



**NYCIRB**

New York Compensation  
Insurance Rating Board

# 2020 Financial Data Reporting Instructions

**New York  
Compensation  
Insurance Rating  
Board**

733 Third Avenue  
New York, New York  
10017

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## SECTION I – Introduction

### Overview

Aggregate Financial Data is required to be reported annually by each member carrier of the New York Compensation Insurance Rating Board in a prescribed format. Policy year and accident year aggregate statistics are reported in this manner together with Annual Statement information that pertains workers' compensation. This data forms the basis for the annual loss cost revision.

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 to obtain the needed data. The following are New York Special Calls that have been issued by the Rating Board. Please click on each Special Call to obtain instructions, due dates and report formats.

- [Individual Large Loss and Catastrophe Claims – NY 131](#)
- [Individual Section 32 Claims – NY 132](#)
- [Individual Employers' Liability Claims – NY 141](#)

### Financial Data Reporting Application (FDRA)

The Financial Data Reporting Application (FDRA) is an online application for the 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. The FDRA website is a secure site and a carrier may only access its own data within this system. The previous years' Financial Call data for your company is available within FDRA. All New York forms can be generated by FDRA and must be submitted to the Rating Board only through FDRA. To access the system, go to [fdra.nycirb.org](http://fdra.nycirb.org). All instructions and other information regarding the use of the website for reporting New York aggregate financial data and special call data can be found at [www.nycirb.org](http://www.nycirb.org).

The instructions for reporting the aggregate financial data calls as of 12/31/2019 are provided in Sections IV through VI. The instructions for reporting data for New York Special Calls can be found in Section VII of the instructions.

On the FDRA application, it is also required that all carriers acknowledge which calls they will be submitting by checking the appropriate circles on the acknowledgement tab in FDRA.

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

Website References:

[www.nycirb.org](http://www.nycirb.org) → Insurance Carrier → Data Submitter → Financial Calls

E-mail:

[FDRA@nycirb.org](mailto:FDRA@nycirb.org)

Phone:

(212) 697-3535

Mail:

Actuarial Department  
New York Compensation Insurance Rating Board  
733 Third Avenue – 5th Floor  
New York, NY 10017

## SECTION II – 2020 New York Financial Call Due Dates

<b>Call Number</b>	<b>New York Financial Data Call/Special Calls</b>	<b>Due Date</b>
<a href="#">NY 101</a>	Policy Year, <u>excluding</u> Large Deductible	03/15/20
<a href="#">NY 101A</a>	Policy Year – CAT 48	03/15/20
<a href="#">NY 101D</a>	Policy Year Large Deductible	03/15/20
<a href="#">NY 101DA</a>	Policy Year Large Deductible – CAT 48	03/15/20
<a href="#">NY 125</a>	Accident Year, <u>excluding</u> Large Deductible	04/01/20
		03/15/20 (optional)
<a href="#">NY 125A</a>	Accident Year – CAT 48	04/01/20
		03/15/20 (optional)
<a href="#">NY 125D</a>	Accident Year Large Deductible	04/01/20
		03/15/20 (optional)
<a href="#">NY 125DA</a>	Accident Year Large Deductible – CAT 48	04/01/20
		03/15/20 (optional)
<a href="#">NY 214</a>	Statutory Page 14	04/01/20
<a href="#">NY 222</a>	Insurance Expense Exhibit – Net	04/01/20
<a href="#">NY 223</a>	Insurance Expense Exhibit – Direct	04/01/20
<a href="#">NY 225</a>	New York Data Reconciliation	04/01/20
<a href="#">NY 115</a>	New York Direct Written Premium	04/01/20
<a href="#">NY 131</a>	Individual Large Loss and Catastrophe Claims	04/01/20
<a href="#">NY 132</a>	Individual Section 32 Claims	06/01/20
<a href="#">NY 141</a>	Individual Employers' Liability Claims	07/01/20

Please note that all data calls are subject to the New York Data Call Incentive Program ([NYDCIP](#)).

