity Paid (Col 9) __ must be reported. Please correct the data.
222	Policy Year XXXX. If Open Indemnity Claim Counts (Col 20) __ are reported, then Indemnity Outstanding Excluding IBNR (Col 11) __ should be reported. Please correct the data.
223	Policy Year XXXX. If Open Indemnity Claim Counts (Col 20) equals zero, then Indemnity Outstanding Excluding IBNR (Col 11) should be equal to zero unless Indemnity Outstanding Excluding IBNR (Col 11) is equal to Indemnity Bulk (Col 16). Please correct the data.
224	Policy Year XXXX. Indemnity Paid On Closed Claims (Col 21) __ must be less than or equal to Indemnity Paid (Col 9) __. The difference is __. Please correct the data.
225	Policy Year XXXX. Medical Paid On Closed Claims (Col 22) __ must be less than or equal to Medical Paid (Col 10) __. The difference is __. Please correct the data.
226	Column (1), Line (Y) __ from the current Policy Year Call must equal Column (1), Line (X) __ from the prior Policy Year Call. The difference is __. Since your company is reporting a change from last year's valuation, please correct the data or provide an explanation.
227	If the answer selected for Question #2 on the current year's call 'No' does not equal the answer selected for the prior year's call 'Yes - Only for Indemnity cases reserved on a tabular basis discounted at 3.5%', then the answer to Question #3 should be 'Yes'. Please verify your answers to questions on the current and prior year's calls.
256	The value for Standard At Bureau DSR Level, Standard At Company Level, Net premium or Total Incurred Losses Including IBNR (Col 1, 2, 3 or 7) for Policy Year XXXX, Net Premium Earned (Col 3) is __ should not be equal to Line (Z) __ unless both values are equal to zero.
258	Policy Year XXXX, if the value for Standard at Bureau DSR Level (Col 1) __ is greater than or equal to \$250,000, then Standard at Bureau DSR Level (Col 1) __ and Standard at Company Level (Col 2) __ should not be equal to Net Premium (Col 3) __. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
260	Policy Year XXXX, if the value for Standard at Bureau DSR Level (Col 1) __ is greater than or equal to \$250,000, then Standard at Company Level (Col 2) __ divided by Net Premium (Col 3) __ should be between the range of (__ and __) __. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
262	Policy Year XXXX, if the value for Standard at Bureau DSR Level (Col 1) __ is greater than or equal to \$500,000, then Standard at Bureau DSR Level (Col 1) __ divided by Net Premium (Col 3) __ should be between the range of (__ and __) __. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
264	The method of discounting reserves has changed from the prior year call.
269	Paid Losses (Col 4, 9, 10, 21 and 22) for the current valuation should generally not decrease from the prior valuation. Policy Year XXXX, Indemnity Paid (Col 9) on the current Call __ decreases by more than \$50,000 from the prior Policy Year Call __. The difference is __. Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data.

271	Policy Year Prior to XXXX, Premium reported Standard At Bureau DSR Level on the current year call __ for Column XX, compared to the prior year call __ is greater than \$50,000. The difference is __ and their ratio __ falls outside the range of (__ and __). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data.
273	Policy Year XXXX, Premium reported Standard At Bureau DSR Level on the current year call __ for Column XX, compared to the prior year call __ is greater than \$10,000. The difference is __ and their ratio __ falls outside the range of (__ and __). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data.
275	Policy Year XXXX, Total Paid + O/S excl IBNR (Col 4+5) of the current year call __ compared to the prior year call __ is greater than \$200,000. The difference is __ and their ratio __ falls outside the range of (__ and __). 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.
277	Policy Year XXXX, Indemnity Paid + O/S excl IBNR (Col 9+11) of the current year call __ compared to the prior year call __ is greater than \$200,000. The difference is __ and their ratio __ falls outside the range of (__ and __). 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.
279	Policy Year XXXX, Medical Paid + O/S excl IBNR (Col 10+12) of the current year call __ compared to the prior year call __ is greater than \$200,000. The difference is __ and their ratio __ falls outside the range of (__ and __). 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.
281	Policy Year XXXX, Indemnity Claim Counts (Col 8) of the current year call __ compared to the prior year call __ is greater than 10. The difference is __. Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data.
283	Policy Year XXXX, Total Paid (Col 4) of the current year call __ compared to the prior year call __ is greater than \$200,000. The difference is __ and their ratio __ falls outside the range of (__ and __). 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.
285	Policy Year XXXX, Indemnity Paid (Col 9) of the current year call __ compared to the prior year call __ is greater than \$200,000. The difference is __ and their ratio __ falls outside the range of (__ and __). 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.
287	Policy Year XXXX, Medical Paid (Col 10) of the current year call __ compared to the prior year call __ is greater than \$200,000. The difference is __ and their ratio __ falls outside the range of (__ and __). 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.
289	Policy Year XXXX, Net Earned Premium (Col 3) were reported on last year's call __ but are not reported on this year's call. Please correct the data or provide an explanation.
291	Policy Year XXXX, Net Earned Premium (Col 3) are reported on this year's call __ but were not reported on last year's call. Please correct the data or provide an explanation.
293	Policy Year XXXX, Incurred Losses (Col 7) were reported on last year's call __ but are not reported on this year's call. Please correct the data or provide an explanation.
295	Policy Year XXXX, Incurred Losses (Col 7) are reported on this year's call __ but were not reported on last year's call. Please correct the data or provide an explanation.
297	Policy Year XXXX, Claim Counts (Col 8) are reported on this year's call __ but were not reported on last year's call. Please correct the data or provide an explanation.

301	Policy Year XXXX, Claim Counts (Col 8) were reported on last year's call __ but are not reported on this year's call. Please correct the data or provide an explanation.
372	Policy Year XXXX, Indemnity Claim Counts (Col 8) of the current year call, __, compared to the prior year call, __, is greater than '10'. The difference is __. Please correct the data or provide an explanation.
401	The value reported for Call #1, Section #3, Line (4), Standard at Bureau DSR Level (Col 1) __ should equal the value reported for Schedule W, Part A-1, Line (7) __. The difference is __. Please correct the data or provide an explanation.
403	The value reported for Call #1, Section #3, Line (4), Net Premium (Col 2) __ should equal the value reported for Schedule W, Part A-1, Line (5) __. The difference is __. Please correct the data or provide an explanation.
405	The value reported for Call #1, Section #3, Line (4), Incurred Losses (Col 3) __ should equal the value reported for Schedule W, Part A-1, Line (9C), Incurred Losses (Col 4) __. The difference is __. Please correct the data or provide an explanation.
407	The value reported for Call #1, Section #3, Line (12), Standard at Bureau DSR Level (Col 1) __ should equal the value reported for Schedule W, Part A-5, Line (7) __. The difference is __. Please correct the data or provide an explanation.
409	The value reported for Call #1, Section #3, Line (12), Net Premium (Col 2) __ should equal the value reported for Schedule W, Part A-5, Line (5) __. The difference is __. Please correct the data or provide an explanation.
411	The value reported for Call #1, Section #3, Line (12), Incurred Losses (Col 3) __ should equal the value reported for Schedule W, Part A-5, Line (9C), Incurred Losses (Col 4) __. The difference is __. Please correct the data or provide an explanation.
440	The value for Call #1, Accumulated Closed (Col 19), the sum of Policy Years Prior to 1993 through 1993, __ must be greater than or equal to Call #12, Accumulated Closed (Col 19), Policy Years Prior to 1994, __. Please correct the data or provide an explanation.
441	For PY 1994 and subsequent: The value for Call #1, Column (14), Policy Year XXXX, __ must be greater than or equal to Call #12, Column (14), Policy Year XXXX, __. Please correct the data or provide an explanation.
467	Policy Year XXXX, Indemnity Outstanding Excluding IBNR (Col XX) equals __. All data should be non-negative except for Bulk and IBNR Reserves (Col 6, 13, 14, 16 and 18). Please correct the data.
477	Call 1 submitted for Call Year XXXX, but Schedule W Acknowledgement Questionnaire not completed. Please fill out the Schedule W questionnaire located at the bottom of the acknowledgment tab.
551	Policy Year XXXX. If Accumulated Paid on Closed Claim Counts (Col 19) __ are reported then Indemnity Paid Losses on Closed Claims (Col 21) should be reported. Please correct the data.
601	Policy Year XXXX. Net Premium (Col 3) is reported __ so Standard At Company Level (Col 2) must be greater than 0. Please update the data or provide an explanation.
603	Policy Year XXXX. Net Premium (Col 3) is reported __ so Standard at Bureau Designated Statistical Reporting Level (Col 1) must be greater than 0. Please update the data or provide an explanation.

PA Call 4 - Large Claim Experience by Policy Year

Validation Id	Edit Description
28	Policy Year 2023, Claim Number XXXXXX. Incurred Losses for prior valuation (Col 4+5+6+7) __ and/or current valuation (Col 8+9+10+11) __ must equal or be greater than \$500,000. Verify that the claim information reported is correct. Please submit revised report as claim does not need to be included on the Call #4.

