

DATA REPORTING

2008 NEW YORK DATA CALL INFORMATION

The instructions, due dates and other information are now available for the 2008 reporting of workers compensation statistics as set forth in the New York Aggregate Financial Data Calls and Special Data Calls.

Please read all instructions carefully to ensure the timely and accurate submissions of Call data, especially noting the following changes that are being implemented in 2008:

- Expansion, by one year, of the policy year and accident year Aggregate Financial Data Calls
- Implementation of additional data quality edits
- Enhanced data quality edits relating to losses from the World Trade Center terrorism attack (claims designated with CAT 48)
- Extensions of Call due dates will no longer be granted except under the most extreme circumstances. In these unusual cases, only a formal written request for an extension from the carrier's data quality officer to the Rating Board's Vice President & Actuary will be considered if received prior to a Call's due date.

Questions regarding the 2008 New York Calls may be addressed to the Rating Board at nycfis@nycirb.org.

2008 Financial Data Calls

2008 Special Data Calls

DATA REPORTING

FINANCIAL DATA CALLS

Aggregate Financial Data is required to be reported annually by each member carrier in a prescribed format. Policy year and accident year aggregate statistics are reported in this manner together with Annual Statement information that pertains to workers compensation. This data forms the basis for the annual general rate revision.

The details underlying the New York Aggregate Financial Data Calls can be found below.

[**2008 Financial Data Call Due Dates**](#)

[**2008 Financial Data Call Instructions**](#)

[**New York Financial Call Information System[®] \(NYFCIS\)**](#)

[**New York Data Call Incentive Program \(NYDCIP\)**](#)

[**New York Financial Call Data Quality Standards**](#)

[**New York Financial Data Call Edits**](#)

DATA REPORTING

2008 NEW YORK FINANCIAL DATA CALL DUE DATES

<u>NY Call Number</u>	<u>New York Financial Data Call</u>	<u>Call Due Date</u>	<u>On-Line Y/N</u>	<u>Subject To NYDCIP</u>
101	Policy Year, <u>excl.</u> Large Ded.	3/15/08	Y	Y
101 A	Policy Year – CAT 48	3/15/08	Y	Y
101 D	Policy Year Large Ded.	3/15/08	Y	Y
101 D A	Policy Year Large Ded. – CAT 48	3/15/08	Y	Y
125	Accident Year, <u>excl.</u> Large Ded.	4/01/08	Y	Y
125 A	Accident Year – CAT 48	4/01/08	Y	Y
125 D	Accident Year Large Ded.	4/01/08	Y	Y
125 D A	Accident Year Large Ded. – CAT 48	4/01/08	Y	Y
222	Insurance Expense Exhibit – Net	4/01/08	Y	Y
223	Insurance Expense Exhibit – Direct	4/01/08	Y	Y
214	Statutory Page 14	4/01/08	Y	Y
225	New York Data Reconciliation	4/01/08	Y	Y

2008 FINANCIAL DATA CALL INSTRUCTIONS

SEE ALSO: **New York Financial Call Information System[®] (NYFCIS)**

New York Data Call Incentive Program (NYDCIP)

New York Financial Call Data Quality Standards

New York Financial Data Call Edits

DATA REPORTING

2008 NEW YORK FINANCIAL DATA CALL INSTRUCTIONS

The instructions for reporting Aggregate Financial Data as of 12/31/2007 are provided below for the following New York Calls:

- POLICY YEAR DATA – FORM NY 101
- POLICY YEAR DATA, CATASTROPHE CODE 48 – FORM NY 101 APPENDIX
- CALENDAR-ACCIDENT YEAR DATA – FORM NY 125
- CALENDAR-ACCIDENT YEAR DATA, CAT CODE 48 – FORM NY 125 APPENDIX
- INSURANCE EXPENSE EXHIBIT, NET WC DATA – FORM 222
- INSURANCE EXPENSE EXHIBIT, DIRECT WC DATA – FORM 223
- STATUTORY PAGE 14 NEW YORK WC DATA – FORM NY 214
- NEW YORK DATA RECONCILIATION – FORM 225
- POLICY YEAR LARGE DEDUCTIBLE DATA – FORM NY 101D
- POLICY YEAR LARGE DEDUCTIBLE DATA, CATASTROPHE CODE 48 – FORM NY 101D APPENDIX
- CALENDAR-ACCIDENT YEAR LARGE DEDUCTIBLE DATA – FORM NY 125D
- CALENDAR-ACCIDENT YEAR LARGE DEDUCTIBLE DATA, CAT CODE 48 – FORM NY 125D APPENDIX

I. [Policy Year Data \(Form NY 101, Sheets 1 through 6 and Appendix\) - Due March 15, 2008](#)

A. Notes

1. This form requires the reporting of New York Workers Compensation experience *by policy year*. From the accumulated policy year experience, calendar year experience for the latest annual period will also be determined.
2.
 - a. All data reported on Rows (A) through (UA) are accumulated totals for each of the indicated policy years as of December 31, 2007.
 - b. All data reported on Row (V) are accumulated totals for each of the policy years *as of December 31, 2007*.
 - c. All data reported in Row (W) are accumulated totals for all policy years *as of December 31, 2006*. These totals correspond to the sum of the policy years reported on last year's Call as displayed in Row (V) of that Call. **The NYFCIS will automatically utilize the previous year's Row (V) data to complete this row.**

- d. The earliest separately identifiable policy year in this Call is 1987 (Line B). The experience for all years prior to 1987 is to be shown on Line A.
 - e. Beginning with this Call, an additional policy year of data is being added annually until a total of 30 individual policy years are contained in the Call.
3. The only negative amounts that are acceptable in this Call are those that may be derived in Row (X), Calendar Year Experience, and those that may be reported in column (29), Retrospective Rating Adjustments. ***The NYFCIS will not allow negative amounts in any other rows or columns.***
 4. All data reported on Sheets 1-6 are to *include* the experience of all claims relating to the terrorist attacks of September 11, 2001 including those that have been designated as Catastrophe Number 48 cases.

In addition, aggregate losses and expenses from claims that have been designated as Catastrophe Number 48 cases are to be reported separately on Page NY101 Appendix, which can be found following Sheet 7.

All data reported on Sheets 1 – 6 are to *exclude* latent disease claims emanating from the rescue, recovery and clean-up at the World Trade Center site and designated as Catastrophe Number 87 cases.

5. Experience from policies with a large deductible (generally deductibles greater than or equal to \$100,000) is to be *excluded* from this Call. However, experience from policies with a small deductible under the New York Small Claim Deductible Program is to be *included*.
 - a. Premiums and losses are to be reported IN WHOLE DOLLARS ONLY.
 - b. Carrier name must be shown on each report. If this is a group reporting, each carrier that writes workers compensation in New York must be listed individually.

B. General Instructions

Policy Year Accumulated Earned Premium

Column #

- (1) Standard At Rating Board Level - Sum of Columns (26), (27), (28), (29), (30), and (3). Report the entire earned premium resulting from standard rating procedures including premium credits resulting from the use of the New York Construction Classification Premium Adjustment Program, Territory Differential Premium for construction classes and premium credits or debits under the Experience Rating and Merit Rating Plans, but *prior* to the application of rate deviations, premium discounts, policyholder dividends, premium adjustments under the Retrospective Rating Plan, premium credits under the New York Small Claim Deductible Program, premium credits and surcharges under New York safety programs, premium credits under independently filed and approved carrier specialty programs (for example, alternative dispute resolution, drug-free workplace, managed care or preferred provider organization programs), foreign and domestic

terrorism charges, workers compensation Security Fund surcharge and the New York State Assessment. **This column is calculated by the NYFCIS.**

- (2) Standard At Company Level - The standard earned premium shown in Column (1), adjusted for the application of rate deviations, should be shown for each policy year during which a deviation from Rating Board rates was effective.
- (3) Net - Report the actual earned premium *prior* to the payment of policyholder dividends, but *after* the application of any Retrospective Rating premium adjustments, premium discounts, approved rate deviations, premium credits from the New York Construction Classification Premium Adjustment Program, Territory Differential Premium for construction classes, premium credits under the New York Small Claim Deductible Program, premium credits or debits under the Experience Rating and Merit Rating Plans, premium credits and surcharges under New York safety programs and premium credits under independently filed and approved carrier specialty programs (for example, alternative dispute resolution, drug-free workplace, managed care or preferred provider organization programs). *The New York State Assessment, the Workers Compensation Security Fund surcharge and the foreign and domestic terrorism policy surcharge amounts are to be **EXCLUDED** from this column.*

- Note:
- a. *The New York State Assessment, collected, as a separate identifiable policy charge by carriers beginning with policies effective April 1, 1994, must be **EXCLUDED** from all of the premiums reported in this Call. The Assessment amounts must be reported on the Reconciliation Form 225 as part of the Statutory Page 14 reporting requirements, but are not to be included on Form NY 101.*
 - b. *Premium amounts from the foreign terrorism policy surcharge (Code 9740) and the domestic terrorism policy surcharge (Code 9741) must be **EXCLUDED** from all of the premium amounts reported in this Call. These surcharge amounts must be reported on the Reconciliation Page, Form 225.*
 - c. *Premium amounts from the Workers Compensation Security Fund surcharge (Code 9749) must be **EXCLUDED** from all of the premium amounts reported in this Call. These surcharge amounts must be reported on the Reconciliation Page, Form 225.*

Accumulated Policy Year Incurred Losses

- Note:
- a. *All loss amounts on this Call are required to be reported prior to the application of any deductible (i.e., on a gross basis).*
 - b. *Surcharges on hospital and other medical services that are imposed by the New York Health Care Reform Act, effective January 1, 1997, are to be included in the medical losses reported in this Call.*
 - c. *All loss amounts on Sheets 1-6 must **include** claims emanating from the September 11, 2001 terrorist attacks including those that have been designated as Catastrophe Number 48 cases.*

d. All loss amounts on Sheets 1-6 must **exclude** disease claims emanating from the rescue, recovery and clean-up at the World Trade Center site that have been designated as Catastrophe Number 87 cases.

- (4) Paid – Sum of Columns (9) and (10). **This column is calculated by the NYFCIS.**
- (5) Outstanding Excl. IBNR – Sum of Columns (11) and (12). **This column is calculated by the NYFCIS.**
- (6) IBNR – Sum of Columns (13) and (14). **This column is calculated by the NYFCIS.**
- (7) Incurred Losses Incl. IBNR – Sum of Columns (4), (5) and (6). **This column is calculated by the NYFCIS.**
- (8a) Incurred Indemnity Claim Count – Sum of Columns (8b) and (8c). The incurred indemnity claim count (i.e., the accumulated number of claims for which an indemnity payment has been made and/or an outstanding reserve exists) must be reported in Column (8a). You are also required to indicate, on the checklist, whether or not you have included in your claim count any cases that initially included an indemnity reserve, but were subsequently closed with medical payment only. These and other medical only claims must be **excluded** from the counts. **This column is calculated by the NYFCIS.**
- (8b) Closed Indemnity Claim Count – Enter in Column (8b), the count of indemnity claims for each policy year that have been paid in full with no existing outstanding loss or loss expense reserves as of December 31, 2007. Exclude claims that have been resolved on a medical-only basis and claims that have been closed without payment.
- (8c) Open Indemnity Claim Count – Enter in Column (8c), the count of indemnity claims for each policy year as of December 31, 2007 for which outstanding loss or loss expense reserves exist, regardless of whether or not any payments have been made.

If a historical split between open and closed claim counts is unavailable for certain years, enter the total claim count, both open and closed, into the closed paid column. This procedure will ensure that the correct counts are calculated in the total claim count, column (8a).
- (9) & (10) Paid (Indemnity and Medical) - Enter in Columns (9) and (10), respectively, the accumulated Indemnity and Medical paid bsses for each policy year as of December 31, 2007. **These amounts cannot be negative.**
- (9a) & (9b) Paid Losses on Closed Claims - Enter in Columns (9a) and (9b), respectively, the accumulated Indemnity and Medical paid losses for each policy year relating to the closed indemnity claims reported in Column (8b) as of December 31, 2007. *Note: Also, include paid losses on medical-only claims as well as on indemnity claims (even though medical-only claims are not included in column (8b)).*
- (11) & (12) Outstanding Excl. IBNR (Indemnity and Medical) – Column (11) is the sum of Columns (15) and (16). Column (12) is the sum of Columns (17) and (18). **These columns are calculated by the NYFCIS.**

- (13) & (14) IBNR (Indemnity and Medical) - Enter in Columns (13) and (14), respectively, the Indemnity and Medical IBNR as of December 31, 2007. ***These amounts cannot be negative.***
- (15) & (17) Case Reserves (Indemnity and Medical) - Enter in Columns (15) and (17), respectively, Indemnity and Medical reserves established for specific known cases, as of December 31, 2007. ***These amounts cannot be negative.***
- (16) & (18) Bulk Reserves (Indemnity and Medical) - Enter in Columns (16) and (18), respectively, Indemnity and Medical reserves as of December 31, 2006 for general case reserve inadequacy, supplemental case reserves, cases that may reopen, or other reserves which are not associated with specific claims. ***These amounts cannot be negative.***

- Note:*
- a. *The goal of this reporting procedure is to clearly isolate "case" reserves. To accommodate different carrier systems, if bulk reserves cannot be specifically isolated, they may be allocated to the IBNR category.*
- b. *The footnote shown on Sheet 3 requires the percentage discount rate used in evaluating life pension cases (other than those used for placement into the Aggregate Trust Fund). This value can assist the Rating Board in determining possible differences in loss development patterns among carriers as the result of legislated changes in the discount rate. If no discount rate is applied to these cases, an amount of 0% should be shown on the appropriate line. **Omission of this item will constitute an INCOMPLETE Call for data.***

- (19) Paid Defense & Cost Containment Expense (DCC) – Enter in Column (19) the accumulated paid DCC for each of the policy years shown as of December 31, 2007.
- (20) DCC Case Reserves - Enter in Column (20) the DCC reserves established for specific known cases as of December 31, 2007.
- (21) DCC Bulk Reserves - Enter in Column (21) the DCC reserves associated with the establishment of reserves as of December 31, 2007 for general case reserve inadequacy, supplemental case reserves, cases that may reopen, or other reserves which are not associated with specific claims.
- (22) DCC IBNR - Enter in Column (22) DCC reserves associated with IBNR loss reserves as of December 31, 2007.
- (23) Incurred DCC Including IBNR - Sum of Columns (19), (20), (21), and (22). **This column is calculated by the NYFCIS.**

Note: *The reporting of DCC is mandatory for Policy Years 1994 and subsequent. **These amounts cannot be negative.** The Rating Board recognizes that not all carriers establish case reserves for DCC. If case DCC reserves are not established, the reporting of reserves as bulk or IBNR is acceptable.*