## SECTION III – General Guidelines

Please read all instructions carefully to ensure the timely and accurate submission of call data, especially noting the following:

1. Reporting templates for each call are available within the FDRA application.
2. Designated Statistical Reporting (DSR) Level is continued to be required for the reporting of standard premium beginning with policy year and accident year 2008.
3. Enhanced data quality edits – see [Edits](#) section of call instructions.
4. Beginning in 2015, Schedule Rating adjustments should be reflected in the Net Earned Premium (Column 3 in the calls NY 101, NY 101D, NY 125, and NY 125D). Schedule Rating adjustments should also be reflected in the Net Written Premium (Column 24 in calls NY 101 and NY 101D) and in the Safety & Specialty Programs premium adjustments (Column 26 in the Policy Year Calls). In NY 115, Schedule Rating adjustments should be reflected in the Premium Adjustments for Safety Program Credits & Debits (Column 6).
5. Beginning in 2018, **premium credits under the Safe Patient Handling Program** must be reflected in the reported premium amounts. See individual call instructions and the [Data Dictionary](#) for details.
6. As clarification, please note that in the NY Data Call Incentive Program, the following two flat charges may apply concurrently:

\$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), regardless of whether a correction is required.

\$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.

[Click here for more detail](#)

7. **Extensions of call due dates will not 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 Chief Actuary will be considered if received prior to a call's due date.

## SECTION IV—New York Financial Data Calls

### A. General Instructions for Calls NY 101, NY 101D, NY 125, NY 125D

1. Prior to running edits and submitting these calls, be sure to answer all the questions listed under the Questions tab in FDRA. The system will not allow submissions of these calls without answering the questions.
2. Premiums and losses are to be reported in whole dollars only.
3. Carriers are required to submit these calls all on the same basis (i.e., group report versus individual company report).
4. The earliest separately identifiable policy year/calendar year in these calls is 1989 (Row B). The combined experience for all years prior to 1989 is to be shown in Row A.
5. As previously announced, instead of expanding the calls by one year, the 2020 Aggregate Financial Data Calls NY 101 and NY 125 shifted the experience years one row. For the 2020 calls, Row A is “Prior to 1989” (formerly prior to 1988). Calls NY 101D and NY 125D expanded by one year for this call year and will begin shifting the experience years one row in the following call years since they now have the same number of years as NY 101 and NY 125.
6. All data reported on Rows (A) through (UK) are accumulated totals for each of the indicated policy/calendar years as of 12/31/2019. All data reported on Row (V) are accumulated totals for all policy/calendar years as of 12/31/2019. All data reported in Row (W) are accumulated totals for all policy/calendar years as of 12/31/2018. These totals (Row (W) of this year’s call) correspond to the sum of the policy years reported on last year’s call as displayed in Row (V) of that call. FDRA will automatically utilize the previous years’ Row (V) data to populate this row.
7. 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 the premiums reported in these calls. To the extent any New York State Assessment amounts are included in your statutory page 14 premium amounts, Assessment amounts must be reported on Line (4) of the Data Reconciliation Page NY 225, but are not to be included on Calls NY 101, NY 101D, NY 125, or NY 125D.
8. Premium amounts from the terrorism policy charge (Code 9740) and the natural disaster and catastrophic industrial accident policy charge (Code 9741) must be excluded from all premium amounts reported in these calls. These amounts must be reported on Lines (7) and (8), respectively, of the Data Reconciliation Page NY 225.
9. Premium amounts from the Workers’ Compensation Security Fund surcharge (Code 9749) must be excluded from all premium amounts reported in this call. These surcharge amounts must be reported on Line (5) of the Data Reconciliation Page NY 225.
10. For your convenience, statistical codes are indicated at the end of each premium element in the [premium reference table](#) and in the [Data Dictionary](#), as a guide.
11. All data reported on these calls must 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 the Appendix Calls (NY 101A, NY 125A, NY 101DA, NY 125DA).
12. All data reported on these calls must 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. These claims must be reported individually on NY 131, Individual Large Claims and Catastrophe Claims.
  13. Experience reported should be direct business only. No deductions shall be made from premiums and losses for, or on account of, reinsurance ceded. Premium and losses arising from reinsurance assumed by the reporting company must also be excluded from the experience.
  14. All Federal Classification experience in New York must be included in these calls.
  15. Premiums and losses on excess policies must be excluded from these calls.
  16. All voluntary reserves and any reserves determined on a statutory formula basis (Schedule P) must be excluded from these calls.
  17. Only indemnity claim counts need to be reported. Please exclude medical only claims from the claim counts but should be included in loss amounts.