29	Policy Year XXXX, Claim Number XXXXXX. Name of Column (PY), (Col XX) __. All data reported should be greater than or equal to zero. Please correct the data.
30	Policy Year XXXX, Claim Number XXXXXX. Coverage Code (Col 13) must be a '1', '2', or '3'. Please correct the data.
31	Policy Year XXXX, Claim Number XXXXXX. If Coverage Code (Col 13) is a '3', then Deductible amount (Col 12) __ must be equal to or greater than \$100,000. Please correct the data.
32	Policy Year XXXX, Claim Number XXXXXX. Indemnity Paid for current valuation (Col 8) __ should be equal to or greater than prior valuation (Col 4) __. Since this data is reported as an accumulated value, paid amounts normally should increase over time. Please correct the data or provide an explanation.
33	Policy Year XXXX, Claim Number XXXXXX. Medical Paid for current valuation (Col 10) __ should be equal to or greater than prior valuation (Col 6) __. Since this data is reported as an accumulated value, paid amounts normally should increase over time. Please correct the data or provide an explanation.
34	Policy Year XXXX, Claim Number XXXXXX. If the Deductible Amount (Col 12) __ is greater than or equal to \$100,000 then the Coverage Code (Col 13) '__' should have a value of '3'. Please correct the data.
35	Policy Year XXXX, Claim Number XXXXXX. When the Policy Year does not equal the current call year, Incurred losses for prior valuation (Col 4+5+6+7) __ should be greater than zero. Please correct the data or provide an explanation.
36	Policy Year XXXX, Claim Number XXXXXX, if Incurred Losses (Col 4+5+6+7) on the present year Call __ is equal to or greater than \$500,000, the same Incurred Losses should be reported (Col 8+9+10+11) __ on the prior year Call with the same Claim Number (Col 3) XXXXXX. Verify the data on both reports and submit revised report(s).
37	Policy Year XXXX, Claim Number XXXXXX, if Incurred Losses (Col 8+9+10+11) on the prior year Call __ is equal to or greater than \$500,000, the same Incurred Losses should be reported (Col 4+5+6+7) __ on the present year Call with the same Claim Number (Col 3) XXXXXX. Verify the data on both reports and submit revised report(s).
38	Policy Year XXXX, Claim Number XXXXXX, if Incurred Losses (Col 4+5+6+7) on the present year Call (XXXX) is equal to or greater than \$500,000, and Claim Number XXXXXX is the same in the prior year Call (XXXX), the Policy Year (XXXX) reported on the present year should be the same as the Policy Year (XXXX) reported on the prior year's. Verify the data on both reports and submit revised report(s).
39	Policy Year XXXX, Claim Number XXXXXX, if Incurred Losses (Col 4+5+6+7) on the present year Call (XXXX) is equal to or greater than \$500,000, and Claim Number XXXXXX is the same on the prior year Call (XXXX), the Deductible Amount (Col 12) of the present year, __, should be the same as the prior year's, __. Verify the data on both reports and submit revised report(s).
40	Policy Year XXXX, Claim Number XXXXXX, if Incurred Losses (Col 8+9+10+11) on the prior year Call (XXXX) is equal to or greater than \$500,000, and Claim Number XXXXXX is the same on the present year Call (XXXX), the Deductible Amount (Col 12) of the prior year, __, should be the same as the present year's, __. Verify the data on both reports and submit revised report(s).
41	Policy Year XXXX, Claim Number XXXXXX, if Incurred Losses (Col 4+5+6+7) on the present year Call (XXXX) is equal to or greater than \$500,000, and Claim Number XXXXXX is the same on the prior year Call (XXXX), the Coverage Code (Col 13) of the present year '__' should be the same as the prior year's '__'. Verify the data on both reports and submit revised report(s).
42	Policy Year XXXX, Claim Number XXXXXX, if Incurred Losses (Col 8+9+10+11) on the prior year Call (XXXX) is equal to or greater than \$500,000, and Claim Number XXXXXX is the same on the present year Call (XXXX), the Coverage Code (Col 13) of the prior year '__' should be the same as the present year's '__'. Verify the data on both reports and submit revised report(s).

43	There is a duplicate for Policy Year XXXX, Claim Number XXXXXX. Please correct the data.
44	There are multiple entries for Policy Year XXXX, Claim Number XXXXXX on the prior year call. Please note that edits may not be able to run against this claim. Please correct the data.
45	Policy Year XXXX, Claim Number XXXXXX has met the large claim Incurred Loss threshold of \$500,000 in the sum of (Col 4+5+6+7) __ and should be reported on a prior year Call #4. Please submit prior report(s) to include data for this claim.
46	The comparison of Call #4 to Call #1 failed at Policy Year XXXX. If Coverage Code '1' appears on the carrier summary report, Indemnity Paid (Col 8) __ must be equal to or less than Call #1, Indemnity Paid (Col 9) __ for that same policy year. Verify the data on both reports and submit revised report(s).
47	The comparison of Call #4 to Call #1 failed at Policy Year XXXX. If Coverage Code '1' appears on the carrier summary report, Indemnity Case Reserve (Col 9) __ must be equal to or less than Call #1, Indemnity Outstanding (Col 11) __ for that same policy year. Verify the data on both reports and submit revised report(s).
48	The comparison of Call #4 to Call #1 failed at Policy Year XXXX. If Coverage Code '1' appears on the carrier summary report, Medical Paid (Col 10) __ must be equal to or less than Call #1, Medical Paid (Col 10) __ for that same policy year. Verify the data on both reports and submit revised report(s).
49	The comparison of Call #4 to Call #1 failed at Policy Year XXXX. If Coverage Code '1' appears on the carrier summary report, Medical Case Reserve (Col 11) __ must be equal to or less than Call #1, Medical Outstanding (Col 12) __ for that same policy year. Verify the data on both reports and submit revised report(s).
50	The comparison of Call #4 to Call #9 failed at Policy Year XXXX. If Coverage Code '3' appears on the carrier summary report, Indemnity Paid (Col 8) __ must be equal to or less than Call #9, Indemnity Paid (Col 9) __ for that same policy year. Verify the data on both reports and submit revised report(s).
51	The comparison of Call #4 to Call #9 failed at Policy Year XXXX. If Coverage Code '3' appears on the carrier summary report, Indemnity Case Reserve (Col 9) __ must be equal to or less than Call #9, Indemnity Outstanding (Col 11) __ for that same policy year. Verify the data on both reports and submit revised report(s).
52	The comparison of Call #4 to Call #9 failed at Policy Year XXXX. If Coverage Code '3' appears on the carrier summary report, Medical Paid (Col 10) __ must be equal to or less than Call #9, Medical Paid (Col 10) __ for that same policy year. Verify the data on both reports and submit revised report(s).
53	The comparison of Call #4 to Call #9 failed at Policy Year XXXX. If Coverage Code '3' appears on the carrier summary report, Medical Case Reserve (Col 11) __ must be equal to or less than Call #9, Medical Outstanding (Col 12) __ for that same policy year. Verify the data on both reports and submit revised report(s).
471	Policy Year XXXX, Claim Number XXXXXX has met the large claim Incurred Loss threshold of \$500,000 in the sum of (Col 8+9+10+11) __ on the prior year Call and should be reported on a current year Call #4. Please correct the data or provide an explanation.
478	Policy Year XXXX, Claim Number XXXXXX. Indemnity Incurred reported for the current valuation (Col 8 + 9) __ changed by more than \$500,000 from the prior valuation (Col 4 + 5) __ and the ratio exceeds the range (0.5, 1.5) __. Please correct the data or provide an explanation.
479	Policy Year XXXX, Claim Number XXXXXX. Medical Incurred reported for the current valuation (Col 10 + 11) __ changed by more than \$500,000 from the prior valuation (Col 6 + 7) __ and the ratio exceeds the range (0.5, 1.5) __. Please correct the data or provide an explanation.
480	Policy Year XXXX, Claim Number XXXXXX. Case reserves are zero on the prior valuation (Col 5 + 7) __, and not zero on the current valuation (Col 9 + 11) __. Development is not expected on a closed claim. Please correct the data or provide an explanation.

550	Policy Year XXXX, Claim Number XXXXXX. Accident Year Date [XXXX] must be reported in the current or subsequent Policy Year. Please correct the data.
555	Policy Year XXXX, Claim Number XXXXXX. If Coverage Code (Col 13) is a '3', then you must have a Large Deductible Call 8 and Call 9.
557	Calendar Year amounts (Line X, Col 10 - Medical Paid) must be equal between Policy Year ___ and Accident Year ___ Calls. The difference is ___. Please correct the data or provide an explanation.

Call 8 - Net Large Deductible by Policy Year Call

Validation Id	Edit Description
181	Call #9, Line (Z), Standard At Bureau DSR Level (Col 1) minus Call #8, Line (Z), Standard At Bureau DSR Level (Col 1) __ should equal Call #2, Line (5C) __. The difference is __. Please correct the data or provide an explanation.
182	Call #9, Line (Z), Net Premium (Col 3) minus Call #8, Line (Z), Net Premium (Col 3) __ should equal Call #2, Line (5D) __. The difference is __. Verify the data on all reports. Please correct the data or provide an explanation.
183	Call #9, Line (Z), Total Paid (Col 4) minus Call #8, Line (Z), Total Paid (Col 4) __ should equal Call #2, Line 12B, Standard At Company Level (Col 2) - Paid __. The difference is __. Please correct the data or provide an explanation.
184	Call #9, Line (Z), Total Incurred Losses Including IBNR (Col 7) minus Call #8, Line (Z), Total Incurred Losses Including IBNR (Col 7) __ should equal Call #2, Line 12B, Net Premium (Col 3) - Incurred __. The difference is __. Please correct the data or provide an explanation.
185	Call #9, Line (Z), ALAE Paid (Col 23) minus Call #8, Line (Z), ALAE Paid (Col 23) __ should equal Call #2, Line (12C), Standard At Company Level (Col 2) - Paid __. The difference is __. Please correct the data or provide an explanation.
186	Call #9, Line (Z), ALAE Incurred (Col 26) minus Call #8, Line (Z), ALAE Incurred (Col 26) __ should equal Call #2 Line (12C), Net Premium (Col 3) - Incurred __. The difference is __. Please correct the data or provide an explanation.
192	Policy Year XXXX Net Earned Premium reported in (Col 3) __ is greater than \$250,000 without any Incurred Losses (Col 7). Please verify that there are no losses for this policy year and provide an explanation or correct the data.
193	Policy Year XXXX Medical Incurred reported (Col 10+12+14) __ is greater than \$250,000 without any Indemnity Incurred Losses (Col 9+11+13). Please verify that all losses are medical only and provide an explanation or correct the data.
194	Policy Year XXXX Indemnity Incurred reported (Col 9+11+13) __ is greater than \$250,000 without any Medical Incurred Losses (Col 10+12+14). Please verify that no medical losses are associated with these indemnity claims and provide an explanation or correct the data.
202	The sum of Closed Indemnity Claim Counts (Col 19) and Open Indemnity Claim Counts (Col 20) __ must be equal to Incurred Indemnity Claim Counts (Col 8) __ for Policy Year XXXX. The difference is __. Please correct the data.
203	All non-zero data entries on Call #8, Policy Year XXXX, Column (5) __ should be less than the corresponding data entries on Call #9, Policy Year XXXX, Column (5) __, except for Columns (6, 13, 14, 16, 18 and 25) where Call #8 may be less than or equal to Call #9. Please correct the data or provide an explanation.
204	Data reported for Large Deductible Policies should generally be larger on a gross basis than a net basis. Policy Year XXXX, Call #9, Column (11) __ should be greater than Policy Year XXXX, Call #8, Column (11) __ except for IBNR and Bulk Reserves (Col 6, 13, 14, 16 and 18). Please correct the data or provide an explanation.
214	Policy Year XXXX, when Bulk is reported in "Outstanding" (Question #1B), Indemnity Case and Bulk reserves (Col 15+16) __ must be equal to Indemnity Outstanding Excluding IBNR (Col 11) __. Please correct the data.