- (24) Net Written Premium - Report in Column (24) premiums written on an actual basis *prior* to the application of policyholder dividends, and *after* the application of premium discounts, premium adjustments under the Retrospective Rating Plan, rate deviations, Territory Differential Premium

for construction classes, premium credits under the New York Small Claim Deductible Program, premium credits or debits under Experience Rating and Merit Rating Plans, premium credits and surcharges under New York safety programs, premium credits under independently filed and approved carrier specialty programs (for example, alternative dispute resolution, drug-free workplace, managed care or preferred provider organization programs). *The New York State Assessment, the Workers Compensation Security Fund surcharge and the charges for foreign and domestic terrorism must be excluded from this column.*

- (25) Standard Written Premium - Report in Column (25) the entire written premium resulting from standard rating procedures including premium credits resulting from the use of the New York Construction Classification Premium Adjustment Program, Territory Differential Premium for construction classes, and premium credits or debits under Experience Rating and Merit Rating Plans, but *prior* to the application of rate deviations, premium discounts, policyholder dividends, premium adjustments under the Retrospective Rating Plan, premium credits under the New York Small Claim Deductible Program, premium credits and surcharges under New York safety programs and premium credits under independently filed and approved carrier specialty programs (for example, alternative dispute resolution, drug-free workplace, managed care or preferred provider organization programs), foreign and domestic policy surcharges, the Workers Compensation Security Fund surcharge and the New York State Assessment
- (26) Safety & Specialty Program Adjustments - Enter in Column (26) the policy year earned premium adjustments resulting from New York safety programs and independently filed and approved specialty programs such as alternative dispute resolution, drug-free workplace, managed care and preferred provider organization programs. ***These amounts cannot be negative.*** *Note: For purposes of this Call, specialty programs do not include carrier Dividend or Retention Programs.*
- (27) Premium Discounts - Enter in Column (27) the accumulated premium discounts earned for each of the policy years shown. ***These amounts cannot be negative.***
- (28) Rate Deviations - Enter in Column (28) the policy year earned premium resulting from the application of approved rate deviations. ***These amounts cannot be negative.*** *Any carrier that has received an approved rate deviation and does not show amounts on the appropriate line(s) (or provide a reasonable explanation for their omission) will have its submission rejected for proper completion and will be subject to Incentive Program penalties.*
- (29) Retrospective Rating Adjustments - Enter in Column (29) the accumulated earned premium adjustments resulting from the application of retrospective rating plans for each policy year as of December 31, 2007. These adjustments must be assigned to the original policy year in which the policies were written, not the calendar year in which the adjustments were made.
- (30) Small Deductible Premium Credits - Enter in Column (30) the accumulated earned premium credited to policies written with small deductibles from the New York Small Claim Deductible Program. ***These amounts cannot be negative.***

Note: The sum of Columns (26), (27), (28), (29), (30), and (3) will be calculated by the NYFCIS to produce the amounts shown in Column (1) for each policy year.

C. Catastrophe Number 48 Losses - NY101 Appendix

All losses and expenses from claims that have been designated with Catastrophe Number 48, *in addition* to being included in Sheets 1-6, are to be separately reported in NY101 Appendix as of December 31, 2007. ***These amounts cannot be negative.*** The loss and expense data elements and their definitions are identical to those specified previously. With respect to indemnity claim counts, both open and closed counts for these claims are required. ***Note that the sum of the total loss amounts and claim counts reported in the Appendix for NY 101 plus NY 101D must be equal to the sum of the individually reported Catastrophe Number 48 claims reported in NY 131, Large loss and Catastrophe Call.***

D. Miscellaneous Instructions

1. Assessments

- a) Reported losses must *include* amounts paid into the Vocational Rehabilitation Fund.
- b) Amounts charged to carriers and paid as assessments for the Special Disability Fund, Reopened Case Fund, Workers' Compensation Security Fund, Workers' Compensation Board expenses, the operating expenses of the Special Funds Conservation Committee, or safety training and accident prevention under OSHA programs ***must be EXCLUDED*** from reported paid and incurred losses for all years.

2. Defense & Cost Containment Expense - Reported losses should exclude loss adjustment and all other allocated and unallocated expenses except Employers Liability DCC. DCC for other than Employers Liability claims are to be reported on Sheet 4 of this Call. *Note, that for experience subsequent to January 1, 1998, the new NAIC definition of DCC should be used when reporting this data element. The application of the new definition in this Call must be consistent with the carrier's treatment of DCC on Schedule P.*

3. Reinsurance - Experience reported should be for *direct business only*. No deductions shall be made from premiums and losses for, or on account of, reinsurance ceded. Premiums and losses arising from reinsurance assumed by the reporting company must also be excluded from the experience.

4. Federal Classifications - All Federal classification experience in New York *must be included* in this Call.

5. Excess Policies - Premiums and losses on excess policies must be *excluded* from this Call.

6. Voluntary Reserves - All voluntary reserves and any reserves determined on a statutory formula basis (Schedule P) must be *excluded* from this Call.

II. Calendar-Accident Year Data (Form NY 125, Sheets 1 - 5 and Appendix) - Due April 1, 2008

A. Notes

1. This form requires the reporting of New York Workers Compensation premium data by calendar year and accumulated loss data by accident year evaluated as of December 31, 2007. From the accumulated accident year loss data, calendar year loss data for the latest annual period will also be determined.
2. This Call requires the reporting of premiums for ALL calendar years shown. Therefore, data should be reported in Columns (1), (2) and (3) of Rows (A) through (AU). It is not necessary to complete Columns (1), (2) and (3) of Rows (V), (W) and (X). Note: The 2007 calendar year premiums in Row (AU) of this Call *must* be the same as the calendar year premiums reported on the Policy Year Call (Form NY 101) in Row (X).
3. a. All loss data reported on Rows (A) through (AU) are accumulated totals for each of the indicated accident years *as of December 31, 2007*.
b. All data reported on Row (V) are accumulated totals for all of the accident years *as of December 31, 2007*.
c. All loss data reported in Row (W) are accumulated totals for all accident years as of December 31, 2006. These totals must correspond to the sum of the accident years reported on last year's Call as displayed in Row (V) of that Call. **The NYFCIS will automatically utilize the previous year's Call data to populate this row.**
d. The earliest separately identifiable accident year in this Call is 1987 (Line B). The experience for all accident years prior to 1987 is to be shown on Line A.
e. Beginning with this Call, an additional calendar accident year of data is being added annually until a total of 30 individual years are contained in the Call.
f. The only negative amounts that are acceptable in this Call are those columns associated with calendar year premiums. ***The NYFCIS will not allow negative amounts in any other columns.***
4. Loss data reported on Sheets 1-5 are to *INCLUDE* the experience of all claims relating to the terrorist attacks of September 11, 2001 including those that have been designated as Catastrophe Number 48 cases.

In addition, losses and expenses from claims that have been designated as Catastrophe Number 48 cases are to be reported separately on Page NY125 Appendix, which can be found following Sheet 6.

*However, all loss amounts on Sheets 1-5 must **exclude** latent disease claims emanating from the rescue, recovery and clean-up at the World Trade Center site that have been designated as Catastrophe Number 87 cases*

5. Experience from policies with a large deductible (generally deductibles greater than or equal to \$100,000) shall be *excluded* in this Call. However, experience from policies with small deductibles under the New York Small Claim Deductible Program is to be included.

6. Premiums and losses are to be reported IN WHOLE DOLLARS ONLY.
7. Carrier name must be shown on each report. If this is a group reporting, each carrier writing workers compensation policies in New York State must be listed individually. Carriers are required to submit this Call on the same basis (i.e., group report versus individual company report) as the Call for Policy Year Data (Form NY 101).

B. General Instructions

Calendar Year Accumulated Earned Premium

Column #

- (1) Standard Earned Premium at Rating Board Level - The standard earned premium to be reported in Column (1) is the entire calendar year earned premium resulting from standard rating procedures including premium credits under the New York Construction Classification Premium Adjustment Program, Territory Differential Premium for construction classes and premium credits or debits under Experience Rating and Merit Rating Plans, but *prior* to the application of rate deviations, premium discounts, policyholder dividends, premium adjustments under the Retrospective Rating Plan, premium credits resulting from the use of the New York Small Claim Deductible Program, premium credits and surcharges under New York safety programs and premium credits under independently filed and approved carrier specialty programs (for example, alternative dispute resolution, drug-free workplace, managed care or preferred provider organization programs), the policy charges for foreign and domestic terrorism, the Workers Compensation Security Fund surcharge and the New York State Assessment.
- (2) Standard Earned Premium at Company Level- The standard earned premium shown in Column (1), adjusted for the application of rate deviations, should be shown in Column (2) for each calendar year during which a deviation from Rating Board rates was effective.
- (3) Calendar Year Net Earned Premium - Net earned premium reported in Column (3) shall be the actual earned premium *prior* to the payment of policyholder dividends, but *after* the application of any Retrospective Rating premium adjustments, premium discounts, approved rate deviations, premium credits from the New York Construction Classification Premium Adjustment Program, Territory Differential Premium for construction classes, premium credits resulting from use of the New York Small Claim Deductible Program, premium credits or debits under Experience Rating and Merit Rating Plans, premium credits and surcharges under New York safety programs and premium credits under independently filed and approved carrier specialty programs (for example, alternative dispute resolution, drug-free workplace, managed care or preferred provider organization programs). *Policy charges for foreign and domestic terrorism, the New York Security Fund and New York State Assessment amounts must be **EXCLUDED** from this premium element.*

Note: a. *The New York State Assessments, collected as a separate policy charge by carriers beginning with policies effective April 1, 1994, must be **EXCLUDED** from the premiums reported in this Call. The Assessment amounts must be reported on the Reconciliation Form as part of the*

Statutory Page 14 reporting requirements, but are not to be included on Form NY 125.

- b. Premium amounts from the foreign terrorism policy surcharge (Code 9740) and the domestic terrorism policy surcharge (Code 9741) must be **EXCLUDED** from the premium amounts reported in this Call. The surcharge amounts must be reported on the Reconciliation Page, Form 225.
- c. Premium amounts from the Workers Compensation Security Fund surcharge (Code 9749) must be **EXCLUDED** from the premium amounts reported in this Call. These surcharge amounts must be reported on the Reconciliation Page, Form 225.

Accumulated Accident Year Incurred Losses

- Note:
- a. All loss amounts on this Call must be reported **PRIOR** to the application of any deductible (i.e., on a gross basis)
 - b. Surcharges on hospital and other medical services that are imposed by the New York Health Care Reform Act, effective January 1, 1997, are to be included in the medical losses reported in this Call.
 - c. All loss amounts on Sheets 1-5 must **INCLUDE** claims emanating from the September 11, 2001 terrorist attacks including those that have been designated as Catastrophe Number 48 cases
 - d. All loss amounts on Sheets 1-5 must **exclude** disease claims emanating from the rescue, recovery and clean-up at the World Trade Center site that have been designated as Catastrophe Number 87 cases.
 - e. Reconciliation of this Call to calendar year data from the Policy Year Call will be possible if complete accident year data is being submitted on this year's Call and had been submitted on last year's Call. Row (X) (calendar year figures) will not reconcile unless losses for all accident years are included in both the "as-of" totals (Rows (V) and (W)).
 - f. Negative amounts are not allowed for any loss element.

- (4) Paid – Sum of Columns (9) and (10). **This column is calculated by the NYFCIS.**
- (5) Outstanding Excl. IBNR - Sum of Columns (11) and (12). **This column is calculated by the NYFCIS.**
- (6) IBNR - Sum of Columns (13) and (14). **This column is calculated by the NYFCIS.**
- (7) Incurred Losses Incl. IBNR - Sum of Columns (4), (5) and (6). **This column is calculated by the NYFCIS.**
- (8a) Incurred Indemnity Claim Count – Sum of Columns (8b) and (8c). The incurred indemnity claim count (i.e., the accumulated number of claims for which an indemnity payment has been made and/or an outstanding reserve exists) must be reported in Column (8a). You are also required to indicate,

on the checklist, whether or not you have included in your claim count any cases that initially included an indemnity reserve, but were subsequently closed with medical payments only. These and other medical only claims must be *excluded from the counts*. **This column is calculated by the NYFCIS.**

(8b) Closed Indemnity Claim Count – Enter in Column (8b), the count of indemnity claims for each accident year that have been paid in full with no existing outstanding loss or loss expense reserves as of December 31, 2007. Exclude claims that have been resolved on a medical-only basis and claims that have been closed without payment.

(8c) Open Indemnity Claim Count – Enter in Column (8c), the count of indemnity claims for each accident year as of December 31, 2007 for which outstanding loss or loss expense reserves exist, regardless of whether or not any payments have been made.

If a historical split between open and closed claim counts is unavailable for certain years, enter the total claim count, both open and closed, into the closed paid column, Column (8b). This procedure will ensure that the correct counts are calculated in the total claim count column.

(9) & (10) Paid (Indemnity and Medical) - Enter in Columns (9) and (10), respectively, the accumulated Indemnity and Medical paid losses as of December 31, 2007. ***These amounts cannot be negative.***

(9a) & (9b) Paid Losses on Closed Claims - Enter in Columns (9a) and (9b), respectively, the accumulated Indemnity and Medical paid losses for each accident year relating to the closed indemnity claims reported in Column (8b) as of December 31, 2007. ***These amounts cannot be negative. Note: Also, include paid losses on medical-only claims as well as on indemnity claims (even though medical-only claims are not included in column (8b)).***

(11) & (12) Outstanding Excl. IBNR (Indemnity and Medical) – Column (11) is the sum of Columns (15) and (16). Column (12) is the sum of Columns (17) and (18). ***These columns are calculated by the NYFCIS.***

(13) & (14) IBNR (Indemnity and Medical) - Enter in Columns (13) and (14), respectively, the Indemnity and Medical IBNR as of December 31, 2007. ***These amounts cannot be negative.***

(15) & (17) Case Reserves (Indemnity and Medical) - Enter in Columns (15) and (17), respectively, Indemnity and Medical reserves established for specific known cases, as of December 31, 2007. ***These amounts cannot be negative.***

(16) & (18) Bulk Reserves (Indemnity and Medical) - Enter in Columns (16) and (18), respectively, Indemnity and Medical reserves as of December 31, 2007 for general case reserve inadequacy, supplemental case reserves, cases that may reopen, or other reserves which are not associated with specific claims. ***These amounts cannot be negative.***

Note: The goal of this reporting procedure is to clearly isolate "case" reserves. To accommodate different carrier systems, if bulk reserves cannot be specifically isolated, they may be allocated to the IBNR category.