## B. NY 101 and Appendix(A): Policy Year, excluding Large Deductible

### 1. Specific Instructions for Call NY 101

- a. This form requires the reporting of New York Workers' Compensation experience **by policy year**. Calendar year experience for the latest annual period will be derived from the accumulated policy year experience and populated in the data call automatically by the FDRA application.
- b. Experience from policies with a large deductible must be excluded from this call. A Large Deductible Program is defined as any independently filed deductible program approved by the New York State Department of Financial Services. However, experience from policies with a small deductible under the New York Small Deductible Program are to be included.
- c. All loss amounts on this call are required to be reported **prior** to the application of any deductible (i.e., on a gross basis).
- d. The Rate Deviation field in the Policy Year Calls (NY 101 and NY 101D) for policy years 2009 and subsequent should contain zeroes. The Rate Deviation field for policy years 2008 and prior should be reported as in previous calls.
- e. Clarification that Standard Written Premium (Column 25 in the Policy Year Calls, NY 101 and NY 101D) is required to be reported at DSR Level, i.e., excluding the application of deviations on policies prior to 10/01/08 and excluding loss cost multipliers on policies subsequent to 10/01/08.
- f. The only negative amounts that are acceptable in these call are those that may be derived in Row (X), Calendar Year Experience, and those that may be reported in Column (26), Safety & Security Programs, and Column (29), Retrospective Rating



Adjustments, for Calls 101 and 101D. **FDRA will not allow negative amounts in any other rows or columns.**

- g. NY 101 Appendix (A). [Catastrophe Number 48 Cases](#). All accumulated losses and expenses from claims that have been designated with Catastrophe Number 48, in addition to being included in NY 101, are to be separately reported in NY 101 Appendix as of 12/31/2019. **These amounts cannot be negative.** The loss and expense data elements and their definitions are identical to those specified for Call NY 101. With respect to indemnity claim counts, both open and closed counts for these claims are required. 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 amounts reported in the appendices for NY 125 plus NY 125D, and equal to the sum of the individually reported Catastrophe Number 48 claims reported in NY 131, Individual Large Claims and Catastrophe Claims. These entries must also reconcile with total amounts reported on unit statistical reports for Catastrophe Number 48 cases.

**2. Record Layout for Call NY 101**

Column	Data Element	Automatically Calculated by FDRA
1	<a href="#">Policy Year Standard Earned Premium at DSR Level</a>	PY 2007 & Prior: Yes PY 2008 and Subsequent: No
2	<a href="#">Policy Year Standard Earned Premium at Company Level</a>	No
3	<a href="#">Policy Year Net Earned Premium</a>	No
4	<a href="#">Policy Year Loss Total Paid</a>	Yes
5	<a href="#">Policy Year Outstanding Excluding IBNR</a>	Yes
6	<a href="#">Policy Year IBNR</a>	Yes
7	<a href="#">Policy Year Incurred Loss - Total Incl. IBNR</a>	Yes
8a	<a href="#">Incurred Indemnity Claim Count</a>	Yes
9	<a href="#">Paid Indemnity</a>	No
10	<a href="#">Paid Medical</a>	No
11	<a href="#">Outstanding Excluding IBNR Indemnity</a>	Yes
12	<a href="#">Outstanding Excluding IBNR Medical</a>	Yes
13	<a href="#">IBNR Indemnity</a>	No
14	<a href="#">IBNR Medical</a>	No
15	<a href="#">Outstanding Excluding IBNR Indemnity Case</a>	No
16	<a href="#">Outstanding Excluding IBNR Indemnity Bulk</a>	No
17	<a href="#">Outstanding Excluding IBNR Medical Case</a>	No
18	<a href="#">Outstanding Excluding IBNR Medical Bulk</a>	No
19	<a href="#">DCEE Accumulated Paid</a>	No
20	<a href="#">DCEE Outstanding Excluding IBNR Case</a>	No
21	<a href="#">DCEE Outstanding Excluding IBNR Bulk</a>	No