215	Policy Year XXXX, when Bulk is reported in 'Outstanding' (Question #1B), Medical Case and Bulk reserves (Col 17+18) __ must be equal to Medical Outstanding Excluding IBNR (Col 12) __. Please correct the data.
216	Policy Year XXXX, if you do not report Bulk (Question #1A) or when Bulk is reported in IBNR (Question #1B), Case and Bulk reserves (Col 15, 16, 17 and 18), Column (XX) __ should not be reported. Please correct the data.
217	Policy Year XXXX, when Bulk is reported in 'Outstanding' (Question #1B) and outstanding reserves exist (cols 11 + 12) __, then Indemnity Bulk (Col 16 Line X) or Medical Bulk (Col 18 Line X) should be reported. Please correct the data.
218	Policy Year XXXX. If Total Incurred Losses Including IBNR (Col 7) __ are reported then Standard at Bureau DSR Level (Col 1) __, Standard at Company Level (Col 2) __, and Net Premium (Col 3) __ must be reported. Please correct the data.
219	Policy Year XXXX. If Indemnity Paid (Col 9) __ or Indemnity Outstanding Excluding IBNR (Col 11) __ are reported, then Incurred Indemnity Claim Count (Col 8) __ must be reported. Please correct the data.
220	Policy Year XXXX. If Indemnity Paid (Col 9) __ and Indemnity Outstanding Excluding IBNR (Col 11) __ are equal to zero, then Incurred Indemnity Claim Count (Col 8) __ should be equal to zero. Please correct the data.
221	Policy Year XXXX. If Closed Indemnity Claim Counts (Col 19) __ are reported, then Indemnity Paid (Col 9) __ must be reported. Please correct the data.
222	Policy Year XXXX. If Open Indemnity Claim Counts (Col 20) __ are reported, then Indemnity Outstanding Excluding IBNR (Col 11) __ should be reported. Please correct the data.
223	Policy Year XXXX. If Open Indemnity Claim Counts (Col 20) equals zero, then Indemnity Outstanding Excluding IBNR (Col 11) __ should be equal to zero unless Indemnity Outstanding Excluding IBNR (Col 11) __ is equal to Indemnity Bulk (Col 16) __. Please correct the data.
224	Policy Year XXXX. Indemnity Paid On Closed Claims (Col 21) __ must be less than or equal to Indemnity Paid (Col 9) __. The difference is __. Please correct the data.
225	Policy Year XXXX. Medical Paid On Closed Claims (Col 22) __ must be less than or equal to Medical Paid (Col 10) __. The difference is __. Please correct the data.
226	Column (XX), Line (Y) __ from the current Policy Year Call must equal Column (XX), Line (X) __ from the prior Policy Year Call. The difference is __. Since your company is reporting a change from last year's valuation, please correct the data or provide an explanation.
227	If the answer selected for Question #2 on the current year's call 'No' does not equal the answer selected for the prior year's call 'Yes - Only for Indemnity cases reserved on a tabular basis discounted at 3.5%', then the answer to Question #3 should be 'Yes'. Please verify your answers to questions on the current and prior year's calls.
256	The value for Standard At Bureau DSR Level, Standard At Company Level, Net premium or Total Incurred Losses Including IBNR (Col 1, 2, 3 or 7) for Policy Year XXXX, Standard At Company Level (Col 2) is __ should not be equal to Line (Z) __ unless both values are equal to zero.
258	Policy Year XXXX, if the value for Standard at Bureau DSR Level (Col 1) __ is greater than or equal to \$250,000, then Standard at Bureau DSR Level (Col 1) __ and Standard at Company Level (Col 2) __ should not be equal to Net Premium (Col 3) __. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
260	Policy Year XXXX, if the value for Standard at Bureau DSR Level (Col 1) __ is greater than or equal to \$250,000, then Standard at Company Level (Col 2) __ divided by Net Premium (Col 3) __ should be between the range of (__ and __) __. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
262	Policy Year XXXX, if the value for Standard at Bureau DSR Level (Col 1) __ is greater than or equal to \$250,000, then Standard at Bureau DSR Level (Col 1) __ divided by Net Premium (Col 3) __ should be between the range of (__ and __) __. If the data is correct, provide a detailed explanation regarding the relationship between the columns.

264	The method of discounting reserves has changed from the prior year call.
269	Paid Losses (Col 4, 9, 10, 21 and 22) for the current valuation should generally not decrease from the prior valuation. Policy Year XXXX, Indemnity Paid Losses On Closed Claims (Col XX) on the current Call __ decreases by more than \$50,000 from the prior Policy Year Call __. The difference is __. Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data.
271	Policy Year XXXX, Premium reported Net Premium Earned on the current year call __ for Column 3, compared to the prior year call __ is greater than \$50,000. The difference is __ and their ratio __ falls outside the range of (__ and __). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data.
273	Policy Year XXXX, Premium reported Net Premium Earned on the current year call __ for Column 3, compared to the prior year call __ is greater than \$10,000. The difference is __ and their ratio __ falls outside the range of (__ and __). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data.
275	Policy Year XXXX, Total Paid + O/S excl IBNR (Col 4+5) of the current year call __ compared to the prior year call __ is greater than \$200,000. The difference is __ and their ratio __ falls outside the range of (__ and __). 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.
277	Policy Year XXXX, Indemnity Paid + O/S excl IBNR (Col 9+11) of the current year call __ compared to the prior year call __ is greater than \$200,000. The difference is __ and their ratio __ falls outside the range of (__ and __). 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.
279	Policy Year XXXX, Medical Paid + O/S excl IBNR (Col 10+12) of the current year call __ compared to the prior year call __ is greater than \$200,000. The difference is __ and their ratio __ falls outside the range of (__ and __). 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.
281	Policy Year XXXX, Indemnity Claim Counts (Col 8) of the current year call __ compared to the prior year call __ is greater than 10. The difference is __ and their ratio __ falls outside the range of (__ and __). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data.
283	Policy Year XXXX, Total Paid (Col 4) of the current year call __ compared to the prior year call __ is greater than \$200,000. The difference is __ and their ratio __ falls outside the range of (__ and __). 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.
285	Policy Year XXXX, Indemnity Paid (Col 9) of the current year call __ compared to the prior year call __ is greater than \$200,000. The difference is __ and their ratio __ falls outside the range of (__ and __). 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.
287	Policy Year XXXX, Medical Paid (Col 10) of the current year call __ compared to the prior year call __ is greater than \$200,000. The difference is __ and their ratio __ falls outside the range of (__ and __). 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.
289	Policy Year XXXX, Net Earned Premium (Col 3) were reported on last year's call __ but are not reported on this year's call. Please correct the data or provide an explanation.

291	Policy Year XXXX, Net Earned Premium (Col 3) are reported on this year's call __ but were not reported on last year's call. Please correct the data or provide an explanation.
293	Policy Year XXXX, Incurred Losses (Col 7) were reported on last year's call __ but are not reported on this year's call. Please correct the data or provide an explanation.
295	Policy Year XXXX, Incurred Losses (Col 7) are reported on this year's call __ but were not reported on last year's call. Please correct the data or provide an explanation.
297	Policy Year XXXX, Claim Counts (Col 8) are reported on this year's call __ but were not reported on last year's call. Please correct the data or provide an explanation.
301	Policy Year XXXX, Claim Counts (Col 8) were reported on last year's call __ but are not reported on this year's call. Please correct the data or provide an explanation.
372	Policy Year XXXX, Indemnity Claim Counts (Col 8) of the current year call, __, compared to the prior year call, __, is greater than '10'. The difference is __. Please correct the data or provide an explanation.
467	Policy Year XXXX, Medical Outstanding Excluding IBNR (Col 12) equals __. All data should be non-negative except for Bulk and IBNR Reserves (Col 6, 13, 14, 16 and 18). Please correct the data.
551	Policy Year XXXX. If Accumulated Paid on Closed Claim Counts (Col 19) __ are reported then Indemnity Paid Losses on Closed Claims (Col 21) should be reported. Please correct the data.
601	Policy Year XXXX. Net Premium (Col 3) is reported __ so Standard At Company Level (Col 2) must be greater than 0. Please update the data or provide an explanation.
603	Policy Year XXXX. Net Premium (Col 3) is reported __ so Standard at Bureau Designated Statistical Reporting Level (Col 1) must be greater than 0. Please update the data or provide an explanation.