*The footnote shown on Sheet 3 requires the percentage discount rate used in evaluating life pension cases (other than those used for placement into the Aggregate Trust Fund). This value can assist the Rating Board in determining possible differences in loss development patterns between carriers as the result of legislated changes in the discount rate. If no discount rate is applied to these cases, an amount of 0% should be shown on the appropriate line. **Omission of this item will constitute an INCOMPLETE Call for data.***

- (19) Paid Defense & Cost Containment Expense (DCC) - Enter in Column (19) the accumulated paid ALAE for each of the accident years shown as of December 31, 2007.
- (20) DCC Case Reserves - Enter in Column (20) the DCC reserves established for specific known cases as of December 31, 2007.
- (21) DCC Bulk Reserves - Enter in Column (21) the DCC reserves associated with the establishment of reserves as of December 31, 2007 for general case reserve inadequacy, supplemental case reserves, cases that may reopen, or other reserves which are not associated with specific claims.
- (22) DCC IBNR - Enter in Column (22) DCC reserves associated with IBNR loss reserves as of December 31, 2007.
- (23) Incurred DCC Including IBNR - Sum of Columns (19), (20), (21), and (22). **This column is calculated by the NYFCIS.**

*Note: The reporting of DCC is mandatory for Accident Years 1994 and subsequent. **These amounts cannot be negative.** The Rating Board recognizes that not all carriers establish case reserves for DCC. If case DCC reserves are not established, the reporting of reserves as bulk or IBNR is acceptable.*

C. Catastrophe Number 48 Losses - NY125 Appendix

All losses and expenses from claims that have been designated with Catastrophe Number 48, in addition to being included in Sheets 1-5, are to be separately reported in NY125 Appendix. The loss and expense data elements and their definitions are identical to those specified previously. ***These amounts cannot be negative.*** With respect to indemnity claim counts, *both open and closed counts for these claims are required.* ***Note that the total loss amounts and claim counts reported in this Appendix must be equal to the sum of the two policy year amounts reported in NY101 Appendix***

D. Miscellaneous Instructions

1. Assessments

- a) Reported losses must *include* amounts paid into the Vocational Rehabilitation Fund.
- b) Amounts charged to carriers and paid as assessments for the Special Disability Fund, Reopened Case Fund, Workers' Compensation Security Fund, Workers' Compensation Board expenses, the operating expenses of the Special Funds Conservation Committee, or safety training and accident

prevention under OSHA programs **must be EXCLUDED** from reported paid and incurred losses for all years.

2. Defense & Cost Containment Expense - Reported losses should exclude loss adjustment and all other allocated and unallocated expenses except Employers Liability DCC. DCC for other than Employers Liability claims are to be reported on Sheet 4 of this Call. *Note that, for experience subsequent to January 1, 1998,*
3. *the new NAIC definition of DCC should be used when reporting this data element. The application of the new definition in this Call must be consistent with the carrier's treatment of DCC on Schedule P.*
4. Reinsurance - Experience reported should be for *direct business only*. No deductions shall be made from premiums and losses for, or on account of, reinsurance ceded. Premiums and losses arising from reinsurance assumed by the reporting company must also be excluded from the experience.
5. Federal Classifications - All Federal classification experience in New York must be *included* in this Call.
6. Excess Policies - Premiums and losses on excess policies must be *excluded* from this Call.
7. Voluntary Reserves - All voluntary reserves and any reserves determined on a statutory formula basis (Schedule P) must be *excluded* from this Call.

* * * * *

III. Insurance Expense Exhibit Data (Forms 222 and 223) - Due April 1, 2008

- A. Form 222 - data as reported only on Line 16 (Workers Compensation) in Part II of the 2007 countrywide Insurance Expense Exhibit. *This is data on a NET of reinsurance basis.* Please note that, if Column 15 (General Expenses Incurred) contains credits for servicing carrier allowances, these amounts are to be shown on the designated space at the bottom of this Form.
- B. Form 223 - data as reported only on Line 16 (Workers Compensation) in Part III of the 2007 countrywide Insurance Expense Exhibit. *This is data on a DIRECT basis.* Please note that, if Column 15 (General Expenses Incurred) contains credits for servicing carrier allowances, these amounts are to be shown on the designated space at the bottom of this Form.

Note: *Insurance Expense Exhibit data must be submitted through the NYFCIS via the Internet and a hard copy submission of this data is not acceptable.*

DO NOT submit the Annual Statement to the Rating Board for purposes of this reporting requirement.

Note: *The reporting of data on the Insurance Expense Exhibits is IN THOUSANDS OF DOLLARS and should be reported in that manner on Forms 222 and 223 (this is a different basis than that of Forms NY101 and NY125 which require whole dollars). The reporting basis of expense information must be clearly indicated in the boxes provided on the forms.*

* * * * *

IV. Annual Statement Statutory Page 14 Data - Due April 1, 2008

The Call requires the submission of the New York Statutory Page 14 data from the 2007 Annual Statement via New York Financial Call Information System (NYFCIS). Enter the New York Statutory Page 14 data directly into the system.

Note: Page 14 data must be submitted through the NYFCIS via the Internet and a hard copy submission of this data is not acceptable.

DO NOT submit the Annual Statement to the Rating Board for purposes of this reporting requirement.

* * * * *

V. Reconciliation Page (Form 225) - Due April 1, 2008

A Reconciliation Form (Form 225) *is required from all carriers* to enable the Rating Board to reconcile data reported on its Calls to the carrier's financial records. Form 225 for Calendar Year 2007 is included in the NYFCIS and *it is mandatory that this form be submitted.*

NOTE:

- a. Line 1 of Form 225 will be populated from Statutory Page 14 and Line 2 of Form 225 will be populated from Form NY101 by the NYFCIS.*
- b. An explanation is required if any amount on Line (11) is other than 0. The NYFCIS will not allow a submission of Form 225 without the appropriate explanation.*

* * * * *

VI. No Experience to Report for New York (Form NY325)

For those carriers that have absolutely no New York data to report for any of the Calls, NY325 should be completed and submitted to the Rating Board via the NYCIS, indicating the Call(s) for which no data will be reported in 2008.

NOTE: A carrier that has no New York experience to report, but does write workers compensation in other states, must still submit its Insurance Expense Exhibit data (NY222 and NY223) to the Rating Board via the NYFCIS to fulfill its Call requirement.

NOTE: Carriers that have ceased writing workers compensation business in New York and still have open New York claims must continue to report data on the standard call forms until all claims are closed and must submit Form 225 unless an official exemption in writing has been granted by the Rating Board.

* * * * *

VII. Policy Year Large Deductible Data (Form NY 101D, Sheets 1 through 6 and Appendix) - Due March 15, 2008

A. Notes

1. This form requires the reporting of New York Workers Compensation experience *by policy year* for only those policies written under the terms of a Large Deductible Program. A Large Deductible Program is defined as any independently filed deductible program approved by the New York State Insurance Department. Experience from policies written under the terms of the Rating Board's Small Claim Deductible Program should be reported on the standard Policy Year Call (Form NY 101).
2. ALL OF THE DATA REQUIRED IN THIS CALL, OTHER THAN NET PREMIUMS, MUST BE SUBMITTED ON A **GROSS (PRIOR TO DEDUCTIBLE) BASIS**. Gross reporting refers to standard premium prior to deductible credits. With respect to losses, both paid loss and *all reserves* (including case and IBNR) are to be reported on a first dollar basis, i.e., as if no deductible applied.

Note: Failure to provide data on a gross basis will constitute an incomplete Call and will result in fines under the Rating Board's Financial Data Call Incentive Program. In addition, carriers that submit unacceptable data in terms of gross reporting will be excluded from the ratemaking database and will subsequently be reported to the New York State Insurance Department when the rate filing documents are prepared.

3. a. All data reported on Rows (A) through (T) are accumulated totals for each of the indicated policy years *as of December 31, 2007*.
- b. All data reported on Row (V) are accumulated totals for all policy years *as of December 31, 2007*.
- c. All data reported on Row (W) are accumulated totals for all policy years *as of December 31, 2006*. These totals correspond to the sum of the policy years reported on last year's Call as displayed in Row (V) of that Call. **The NYFCIS will automatically utilize the previous year's Row (V) data that has been sent to each carrier to complete this row.**
4. All data reported on Sheets 1-6 are to **INCLUDE** the experience of all claims relating to the terrorist attacks of September 11, 2001 including those that have been designated as Catastrophe Number 48 cases.

In addition, losses and expenses from claims that have been designated as Catastrophe Number 48 cases are also to be reported separately on Page NY101D Appendix, which can be found following sheet 6.

All data reported on Sheets 1 – 6 are to **EXCLUDE** occupational disease claims emanating from the rescue, recovery and clean-up at the World Trade Center site and designated as Catastrophe Number 87 cases.

5. Premiums and losses are to be reported IN WHOLE DOLLARS ONLY. Rounding to amounts other than one dollar (for example-nearest thousand dollars) is not acceptable.

6. Carrier name will be shown on each sheet of each report. If this is a group reporting, each carrier writing large deductible workers compensation policies in New York must be listed individually on the reporting form.
7. The only negative amounts that are acceptable in this Call are those that may be derived in Row (X), Calendar Year Experience, and those that may be reported in Column (29), Retrospective Rating Adjustments. ***The NYFCIS will not allow negative amounts in any other rows or columns.***

B. General Instructions

Policy Year Accumulated Earned Premium

Column #

- (1) Standard At Rating Board Level - Report the entire earned premium resulting from standard rating procedures including premium credits resulting from the use of the New York Construction Classification Premium Adjustment Program, Territory Differential Premium for construction classes and premium credits or debits under Experience Rating and Merit Rating Plans, but *prior* to the application of rate deviations, premium discounts, policyholder dividends, premium adjustments under the Retrospective Rating Plan, premium credits under large deductible programs, premium credits and surcharges under New York safety programs, premium credits under independently filed and approved carrier specialty programs (for example, alternative dispute resolution, drug-free workplace, managed care or preferred provider organization programs), foreign and domestic terrorism charges, the Workers Compensation Security Fund surcharge and the New York State Assessment. **This column is calculated by the NYFCIS.**
- (2) Standard At Company Level - The standard earned premium shown in Column (1), adjusted for the application of rate deviations, should be shown for each policy year during which a deviation from Rating Board rates became effective.
- (3) Net - Report the actual earned premium *prior* to the payment of policyholder dividends, but *after* the application of any Retrospective Rating premium adjustments, premium discounts, approved rate deviations, premium credits from the New York Construction Classification Premium Adjustment Program, Territory Differential Premium for construction classes, premium credits or debits under Experience Rating and Merit Rating Plans, premium credits under large deductible programs, premium credits and surcharges under New York safety programs and premium credits under independently filed and approved carrier specialty programs (for example, alternative dispute resolution, drug-free workplace, managed care or preferred provider organization programs). *The New York State Assessment, the Workers Compensation Security Fund surcharge and the foreign and domestic terrorism policy surcharge amounts are to be excluded from this column.*

Note: *The New York State Assessments, collected as a separate identifiable policy charge by carriers beginning with policies effective April 1, 1994, must be **EXCLUDED** from the premiums reported in this Call. The Assessment amounts must be included on the Reconciliation Form (Form 225), which is part of the Statutory Page 14 reporting requirements but are not to be included on Form NY 101D.*

Premium from the foreign terrorism policy surcharge (Code 9740) and the domestic terrorism policy surcharge (Code 9741) must be **EXCLUDED** from the premium amounts reported in this Call. These surcharge amounts must be reported on the Reconciliation Page, Form 225.

Premium amounts from the Workers Compensation Security Fund surcharge (Code 9749) must be **EXCLUDED** from the premium amounts reported in this Call. These surcharge amounts must be reported on the Reconciliation Page, Form 225.

Accumulated Policy Year Incurred Losses

- Note:
- a. **All losses, both paid losses and all reserves, must be reported on a first dollar basis (i.e., prior to the application of a deductible).**
 - b. *Surcharges on hospital and other medical services that are imposed by the New York Health Care Reform Act, effective January 1, 1997, are to be **included** in the medical losses reported in this Call.*
 - c. *All loss amounts on Sheets 1-6 must **INCLUDE** claims emanating from the September 11, 2001 terrorist attacks including those that have been designated as Catastrophe 48.*
In addition, aggregate losses and expenses from claims that have been designated as Catastrophe Number 48 cases must be reported separately on Page NY101D Appendix
 - d. *All loss amounts on Sheets 1-6 must **exclude** disease claims emanating from the rescue, recovery and clean-up at the World Trade Center site that have been designated as Catastrophe Number 87 cases.*

Column

- (4) Paid - Sum of Columns (9) and (10). **This column is calculated by the NYFCIS.**
- (5) Outstanding Excl. IBNR – Sum of Columns (11) and (12). **This column is calculated by the NYFCIS.**
- (6) IBNR – Sum of Columns (13) and (14). **This column is calculated by the NYFCIS.**
- (7) Incurred Losses Incl. IBNR - Sum of Columns (4), (5) and (6). **This column is calculated by the NYFCIS.**
- (8a) Incurred Indemnity Claim Count – Sum of Columns (8b) and (8c). The incurred indemnity claim count (i.e., the accumulated number of claims for which an indemnity payment has been made and/or an outstanding reserve exists) must be reported in Column (8a). You are also required to indicate, on the checklist, whether or not you have included in your claim count any cases that initially included an indemnity reserve, but were subsequently closed with medical payment only. These and other medical only claims must be *excluded* from the counts. **This column is calculated by the NYFCIS.**

- (8b) Closed Indemnity Claim Count – Enter in Column (8b), the count of indemnity claims for each policy year that have been paid in full with no existing outstanding loss or loss expense reserves as of December 31, 2007. Exclude claims that have been resolved on a medical-only basis and claims that have been closed without payment.
- (8c) Open Indemnity Claim Count – Enter in Column (8c), the count of indemnity claims for each policy year as of December 31, 2007 for which outstanding loss or loss expense reserves exist, regardless of whether or not any payments have been made.
- (9) & (10) Paid (Indemnity and Medical) - Enter in Columns (9) and (10), respectively, the Indemnity and Medical Paid Losses for each policy year as of December 31, 2007. **These amounts cannot be negative.**
- (9a) & (9b) Paid Losses on Closed Claims - Enter in Columns (9a) and (9b), respectively, the accumulated Indemnity and Medical paid losses for each policy year relating to the closed indemnity claims reported in Column (8b) as of December 31, 2007. *Note: Also, include paid losses on medical-only claims as well as on indemnity claims (even though medical-only claims are not included in column (8b)).* **These amounts cannot be negative.**
- (11) & (12) Outstanding Excl. IBNR (Indemnity and Medical) - Column (11) is the sum of Columns (15) and (16). Column (12) is the sum of Columns (17) and (18). **These columns are calculated by the NYFCIS.**
- (13) & (14) IBNR (Indemnity and Medical) - Enter in Columns (13) and (14), respectively, the Indemnity and Medical IBNR as of December 31, 2007. **These amounts cannot be negative.**
- (15) & (17) Case Reserves (Indemnity and Medical) - Enter in Columns (15) and (17), respectively, Indemnity and Medical reserves established for specific known cases as of December 31, 2007. **These amounts cannot be negative.**
- (16) & (18) Bulk Reserves (Indemnity and Medical) - Enter in Columns (16) and (18), respectively, Indemnity and Medical reserves as of December 31, 2007 for general case reserve inadequacy, supplemental case reserves, cases that may reopen, or other reserves which are not associated with specific claims. **These amounts cannot be negative.**

Note: The goal of this reporting procedure is to clearly isolate "case" reserves. To accommodate different carrier systems, if bulk reserves cannot be specifically isolated, they may be allocated to the IBNR category.