22	<a href="#">DCCE IBNR</a>	No
23	<a href="#">Incurred DCCE Including IBNR</a>	Yes
24	<a href="#">Net Written Premium</a>	No
25	<a href="#">Standard Written Premium at DSR Level</a>	No
26	<a href="#">Safety and Specialty Program Adjustments</a>	No
27	<a href="#">Premium Discount</a>	No
28	<a href="#">Rate Deviations</a>	No
29	<a href="#">Retro-Rating Adjustments</a>	No
30	<a href="#">Deductible Premium Credits</a>	No
8b	<a href="#">Closed Indemnity Claim Count</a>	No
8c	<a href="#">Open Indemnity Claim Count</a>	No
9a	<a href="#">Accumulated Paid Losses on Closed Claims Indemnity</a>	No
10a	<a href="#">Accumulated Paid Losses on Closed Claims Medical</a>	No
1a	<a href="#">Expense Constant Premium</a>	No

**3. Record Layout for Call NY 101A**

<b>Column</b>	<b>Data Element</b>	<b>Automatically Calculated by FDRA</b>
1	<a href="#">Incurred Indemnity Claim Count Open</a>	No
2	<a href="#">Incurred Indemnity Claim Count Closed</a>	No
3	<a href="#">Paid Indemnity</a>	No
4	<a href="#">Paid Medical</a>	No
5	<a href="#">Outstanding Excluding IBNR Indemnity</a>	Yes
6	<a href="#">Outstanding Excluding IBNR Medical</a>	Yes
7	<a href="#">IBNR Indemnity</a>	No
8a	<a href="#">IBNR Medical</a>	No
9	<a href="#">Total Incurred Indemnity</a>	Yes
10	<a href="#">Total Incurred Medical</a>	Yes
11	<a href="#">Outstanding Excluding IBNR Indemnity Case</a>	No
12	<a href="#">Outstanding Excluding IBNR Indemnity Bulk</a>	No
13	<a href="#">Outstanding Excluding IBNR Medical Case</a>	No
14	<a href="#">Outstanding Excluding IBNT Medical Bulk</a>	No
15	<a href="#">DCCE Paid</a>	No
16	<a href="#">DCCE Outstanding Excluding IBNR Case</a>	No
17	<a href="#">DCCE Outstanding excluding IBNR Bulk</a>	No
18	<a href="#">DCCE IBNR</a>	No
19	<a href="#">Incurred DCCE Including IBNR</a>	Yes

**C. NY 125 and Appendix (A): Calendar-Accident Year, excluding Large Deductible**

**1. Specific Instructions for Call NY 125**

- a. This call requires the reporting of New York Workers’ Compensation premium data by calendar year and accumulated loss data by accident year evaluated as of 12/31/2019. Calendar year loss data for the latest annual period will be derived from the accumulated accident year loss data.
- b. Carriers are requested to submit the Calendar-Accident Year Call by March 15, 2020, if possible. The mandatory due date for this call is April 1, 2020. This earlier date will allow the Rating Board more time to review and compile this data prior to the submission of its annual loss cost filing, which must be made by May 15, 2020.
- c. The 2019 calendar year premium in Row (UK) of this call must be the same as the calendar year premium reported on the Policy Year call (Call NY 101) in Row (X).
- d. Experience from policies with a large deductible must be excluded in this call. A Large Deductible Program is defined as any independently filed deductible program approved by the New York State Department of Financial Services. However, experience from policies with small deductibles under the New York Small Deductible Program is to be included.
- e. All loss amounts on this call must be reported **prior** to the application of any deductible (i.e. on a gross basis).
- f. NY 125 Appendix (A) – Catastrophe Number 48 Cases. All losses and expenses from claims that have been designated with Catastrophe Number 48, in addition to being included in NY 125, are to be separately reported in NY 125 Appendix. The loss and expense data elements and their definitions are identical to those specified for Call NY 125. **These amounts cannot be negative.** With respect to indemnity claim counts, both open and closed counts for these claims are required. The total loss amounts and claims amounts reported in this Appendix must equal the sum of the two policy year amounts in NY 101A.