Call 9 - Gross Large Deductible by Policy Year Call

Validation Id	Edit Description
181	Call #9, Line (Z), Standard At Bureau DSR Level (Col 1) minus Call #8, Line (Z), Standard At Bureau DSR Level (Col 1) __ should equal Call #2, Line (5C) __. The difference is __. Please correct the data or provide an explanation.
182	Call #9, Line (Z), Net Premium (Col 3) minus Call #8, Line (Z), Net Premium (Col 3) __ should equal Call #2, Line (5D) __. The difference is __. Verify the data on all reports. Please correct the data or provide an explanation.
183	Call #9, Line (Z), Total Paid (Col 4) minus Call #8, Line (Z), Total Paid (Col 4) __ should equal Call #2, Line 12B, Standard At Company Level (Col 2) - Paid __. The difference is __. Please correct the data or provide an explanation.
184	Call #9, Line (Z), Total Incurred Losses Including IBNR (Col 7) minus Call #8, Line (Z), Total Incurred Losses Including IBNR (Col 7) -- should equal Call #2, Line 12B, Net Premium (Col 3) - Incurred --. The difference is --. Please correct the data or provide an explanation.
185	Policy Year XXXX. Call #9, Line (Z), ALAE Paid (Col 23) minus Call #8, Line (Z), ALAE Paid (Col 23) __ should equal Call #2, Line (12C), Standard At Company Level (Col 2) - Paid __. Verify the data on all reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
186	Policy Year XXXX. Call #9, Line (Z), ALAE Incurred (Col 26) minus Call #8, Line (Z), ALAE Incurred (Col 26) __ should equal Call #2 Line (12C), Net Premium (Col 3) - Incurred __. Verify the data on all reports. If the data is incorrect, submit revised report(s). If the data is correct, provide a detailed explanation.
192	Policy Year XXXX Net Earned Premium reported in (Col 3) is greater than \$250,000 __ without any Incurred Losses (Col 7). Please verify that there are no losses for this policy year and if necessary, send corrections.

193	Policy Year XXXX Medical Incurred reported (Col 10+12+14) is greater than \$250,000 (___) without any Indemnity Incurred Losses (Col 9+11+13). Please verify that all losses are medical only and if necessary, send corrections.
194	Policy Year XXXX Indemnity Incurred reported (Col 9+11+13) is greater than \$250,000 (___) without any Medical Incurred Losses (Col 10+12+14). Please verify that no medical losses are associated with these indemnity claims and if necessary, send corrections.
202	The sum of Closed Indemnity Claim Counts (Col 19) and Open Indemnity Claim Counts (Col 20) (___) must be equal to Incurred Indemnity Claim Counts (Col 8) (___) for Policy Year XXXX. Please correct the data.
203	All non-zero data entries on Call #8, Policy Year XXXX, Column (XX) (___) should be less than the corresponding data entries on Call #9, Policy Year XXXX, Column (XX) (___) except for Columns (6, 13, 14, 16, 18 and 25) where Call #8 may be less than or equal to Call #9. Please correct the data.
204	Data reported for Large Deductible Policies should generally be larger on a gross basis than a net basis. Policy Year XXXX, Call #9, Column (XX) ___ should be greater than Policy Year XXXX, Call #8, Column (XX) ___ except for IBNR and Bulk Reserves (Col 6, 13, 14, 16 and 18). Please correct the data or provide an explanation.
214	Policy Year XXXX, when Bulk is reported in "Outstanding" (Question #1B), Indemnity Case and Bulk reserves (Col 15+16) ___ must be equal to Indemnity Outstanding Excluding IBNR (Col 11) ___. Please correct the data.
215	Policy Year XXXX, when Bulk is reported in "Outstanding" (Question #1B), Medical Case and Bulk reserves (Col 17+18) ___ must be equal to Medical Outstanding Excluding IBNR (Col 12) ___. Please correct the data.
216	Policy Year XXXX, if you do not report Bulk (Question #1A) or when Bulk is reported in IBNR (Question #1B), Case and Bulk reserves (Col 15, 16, 17 and 18), Column (XX) ___ should not be reported. Please correct the data.
217	Policy Year XXXX. If the response to Question #1 on Section #2 is 'No', then Indemnity Bulk (Col 16) or Medical Bulk (Col 18) should be reported. Please correct the data.
218	Policy Year XXXX. If Total Incurred Losses Including IBNR (Col 7) ___ are reported then Standard at Bureau DSR Level (Col 1) ___, Standard at Company Level (Col 2) ___ and Net Premium (Col 3) ___ must be reported. Please correct the data.
219	Policy Year XXXX. If Indemnity Paid (Col 9) ___ or Indemnity Outstanding Excluding IBNR (Col 11) ___ are reported, then Incurred Indemnity Claim Count (Col 8) ___ must be reported. Please correct the data.
220	Policy Year XXXX. If Indemnity Paid (Col 9) 0 and Indemnity Outstanding Excluding IBNR (Col 11) ___ are equal to zero, then Incurred Indemnity Claim Count (Col 8) ___ should be equal to zero. Please correct the data.
221	Policy Year XXXX. If Closed Indemnity Claim Counts (Col 19) ___ are reported, then Indemnity Paid (Col 9) ___ must be reported. Please correct the data.
222	Policy Year XXXX. If Open Indemnity Claim Counts (Col 20) ___ are reported, then Indemnity Outstanding Excluding IBNR (Col 11) ___ should be reported. Please correct the data.
223	Policy Year XXXX. If Open Indemnity Claim Counts (Col 20) equals zero, then Indemnity Outstanding Excluding IBNR (Col 11) ___ should be equal to zero unless Indemnity Outstanding Excluding IBNR (Col 11) is equal to Indemnity Bulk (Col 16). Please correct the data.
224	Policy Year XXXX. Indemnity Paid On Closed Claims (Col 21) ___ must be less than or equal to Indemnity Paid (Col 9) ___. Please correct the data.
225	Policy Year XXXX. Medical Paid On Closed Claims (Col 22) ___ must be less than or equal to Medical Paid (Col 10) ___. Please correct the data.

226	Column (XX), Line (Y) (0) from the current Policy Year Call must equal Column (XX), Line (X) () from the prior Policy Year Call. Since your company is reporting a change from last year's valuation, please verify the accuracy of the data. If either report is incorrect, send a revised report. If it is correct, provide an explanation.
227	If the answer selected for Question #2 on the current year's call "Yes - Other" does not equal the answer selected for the prior year's call "No", then the answer to Question #3 should be "Yes". Please verify your answers to questions on the current and prior year's calls.
256	The value for Standard At Bureau DSR Level, Standard At Company Level, Net premium or Total Incurred Losses Including IBNR (Col 1, 2, 3 or 7) for Policy Year XXXX () should not be equal to Line (Z) () unless both values are equal to zero.
258	Policy Year XXXX, if the value for Standard at Bureau DSR Level (Col 1) () is greater than or equal to 500,000, then Standard at Bureau DSR Level (Col 1) () and Standard at Company Level (Col 2) () should not be equal to Net Premium (Col 3) (). If the data is correct, provide a detailed explanation regarding the relationship between the columns.
260	Policy Year XXXX, if the value for Standard at Bureau DSR Level (Col 1) __ is greater than or equal to 500,000, then Standard at Company Level (Col 2) __ divided by Net Premium (Col 3) __ should be between the range of (__ and __) __. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
262	Policy Year XXXX, if the value for Standard at Bureau DSR Level (Col 1) __ is greater than or equal to 500,000, then Standard at Bureau DSR Level (Col 1) __ divided by Net Premium (Col 3) __ should be between the range of (__ and __) __. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
264	The method of discounting reserves has changed from the prior year call.
269	Paid Losses (Col 4, 9, 10, 21 and 22) for the current valuation should generally not decrease from the prior valuation. Policy Year XXXX, Column 4 on the current Call __ decreases by more than 50,000 from the prior Policy Year Call __. Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data.
271	Policy Year XXXX, Premium reported Net Premium Earned on the current year call __ for Column 3, compared to the prior year call __ is greater than 50,000 __ but their ratio __ falls outside the range of (__ and __). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data.
273	Policy Year XXXX, Premium reported on the current year call __ for Column 2, compared to the prior year call __ is greater than 10,000 () but their ratio __ falls outside the range of (__ and __). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data.
275	Policy Year XXXX, Total Paid + O/S excl IBNR (Col 4+5) of the current year call () compared to the prior year call () is greater than 200,000 () but their ratio __ falls outside the range of (__ and __). 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.
277	Policy Year XXXX, Total Paid + O/S excl IBNR (Col 4+5) of the current year call () compared to the prior year call () is greater than 200,000 () but their ratio __ falls outside the range of (__ and __). 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.

279	Policy Year XXXX, Medical Paid + O/S excl IBNR (Col 10+12) of the current year call __ compared to the prior year call __ is greater than 200,000 __ but their ratio __ falls outside the range of (__ and __). 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.
281	Policy Year XXXX, Indemnity Claim Counts (Col 8) of the current year call (__) compared to the prior year call (__) is greater than 10, (__) but their ratio 0.68 falls outside the range of (__ and __). 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.
283	Policy Year XXXX, Total Paid (Col 4) of the current year call __ compared to the prior year call __ is greater than 200,000 __ but their ratio __ falls outside the range of (__ and __). 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.
285	Policy Year XXXX, Indemnity Paid (Col 9) of the current year call __ compared to the prior year call __ is greater than 200,000 __ but their ratio __ falls outside the range of (__ and __). 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.
287	Policy Year XXXX, Medical Paid (Col 10) of the current year call __ compared to the prior year call __ is greater than 200,000 __ but their ratio __ falls outside the range of (__ and __). 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.
289	Policy Year XXXX, Net Earned Premium (Col 3) were reported on last year's call __ but are not reported on this year's call. Please correct the data or provide an explanation.
291	Policy Year XXXX, Net Earned Premium (Col 3) are reported on this year's call __ but were not reported on last year's call. Please correct the data or provide an explanation.
293	Policy Year XXXX Incurred Losses (Col 7) were reported on last year's call __ but is not reported on this year's call. Please provide a correction and/or explanation for this unusual development of your data.
295	Policy Year XXXX Incurred Losses (Col 7) are reported on this year's call __ but not reported on last year's call. Please provide a correction and/or explanation for this unusual development of your data.
297	Policy Year XXXX Claim Counts (Col 8) are reported on this year's call __ but not reported on last year's call. Please provide a correction and/or explanation for this unusual development of your data.
301	Policy Year XXXX Claim Counts (Col 8) were reported on last year's call __ but is not reported on this year's call. Please provide a correction and/or explanation for this unusual development of your data.
372	Policy Year XXXX, Indemnity Claim Counts (Col 8) of the current year call __ compared to the prior year call __ is greater than 10 (__). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data.
467	Policy Year XXXX. All data should be non-negative except for Bulk and IBNR Reserves (Col 6, 13, 14, 16, 18, and 25). Column (XX) __. Please correct the data.
551	Policy Year XXXX. If Accumulated Paid on Closed Claim Counts (Col 19) __ are reported, then Indemnity Paid Losses on Closed Claims (Col 21) __ should be reported. Please correct the data.
601	Policy Year XXXX. Net Premium (Col 3) __ is reported so Standard At Company Level (Col 2) must be greater than 0. Please update the data or provide an explanation.