*The footnote shown on Sheet 3 requires the percentage discount rate used in evaluating life pension cases (other than those used for placement into the Aggregate Trust Fund). This value can assist the Rating Board in determining possible differences in loss development patterns among carriers as the result of legislated changes in the discount rate. If no discount rate is applied to these cases, an amount of 0% should be shown on the appropriate line. **Omission of this item will constitute an INCOMPLETE Call for data.***

- (19) Paid Defense & Cost Containment Expense (DCC) - Column (19), enter the accumulated paid DCC for each of the policy years shown as of December 31, 2007.

- (20) DCC Case Reserves - Enter in Column (20), the DCC reserves established for specific known cases as of December 31, 2007.
- (21) DCC Bulk Reserves - Enter in Column (21), the DCC reserves associated with the establishment of reserves as of December 31, 2007 for general case reserve inadequacy, supplemental case reserves, cases that may reopen, or other reserves which are not associated with specific claims.
- (22) DCC IBNR - Enter in Column (22), DCC reserves associated with IBNR loss reserves as of December 31, 2007.
- (23) Incurred DCC Including IBNR - Sum of Columns (19), (20), (21), and (22). **This column is calculated by the NYFCIS.**

Note: *The reporting of DCC is mandatory for Policy Years 1994 and subsequent. These amounts cannot be negative. The Board recognizes that not all carriers establish case reserves for DCC. If case DCC reserves are not established, the reporting of reserves as bulk or IBNR is acceptable.*

- (24) Net Written Premium - Report in Column (24) premiums written on an actual basis *prior* to the application of policyholder dividends, and *after* the application of premium discounts, premium adjustments under the Retrospective Rating Plan, rate deviations, premium credits from the New York Construction Classification Premium Adjustment Program, Territory Differential Premium for construction classes, premium credits or debits under Experience Rating and Merit Rating Plans, premium credits under large deductible programs, premium credits and surcharges under New York safety programs and premium credits under independently filed and approved carrier specialty programs (for example, alternative dispute resolution, drug-free workplace, managed care or preferred provider organization programs). *The New York State Assessment, the Workers Compensation Security Fund surcharge and the charges for foreign and domestic terrorism must be **excluded** from this column.*
- (25) Standard Written Premium - Report in Column (25) the entire written premium resulting from standard rating procedures including premium credits from the New York Construction Classification Premium Adjustment Program, Territory Differential Premium for construction classes and premium credits or debits under Experience Rating and Merit Rating Plans, but *prior* to the application of rate deviations, premium discounts, policyholder dividends, premium adjustments under the Retrospective Rating Plan, premium credits under large deductible programs, premium credits and surcharges under New York safety programs, premium credits under independently filed and approved carrier specialty programs (for example, alternative dispute resolution, drug-free workplace, managed care or preferred provider organization programs), foreign and domestic policy charges, the Workers Compensation Security Fund surcharge and the New York State Assessment.
- (26) Safety & Specialty Program Adjustments - Enter in Column (26) the policy year earned premium adjustments resulting from New York safety programs and independently filed and approved specialty programs such as alternative dispute resolution, drug-free workplace, managed care and preferred organization programs. *These amounts cannot be negative.*

Note: that for purposes of this Call, the specialty programs do not include carrier dividend or retention programs.

- (27) Premium Discounts - Enter in Column (27) the accumulated premium discounts earned for each of the policy years shown. ***These amounts cannot be negative.***
- (28) Rate Deviations - Enter in Column (28) the policy year earned premium resulting from the application of approved rate deviations. ***These amounts cannot be negative. Any carrier that has received an approved rate deviation and has received an approved rate deviation and does not show amounts on the appropriate line(s) (or provide a reasonable explanation for their omission) will have its submission rejected for proper completion.***
- (29) Retrospective Rating Adjustments - Enter in Column (29) the accumulated earned premium resulting from the application of retrospective rating plans for each policy year as of December 31, 2007. These adjustments must be assigned to the original policy year in which the policies were written, *not* the calendar year in which the adjustment were made.
- (30) Large Deductible Premium Credits - Enter in Column (30) the accumulated policy year earned premium credits resulting from the application of an approved large deductible program. ***These amounts cannot be negative.***

*Note: The sum of Columns (26), (27), (28), (29), (30) and (3) will be calculated by the NYFCIS to produce the amounts shown in Column (1) for each policy year. **This column is calculated by the NYFCIS***

C. Catastrophe Number 48 Losses - NY101D Appendix

All losses and expenses from claims that have been designated with Catastrophe Number 48, in addition to being included in Sheets 1-6, **must** be separately reported in NY101D Appendix as of December 31, 2007. ***These amounts cannot be negative.*** The loss and expense data elements and their definitions are identical to those specified previously. With respect to indemnity claim counts, both open and closed counts for these claims are required. ***Note that the sum of the total loss amounts and claim counts reported in the Appendix for NY 101 plus NY 101D must be equal to the sum of the individually reported Catastrophe Number 48 claims reported in NY 131, Large loss and Catastrophe Call.***

D. Miscellaneous Instructions

1. Assessments

- a) Reported losses must *include* amounts paid into the Vocational Rehabilitation Fund.
- b) Amounts charged to carriers and paid as assessments for the Special Disability Fund, Reopened Case Fund, Workers' Compensation Security Fund, Workers' Compensation Board expenses, the operating expenses of the Special Funds Conservation Committee, or safety training and accident prevention under OSHA programs ***must be EXCLUDED*** from reported paid and incurred losses for all years.

2. Defense & Cost Containment Expense (DCC) - Reported losses should exclude defense & cost containment expense and all unallocated expenses except Employers Liability defense & cost containment expense. DCC expenses for other than Employers Liability claims are to be reported on Sheet 4 of this Call. *Note that, for experience subsequent to January 1, 1998, the new NAIC definition of DCC should be used when reporting this data element. The application of the new definition in this Call must be consistent with the carrier's treatment of DCC on Schedule P.*
3. Reinsurance - Experience reported should be for *direct business only*. No deductions shall be made from premiums and losses for, or on account of,
 4. reinsurance ceded. Premiums and losses arising from reinsurance assumed by the reporting company must also be excluded from the experience.
5. Federal Classifications - All Federal classification experience in New York must be *included* in this Call.
6. Excess Policies - Premium and losses on excess policies must be *excluded* from this Call.
7. Voluntary Reserves - All voluntary reserves and any reserves determined on a statutory formula basis (Schedule P) must be *excluded* from this Call.

VIII. Calendar-Accident Year Large Deductible Data (Form NY 125D, Sheets 1 through 5 and Appendix) - Due April 1, 2008

A. Notes

1. This form requires the reporting of New York Workers Compensation premium data by calendar year and accumulated loss data by accident year evaluated as of December 31, 2007 for only those policies written under the terms of a Large Deductible Program.
2. **ALL OF THE DATA REQUIRED IN THIS CALL, OTHER THAN NET PREMIUMS, MUST BE SUBMITTED ON A GROSS (PRIOR TO DEDUCTIBLE) BASIS.** Gross reporting refers to standard premium prior to deductible credits. With respect to losses, both paid loss and *all reserves* (including case and IBNR) are to be reported on a first dollar basis, i.e., as if no deductible applied.

Note: Failure to provide data on a gross basis will constitute an incomplete Call and will result in fines under the Rating Board's Financial Data Call Incentive Program. In addition, carriers that submit unacceptable data in terms of gross reporting will be excluded from the ratemaking database and will subsequently be reported to the New York State Insurance Department when the rate filing documents are prepared.

3. The only negative amounts that are acceptable in this Call are those columns associated with calendar year premiums. ***The NYFCIS will not allow negative amounts in any other columns.***
4.
 - a. All loss data reported on Rows (A) through (T) are accumulated totals for each of the indicated accident years *as of December 31, 2007.*
 - b. All loss data reported on Row (V) are accumulated totals for all reported accident years *as of December 31, 2007.*
 - c. All loss data reported on Row (W) are accumulated totals for all previously reported accident years *as of December 31, 2006.* **The NYFCIS will automatically utilize the previous year's call data to complete this row.**
5. All data reported on Sheets 1-5 are to INCLUDE the experience of all claims relating to the terrorist attacks of September 11, 2001 including those that have been designated as Catastrophe Number 48 cases.

In addition, losses and expenses from claims that have been designated as Catastrophe Number 48 cases must be reported separately on Page NY125D Appendix, which can be found following Sheet 5.

*However, all loss amounts on Sheets 1-5 must **exclude** disease claims emanating from the rescue, recovery and clean-up at the World Trade Center site that have been designated as Catastrophe Number 87 cases*

6. Premiums and losses are to be reported IN WHOLE DOLLARS ONLY. Rounding to amounts other than one dollar (for example-nearest thousand dollars) is not acceptable.
7. Carrier name will be shown on each sheet of each report. If this is a group reporting, each carrier that writes workers compensation in New York must be listed individually on the reporting form. Carriers are required to submit this Call on the same basis (i.e., group report versus individual company report) as the Call for Large Deductible Policy Year Data (Form NY 101D).

B. General Instructions

Calendar Year Accumulated Earned Premium

Column #

(1) Standard Earned Premium at Rating Board Level

The standard earned premium to be reported in Column (1) is the entire calendar year earned premium resulting from standard rating procedures including premium credits under the New York Construction Classification Premium Adjustment Program, Territory Differential Premium for construction classes and premium credits or debits under Experience Rating and Merit Rating Plans, but *prior* to the application of rate deviations, premium discounts, policyholder dividends, premium adjustments under the Retrospective Rating Plan, premium credits under large deductible programs, premium credits and surcharges under New York safety programs, premium credits under independently filed and approved carrier specialty programs (for example, alternative dispute resolution, drug-free workplace, managed care or preferred provider organization programs), the policy charges for foreign and domestic

terrorism, the Workers Compensation Security Fund surcharge and the New York State Assessment. **This column is calculated by the NYFCIS.**

(2) Standard Earned Premium at Company Level

The standard earned premium shown in Column (1), adjusted for the application of rate deviations, should be shown in Column (2) for each calendar year during which a deviation from Rating Board rates was effective.

(3) Calendar Year Net Earned Premium

Net earned premium reported in Column (3) shall be the actual earned premium *prior* to the payment of policyholder dividends, but *after* the application of any Retrospective Rating premium adjustments, premium discounts, approved rate deviations, premium credits from the New York Construction Classification Premium Adjustment Program, Territory Differential Premium for construction classes, premium credits or debits under Experience Rating and Merit Rating Plans, premium credits under large deductible programs, premium credits and surcharges under New York safety programs and premium credits under independently filed and approved carrier specialty programs (for example, alternative dispute resolution, drug-free workplace, managed care or preferred provider organization programs). *Policy charges for foreign and domestic terrorism and the Workers Compensation Security Fund, and New York State Assessment amounts must be **excluded** from this premium element.*

*Note: The New York State Assessments, collected as a separate policy charge by carriers beginning with policies effective April 1, 1994, must be **EXCLUDED** from the premiums reported in this Call. The Assessment amounts must be included on the Reconciliation Form (Form 225), which is part of the Statutory Page 14 reporting requirements, but are not to be included on Form NY 125D.*

*Premium from the foreign terrorism policy surcharge (Code 9740) and the domestic terrorism policy surcharge (Code 9741) must be **EXCLUDED** from the premium amounts reported in this Call. These surcharge amounts must be reported on the Reconciliation Page, Form 225.*

*Premium amounts from the Workers Compensation Security Fund surcharge (Code 9749) must be **EXCLUDED** from the premium amounts reported in this Call. These surcharge amounts must be reported on the Reconciliation Page, Form 225.*

Accumulated Accident Year Incurred Losses

- Note:*
- a. *All loss amounts, including both paid losses and all reserves, on this Call are required to be reported **PRIOR** to the application of a deductible (i.e., on a first dollar basis).*
 - b. *Surcharges on hospital and other medical services that are imposed by the New York Health Care Reform Act, effective January 1, 1997, are to be included in the medical losses reported in this Call.*
 - c. *All loss amounts on Sheets 1-5 must **INCLUDE** claims emanating from*

the September 11, 2001 terrorist attacks including those that have been designated as Catastrophe Number 48 cases.

*d. All loss amounts on Sheets 1-5 must **exclude** disease claims emanating from the rescue, recovery and clean-up at the World Trade Center site that have been designated as Catastrophe Number 87 cases.*

- (4) Paid – Sum of Columns (9) and (10). **This column is calculated by the NYFCIS.**
- (5) Outstanding Excl. IBNR – Sum of Columns (11) and (12). **This column is calculated by the NYFCIS.**
- (6) IBNR - Sum of Columns (13) and (14). **This column is calculated by the NYFCIS.**
- (7) Incurred Losses Incl. IBNR – Sum of Columns (4), (5) and (6). **This column is calculated by the NYFCIS.**
- (8a) Incurred Indemnity Claim Count – Sum of Columns (8b) and (8c). The incurred indemnity claim count (i.e., the accumulated number of claims for which an indemnity payment has been made and/or an outstanding reserve exists) must be reported in Column (8a). You are also required to indicate, on the checklist, whether or not you have included in your claim count any cases that initially included an indemnity reserve, but were subsequently closed with medical payment only. These and other medical only claims must be *excluded* from the counts. **This column is calculated by the NYFCIS.**
- (8b) Closed Indemnity Claim Count – Enter in Column (8b), the count of indemnity claims for each accident year that have been paid in full with no existing outstanding loss or loss expense reserves as of December 31, 2007. Exclude claims that have been resolved on a medical-only basis and claims that have been closed without payment.
- (8c) Open Indemnity Claim Count – Enter in Column (8c), the count of indemnity claims for each accident year as of December 31, 2007 for which outstanding loss or loss expense reserves exist, regardless of whether or not any payments have been made.

If a historical split between open and closed claim counts is unavailable for certain years, enter the total accumulated claim count, both open and closed, into the closed paid column, Column (8b). This procedure will ensure that the correct counts are displayed in the total claim count column.