**2. Record Layout for Call NY 125**

Column	Data Element	Automatically Calculated by FDRA
1	<a href="#">Calendar Year Standard Earned Premium at DSR Level</a>	No
2	<a href="#">Calendar Year Standard Earned Premium at Company Level</a>	No
3	<a href="#">Calendar Year Net Earned Premium</a>	No
4	<a href="#">Accident Year Loss Total Paid</a>	Yes
5	<a href="#">Accident Year Outstanding Excluding IBNR</a>	Yes
6	<a href="#">Accident Year IBNR</a>	Yes
7	<a href="#">Accident Year Incurred Loss - Total Incl. IBNR</a>	Yes
8a	<a href="#">Incurred Indemnity Claim Count</a>	Yes

9	<a href="#">Paid Indemnity</a>	No
10	<a href="#">Paid Medical</a>	No
11	<a href="#">Outstanding Excluding IBNR Indemnity</a>	Yes
12	<a href="#">Outstanding Excluding IBNR Medical</a>	Yes
13	<a href="#">IBNR Indemnity</a>	No
14	<a href="#">IBNR Medical</a>	No
15	<a href="#">Outstanding Excluding IBNR Indemnity Case</a>	No
16	<a href="#">Outstanding Excluding IBNR Indemnity Bulk</a>	No
17	<a href="#">Outstanding Excluding IBNR Medical Case</a>	No
18	<a href="#">Outstanding Excluding IBNR Medical Bulk</a>	No
19	<a href="#">DCCE Accumulated Paid</a>	No
20	<a href="#">DCEE Outstanding Excluding IBNR Case</a>	No
21	<a href="#">DCEE Outstanding Excluding IBNR Bulk</a>	No
22	<a href="#">DCCE IBNR</a>	No
23	<a href="#">Incurred DCCE Including IBNR</a>	Yes
8b	<a href="#">Closed Indemnity Claim Count</a>	No
8c	<a href="#">Open Indemnity Claim Count</a>	No
9a	<a href="#">Accumulated Paid Losses on Closed Claims Indemnity</a>	No
10a	<a href="#">Accumulated Paid Losses on Closed Claims Medical</a>	No
1a	<a href="#">Expense Constant Premium</a>	No

**3. Record Layout for Call NY 125A**

<b>Column</b>	<b>Data Element</b>	<b>Automatically Calculated by FDRA</b>
1	<a href="#">Incurred Indemnity Claim Count Open</a>	No
2	<a href="#">Incurred Indemnity Claim Count Closed</a>	No
3	<a href="#">Paid Indemnity</a>	No
4	<a href="#">Paid Medical</a>	No
5	<a href="#">Outstanding Excluding IBNR Indemnity</a>	Yes
6	<a href="#">Outstanding Excluding IBNR Medical</a>	Yes
7	<a href="#">IBNR Indemnity</a>	No
8a	<a href="#">IBNR Medical</a>	No
9	<a href="#">Total Incurred Indemnity</a>	Yes
10	<a href="#">Total Incurred Medical</a>	Yes
11	<a href="#">Outstanding Excluding IBNR Indemnity Case</a>	No
12	<a href="#">Outstanding Excluding IBNR Indemnity Bulk</a>	No
13	<a href="#">Outstanding Excluding IBNR Medical Case</a>	No
14	<a href="#">Outstanding Excluding IBNT Medical Bulk</a>	No
15	<a href="#">DCCE Paid</a>	No

16	<a href="#">DCCE Outstanding Excluding IBNR Case</a>	No
17	<a href="#">DCCE Outstanding excluding IBNR Bulk</a>	No
18	<a href="#">DCCE IBNR</a>	No
19	<a href="#">Incurred DCCE Including IBNR</a>	Yes