603	Policy Year XXXX. Net Premium (Col 3) __ is reported so Standard at Bureau Designated Statistical Reporting Level (Col 1) must be greater than 0. Please update the data or provide an explanation.
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Call 14 - Calendar Year Expense Data Call

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

Call 15 - Catastrophe Experience Call

Validation Id	Edit Description
303	Section #X, Policy Year XXXX. The sum of Indemnity Closed Claims with Payment and Indemnity Open Claims (Col 1+2) __ must equal Indemnity Total Claims (Col 3) __. Please correct the data.
306	Section #X, Policy Year XXXX. If Indemnity Closed Claims with Payment (Col 1) are reported __ then Indemnity Paid Losses (Col 4) should be reported 0. Please correct the data.

308	Section #X, Policy Year XXXX. If Indemnity Open Claims (Col 2) are reported, __, then the sum of the Outstanding Losses (Col 6+7) must be greater than zero. Please correct the data.
310	Section #X, Policy Year XXXX. If Indemnity Paid Losses (Col 4) are reported, __, then Indemnity Claim Counts (Col 3) must be greater than zero. Please correct the data.
312	Section #X, Policy Year XXXX. If Indemnity Outstanding Losses (Col 6) are reported __ then Indemnity Open Claims (Col 2) must be greater than zero. Please correct the data.
314	Section #4, Policy Year XXXX, Indemnity Case Outstanding (Col 6), __, must be less than or equal to Section #1, Policy Year XXXX, Indemnity Case Outstanding (Col 6), __. Please correct the data.
316	Section #2, Policy Year XXXX, Indemnity Case Outstanding (Col 6), __, must be less than or equal to Section #3, Policy Year XXXX, Indemnity Case Outstanding (Col 6), __. Please correct the data.
318	Section #X, Policy Year XXXX, Indemnity Closed Claims with Payment (Col 1), __, on the current year call should not decrease compared to Indemnity Closed Claims with Payment (Col 1), __, on the prior year call. Please correct the data.
320	Section #X, Policy Year XXXX, Indemnity Total Claims (Col 3), __, on the current year call should not decrease compared to Indemnity Total Claims (Col 3), __, on the prior year call. Please correct the data.
322	Section #X, Policy Year XXXX, Indemnity Paid Losses (Col 4), __, on the current year call should not decrease compared to Indemnity Paid Losses (Col 4), __, on the prior year call. Please correct the data.
334	Section #X, Policy Year XXXX, Medical Paid Losses (Col 5), __, on the current year call should not decrease compared to Medical Paid Losses (Col 5), __, on the prior year call. Please correct the data.
346	Section #1, Policy Year XXXX, Medical Case Outstanding (Col 7), __, should be less than or equal to Call #1, Policy Year XXXX, Medical Outstanding Less Case [(Col 12) - (Col 17)], __. Please correct the data.
358	Section #2, Policy Year XXXX, Medical Paid (Col 5), __, should be less than or equal to Call #8, Policy Year XXXX, Medical Paid (Col 10), __. Please correct the data.
369	Section #3, Policy Year XXXX, Column (3) __ should be less than or equal to Call #9, Policy Year XXXX, Column (8) __. Please correct the data.
371	Section #4, Policy Year XXXX, Medical Case Outstanding (Col 7), __, should be less than or equal to Call #12, Policy Year XXXX, Medical Outstanding Less Case [(Col 12) - (Col 17)], __. Please correct the data.
465	If the response to Question #1 is 'Yes', then claims should be reported on Call #15 for Call Year 2024. Please correct the data or provide an explanation.
466	For all entries: Section #1, Policy Year XXXX, (Col 6), __ should be non-negative. Please correct the data.

PA Schedule W

Validation Id	Edit Description
230	Part A-5, Net Written Premium (Line 1) __ must be greater than or equal to Part A-1, Net Written Premium (Line 1) __. The difference is __. Please correct the data or provide an explanation.
233	Part A-5, Net Earned Premium (Line 5) __ must be greater than or equal to Part A-1, Net Earned Premium (Line 5) __. The difference is __. Please correct the data or provide an explanation.
236	Part A-5, Indemnity Losses - Paid (Line 9A, Col 1) __ must be greater than or equal to Part A-1, Indemnity Losses - Paid (Line 9A, Col 1) __. The difference is __. Please correct the data or provide an explanation.

238	Part A-5, Medical Losses - Paid (Line 9B, Col 1) __ must be greater than or equal to Part A-1, Medical Losses - Paid (Line 9B, Col 1) __. The difference is __. Please correct the data or provide an explanation.
240	Part A-5, Total Losses - Paid (Line 9C, Col 1) __ must be greater than or equal to Part A-1, Total Losses - Paid (Line 9C, Col 1) __. The difference is __. Please correct the data or provide an explanation.
242	Part A-5, Indemnity Losses - Unpaid Current Year (Line 9A, Col 2) __ must be greater than or equal to Part A-1, Indemnity Losses - Unpaid Current Year (Line 9A, Col 2) __. The difference is __. Please correct the data or provide an explanation.
244	Part A-5, Medical Losses - Unearned Current Year (Line 9B, Col 2) __ must be greater than or equal to Part A-1, Medical Losses - Unearned Current Year (Line 9B, Col 2) __. The difference is __. Please correct the data or provide an explanation.
246	Part A-5, Total Losses - Unpaid Current Year (Line 9C, Col 2) __ must be greater than or equal to Part A-1, Total Losses - Unpaid Current Year (Line 9C, Col 2) __. The difference is __. Please correct the data or provide an explanation.
247	Part A-5, Indemnity Losses - Unpaid Prior Year (Line 9A, Col 3) __ must be greater than or equal to Part A-1, Indemnity Losses - Unpaid Prior Year (Line 9A, Col 3) __. The difference is __. Please correct the data or provide an explanation.
248	Part A-5, Medical Losses - Unearned Prior Year (Line 9B, Col 3) __ must be greater than or equal to Part A-1, Medical Losses - Unearned Prior Year (Line 9B, Col 3) __. The difference is __. Please correct the data or provide an explanation.
249	Part A-5, Total Losses - Unpaid Prior Year (Line 9C, Col 3) __ must be greater than or equal to Part A-1, Total Losses - Unpaid Prior Year (Line 9C, Col 3) __. The difference is __. Please correct the data or provide an explanation.
339	Premium Discount Adjustment should be non-negative. Part A-5, Line (6B) __. Please correct the data or provide an explanation.
340	Premium Credits for PA Certified Safety Committee Credit Program should be non-negative. Part A-5, Line (6D) __. Please correct the data or provide an explanation.
341	Deductible Premium Adjustments should be non-negative. Part A-5, Line (8B) __. Please correct the data or provide an explanation.
342	Part A-1, Ratio of Premium Discount Adjustment (6B) to Net Earned Premium + Premium Discount Adjustment (5+6B), should be within the range [__ and __] __. Please correct the data or provide an explanation.
343	Part A-1, the ratio of [Line (6D) / (Line (7) - Line (6C) - Line (6D) - Line (6E) - Line (6F))] __ should be less than or equal to 0.05 and greater than or equal to 0. Please correct the data or provide an explanation.
344	Part A-5, the ratio of [Line (6E) / (Line (7) - Line (6C) - Line (6F))] __ should be within the range (__ and __). Please correct the data or provide an explanation.
345	Part A-5, the ratio of [Line (6F) / (Line (7) - Line (6C))] __ should be within the range (__ and __). Please correct the data or provide an explanation.
348	Indemnity Small Deductible Adjustment should be non-negative. Part A-1, Line (9D), Column (1) __. Please correct the data or provide an explanation.
349	Medical Small Deductible Adjustment should be non-negative. Part A-1, Line (9E), Column (1) __. Please correct the data or provide an explanation.
350	Indemnity Large Deductible Adjustment should be non-negative. Part A-5, Line (9F), Column (1) __. Please correct the data or provide an explanation.
351	Medical Large Deductible Adjustment should be non-negative. Part A-1, Line (9G), Column (1) __. Please correct the data or provide an explanation.
364	If Part A-1, Net Earned Premium is reported Line (5) __, then the amount reported on Merit Rating Adjustment Line (6F) should not equal zero. Please correct the data or provide an explanation.