- (9) & (10) Paid (Indemnity and Medical) - Enter in Columns (9) and (10), respectively, the accumulated Indemnity and Medical paid losses as of December 31, 2007. **These amounts cannot be negative.**
- (9a) & (9b) Paid Losses on Closed Claims - Enter in Columns (9a) and (9b), respectively, the accumulated Indemnity and Medical paid losses for each accident year relating to the closed indemnity claims reported in Column (8b) as of December 31, 2007. **These amounts cannot be negative.** *Note: Also, include paid losses on medical-only claims as well as on indemnity claims (even though medical-only claims are not included in column (8b)).*

- (11) & (12) Outstanding Excl. IBNR (Indemnity and Medical) - Column (11) is the sum of Columns (15) and (16). Column (12) is the sum of Columns (17) and (18). **These columns are calculated by the NYFCIS.**
- (13) & (14) IBNR (Indemnity and Medical) - Enter in Columns (13) and (14), respectively, the Indemnity and Medical IBNR as of December 31, 2007. **These amounts cannot be negative.**
- (15) & (17) Case Reserves (Indemnity and Medical) - Enter in Columns (15) and (17), respectively, Indemnity and Medical reserves established for specific known cases as of December 31, 2007. **These amounts cannot be negative.**
- (16) & (18) Bulk Reserves (Indemnity and Medical) - Enter in Columns (16) and (18), respectively, Indemnity and Medical reserves as of December 31, 2007 for general case reserve inadequacy, supplemental case reserves, cases that may reopen, or other reserves which are not associated with specific claims. **These amounts cannot be negative.**

Note: The goal of this reporting procedure is to clearly isolate "case" reserves. To accommodate different carrier systems, if bulk reserves cannot be specifically isolated, they may be allocated to the IBNR category.

*A footnote is shown on Sheet 3 that requires each carrier to indicate the percentage discount rate used in evaluating life pension cases (other than those used for placement into the Aggregate Trust Fund). This value can assist the Rating Board in determining possible differences in loss development patterns among carriers as the result of legislated changes in the discount rate. If no discount rate is applied to these cases, an amount of 0% should be shown on the appropriate line. **Omission of this item will constitute an INCOMPLETE Call for data.***

- (19) Paid Defense & Cost Containment Expense (DCC) - Enter in Column (19) the accumulated paid DCC for each of the accident years shown as of December 31, 2007. These amounts cannot be negative.
- (20) DCC Case Reserves - Enter in Column (20) the DCC reserves established for specific known cases *as of December 31, 2007.*
- (21) DDC Bulk Reserves - Enter in Column (21) the DDC reserves associated with the establishment of reserves as of December 31, 2007 for general case reserve inadequacy, supplemental case reserves, cases that may reopen, or other reserves which are not associated with specific claims.
- (22) DCC IBNR - Enter in Column (22) DCC reserves associated with IBNR loss reserves as of *December 31, 2007.*
- (23) Incurred DCC Including IBNR - Sum of Columns (19), (20), (21), and (22). **This column is calculated by the NYFCIS.**

*Note: The reporting of defense & cost containment is mandatory for Accident Years 1994 and subsequent. **These amounts cannot be negative.** The Rating Board recognizes that not all carriers establish case reserves for DDC. If case DDC reserves are not established, the reporting of reserves as bulk or IBNR is acceptable.*

C. Catastrophe Number 48 Losses - NY125D Appendix

All losses and expenses from claims that have been designated with Catastrophe Number 48, in addition to being included in Sheets 1-5, are to be separately reported in NY125D Appendix as of December 31, 2007. **These amounts cannot be negative.** The loss and expense data elements and their definitions are identical to those specified previously. With respect to indemnity claim counts, *both open and closed counts for these claims are required.* **NOTE that the total loss amounts and claim counts reported in this Appendix must be equal to the sum of the two policy year amounts reported in NY101D Appendix.**

D. Miscellaneous Instructions

1. Assessments

- a) Reported losses must include amounts paid into the Vocational Rehabilitation Fund.
- b) Amounts charged to carriers and paid as assessments for the Special Disability Fund, Reopened Case Fund, Workers' Compensation Security Fund, Workers' Compensation Board expenses, the operating expenses of the Special Funds Conservation Committee, or safety training and accident prevention under OSHA programs **must be EXCLUDED** from reported paid and incurred losses for all years.

2. Defense & Cost Containment Expense (DCC) - Reported losses should exclude defense & cost containment expense and unallocated loss expense except Employers Liability defense & cost containment expense. Defense & cost containment expenses for other than Employers Liability claims are to be reported on Sheet 4 of this Call. *Note that, for experience subsequent to January 1, 1998, the new NAIC definition of DCC should be used when reporting this data element. The application of the new definition in this Call must be consistent with the carrier's treatment of DCC on Schedule P.*

3. Reinsurance - Experience reported should be for *direct business only*. No deductions shall be made from premiums and losses for, or on account of, reinsurance ceded. Premiums and losses arising from reinsurance assumed by the reporting company must also be excluded from the experience.

4. Federal Classifications - All Federal classification experience in New York must be *included* in this Call.

5. Excess Policies - Premiums and losses on excess policies must be *excluded* from this Call.

6. Voluntary Reserves - All voluntary reserves and any reserves determined on a statutory formula basis (Schedule P) must be *excluded* from this Call.

* * * * *

IX. New York Financial Call Information System[®] (NYFCIS)

The New York Financial Call Information System[®] (NYFCIS) is the only vehicle for the submission of all required New York workers compensation financial data.

The New York Financial Call Information System[®] (NYFCIS) is a Web-based system, designed for the reporting of all of the New York Financial Data Calls specified in this notice.

The previous years' Financial Call data for your company is available within the NYFCIS.

Please go to <http://nyfcis.nycirb.org> for instructions regarding the use of this system for the reporting of New York financial data.

All New York forms can be generated by the NYFCIS and must be submitted to the Rating Board via Internet in the NYFCIS format. FAX, HARDCOPY, TEXT FILE, and EXCEL SPREADSHEET SUBMISSIONS ARE NOT ACCEPTABLE.

DATA REPORTING

NEW YORK FINANCIAL CALL INFORMATION SYSTEM © (NYFCIS)

The New York Financial Call Information System© (NYFCIS) is a Web based application for the on-line reporting of all New York Data Calls and is the sole mechanism for the reporting of New York workers compensation aggregate financial data and special call information.

This on-line system is intended to enhance efficiency in the processing of this data for both the carriers and Rating Board, and to also improve the timeliness and accuracy of the reported data.

The NYFCIS Web site is a secure site and a carrier may only access its own data within this system.

All instructions and other information regarding the use of the Web site for reporting New York aggregate financial data and special call data can be found at <http://nyfcis.nycirb.org>.

DATA REPORTING

NEW YORK DATA CALL INCENTIVE PROGRAM

The timely and accurate submission of carrier data enables the Rating Board to effectively fulfill its mission as the designated data collection organization for workers compensation in New York.

To encourage member carriers to satisfy their obligations to report the requested Call information in an accurate and timely manner, the New York Data Call Incentive Program (NYDCIP) applies as set forth below.

This program shall apply to *each* of the following annual Financial Calls for data: Policy Year Call (Form NY 101), Policy Year Large Deductible Call (Form NY 101D), Accident Year Call (Form NY 125), Accident Year Large Deductible Call (Form NY 125D) and Appendices to each of the aforementioned Calls. In addition, the reporting of the Insurance Expense Exhibit data (Forms NY 222 and 223), Statutory Page 14 (Form NY 214) and the Data Reconciliation (Form NY 225) are also included in the NYDCIP. Furthermore, the Special Calls for Individual Large Loss and Catastrophe Claims (Form NY 131), Individual Section 32 Claims (Form NY 132), Individual Employer Liability Claims (Form NY 141) and the Call for Individual Carrier Direct Written Premium (Form NY 115) are likewise subject to the NYDCIP.

For the purpose of this program, any Call that is submitted later than the Call due date will be considered a late submission. A submission will be considered late and charges will accrue for each Call until the Call is received.

Resubmissions of a previously submitted Call, whether voluntary by the carrier or required by the Rating Board as a result of its review of the submission, are subject to the provisions of the NYDCIP.

The financial penalties imposed by the NYDCIP consist of four parts – an amount for late submissions based on the number of days late and a carrier's market share; an amount for errors made by the carrier on the experience submitted; a charge for failure of a carrier to respond to Rating Board inquiries; and a resubmission charge.

Penalty Formula

The total charge for overdue and incorrect reporting of financial data will be calculated as follows:

$$A = (N \times \$100) + [(S \times B \times 100) \times \$250] + [(S \times C \times 100) \times \$500] + E + P + L$$

Where, A = Total Penalty Charge

B = 1 to 10 business days late

C = 11 + business days late

N = Total number of business days late

S = Market share equal to the proportion of the carrier's direct written premium to the total New York workers compensation written premium (excluding The State Insurance Fund) for the period t-2 (where t equals the current calendar year). Source data is NY 115 – Call for Direct Written Premium.

E = Error Correction Charges:

- (1) No charge for an error(s) that is found by the Rating Board but is correctable without further carrier involvement.

- (2) \$150 flat charge for each error found by the Rating Board which needs to be corrected by the carrier and is resubmitted to the Rating Board within 5 business days after the carrier has been notified of the error.
- (3) A \$250 flat charge per day for each error not corrected and resubmitted within 5 business days from the date that the carrier was notified by the Rating Board of the error.
- (4) \$500 flat charge that results from the carrier's data being excluded from the general rate revision due to either a failure to report a Call or significant errors in the submitted data. Erroneous submissions are also subject to the basic daily charges until corrected.

P = \$150 per day flat charge for each day after 5 business days that a carrier fails to respond to a Rating Board data inquiry (phone call, email, letter), whether or not a correction is required.

L = Resubmission Charge (\$150)

The maximum penalty for *each* Call under this program will be \$2,500 or 0.1% of the carrier's calendar year written premium, whichever is greater (not to exceed \$30,000 per Call).

Appeal Process

If a carrier objects to a fine amount that has been imposed, it can appeal the application of the NYDCIP.

To be considered for review, a written request explaining the reason(s) for the appeal must be submitted to the Actuarial Department of the Rating Board within 30 days of the date on the invoice that was sent by the Rating Board to the carrier.

Once the written appeal is received, the following action will be taken:

A staff member will acknowledge receipt of the appeal and inform the carrier that its appeal will be reviewed.

The Rating Board will review the appeal of the carrier and, within 30 days, grant the carrier's request or sustain the original fine(s) and/or report card grades.

The carrier, if not satisfied with the staff decision, may then request, in writing, a reconsideration of the decision, or a conference with the Rating Board staff to resolve any differences. This request should contain supporting documentation and be addressed directly to the Rating Board's Vice President & Actuary for resolution.

If all of the above fails to resolve the issue(s), then an appeal directly to the President of the Rating Board may be made.

DATA REPORTING

NEW YORK FINANCIAL DATA CALLS - DATA QUALITY STANDARDS

In order to help ensure data quality, the NYFCIS[®] automatically performs arithmetic functions and populates certain data cells with data entered in other cells that have the same definition and valuation. This process ensures that the submitted data is consistent within and between the various Call forms.

Relational edits that are currently performed by the Rating Board staff will be incorporated into the NYFCIS[®] on an ongoing basis.

As part of its monitoring efforts, and to provide the carriers with information regarding the quality of the reported financial data, the Rating Board issues Report Cards to every carrier several months after each year's Call process has concluded.

The report cards provide grades for each of the annual Financial Data Calls and are comprised of two sections, one for timeliness and one for data quality. Grades are assigned for timeliness on the basis of when each Call is received relative to its respective due date. Data quality grades are reflective of any errors in the data or resubmissions of previously reported Call data.

A sample Report Card is shown below.

NEW YORK COMPENSATION INSURANCE RATING BOARD							
2007 FINANCIAL DATA CALL REPORT CARD							
Carrier:							
Data Call	Policy Year Excl. Large Ded. NY 101	Policy Year Large Ded. NY 101D	Accident Year Excl. Large Ded. NY 125	Accident Year Large Ded. NY125D	Insurance Expense Exhibit NY 222 & NY 223	Annual Statement Stat NY Page 14	Reconciliation Form 225
Due Date	3/15/08	3/15/08	4/1/08	4/1/08	4/1/08	4/1/08	4/1/08
Timeliness Grade:							
Data Quality Grade:							

<p><u>Explanation of Timeliness Grade:</u></p> <p>A 0 days late</p> <p>B 1-3 days late</p> <p>C 4-5 days late</p> <p>D 6-10 days late</p> <p>F >10 days late</p>	<p><u>Explanation of Data Quality Grade:</u></p> <p>A 0 Errors Detected by NYCIRB</p> <p>B Errors Corrected by NYCIRB with no Carrier Involvement</p> <p>C Errors Corrected by Carrier within 5 days (requested by NYCIRB or Voluntary Resubmission)</p> <p>D Errors Corrected by Carrier after 5 days (requested by NYCIRB or Voluntary Resubmission)</p> <p>F Errors Precluded Carrier Data from being included in the General Rate Revision</p>
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DATA REPORTING

NEW YORK COMPENSATION INSURANCE RATING BOARD

NYFCIS© Edits for 2008

Edit #	Error #	Edit Description	Included New York Calls	Error Description
1.0	101.0	CALENDAR YEAR PREMIUM SHOULD BE EQUAL TO AMOUNT FROM PREVIOUS VALUATION (applies only to the 4 earlier of the 5 required years to be reported)	NY 125 & NY 125D	Calendar Year Std Premium (Col. 1) on current call not equal to previous valuation. Current Amount: ____ Previous Amount: _____. Calendar year premium does not normally change from valuation to valuation. Please correct the data.
1.0	102.0	CALENDAR YEAR PREMIUM SHOULD BE EQUAL TO AMOUNT FROM PREVIOUS VALUATION (applies only to the 4 earlier of the 5 required years to be reported)	NY 125 & NY 125D	Calendar Year StdPremium (Col. 2) on current call not equal to previous valuation. Current Amount: ____ Previous Amount: _____. Calendar year premium does not normally change from valuation to valuation. Please correct the data.
1.0	103.0	CALENDAR YEAR PREMIUM SHOULD BE EQUAL TO AMOUNT FROM PREVIOUS VALUATION (applies only to the 4 earlier of the 5 required years to be reported)	NY 125 & NY 125D	Calendar Year Net Premium (Col. 3) on current call not equal to previous valuation. Current Amount: ____ Previous Amount: _____. Calendar year premium does not normally change from valuation to valuation. Please correct the data.
2.0	104.0	LATEST PY YEAR EXPERIENCE SHOULD NOT EQUAL CALENDAR YEAR EXPERIENCE	101 & 101D	Standard Premium (Col. 1) reported for the latest Policy Year = Calendar Year amount reported on line (Z). Since the calendar year amount includes contributions from prior years, we do not expect these amounts to be the same. Latest PY Year: ____, Calendar Year: _____. Please correct the data or provide an explanation.
2.0	105.0	LATEST PY YEAR EXPERIENCE SHOULD NOT EQUAL CALENDAR YEAR EXPERIENCE	101 & 101D	Company Premium (Col. 2) reported for the latest Policy Year = Calendar Year amount reported on line (Z). Since the calendar year amount includes contributions from prior years, we do not expect these amounts to be the same. Latest Year: ____, Calendar Year: _____. Please correct the data or provide an explanation.
2.0	106.0	LATEST PY YEAR EXPERIENCE SHOULD NOT EQUAL CALENDAR YEAR EXPERIENCE	101 & 101D	Net Premium (Col. 3) reported for the latest Policy Year = Calendar Year amount reported on line (Z). Since the calendar year amount includes contributions from prior years, we do not expect these amounts to be the same. Latest Year: ____, Calendar Year: _____. Please correct the data or provide an explanation.
3.0	107.0	AMOUNT MUST BE NON-NEGATIVE (excludes row Z)	101 & 101D	Policy Year Std Premium (Col. 1) cannot be negative. Std Premium: _____. Please correct the data.
3.0	108.0	AMOUNT MUST BE NON-NEGATIVE (excludes row Z)	101 & 101D	Policy Year Std Premium at Company Level (Col. 2) cannot be negative. Company Std Premium: _____. Please correct the data
3.0	109.0	AMOUNT MUST BE NON-NEGATIVE (excludes row Z)	101 & 101D	Policy Year Net Premium (Col. 3) cannot be negative. Net Premium: _____. Please correct the data.
4.0	110.0	RATIO OF COMPANY TO RATING BOARD PREMIUM SHOULD BE WITHIN EXPECTED RANGE (applicable to latest 5 years on PY and AY calls)	101, 101D, 125 & 125D	Departure from NYCIRB premium level not equal to expected. NYCIRB Premium: _____. Company Premium: _____. Observed Ratio: _____. Please examine your deviation history; please correct the data or provide an explanation for the observed difference.