**D. NY 101D and Appendix (A): Policy Year Large Deductible**

**1. Specific Instructions for Call NY 101D**

- a. 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 Department of Financial Services. Experience from policies written under the terms of the Rating Board's Small Deductible Program should be reported on the standard Policy Year Call NY 101.
- b. All the data required in this call other than net premium and IBNR, must be submitted on a gross (prior to deductible). Gross reporting refers to standard premium prior to deductible credits. With respect to losses, both paid loss and case reserves are to be reported on a first dollar basis, i.e., as if no deductible applied. **However, IBNR can be reported on a net basis in this call.** Failure to provide data on a gross basis, other than IBNR, 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 Department of Financial Services when the loss cost filing documents are prepared.
- c. The Rate Deviation field in the Policy Year Calls (NY 101 and NY 101D) for policy years 2009 and subsequent should contain zeroes. The Rate Deviation field for policy years 2008 and prior should be reported as in previous calls.
- d. Clarification that Standard Written Premium (Column 25 in the Policy Year Calls, NY 101 and NY 101D) is required to be reported at DSR Level, i.e., excluding the application of deviations on policies prior to 10/01/08 and excluding loss cost multipliers on policies subsequent to 10/01/08.
- e. The only negative amounts that are acceptable in these call are those that may be derived in Row (X), Calendar Year Experience, and those that may be reported in Column (26), Safety & Security Programs, and Column (29), Retrospective Rating Adjustments, for Calls 101 and 101D. **FDRA will not allow negative amounts in any other rows or columns.**
- f. NY 101D Appendix (A). Catastrophe Number 48 Cases. All accumulated losses and expenses from claims that have been designated with Catastrophe Number 48, in addition to being included in NY 101D, are to be separately reported in NY 101D Appendix as of 12/31/2019. **These amounts cannot be negative.** The loss and expense data elements and their definitions are identical to those specified for NY 101D. With respect to indemnity claim counts, both open and closed counts for these claims are

required. 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 amounts reported in the appendices for NY 125 plus NY 125D, and equal to the sum of the individually reported Catastrophe Number 48 claims reported in NY 131, Individual Large Loss and Catastrophe Claims. These entries must also reconcile with total amounts reported on unit statistical reports for Catastrophe Number 48 cases.

2. Please refer to the [NY 101 Record Layout](#) for the layout of the NY 101D Call.

#### E. NY 125D and Appendix (A): Calendar – Accident Year Large Deductible

##### 1. Specific Instructions for Call NY 125D

- a. This call requires the reporting of New York Workers' Compensation premium data by calendar year and accumulated loss data by accident year evaluated as of 12/31/2019 for only those policies written under the terms of a Large Deductible Program.
- b. Although the mandatory due date is April 1, 2020, carriers are requested to submit the Calendar Accident Year Large Deductible Call by March 15, 2020, if possible. This earlier date will allow the Rating Board more time to review and compile this data prior to the submission of its annual loss cost filing, which must be made by May 15, 2020.
- c. All the data required in this call, other than net premiums and IBNR, 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 case reserves are to be reported on a first dollar basis, i.e., as if no deductible applied. However, IBNR can be reported on a net basis in this call. Failure to provide data on a gross basis, other than IBNR, 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 Department of Financial Services when the rate filing documents are prepared.
- d. 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 (NY 101D).
- e. Row (X) – the calendar year figures – are automatically populated based on data from this year's call as well as what was submitted on last year's call. Losses for all accident year's must be included in both this year's and last year's call in order to reconcile with the policy year call.
- f. Please refer to the NY 125 Record Layout for the layout of the NY 125D Call.
- g. [NY 125D Appendix \(A\). Catastrophe Number 48 Cases](#). All accumulated losses and expenses from claims that have been designated with Catastrophe Number 48, in addition to being included in NY 125D, are to be separately reported in NY 101D Appendix as of 12/31/2019. These amounts cannot be negative. The loss and expense data elements and their definitions are identical to those specified for NY 125D. With respect to indemnity claim counts, both open and closed counts for these claims are

required. 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 amounts reported in the appendices for NY 125 plus NY 125D, and equal to the sum of the individually reported Catastrophe Number 48 claims reported in NY 131, Individual Large Loss and Catastrophe Claims. These entries must also reconcile with total amounts reported on unit statistical reports for Catastrophe Number 48 cases.