365	The value reported for Net Written Premium on the Annual Statement (Col 1) __ should equal the value reported for Schedule W, Part A-5, Line (1) __. The difference is __. Please correct the data or provide an explanation.
366	The value reported for Net Earned Premium on the Annual Statement (Col 2) __ should equal the value reported for Schedule W, Part A-5, Line (5) __. The difference is __. Please correct the data or provide an explanation.
367	The value reported for Paid Losses on the Annual Statement (Col 5) __ should equal the value reported for Schedule W, Part A-5, Line (9C), Column (1) __. The difference is __. Please correct the data or provide an explanation.
368	The value reported for Unpaid Current Year on the Annual Statement (Col 7) __ should equal the value reported for Schedule W, Part A-5, Line (9C), Column (2) __. The difference is __. Please correct the data or provide an explanation.
370	The value reported for Incurred Losses on the Annual Statement (Col 6) __ should equal the value reported for Schedule W, Part A-5, Line (9C), Column (4) __. The difference is __. Please correct the data or provide an explanation.
379	The value reported for Part A-1, Indemnity Losses Unpaid Prior Year (Line 9A, Col 3) __ on the current year's Schedule W should equal the value reported for Part A-1, Indemnity Losses Unpaid Cur Year (Line 9A, Col 2) __ on the prior year's Schedule W. The difference is __. Please correct the data or provide an explanation.
380	The value reported for Part A-5, Indemnity Losses Unpaid Prior Year (Line 9A, Col 3) __ on the current year's Schedule W should equal the value reported for Part A-5, Indemnity Losses Unpaid Cur Year (Line 9A, Col 2) __ on the prior year's Schedule W. The difference is __. Please correct the data or provide an explanation.
381	The value reported for Part A-1, Premium Unearned Current Year (Line 4) __ on the prior year's Schedule W should equal the value reported for Part A-1, Premium Unearned Prior Year (Line 2) __ on the current year's Schedule W. The difference is __. Please correct the data or provide an explanation.
382	The value reported for Part A-5, Premium Unearned Current Year (Line 4) __ on the prior year's Schedule W should equal the value reported for Part A-5, Premium Unearned Prior Year (Line 2) __ on the current year's Schedule W. The difference is __. Please correct the data or provide an explanation.
385	The value reported for Schedule W, Part A-1, Standard Earned Premium (Line 7) __ should equal the value reported for Call #1, Section #3, Standard Earned Premium (Line 4, Col 1) __. The difference is __. Please correct the data or provide an explanation.
386	The value reported for Schedule W, Part A-1, Net Earned Premium (Line 5) __ should equal the value reported for Call #1, Section #3, Net Earned Premium (Line 4, Col 2) __. The difference is __. Please correct the data or provide an explanation.
387	The value reported for Schedule W, Part A-1, Incurred Losses (Line 9C, Col 4) __ should equal the value reported for Call #1, Section #3, Incurred Losses (Line 4, Col 3) __. The difference is __. Please correct the data or provide an explanation.
388	The value reported for Schedule W, Part A-5, Standard Earned Premium (Line 7) __ should equal the value reported for Call #1, Section #3, Standard Earned Premium (Line 12, Col 1) __. The difference is __. Please correct the data or provide an explanation.
389	The value reported for Schedule W, Part A-5, Net Earned Premium (Line 5) __ should equal the value reported for Call #1, Section #3, Net Direct Earned Premium (Line 12, Col 2) __. The difference is __. Please correct the data or provide an explanation.
390	The value reported for Schedule W, Part A-5, Incurred Losses (Line 9C, Col 4) __ should equal the value reported for Call #1, Section #3, Incurred Losses (Line 12, Col 3) __. The difference is __. Please correct the data or provide an explanation.

ACCIDENT YEAR EDIT DESCRIPTIONS:
PENNSYLVANIA

ACCIDENT YEAR CALL #1A:

Validation ID	Edit Description
468	Accident Year XXXX. If Closed Indemnity Claim Counts (Col 19) equals zero, then Indemnity Paid (Col 9) _ must equal zero. Please correct the data.
482	Accident Year XXXX. Net Premium (Col 3) __ is reported so Standard at Bureau Designated Statistical Reporting Level (Col 1) must be greater than 0. Please update the data or provide an explanation.
484	Accident Year XXXX. Net Premium (Col 3) __ is reported so Standard At Company Level (Col 2) must be greater than 0. Please update the data or provide an explanation.
493	The sum of Closed Indemnity Claim Counts (Col 19) and Open Indemnity Claim Counts (Col 20) __ must be equal to Incurred Indemnity Claim Counts (Col 8) __ for Accident Year XXXX. The difference is __. Please correct the data.
496	Accident Year XXXX. If Total Incurred Losses Including IBNR (Col 7) __ are reported then Standard at Bureau DSR Level (Col 1) __, Standard at Company Level (Col 2) __, and Net Premium (Col 3) __ must be reported. Please correct the data.
499	Accident Year XXXX. If Indemnity Paid (Col 9) _ or Indemnity Outstanding Excluding IBNR (Col 11) _ are reported, then Incurred Indemnity Claim Count (Col 8) _ must be reported. Please correct the data.
502	Accident Year XXXX. If Indemnity Paid (Col 9) __ and Indemnity Outstanding Excluding IBNR (Col 11) __ are equal to zero, then Incurred Indemnity Claim Count (Col 8) _ should be equal to zero. Please correct the data.
504	Accident Year XXXX. If Closed Indemnity Claim Counts (Col 19) __ are reported, then Indemnity Paid (Col 9) __ must be reported. Please correct the data.
507	Accident Year XXXX. If Open Indemnity Claim Counts (Col 20) _ are reported, then Indemnity Outstanding Excluding IBNR (Col 11) _ should be reported. Please correct the data.
509	Accident Year XXXX. If Open Indemnity Claim Counts (Col 20) equals zero, then Indemnity Outstanding Excluding IBNR (Col 11) __ should be equal to zero unless Indemnity Outstanding Excluding IBNR (Col 11) __ is equal to Indemnity Bulk (Col 16) __. Please correct the data.
511	Accident Year XXXX. Indemnity Paid On Closed Claims (Col 21) __ must be less than or equal to Indemnity Paid (Col 9) __. The difference is __. Please correct the data.
513	Accident Year XXXX. Medical Paid On Closed Claims (Col 22) __ must be less than or equal to Medical Paid (Col 10) __. The difference is __. Please correct the data.
514	Column (XX), Line (Y) __ from the current Accident Year Call must equal Column (XX), Line (X) __ from the prior Accident Year Call. The difference is __. Since your company is reporting a change from last year's valuation, please correct the data or provide an explanation.
516	Accident Year XXXX the value for Total Incurred Losses Including IBNR (Col 7) __ should not be equal to Line (Z) __ unless both values are equal to zero.
517	Accident Year XXXX, if the value for Standard at Bureau DSR Level (Col 1) __ is greater than or equal to \$250,000, then Standard at Bureau DSR Level (Col 1) __ and Standard at Company Level (Col 2) \$0 should not be equal to Net Premium (Col 3) __. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
520	Accident Year XXXX Medical Incurred reported (Col 10+12+14) __ is greater than \$250,000 without any Indemnity Incurred Losses (Col 9+11+13). Please verify that all losses are medical only and provide an explanation or correct the data.

521	Accident Year XXXX Indemnity Incurred reported (Col 9+11+13) __ is greater than \$250,000 without any Medical Incurred Losses (Col 10+12+14). Please verify that no medical losses are associated with these indemnity claims and provide an explanation or correct the data.
522	Paid Losses (Col 4, 9, 10, 21 and 22) for the current valuation should generally not decrease from the prior valuation. Accident Year XXXX, Indemnity Paid Losses On Closed Claims (Col XX) on the current Call __ decreases by more than \$50,000 from the prior Accident Year Call __. The difference is __. Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data.
523	Accident Year XXXX, Total Paid + O/S excl IBNR (Col 4+5) of the current year call __ compared to the prior year call __ is greater than \$200,000. The difference is __ and their ratio __ falls outside the range of (__ and __). 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.
524	Accident Year XXXX, Indemnity Paid + O/S excl IBNR (Col 9+11) of the current year call __ compared to the prior year call __ is greater than \$200,000. The difference is __ and their ratio XX falls outside the range of (__ and __). 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.
525	Accident Year XXXX, Medical Paid + O/S excl IBNR (Col 10+12) of the current year call _ compared to the prior year call _ is greater than 200,000 but their ratio _ falls outside the range of (__ and __). 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.
526	Accident Year XXXX, Indemnity Claim Counts (Col 8) of the current year call __ compared to the prior year call __ is greater than 20. The difference is __ and their ratio __ falls outside the range of (__ and __). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data.
527	Accident Year XXXX, Total Paid (Col 4) of the current year call __ compared to the prior year call __ is greater than \$200,000. The difference is __ and their ratio __ falls outside the range of (__ and __). 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.
528	Accident Year XXXX, Indemnity Paid (Col 9) of the current year call __ compared to the prior year call __ is greater than \$200,000. The difference is __ and their ratio __ falls outside the range of (__ and __). 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.
529	Accident Year XXXX, Medical Paid (Col 10) of the current year call __ compared to the prior year call __ is greater than \$200,000. The difference is __ and their ratio __ falls outside the range of (__ and __). 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.
530	Accident Year XXXX, Net Earned Premium (Col 3) were reported on last year's call __ but are not reported on this year's call. Please correct the data or provide an explanation.
531	Accident Year XXXX, Net Earned Premium (Col 3) are reported on this year's call __ but were not reported on last year's call. Please correct the data or provide an explanation.
532	Accident Year XXXX, Incurred Losses (Col 7) were reported on last year's call __ but are not reported on this year's call. Please correct the data or provide an explanation.
533	Accident Year XXXX, Incurred Losses (Col 7) are reported on this year's call __ but were not reported on last year's call. Please correct the data or provide an explanation.

534	Accident Year XXXX, Claim Counts (Col 8) were reported on last year's call __ but are not reported on this year's call. Please correct the data or provide an explanation.
535	Accident Year XXXX, Claim Counts (Col 8) are reported on this year's call __ but were not reported on last year's call. Please correct the data or provide an explanation.
536	Accident Year XXXX, Indemnity Claim Counts (Col 8) of the current year call, __, compared to the prior year call, __, is greater than '10'. The difference is __. Please correct the data or provide an explanation.
537	Accident Year XXXX, Name of Column (Col XX) equals __. All data should be non-negative except for Bulk and IBNR Reserves (Col 6, 13, 14, 16 and 18). Please correct the data.
538	The value for Call #1A, Name of Column (Col XX), the sum of Accident Years XXXX through XXXX, __ must be greater than or equal to Call #12A, Name of Column (Col XX), Accident Years XXXX, __. Please correct the data or provide an explanation.
539	For Accident Year XXXX and subsequent: The value for Call #1, Name of Column (Col XX), Accident Year XXXX, __ must be greater than or equal to Call #12, Name of Column (Col XX), Accident Year XXXX, __. Please correct the data or provide an explanation.
540	Calendar Year amounts (Line Z, Col X - Name of Column) must be equal between Policy Year __ and Accident Year __ Calls. The difference is __. Please correct the data or provide an explanation.
541	Accident year XXXX, Name of column (Col XX) __ should be equal to or less than the sum of the corresponding policy years (XXXX and XXXX+1) __. Please correct the data or provide an explanation.
542	Policy Year XXXX and Accident Year XXXX, amounts should not be equal between calls (Col 8) - Incurred Indemnity Claim Count) __. Please correct the data or provide an explanation.
548	Policy Year XXXX, Incurred Indemnity Claim Count (Col XX) equals _____. Accident Years XXXX and XXXX+1, Incurred Indemnity Claim Count (Col XX) equals zero. Please correct the data or explain why there is no data in the corresponding Accident Years.
552	Policy Year XXXX. If Accumulated Paid on Closed Claim Counts (Col XX) ____ are reported then Indemnity Paid Losses on Closed Claims (Col XX) should be reported. Please correct the data.
553	Calendar Year XXXX, Net Premium Earned (Col 3) __ should equal Call Year XXXX Policy Year Call 1, Line Z, Net Premium Earned (Col XX) __. The difference is __. Please correct the data.
556	Calendar Year amounts (Line X, Col 10 - Medical Paid) must be equal between Policy Year ____ and Accident Year ____ Calls. The difference is _____. Please correct the data or provide an explanation.