NEW YORK COMPENSATION INSURANCE RATING BOARD

NYFCIS© Edits for 2008

Edit #	Error #	Edit Description	Included New York Calls	Error Description
1.0	101.0	CALENDAR YEAR PREMIUM SHOULD BE EQUAL TO AMOUNT FROM PREVIOUS VALUATION (applies only to the 4 earlier of the 5 required years to be reported)	NY 125 & NY 125D	Calendar Year Std Premium (Col. 1) on current call not equal to previous valuation. Current Amount: ____ Previous Amount: _____. Calendar year premium does not normally change from valuation to valuation. Please correct the data.
1.0	102.0	CALENDAR YEAR PREMIUM SHOULD BE EQUAL TO AMOUNT FROM PREVIOUS VALUATION (applies only to the 4 earlier of the 5 required years to be reported)	NY 125 & NY 125D	Calendar Year StdPremium (Col. 2) on current call not equal to previous valuation. Current Amount: ____ Previous Amount: _____. Calendar year premium does not normally change from valuation to valuation. Please correct the data.
1.0	103.0	CALENDAR YEAR PREMIUM SHOULD BE EQUAL TO AMOUNT FROM PREVIOUS VALUATION (applies only to the 4 earlier of the 5 required years to be reported)	NY 125 & NY 125D	Calendar Year Net Premium (Col. 3) on current call not equal to previous valuation. Current Amount: ____ Previous Amount: _____. Calendar year premium does not normally change from valuation to valuation. Please correct the data.
2.0	104.0	LATEST PY YEAR EXPERIENCE SHOULD NOT EQUAL CALENDAR YEAR EXPERIENCE	101 & 101D	Standard Premium (Col. 1) reported for the latest Policy Year = Calendar Year amount reported on line (Z). Since the calendar year amount includes contributions from prior years, we do not expect these amounts to be the same. Latest PY Year: ____, Calendar Year: _____. Please correct the data or provide an explanation.
2.0	105.0	LATEST PY YEAR EXPERIENCE SHOULD NOT EQUAL CALENDAR YEAR EXPERIENCE	101 & 101D	Company Premium (Col. 2) reported for the latest Policy Year = Calendar Year amount reported on line (Z). Since the calendar year amount includes contributions from prior years, we do not expect these amounts to be the same. Latest Year: ____, Calendar Year: _____. Please correct the data or provide an explanation.
2.0	106.0	LATEST PY YEAR EXPERIENCE SHOULD NOT EQUAL CALENDAR YEAR EXPERIENCE	101 & 101D	Net Premium (Col. 3) reported for the latest Policy Year = Calendar Year amount reported on line (Z). Since the calendar year amount includes contributions from prior years, we do not expect these amounts to be the same. Latest Year: ____, Calendar Year: _____. Please correct the data or provide an explanation.
3.0	107.0	AMOUNT MUST BE NON-NEGATIVE (excludes row Z)	101 & 101D	Policy Year Std Premium (Col. 1) cannot be negative. Std Premium: _____. Please correct the data.
3.0	108.0	AMOUNT MUST BE NON-NEGATIVE (excludes row Z)	101 & 101D	Policy Year Std Premium at Company Level (Col. 2) cannot be negative. Company Std Premium: _____. Please correct the data
3.0	109.0	AMOUNT MUST BE NON-NEGATIVE (excludes row Z)	101 & 101D	Policy Year Net Premium (Col. 3) cannot be negative. Net Premium: _____. Please correct the data.
4.0	110.0	RATIO OF COMPANY TO RATING BOARD PREMIUM SHOULD BE WITHIN EXPECTED RANGE (applicable to latest 5 years on PY and AY calls)	101, 101D, 125 & 125D	Departure from NYCIRB premium level not equal to expected. NYCIRB Premium: _____. Company Premium: _____. Observed Ratio: _____. Please examine your deviation history; please correct the data or provide an explanation for the observed difference.

Edit #	Error #	Edit Description	Included New York Calls	Error Description
5.0	111.0	STD WRITTEN PREMIUM SHOULD BE GREATER THAN NET WRITTEN PREMIUM for PY calls	101 & 101D	Net Written Premium (Col. 25) ----- > than Std Written Premium (Col. 24)----- . This can occur only if you have large positive Retro-Rating Adjustments. Please correct the data or provide a detailed explanation regarding the difference between the columns.
5.0	112.0	STD EARNED PREMIUM SHOULD BE GREATER THAN NET EARNED PREMIUM for PY and AYcalls	101, 101D, 125 & 125D	Net Earned Premium (Col. 3) ---- ----- >than Std Earned Premium at NYCIRB Level (Col. 1)----- . This can occur only if you have large positive Retro-Rating Adjustments (Col 29). Please correct the data or provide a detailed explanation regarding the difference between the columns.
5.0	113.0	STD EARNED PREMIUM SHOULD BE GREATER THAN NET EARNED PREMIUM for PY and AYcalls	101, 101D, 125 & 125D	Net Earned Premium (Col. 3) -----> than Std Earned Premium at Company Level (Col. 2)---- . This can occur only if you have large positive Retro-Rating Adjustments (Col 29). Please correct the data or provide a detailed explanation regarding the difference between the columns.
6.0	200.0	PAID MEDICAL LOSSES ON CURRENT CALL SHOULD BE GREATER THAN OR EQUAL TO AMOUNT ON PREVIOUS CALL (excludes rows A, X, Y, and Z, and the latest year for both PY and AY calls)	101, 101D, 125 & 125D	Med Paid Losses (Col. 10) on current call are less than previous valuation. Current amount: _____; Previous amount: _____. Since this data is reported an accumulated value, paid amounts normally should increase over time. Please correct the data or provide an explanation.
6.0	201.0	PAID INDEMNITY LOSSES ON CURRENT CALL SHOULD BE GREATER THAN OR EQUAL TO AMOUNT ON PREVIOUS CALL (excludes rows A, X, Y, and Z, and the latest year for both PY and AY calls)	101, 101D, 125 & 125D	Ind Paid Losses (Col. 9) on current call are less than previous valuation. Current amount: _____; Previous amount: _____. Since this data is reported an accumulated value, paid amounts normally should increase over time. Please correct the data or provide an explanation.
6.0	202.0	PAID DEFENSE AND COST CONTAINMENT EXPENSE MUST BE LESS THAN OR EQUAL TO INCURRED (excludes rows X, Y, and Z)	101, 101D, 125 & 125D	Paid DCCE (Col. 23) > Total Incurred DCCE (Col. 26). Paid DCCE: ____; Total Incurred DCCE: _____. By definition, Total Incurred DCCE is the sum of Paid + Bulk + IBNR. Please correct the data or provide an explanation.
7.0	203.0	CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS	101, 101D, 125 & 125D	Calendar Year amounts for Indemnity Paid Losses (Col. 9) differ. PY line (Z): _____; AY Call line (Z): _____. Any line Z value reported on the PY call should equal the corresponding line Z amount reported on the AY call. Line Z is simply line X-line Y. Since lines X and Y agree across calls, so must line Z. Please correct the data.
7.0	204.0	CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS	101, 101D, 125 & 125D	Calendar Year amounts for Medical Paid Losses (Col. 10) differ. PY line (Z): _____; AY Call line (Z): _____. Any line Z value reported on the PY call should equal the corresponding line Z amount reported on the AY call. Line Z is simply line X-line Y. Since lines X and Y agree across calls, so must line Z. Please correct the data.
7.0	205.0	CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS	101, 101D, 125 & 125D	Calendar Year amounts for Indemnity Outstanding (Col. 11) differ. PY line (Z): _____; AY Call line (Z): _____. Any line Z value reported on the PY call should equal the corresponding line Z amount reported on the AY call. Line Z is simply line X-line Y. Since lines X and Y agree across calls, so must line Z. Please correct the data.

Edit #	Error #	Edit Description	Included New York Calls	Error Description
7.0	206.0	CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS	101, 101D, 125 & 125D	Calendar Year amounts for Medical Outstanding (Col. 12) differ. PY line (Z): _____; AY Call line (Z): _____. Any line Z value reported on the PY call should equal the corresponding line Z amount reported on the AY call. Line Z is simply line X-line Y. Since lines X and Y agree across calls, so must line Z. Please correct the data.
7.0	207.0	CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS	101, 101D, 125 & 125D	Calendar Year amounts for Indemnity Case (Col. 15) differ. PY line (Z): _____; AY Call line (Z): _____. Any line Z value reported on the PY call should equal the corresponding line Z amount reported on the AY call. Line Z is simply line X-line Y. Since lines X and Y agree across calls, so must line Z. Please correct the data.
7.0	208.0	CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS	101, 101D, 125 & 125D	Calendar Year amounts for Indemnity Bulk (Col. 16) differ. PY line (Z): _____; AY Call line (Z): _____. Any line Z value reported on the PY call should equal the corresponding line Z amount reported on the AY call. Line Z is simply line X-line Y. Since lines X and Y agree across calls, so must line Z. Please correct the data.
7.0	209.0	CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS	101, 101D, 125 & 125D	Calendar Year amounts for Medical Case (Col. 17) differ. PY line (Z): _____; AY Call line (Z): _____. Any line Z value reported on the PY call should equal the corresponding line Z amount reported on the AY call. Line Z is simply line X-line Y. Since lines X and Y agree across calls, so must line Z. Please correct the data.
7.0	300.0	CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS	101, 101D, 125 & 125D	Calendar Year amounts for Medical Bulk (Col. 18) differ. PY line (Z): _____; AY Call line (Z): _____. Any line Z value reported on the PY call should equal the corresponding line Z amount reported on the AY call. Line Z is simply line X-line Y. Since lines X and Y agree across calls, so must line Z. Please correct the data.
8.0	301.0	CURRENT AY AMOUNT SHOULD BE LESS THAN OR EQUAL TO SUM OF PRIOR AND LATEST PY (excludes rows A, X, Y, and Z)	101, 101D, 125 & 125D	Preceding Policy Year + Latest Policy Year Ind Inc Claim Count (Col. 8) not > Current Accident Year. Preceding PY: _____, Latest PY: _____; Current AY: _____. The entries on the Policy Year and Calendar Accident Year calls are inconsistent with each other. A given accident year is overlapped by two corresponding consecutive policy years. Therefore, current accident year amount should be equal to or less than the sum of the amounts for the preceding policy year and latest policy year. Please correct the data or provide an explanation.

Edit #	Error #	Edit Description	Included New York Calls	Error Description
8.0	302.0	CURRENT AY AMOUNT SHOULD BE LESS THAN OR EQUAL TO SUM OF PRIOR AND LATEST PY (excludes rows A, X, Y, and Z)	101, 101D, 125 & 125D	Preceding Policy Year + latest Policy Year Indemnity Paid (Col. 9) not > Current Accident Year. Preceding PY: _____, Latest PY: _____; Current AY: _____. The entries on the Policy Year and Calendar Accident Year calls are inconsistent with each other. A given accident year is overlapped by two corresponding consecutive policy years. Therefore, current accident year amount should be equal to or less than the sum of the amounts for the preceding policy year and latest policy year. Please correct the data or provide an explanation.
8.0	303.0	CURRENT AY AMOUNT SHOULD BE LESS THAN OR EQUAL TO SUM OF PRIOR AND LATEST PY (excludes rows A, X, Y, and Z)	101, 101D, 125 & 125D	Preceding Policy Year + latest Policy Year Medical Paid (Col. 10) not > Current Accident Year. Preceding PY: _____, Latest PY: _____; Current AY: _____. The entries on the Policy Year and Calendar Accident Year calls are inconsistent with each other. A given accident year is overlapped by two corresponding consecutive policy years. Therefore, current accident year amount should be equal to or less than the sum of the amounts for the preceding policy year and latest policy year. Please correct the data or provide an explanation.
8.0	304.0	CURRENT AY AMOUNT SHOULD BE LESS THAN OR EQUAL TO SUM OF PRIOR AND LATEST PY (excludes rows A, X, Y, and Z)	101, 101D, 125 & 125D	Preceding Policy Year + latest Policy Year Indemnity Outstanding (Col. 11) not > Current Accident Year. Preceding PY: _____, Latest PY: _____; Current AY: _____. The entries on the Policy Year and Calendar Accident Year calls are inconsistent with each other. A given accident year is overlapped by two corresponding consecutive policy years. Therefore, current accident year amount should be equal to or less than the sum of the amounts for the preceding policy year and latest policy year. Please correct the data or provide an explanation.
8.0	305.0	CURRENT AY AMOUNT SHOULD BE LESS THAN OR EQUAL TO SUM OF PRIOR AND LATEST PY (excludes rows A, X, Y, and Z)	101, 101D, 125 & 125D	Preceding Policy Year + Latest Policy Year Medical Outstanding (Col. 12) not > Current Accident Year. Preceding PY: _____, Latest PY: _____; Current AY: _____. The entries on the Policy Year and Calendar Accident Year calls are inconsistent with each other. A given accident year is overlapped by two corresponding consecutive policy years. Therefore, current accident year amount should be equal to or less than the sum of the amounts for the preceding policy year and latest policy year. Please correct the data or provide an explanation.

Edit #	Error #	Edit Description	Included New York Calls	Error Description
8.0	306.0	CURRENT AY AMOUNT SHOULD BE LESS THAN OR EQUAL TO SUM OF PRIOR AND LATEST PY (excludes rows A, X, Y, and Z)	101, 101D, 125 & 125D	Preceding Policy Year + Latest Policy Year Ind Closed Claims (Col. 19) not > Current Accident Year. Preceding PY: _____, Latest PY: _____; Current AY: _____. The entries on the Policy Year and Calendar Accident Year calls are inconsistent with each other. A given accident year is overlapped by two corresponding consecutive policy years. Therefore, current accident year amount should be equal to or less than the sum of the amounts for the preceding policy year and latest policy year. Please correct the data or provide an explanation.
8.0	307.0	CURRENT AY AMOUNT SHOULD BE LESS THAN OR EQUAL TO SUM OF PRIOR AND LATEST PY (excludes rows A, X, Y, and Z)	101, 101D, 125 & 125D	Preceding Policy Year + Latest Policy Year Ind Open Claim Count (Col. 20) not > Current Accident Year. Preceding PY: _____, Latest PY: _____; Current AY: _____. The entries on the Policy Year and Calendar Accident Year calls are inconsistent with each other. A given accident year is overlapped by two corresponding consecutive policy years. Therefore, current accident year amount should be equal to or less than the sum of the amounts for the preceding policy year and latest policy year. Please correct the data or provide an explanation.
8.0	308.0	CURRENT AY AMOUNT SHOULD BE LESS THAN OR EQUAL TO SUM OF PRIOR AND LATEST PY (excludes rows A, X, Y, and Z)	101, 101D, 125 & 125D	Preceding Policy Year + Latest Policy Year Ind Open Claim Count (Col. 21) not > Current Accident Year. Preceding PY: _____, Latest PY: _____; Current AY: _____. The entries on the Policy Year and Calendar Accident Year calls are inconsistent with each other. A given accident year is overlapped by two corresponding consecutive policy years. Therefore, current accident year amount should be equal to or less than the sum of the amounts for the preceding policy year and latest policy year. Please correct the data or provide an explanation.
8.0	309.0	CURRENT AY AMOUNT SHOULD BE LESS THAN OR EQUAL TO SUM OF PRIOR AND LATEST PY (excludes rows A, X, Y, and Z)	101, 101D, 125 & 125D	Preceding Policy Year + Latest Policy Year Ind Open Claim Count (Col. 22) not > Current Accident Year. Preceding PY: _____, Latest PY: _____; Current AY: _____. The entries on the Policy Year and Calendar Accident Year calls are inconsistent with each other. A given accident year is overlapped by two corresponding consecutive policy years. Therefore, current accident year amount should be equal to or less than the sum of the amounts for the preceding policy year and latest policy year. Please correct the data or provide an explanation.
8.0	400.0	CURRENT AY AMOUNT SHOULD BE LESS THAN OR EQUAL TO SUM OF PRIOR AND LATEST PY (excludes rows A, X, Y, and Z)	101, 101D, 125 & 125D	Preceding Policy Year + Latest Policy Year Paid DCCE (Col. 23) not > Current Accident Year. Preceding PY: _____, Latest PY: _____; Current AY: _____. The entries on the Policy Year and Calendar Accident Year calls are inconsistent with each other. A given accident year is overlapped by two corresponding consecutive policy years. Therefore, current accident year amount should be equal to or less than the sum of the amounts for the preceding policy year and latest policy year. Please correct the data or provide an explanation.

Edit #	Error #	Edit Description	Included New York Calls	Error Description
8.0	401.0	CURRENT AY AMOUNT SHOULD BE LESS THAN OR EQUAL TO SUM OF PRIOR AND LATEST PY (excludes rows A, X, Y, and Z)	101, 101D, 125 & 125D	Preceding Policy Year + Latest Policy Year Paid DCCE (Col. 24) not > Current Accident Year. Preceding PY: _____, Latest PY: _____; Current AY: _____. The entries on the Policy Year and Calendar Accident Year calls are inconsistent with each other. A given accident year is overlapped by two corresponding consecutive policy years. Therefore, current accident year amount should be equal to or less than the sum of the amounts for the preceding policy year and latest policy year. Please correct the data or provide an explanation.
9.0	402.0	AMOUNT MUST BE NON-NEGATIVE (excludes row Z)	101, 101D, 125 & 125D	Total Paid Losses (Col. 4) cannot be negative. Total Paid Losses: _____. Please correct the data.
9.0	403.0	AMOUNT MUST BE NON-NEGATIVE (excludes row Z)	101, 101D, 125 & 125D	Total Outstanding Reserves (Col. 5) cannot be negative. Total Outstanding Reserves: _____. Please correct the data.
9.0	404.0	AMOUNT MUST BE NON-NEGATIVE (excludes row Z)	101, 101D, 125 & 125D	Total Incurred Losses (Col. 7) cannot be negative. Total Incurred Losses: _____. Please correct the data.
9.0	405.0	AMOUNT MUST BE NON-NEGATIVE (excludes row Z)	101, 101D, 125 & 125D	Indemnity Incurred Claim Count (Col. 8) cannot be negative. Indemnity Incurred Claim Count: _____. Please correct the data.
9.0	406.0	AMOUNT MUST BE NON-NEGATIVE (excludes row Z)	101, 101D, 125 & 125D	Indemnity Paid Losses (Col. 9) cannot be negative. Indemnity Paid Losses: _____. Please correct the data.
9.0	407.0	AMOUNT MUST BE NON-NEGATIVE (excludes row Z)	101, 101D, 125 & 125D	Medical Paid Losses (10) cannot be negative. Medical Paid Losses: _____. Please correct the data.
9.0	408.0	AMOUNT MUST BE NON-NEGATIVE (excludes row Z)	101, 101D, 125 & 125D	Indemnity Outstanding Reserves (Col.11) cannot be negative. Indemnity Outstanding Reserves: _____. Please correct the data.
9.0	409.0	AMOUNT MUST BE NON-NEGATIVE (excludes row Z)	101, 101D, 125 & 125D	Medical Outstanding Reserves (Col. 12) cannot be negative. Medical Outstanding Reserves: _____. Please correct the data.
9.0	500.0	AMOUNT MUST BE NON-NEGATIVE (excludes row Z)	101, 101D, 125 & 125D	Indemnity Case Reserves (Col.15) cannot be negative. Indemnity Case Reserves: _____. Please correct the data.
9.0	501.0	AMOUNT MUST BE NON-NEGATIVE (excludes row Z)	101, 101D, 125 & 125D	Indemnity Bulk Reserves (Col.16) cannot be negative. Indemnity Bulk Reserves: _____. Please correct the data.
9.0	502.0	AMOUNT MUST BE NON-NEGATIVE (excludes row Z)	101, 101D, 125 & 125D	Medical Case Reserves (Col.17) cannot be negative. Medical Case Reserves: _____. Please correct the data.
9.0	503.0	AMOUNT MUST BE NON-NEGATIVE (excludes row Z)	101, 101D, 125 & 125D	Medical Bulk Reserves (Col.18) cannot be negative. Medical Bulk Reserves: _____. Please correct the data.
9.0	504.0	AMOUNT MUST BE NON-NEGATIVE (excludes row Z)	101, 101D, 125 & 125D	Indemnity Closed Claim Count (Col.19) cannot be negative. Indemnity Closed Claim Count: _____. Please correct the data.
9.0	505.0	AMOUNT MUST BE NON-NEGATIVE (excludes row Z)	101, 101D, 125 & 125D	Indemnity Open Claim Count (Col.20) cannot be negative. Indemnity Open Claim Count: _____. Please correct the data.
9.0	506.0	AMOUNT MUST BE NON-NEGATIVE (excludes row Z)	101, 101D, 125 & 125D	Indemnity Paid Losses on Closed Claims (Col.21) cannot be negative. Indemnity Paid on Closed Claims: _____. Please correct the data.
9.0	507.0	AMOUNT MUST BE NON-NEGATIVE (excludes row Z)	101, 101D, 125 & 125D	Medical Paid Losses on Closed Claims (Col.22) cannot be negative. Medical Paid on Closed Claims: _____. Please correct the data.
9.0	508.0	AMOUNT MUST BE NON-NEGATIVE (excludes row Z)	101, 101D, 125 & 125D	Paid DCCE (23) cannot be negative. Paid DCCE: _____. Please correct the data.

Edit #	Error #	Edit Description	Included New York Calls	Error Description
9.0	509.0	AMOUNT MUST BE NON-NEGATIVE (excludes row Z)	101, 101D, 125 & 125D	DCCE Case Reserves (Col.24) cannot be negative. DCCE Case Reserves: _____. Please correct the data.
9.0	600.0	AMOUNT MUST BE NON-NEGATIVE (excludes row Z)	101, 101D, 125 & 125D	Total Incurred DCCE (Col.26) cannot be negative. Total Incurred DCCE: _____. Please correct the data.
10.0	601.0	CURRENT AY AMOUNT SHOULD BE GREATER THAN OR EQUAL TO CURRENT PY AMOUNT (checks only latest year for PY and AY calls)	101, 101D, 125 & 125D	Ind Inc Claim Count (Col. 8) reported for current Accident Year < current Policy Year. Current AY: _____; Current PY: _____. Current policy year is a subset of current accident year. Please correct the data.
10.0	602.0	CURRENT AY AMOUNT SHOULD BE GREATER THAN OR EQUAL TO CURRENT PY AMOUNT (checks only latest year for PY and AY calls)	101, 101D, 125 & 125D	Indemnity Paid (Col. 9) reported for current Accident Year < current Policy Year. Current AY: _____; Current PY: _____. Current policy year is a subset of current accident year. Please correct the data.
10.0	603.0	CURRENT AY AMOUNT SHOULD BE GREATER THAN OR EQUAL TO CURRENT PY AMOUNT (checks only latest year for PY and AY calls)	101, 101D, 125 & 125D	Medical Paid (Col. 10) reported for current Accident Year < current Policy Year. Current AY: _____; Current PY: _____. Current policy year is a subset of current accident year. Please correct the data.
10.0	604.0	CURRENT AY AMOUNT SHOULD BE GREATER THAN OR EQUAL TO CURRENT PY AMOUNT (checks only latest year for PY and AY calls)	101, 101D, 125 & 125D	Ind Outstanding (Col. 11) reported for current Accident Year < current Policy Year. Current AY: _____; Current PY: _____. Current policy year is a subset of current accident year. Please correct the data.
10.0	605.0	CURRENT AY AMOUNT SHOULD BE GREATER THAN OR EQUAL TO CURRENT PY AMOUNT (checks only latest year for PY and AY calls)	101, 101D, 125 & 125D	Medical Outstanding (Col. 12) reported for current Accident Year < current Policy Year. Current AY: _____; Current PY: _____. Current policy year is a subset of current accident year. Please correct the data.
10.0	606.0	CURRENT AY AMOUNT SHOULD BE GREATER THAN OR EQUAL TO CURRENT PY AMOUNT (checks only latest year for PY and AY calls)	101, 101D, 125 & 125D	Ind Closed Claims (Col. 19) reported for current Accident Year < current Policy Year. Current AY: _____; Current PY: _____. Current policy year is a subset of current accident year. Please correct the data.
10.0	607.0	CURRENT AY AMOUNT SHOULD BE GREATER THAN OR EQUAL TO CURRENT PY AMOUNT (checks only latest year for PY and AY calls)	101, 101D, 125 & 125D	Ind Open Claims (Col. 20) reported for current Accident Year < current Policy Year. Current AY: _____; Current PY: _____. Current policy year is a subset of current accident year. Please correct the data.
10.0	608.0	CURRENT AY AMOUNT SHOULD BE GREATER THAN OR EQUAL TO CURRENT PY AMOUNT (checks only latest year for PY and AY calls)	101, 101D, 125 & 125D	Ind Paid on Closed (Col. 21) reported for current Accident Year < current Policy Year. Current AY: _____; Current PY: _____. Current policy year is a subset of current accident year. Please correct the data.
10.0	609.0	CURRENT AY AMOUNT SHOULD BE GREATER THAN OR EQUAL TO CURRENT PY AMOUNT (checks only latest year for PY and AY calls)	101, 101D, 125 & 125D	Med Paid on Closed (Col. 22) reported for current Accident Year < current Policy Year. Current AY: _____; Current PY: _____. Current policy year is a subset of current accident year. Please correct the data.
10.0	700.0	CURRENT AY AMOUNT SHOULD BE GREATER THAN OR EQUAL TO CURRENT PY AMOUNT (checks only latest year for PY and AY calls)	101, 101D, 125 & 125D	Paid DCCE (Col. 23) reported for current Accident Year < current Policy Year. Current AY: _____; Current PY: _____. Current policy year is a subset of current accident year. Please correct the data.
10.0	701.0	CURRENT AY AMOUNT SHOULD BE GREATER THAN OR EQUAL TO CURRENT PY AMOUNT (checks only latest year for PY and AY calls)	101, 101D, 125 & 125D	DCCE Case Reserves (Col. 24) reported for current Accident Year < current Policy Year. Current AY: _____; Current PY: _____. Current policy year is a subset of current accident year. Please correct the data.

DATA REPORTING

SPECIAL DATA CALLS

Unique circumstances may require the Rating Board to request more detailed data than is available from the Aggregate Financial Data Calls or from unit statistical reports. When these situations arise, the Rating Board issues a Special Call to its membership in order to obtain the needed data.

At the present time, the following are the New York Special Calls that have been issued by the Rating Board for 2008. Please click on each Special Call to obtain instructions, due dates and report formats.

Please note that each of these Calls is subject to the New York Data Call Incentive Program (NYDCIP).

[2008 Call For Individual Large Loss and Catastrophe Data – NY 131](#)

[2008 Call For Individual Section 32 Claim Data – NY 132](#)

[2008 Call For Individual Employers Liability Claim Data – NY 141](#)

[2008 Call For Calendar Year Direct Written Premium – NY 115](#)

[New York Financial Call Information System[®] \(NYFCIS\)](#)

DATA REPORTING

2008 CALL FOR INDIVIDUAL LARGE LOSS AND CATASTROPHE DATA - NY 131

REPORTING INSTRUCTIONS AND DATA FORMAT

Form NY 131 – Due April 1, 2008

Reporting Instructions

A. Notes

Form NY131 will be collected for individual large losses and claims associated with extraordinary loss events (only Catastrophe Number 48 and Catastrophe Code 87, at this time). These claims must be valued as of December 31, 2007.