ACCIDENT YEAR CALL #8A:

Validation ID	Edit Description
468	Accident Year XXXX. If Closed Indemnity Claim Counts (Col 19) equals zero, then Indemnity Paid (Col 9) __ must equal zero. Please correct the data.
482	Accident Year XXXX. Net Premium (Col 3) __ is reported so Standard at Bureau Designated Statistical Reporting Level (Col 1) must be greater than 0. Please update the data or provide an explanation.
484	Accident Year XXXX. Net Premium (Col 3) __ is reported so Standard At Company Level (Col 2) must be greater than 0. Please update the data or provide an explanation.
493	The sum of Closed Indemnity Claim Counts (Col 19) and Open Indemnity Claim Counts (Col 20) __ must be equal to Incurred Indemnity Claim Counts (Col 8) __ for Accident Year XXXX. The difference is __. Please correct the data.

496	Accident Year XXXX. If Total Incurred Losses Including IBNR (Col 7) __ are reported then Standard at Bureau DSR Level (Col 1) __, Standard at Company Level (Col 2) __, and Net Premium (Col 3) __ must be reported. Please correct the data.
497	All non-zero data entries on Call #8A, Accident Year XXXX, Column (12) __ should be less than the corresponding data entries on Call #9A, Accident Year XXXX, Column (12) __, except for Columns (6, 13, 14, 16, 18 and 25) where Call #8A may be less than or equal to Call #9A. Please correct the data or provide an explanation.
499	Accident Year XXXX. If Indemnity Paid (Col 9) _ or Indemnity Outstanding Excluding IBNR (Col 11) _ are reported, then Incurred Indemnity Claim Count (Col 8) _ must be reported. Please correct the data.
502	Accident Year XXXX. If Indemnity Paid (Col 9) __ and Indemnity Outstanding Excluding IBNR (Col 11) __ are equal to zero, then Incurred Indemnity Claim Count (Col 8) _ should be equal to zero. Please correct the data.
504	Accident Year XXXX. If Closed Indemnity Claim Counts (Col 19) __ are reported, then Indemnity Paid (Col 9) __ must be reported. Please correct the data.
507	Accident Year XXXX. If Open Indemnity Claim Counts (Col 20) __ are reported, then Indemnity Outstanding Excluding IBNR (Col 11) __ should be reported. Please correct the data.
509	Accident Year XXXX. If Open Indemnity Claim Counts (Col 20) equals zero, then Indemnity Outstanding Excluding IBNR (Col 11) __ should be equal to zero unless Indemnity Outstanding Excluding IBNR (Col 11) __ is equal to Indemnity Bulk (Col 16) __. Please correct the data.
511	Accident Year XXXX. Indemnity Paid On Closed Claims (Col 21) __ must be less than or equal to Indemnity Paid (Col 9) __. The difference is __. Please correct the data.
513	Accident Year XXXX. Medical Paid On Closed Claims (Col 22) __ must be less than or equal to Medical Paid (Col 10) __. The difference is __. Please correct the data.
514	Column (XX), Line (Y) __ from the current Accident Year Call must equal Column (XX), Line (X) __ from the prior Accident Year Call. The difference is __. Since your company is reporting a change from last year's valuation, please correct the data or provide an explanation.
516	Accident Year XXXX the value for Total Incurred Losses Including IBNR (Col 7) __ should not be equal to Line (Z) __ unless both values are equal to zero.
517	Accident Year XXXX, if the value for Standard at Bureau DSR Level (Col 1) __ is greater than or equal to \$250,000, then Standard at Bureau DSR Level (Col 1) __ and Standard at Company Level (Col 2) __ should not be equal to Net Premium (Col 3) __. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
520	Accident Year XXXX Medical Incurred reported (Col 10+12+14) __ is greater than \$250,000 without any Indemnity Incurred Losses (Col 9+11+13). Please verify that all losses are medical only and provide an explanation or correct the data.
521	Accident Year XXXX Indemnity Incurred reported (Col 9+11+13) __ is greater than \$250,000 without any Medical Incurred Losses (Col 10+12+14). Please verify that no medical losses are associated with these indemnity claims and provide an explanation or correct the data.
522	Paid Losses (Col 4, 9, 10, 21 and 22) for the current valuation should generally not decrease from the prior valuation. Accident Year XXXX, Indemnity Paid (Col XX) on the current Call __ decreases by more than \$50,000 from the prior Accident Year Call __. The difference is __. Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data.
523	Accident Year XXXX, Total Paid + O/S excl IBNR (Col 4+5) of the current year call __ compared to the prior year call __ is greater than \$200,000. The difference is __ and their ratio __ falls outside the range of (__ and __). 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.

524	Accident Year XXXX, Indemnity Paid + O/S excl IBNR (Col 9+11) of the current year call __ compared to the prior year call __ is greater than \$200,000. The difference is __ and their ratio __ falls outside the range of (__ and __). 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.
525	Accident Year XXXX, Medical Paid + O/S excl IBNR (Col 10+12) of the current year call __ compared to the prior year call __ is greater than \$200,000. The difference is __ and their ratio __ falls outside the range of (__ and __). 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.
526	Accident Year XXXX, Indemnity Claim Counts (Col 8) of the current year call __ compared to the prior year call __ is greater than 20. The difference is __ and their ratio __ falls outside the range of (__ and __). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data.
527	Accident Year XXXX, Total Paid (Col 4) of the current year call __ compared to the prior year call __ is greater than \$200,000. The difference is __ and their ratio __ falls outside the range of (__ and __). 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.
528	Accident Year XXXX, Indemnity Paid (Col 9) of the current year call __ compared to the prior year call __ is greater than \$200,000. The difference is __ and their ratio __ falls outside the range of (__ and __). 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.
529	Accident Year XXXX, Medical Paid (Col 10) of the current year call __ compared to the prior year call __ is greater than \$200,000. The difference is __ and their ratio __ falls outside the range of (__ and __). 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.
530	Accident Year XXXX, Net Earned Premium (Col 3) were reported on last year's call __ but are not reported on this year's call. Please correct the data or provide an explanation.
531	Accident Year XXXX, Net Earned Premium (Col 3) are reported on this year's call __ but were not reported on last year's call. Please correct the data or provide an explanation.
532	Accident Year Prior to XXXX, Incurred Losses (Col 7) were reported on last year's call __ but are not reported on this year's call. Please correct the data or provide an explanation.
533	Accident Year XXXX, Incurred Losses (Col 7) are reported on this year's call __ but were not reported on last year's call. Please correct the data or provide an explanation.
534	Accident Year XXXX, Claim Counts (Col 8) were reported on last year's call __ but are not reported on this year's call. Please correct the data or provide an explanation.
535	Accident Year XXXX, Claim Counts (Col 8) are reported on this year's call __ but were not reported on last year's call. Please correct the data or provide an explanation.
536	Accident Year XXXX, Indemnity Claim Counts (Col 8) of the current year call, __, compared to the prior year call, __, is greater than '10'. The difference is __. Please correct the data or provide an explanation.
537	Accident Year XXXX, Name of Column(Col XX) equals __. All data should be non-negative except for Bulk and IBNR Reserves (Col 6, 13, 14, 16 and 18). Please correct the data.
548	Policy Year XXXX, Incurred Indemnity Claim Count (Col XX) equals _____. Accident Years XXXX and XXXX+1, Incurred Indemnity Claim Count (Col XX) equals zero. Please correct the data or explain why there is no data in the corresponding Accident Years.

552	Policy Year XXXX. If Accumulated Paid on Closed Claim Counts (Col XX) ___ are reported then Indemnity Paid Losses on Closed Claims (Col XX) should be reported. Please correct the data.
556	Calendar Year amounts (Line X, Col 10 - Medical Paid) must be equal between Policy Year ___ and Accident Year ___ Calls. The difference is ___. Please correct the data or provide an explanation.

ACCIDENT YEAR CALL #9A:

Validation ID	Edit Description
468	Accident Year XXXX. If Closed Indemnity Claim Counts (Col 19) equals zero, then Indemnity Paid (Col 9) must equal zero. Please correct the data.
482	Accident Year XXXX. Net Premium (Col 3) __ is reported so Standard at Bureau Designated Statistical Reporting Level (Col 1) must be greater than 0. Please update the data or provide an explanation.
484	Accident Year XXXX. Net Premium (Col 3) __ is reported so Standard At Company Level (Col 2) must be greater than 0. Please update the data or provide an explanation.
493	The sum of Closed Indemnity Claim Counts (Col 19) and Open Indemnity Claim Counts (Col 20) __ must be equal to Incurred Indemnity Claim Counts (Col 8) __ for Accident Year XXXX. The difference is __. Please correct the data.
496	Accident Year XXXX. If Total Incurred Losses Including IBNR (Col 7) __ are reported then Standard at Bureau DSR Level (Col 1) __, Standard at Company Level (Col 2) __, and Net Premium (Col 3) __ must be reported. Please correct the data.
499	Accident Year XXXX. If Indemnity Paid (Col 9) _ or Indemnity Outstanding Excluding IBNR (Col 11) _ are reported, then Incurred Indemnity Claim Count (Col 8) _ must be reported. Please correct the data.
500	Data reported for Large Deductible Policies should generally be larger on a gross basis than a net basis. Accident Year XXXX, Call #9A, Col (XX) should be greater than Accident Year _ , Call #8A, Col (XX) _ except for IBNR and Bulk Reserves (Col 6, 13, 14, 16 and 18). Please correct the data or provide an explanation.
502	Accident Year XXXX. If Indemnity Paid (Col 9) __ and Indemnity Outstanding Excluding IBNR (Col 11) __ are equal to zero, then Incurred Indemnity Claim Count (Col 8) _ should be equal to zero. Please correct the data.
504	Accident Year XXXX. If Closed Indemnity Claim Counts (Col 19) __ are reported, then Indemnity Paid (Col 9) __ must be reported. Please correct the data.
507	Accident Year XXXX. If Open Indemnity Claim Counts (Col 20) __ are reported, then Indemnity Outstanding Excluding IBNR (Col 11) __ should be reported. Please correct the data.
509	Accident Year XXXX. If Open Indemnity Claim Counts (Col 20) equals zero, then Indemnity Outstanding Excluding IBNR (Col 11) __ should be equal to zero unless Indemnity Outstanding Excluding IBNR (Col 11) __ is equal to Indemnity Bulk (Col 16) __. Please correct the data.
511	Accident Year XXXX. Indemnity Paid On Closed Claims (Col 21) __ must be less than or equal to Indemnity Paid (Col 9) __. The difference is __. Please correct the data.
513	Accident Year XXXX. Medical Paid On Closed Claims (Col 22) __ must be less than or equal to Medical Paid (Col 10) __. The difference is __. Please correct the data.
514	Column (XX), Line (Y) __ from the current Accident Year Call must equal Column (XX), Line (X) __ from the prior Accident Year Call. The difference is __. Since your company is reporting a change from last year's valuation, please correct the data or provide an explanation.
516	Accident Year XXXX the value for Total Incurred Losses Including IBNR (Col 7) __ should not be equal to Line (Z) __ unless both values are equal to zero.

517	Accident Year XXXX, if the value for Standard at Bureau DSR Level (Col 1) __ is greater than or equal to \$250,000, then Standard at Bureau DSR Level (Col 1) __ and Standard at Company Level (Col 2) __ should not be equal to Net Premium (Col 3) __. If the data is correct, provide a detailed explanation regarding the relationship between the columns.
520	Accident Year XXXX Medical Incurred reported (Col 10+12+14) __ is greater than \$250,000 without any Indemnity Incurred Losses (Col 9+11+13). Please verify that all losses are medical only and provide an explanation or correct the data.
521	Accident Year XXXX Indemnity Incurred reported (Col 9+11+13) __ is greater than \$250,000 without any Medical Incurred Losses (Col 10+12+14). Please verify that no medical losses are associated with these indemnity claims and provide an explanation or correct the data.
522	Paid Losses (Col 4, 9, 10, 21 and 22) for the current valuation should generally not decrease from the prior valuation. Accident Year XXXX, Indemnity Paid (Col XX) on the current Call __ decreases by more than \$50,000 from the prior Accident Year Call __. The difference is __. Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data.
523	Accident Year XXXX, Total Paid + O/S excl IBNR (Col 4+5) of the current year call __ compared to the prior year call __ is greater than \$200,000. The difference is __ and their ratio __ falls outside the range of (0.9 and 1.25). 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.
524	Accident Year XXXX, Indemnity Paid + O/S excl IBNR (Col 9+11) of the current year call __ compared to the prior year call __ is greater than \$200,000. The difference is __ and their ratio __ falls outside the range of (0.9 and 1.25). 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.
525	Accident Year XXXX, Medical Paid + O/S excl IBNR (Col 10+12) of the current year call __ compared to the prior year call __ is greater than \$200,000. The difference is __ and their ratio __ falls outside the range of (0.85 and 1.2). 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.
526	Accident Year XXXX, Indemnity Claim Counts (Col 8) of the current year call __ compared to the prior year call __ is greater than 20. The difference is __ and their ratio __ falls outside the range of (0.91 and 1.3). Please verify the accuracy of the data. If it is incorrect, please correct the data. If it is correct, please explain the unusual development of your data.
527	Accident Year XXXX, Total Paid (Col 4) of the current year call __ compared to the prior year call __ is greater than \$200,000. The difference is __ and their ratio __ falls outside the range of (0.85 and 1.5). 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.
528	Accident Year XXXX, Indemnity Paid (Col 9) of the current year call __ compared to the prior year call __ is greater than \$200,000. The difference is __ and their ratio __ falls outside the range of (0.85 and 1.5). 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.
529	Accident Year XXXX, Medical Paid (Col 10) of the current year call __ compared to the prior year call __ is greater than \$200,000. The difference is __ and their ratio __ falls outside the range of (0.85 and 1.5). 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.
530	Accident Year XXXX, Net Earned Premium (Col 3) were reported on last year's call __ but are not reported on this year's call. Please correct the data or provide an explanation.

531	Accident Year XXXX, Net Earned Premium (Col 3) are reported on this year's call __ but were not reported on last year's call. Please correct the data or provide an explanation.
532	Accident Year Prior to XXXX, Incurred Losses (Col 7) were reported on last year's call __ but are not reported on this year's call. Please correct the data or provide an explanation.
533	Accident Year XXXX, Incurred Losses (Col 7) are reported on this year's call __ but were not reported on last year's call. Please correct the data or provide an explanation.
534	Accident Year XXXX, Claim Counts (Col 8) were reported on last year's call __ but are not reported on this year's call. Please correct the data or provide an explanation.
535	Accident Year XXXX, Claim Counts (Col 8) are reported on this year's call __ but were not reported on last year's call. Please correct the data or provide an explanation.
536	Accident Year XXXX, Indemnity Claim Counts (Col 8) of the current year call, __, compared to the prior year call, __, is greater than '10'. The difference is __. Please correct the data or provide an explanation.
537	Accident Year XXXX, Indemnity Outstanding Excluding IBNR (Col 11) equals __. All data should be non-negative except for Bulk and IBNR Reserves (Col 6, 13, 14, 16 and 18). Please correct the data.
548	Policy Year XXXX, Incurred Indemnity Claim Count (Col XX) equals _____. Accident Years XXXX and XXXX+1, Incurred Indemnity Claim Count (Col XX) equals zero. Please correct the data or explain why there is no data in the corresponding Accident Years.
552	Policy Year XXXX. If Accumulated Paid on Closed Claim Counts (Col XX) ____ are reported then Indemnity Paid Losses on Closed Claims (Col XX) should be reported. Please correct the data.
556	Calendar Year amounts (Line X, Col 10 - Medical Paid) must be equal between Policy Year ____ and Accident Year ____ Calls. The difference is __. Please correct the data or provide an explanation.

ACCIDENT YEAR CALL #15A:

Validation ID	Edit Description
485	Section #3, Accident Year XXXX. The sum of Indemnity Closed Claims with Payment and Indemnity Open Claims (Col 1+2) _ must equal Indemnity Total Claims (Col 3) _ . Please correct the data.
487	Section #1, Accident Year XXXX. If Indemnity Closed Claims with Payment (Col 1) are reported _ then Indemnity Paid Losses (Col 4) should be reported __ . Please correct the data.
489	Section #1, Accident Year XXXX. If Indemnity Open Claims (Col 2) are reported, __, then the sum of the Outstanding Losses (Col 6+7) must be greater than zero. Please correct the data.
491	Section #1, Accident Year XXXX. If Indemnity Paid Losses (Col 4) are reported, __, then Indemnity Claim Counts (Col 3) must be greater than zero. Please correct the data.
492	Section #1, Accident Year XXXX. If Indemnity Outstanding Losses (Col 6) are reported __ then Indemnity Open Claims (Col 2) must be greater than zero. Please correct the data.
495	Section #2, Accident Year XXXX, Column (XX) _ must be less than or equal to Section #3, Accident Year XXXX, Column (XX) __ . Please correct the data.
498	Section #1, Accident Year XXXX, Indemnity Closed Claims with Payment (Col 1), __, on the current year call should not decrease compared to Indemnity Closed Claims with Payment (Col 1), __, on the prior year call. Please correct the data.
501	Section #1, Accident Year XXXX, Indemnity Total Claims (Col 3) _ on the current year call should not decrease compared to Indemnity Total Claims (Col 3) _ on the prior year call. Please correct the data.

503	Section #1, Accident Year XXXX, Indemnity Paid Losses (Col 4) _ on the current year call should not decrease compared to Indemnity Paid Losses (Col 4) _ on the prior year call. Please correct the data.
505	Section #1, Accident Year XXXX, Medical Paid Losses (Col 5), __, on the current year call should not decrease compared to Medical Paid Losses (Col 5), __, on the prior year call. Please correct the data.
506	Section #1, Accident Year XXXX, Medical Case Outstanding (Col 7), __, should be less than or equal to Call #1A, Accident Year XXXX, Name of Column [(Col XX) - (Col XX)], __. Please correct the data.
508	Section #2, Accident Year XXXX, Indemnity Paid (Col 4), __, should be less than or equal to Call #8A, Accident Year XXXX, Indemnity Paid (Col 9), __. Please correct the data.
510	Section #3, Accident Year XXXX, Name of column (Col XX), __, should be less than or equal to Call #9A, Accident Year XXXX, Name of Column (Col XX), __. Please correct the data.
515	For all entries - Section XX, Accident Year __, Column (XX) _ should be non-negative. Please correct the data.
549	Section #X, Policy Year XXXX, Claims Closed with Payment (Col X) equals ____. Accident Years XXXX and XXXX+1, Claims Closed with Payment (Col X) equals zero. Please correct the data or explain why there is no data in the corresponding Accident Years.