This call is included within the Rating Board's internet reporting system, NYFCIS[®].

An acknowledgement form for NY131 must be submitted to the Rating Board as part of the call requirements. Refer to the acknowledgement form provided in the NYFCIS[®].

B. General Instructions

This call requires the reporting of all individual New York large loss claims and **individual** Catastrophe Number 48 and 87 claims, specified as follows:

1. All claims for Accident Year 1984 and later for which total case incurred losses (indemnity plus medical) are greater than, or equal to, \$500,000 as of December 31, 2007.
2. Claims with total case incurred losses that drop below \$500,000 in subsequent valuations should not be reported at that valuation.
3. **Report all Catastrophe Number 48 claims, irrespective of size.**

Note: The sum of the Cat 48 claims and dollar amounts reported in this Call must be equal to the amounts reported in the corresponding NY101, NY101D, NY125 and NY125D Appendices.

4. **Report all Catastrophe Number 87 claims, irrespective of size.**
5. Claims cannot be grouped.
6. Closed, as well as open, claims are included.
7. Medical-only claims are included.
8. Claim number is required to be reported for each claim.

9. Loss amounts should be reported net of second injury fund and other recoveries such as subrogation, but **gross of deductible reimbursements**, consistent with the New York Policy Year and Calendar-Accident Year Calls.
10. Case outstanding may include or exclude statutorily allowable discounting, as long as the approach is consistent with the Policy Year and Calendar-Accident Year Calls.

C. Specific Instructions

1. Valuation Year

The data reported must be valued at December 31, 2007.

2. Carrier Name

The carrier(s) name should be reported consistent with the Policy Year and Calendar-Accident Year Calls (i.e., group report or individual company report). This facilitates reconciliation of carrier data.

Carriers that have merged companies should report consistently with their historical financial call reporting.

Example: If a merger took place in 2007 between carriers A and B with A being the reporting carrier, then, NY 131 data valued as of 2007 should be reported under carrier A.

3. Claim Number (Column 1)

Report the specific claim number assigned to the claim.

Note: Claims cannot be grouped.

4. Policy Number (Column 2)

Report the policy number associated with the claim.

5. Catastrophe Number (Column 3)

Report 48 for all Catastrophe Number 48 claims, regardless of claim size.

Report 87 for all Catastrophe Number 87 claims, regardless of claim size.

Note: The catastrophe number field should be left blank for claims not associated with either Catastrophe Numbers 48 or 87.

6. Exposure State Code (Column 4)

This is always 31 for New York

7. Market/Coverage Type Code (Column 5)

Indicate the market coverage type code for the policy associated with the claim:

- 2 - Large Deductible (No Employers Liability)
- 3 - Other than Large Deductible (No Employers Liability)
- 4 - Employers Liability (Large Deductible)
- 5 - Employers Liability (other than Large Deductible)

8. Policy Effective Date (Column 6)

Report the date (use mm/dd/yyyy format) of inception for the policy associated with the claim.

9. Accident Date (Column 7)

Report the accident date (use mm/dd/yyyy format) associated with the claim

10. Claim Status Code (Column 8)

Indicate status of the claim as:

- 0 - Open
- 1 - Closed
- 2 - Reopened

11. Accumulated Paid Losses - Indemnity (Column 9)

Report the accumulated indemnity loss paid associated with the claim as of December 31, 2007.

12. Accumulated Paid Losses - Medical (Column 10)

Report the accumulated medical loss paid associated with the claim as of December 31, 2007.

13. Case Outstanding - Indemnity (Column 11)

Report the indemnity case reserve associated with the claim as of December 31, 2007.

14. Case Outstanding - Medical (Column 12)

Report the medical case reserve associated with the claim as of December 31, 2007.

15. Accumulated Paid Defense and Cost Containment Expense (Column 13)

Report the accumulated paid Defense and Cost Containment Expense associated with the claim as of December 31, 2007.

16. Case Outstanding Defense and Cost Containment Expense (Column 14)

Report the case reserve for Defense and Cost Containment Expense associated with the claim as of December 31, 2007.

Note: Report zero (0) if case reserves are not set for Defense and Cost Containment Expense.

D. Miscellaneous Instructions

1. Assessments

- a. Reported losses shall **include** amounts paid into the Vocational Rehabilitation Fund.
- b. Amounts charged to carriers and paid as assessments for the Special Disability Fund, Reopened Case Fund, Workers' Compensation Security Fund, Workers' Compensation Board expenses, the operating expenses of the Special Funds Conservation Committee, or safety training and accident prevention under OSHA programs **must be EXCLUDED** from the reported losses for all years.

2. Reinsurance

Experience reported should be for **direct business only**. No deductions shall be made from losses for, or on account of, reinsurance ceded. Losses arising from reinsurance assumed by the reporting company shall also be excluded from the experience.

3. Federal Classifications

All Federal classification experience in New York must be **included** in this Call.

4. Excess Policies

Losses on excess policies must be **excluded** from this Call.

E. No Experience to Report for New York

For those carriers that have no individual large loss or catastrophe claims to report at this valuation, the appropriate box should be checked on Form NY325 for this call and submitted to the Rating Board. Refer to the NYFCIS[®], Special Claim Calls, Report E02, NY131 No Experience.

DATA REPORTING

2008 CALL FOR INDIVIDUAL SECTION 32 CLAIM DATA- NY 132

REPORTING INSTRUCTIONS AND DATA FORMAT

Form NY 132 – Due June 1, 2008

General Reporting Instructions

A. Background

In its July 15, 2004 Opinion & Decision regarding the Rating Board's 2004 rate revision filing, the New York State Insurance Department ordered that the Rating Board conduct a study for the purpose of quantifying the savings realized from claim settlements made under Section 32 of the Workers' Compensation Law which was amended in 1996 as part of Governor Pataki's reform initiative. The results of this study are critical to the continuing ability of the Rating Board to obtain adequate rates for its members in the state of New York.

In light of the above, a Special Call was first issued in August 2004, and has been requested annually since that date. At this time, the Rating Board is requesting an update to previously submitted claim information and is requiring that you submit your individual claim experience for all claims settled under Section 32, with each claim valued as of December 31, 2007. Cumulative loss amounts as of the current valuation date for claims closed as of any prior accounting period **MUST BE** reported for as many accident years as there are settlements.

Also note that the New York State Insurance Department has requested that the Rating Board report all carriers that fail to respond to this Call in a complete and timely manner.

B. Notes

1. Acknowledgement of this call is required. Please refer to the NYFCIS[®] for the appropriate form.
2. This form requires the reporting of New York individual claim experience by ACCIDENT YEAR valued as of December 31, 2007.
3. All individual incurred claims that have been settled under Section 32 of the New York Workers' Compensation Law are to be reported as of December 31, 2007, including all claims closed, as well as any claims in which only a portion of the claim was settled under Section 32 and the claim remains open. **Cumulative loss amounts as of December 31, 2007 for all claims closed as of any prior accounting date must be reported for as many accident years as there are settlements.**

4. If a claim is subject to a deductible, all data to be reported must be on a GROSS of Deductible basis, i.e., as if no deductible applies.
5. IBNR is not to be included in any claim amount.

C. General Instructions

1. Enter, by claim number, all New York claims that were settled under Section 32, identified by accident year, valued as of 12/31/2007. For each claim, show both the incurred indemnity and incurred medical amounts as of the requested valuation date.
2. If only a portion of a claim is subject to Section 32, the entire claim must be reported.
3. Enter the interest rate upon which the Section 32 claim settlement is based, if applicable; otherwise, enter zero.
4. Assessments and Special Funds - Incurred losses must not include amounts paid into the Special Disability Fund, Reopened Case Fund, Stock or Mutual Security Fund, Vocational Rehabilitation Fund or any assessments for Workers' Compensation Board expenses or Interdepartmental Expenses.
5. Reinsurance - Experience is to be reported on a *direct* basis. No deductions shall be made from losses on account of reinsurance ceded. Losses arising from reinsurance assumed by the reporting company shall be excluded from the experience.
6. Excess Policies and Voluntary Reserves - Losses on excess policies, as well as all voluntary reserves, must be excluded.

E. No Experience to Report for New York

For those carriers that have absolutely no individual Section 32 claims to report at this valuation, the appropriate box should be checked on Form NY325 for this call and submitted to the Rating Board. Refer to the NYFCIS®, Special Calls, Report E-05, NY132 No Experience.

DATA REPORTING

2008 CALL FOR INDIVIDUAL EMPLOYERS LIABILITY CLAIM DATA - NY 141

Form NY141 – Due August 31, 2008

REPORTING INSTRUCTIONS

A. Background

In order to evaluate the impact of the unlimited liability feature of Part Two of the Workers Compensation and Employers Liability Policy in New York, as well as to provide a closer examination of the development of third-party claims, a Call for Employers Liability losses was instituted by the Rating Board in 1979. Although some action to limit third-party cases was taken by the legislature in 1996, the potential of future legislation to further limit or totally eliminate third-party over actions has maintained the importance of this Call.

In light of the above, the Rating Board is requiring that you submit your Employers Liability experience for the latest twenty five accident years (from 1982 through 2007), all valued as of December 31, 2007.

B. Notes

1. Acknowledgement of this call is required. Please refer to the NYFCIS[®] for the appropriate form.
2. This form requires the reporting of New York Employers Liability individual claim experience by ACCIDENT YEAR valued as of December 31, 2007.
3. All Employers Liability incurred claims are to be reported, including all open claims and all closed claims for each accident year as of December 31, 2007. *NOTE: Claims closed and reported in previous submissions must continue to be reported in this Call.*
3. All data to be reported must be on a GROSS of Deductible basis, i.e., as if no deductible applies.
4. Loss and Allocated Loss Adjustment Expense amounts are to be reported in whole dollars only.
5. When claims contain both Employers Liability and Workers Compensation losses, report only the amount of Employers Liability losses.
6. IBNR is not to be included in any claim amount.

C. General Instructions

1. Enter each New York employers liability claim that was incurred in each of the Accident Years 1982 through 2007 valued as of 12/31/2007. For any claim containing both workers compensation and employers liability, report only the employers liability portion. In cases where the experience incurred on these coverages cannot be separated out, indicate this condition by placing an "N" in Column (6). Similarly, a "Y" in Column (6) should indicate that the losses shown are incurred exclusively under the Employers Liability section of the policy. Nevertheless, carriers are encouraged to separately identify just the employers liability portion of these claims.
2. Losses and Allocated Loss Adjustment Expense - Employers Liability losses and allocated loss expenses are to be reported for those claims reported as Employers Liability (Coverage Codes 31, 34, 37), Including Employers Liability (Coverage Codes 41, 44, 47) and Third - Party Over (previously Coverage Codes 13, 16, 19, 23, 26, 29 which were applicable on these claims valued prior to January 1, 1991), as set forth in the New York Workers Compensation Statistical Plan.
3. Allocated Loss Adjustment Expense (ALAE) - Separate reporting of allocated loss adjustment expense is required for all years if available, but is mandatory for Accident Years 1994 and subsequent. If allocated loss expense prior to accident year 1994 cannot be separately identified, include the indicator "incl." in the loss expense columns if the expense is included with the loss and cannot be segregated at this time. Nevertheless, carriers are encouraged to provide separate allocated loss expense for as many years as possible.
4. Assessments and Special Funds - Paid and Incurred losses must not include amounts paid into the Special Disability Fund, Reopened Case Fund, Workers Compensation Security Fund, Vocational Rehabilitation Fund or any assessments for Workers' Compensation Board expenses or Interdepartmental Expenses.
5. Reinsurance - Experience is to be reported on a *direct* basis. No deductions shall be made from losses on account of reinsurance ceded. Losses arising from reinsurance assumed by the reporting company shall be excluded from the experience.
6. Excess Policies and Voluntary Reserves - Losses on excess policies, as well as all voluntary reserves, must be excluded.

D. No Experience to Report for New York

For those carriers that have no individual employers liability claims to report at this valuation, the appropriate box should be checked on Form NY325 for this call and submitted to the Rating Board. Refer to the NYFCIS[®], Special Claim Calls, Report E-08, NY141 No Experience.

DATA REPORTING

2008 CALL FOR INDIVIDUAL CARRIER DIRECT WRITTEN PREMIUM - NY 115

REPORTING INSTRUCTIONS AND DATA FORMAT

Form NY 115 – Due April 1, 2008

REPORTING INSTRUCTIONS

A. Background

Under the provisions of the Constitution of the Rating Board, each member carrier is required to file a statement of the total direct written premium, at full Rating Board rates, for the workers compensation and employers liability insurance written on all risks insured by the company in New York during calendar year 2007.

Each individual carrier member of a group of companies operating under the same management must file a separate report, showing only the written premiums and adjustments on its own business.

This statement of direct written premium is necessary for the following purposes:

1. To determine the amount of the Rating Board expense chargeable to each member and subscriber for calendar year 2008, and;
2. To furnish a basis for the levy of assessments during portions of 2008 and 2009.

B. Notes

1. Acknowledgement of this call is required. Please refer to the NYFCIS[®] for the appropriate form.
2. **Failure to submit NY115, or NY 115NE, if applicable, by the due date will result in fines under the New York Data Call Incentive Program (NYDCIP).**

C. No Experience to Report for New York

For those carriers that have no New York premium to report for calendar year 2007, the appropriate box should be checked on Form NY325 for this call and submitted to the Rating Board. Refer to the NYFCIS[®], Financial Data Calls, Report C-05, NY115 No Experience.

D. General Instructions

1. Enter New York workers compensation Direct Written Premium from line 16, column (1) of Statutory Page 14 of the Annual Statement for calendar year 2007.
2. Retrospective Rating Premium Adjustments in calendar year 2007 to convert New York direct written premium for policies subject to the Retrospective Rating Plan from an actual to a standard basis.
3. The amount of written Premium Discount in calendar year 2007 to convert New York direct written premium from an actual to a standard basis. **Report as a positive number only.**
4. The amount of written premium in calendar year 2007 resulting from the application of approved Rate Deviations to convert New York direct written premium for policies subject to a rate deviation from an actual to a Rating Board basis. **Report as a positive number only.**
5. Calendar year 2007 Deductible Premium Credits to convert New York direct written premium for policies subject to a deductible from an actual to a standard basis. **Report as a positive number only.**
6. Calendar year 2007 written premium adjustments for policies subject to a New York safety program and independently filed and approved specialty programs (e.g., alternative dispute resolution, drug-free workplace, managed care or preferred provided organization programs) to convert New York direct written premium from an actual to a standard basis. **Report as a positive number only.**
7. Total 2007 Standard Written Premium = **(1)+(2)+(3)+(4)+(5)+(6)**
Calculated by the NYFCIS[®].