2. Please refer to the [NY 125 Record Layout](#) for the layout of the NY 125D Call.

## SECTION V – Annual Statement Calls

### A. NY 214: Annual Statement Statutory Page 14

#### 1. Specific Instructions for Call NY 214

- a. The call requires the submission of the New York Statutory Page 14 workers' compensation data (Line 16) from the 2019 Annual Statement via FDRA. Enter the New York Statutory Page 14 data directly into the system.
- b. Page 14 data must be submitted through FDRA. Do not submit the Annual Statement to the Rating Board for purposes of this reporting requirement.
- c. For carriers with no data, please submit all zeros.

#### 2. Record Layout for Call NY 214

Column	Data Element	Automatically Calculated by FDRA
	Carrier Number	No
	Carrier Name	No
1	Direct Premiums Written	No
2	Direct Premiums Earned	No
3	Dividends Paid or Credited to Policyholders on Direct Business	No
4	Direct Unearned Premium Reserves	No
5	Direct Losses Paid (Deducting Salvage)	No
6	Direct Losses Incurred	No
7	Direct Losses Unpaid	No
8	Direct Allocated Loss Adjustment Expense Paid	No
9	Direct Allocated Loss Adjustment Expense Incurred	No
10	Direct Allocated Loss Adjustment Expense Unpaid	No
11	Commissions and Brokerage Expense	No
12	Taxes, Licenses, and Fees	No

### B. NY 222 and NY 223: Insurance Expense Exhibit

#### 1. Specific Instructions for Calls NY 222 and NY 223

- a. Insurance Expense Exhibit data must be submitted through FDRA. Do not submit the Annual Statement to the Rating Board for purposes of this reporting requirement.
- b. The reporting of data on the Insurance Expense Exhibits is in thousands of dollars and should be reported in that manner on NY 222 and NY 223 (this is a different basis than that of NY 101 and NY 125 which requires whole dollars).



- c. These calls are carrier specific and the amount reported is in total from Line 16 (Workers’ Compensation) from the 2019 countrywide Insurance Expense Exhibit.
- d. NY 222. Data as reported only on Line 16 (Workers’ Compensation) in Part II of the 2019 countrywide Insurance Expense Exhibit. This is data on a **NET** of reinsurance basis. If Column 15 (General Expense Incurred) contains credits for servicing carrier allowances, these amounts are to be shown on the designated space at the bottom of this Form.
- e. NY 223. Data as reported only on Line 16 (Workers’ Compensation) in Part III of the 2019 countrywide Insurance Expense Exhibit. This is data on a **DIRECT** of reinsurance basis. If Column 15 (General Expense Incurred) contains credits for servicing carrier allowances, these amounts are to be shown on the designated space at the bottom of this Form.

**2. Record Layout for Calls NY 222**

<b>Column</b>	<b>Data Element</b>	<b>Automatically Calculated by FDRA</b>
1	Premiums Written	No
2	Premiums Earned	No
3	Dividends to Policyholders	No
4	Incurred Losses	No
5	Allocated Loss Adjustment Expenses Incurred	No
6	Unallocated Loss Adjustment Expense Incurred	No
7	Unpaid Losses	No
8	Allocated Loss Adjustment Expenses Unpaid	No
9	Unallocated Loss Adjustment Expenses Unpaid	No
10	Unearned Premium Reserves	No
11	Agents’ Balances	No
12	Commission and Brokerage Expenses Incurred	No
13	Taxes, Licenses and Fees Incurred	No
14	Other Acquisition, Field Supervision, and Collection Expenses Incurred	No
15	General Expenses Incurred	No
16	Other Income Less Other Expenses	No
17	Pre-Tax Profit or Loss Excluding All Investment Gain	No
18	Investment Gain on Funds Attributed to Insurance	No
19	Profit or Loss Excluding Investment to Capital and Surplus	No
20	Investment Gain Attributable to Capital and Surplus	No
21	Total Profit or Loss	No

**3. Record Layout for Calls NY 223**

<b>Column</b>	<b>Data Element</b>	<b>Automatically Calculated by FDRA</b>
1	Premiums Written	No
2	Premiums Earned	No
3	Dividends to Policyholders	No
4	Incurred Losses	No
5	Allocated Loss Adjustment Expenses Incurred	No
6	Unallocated Loss Adjustment Expense Incurred	No
7	Unpaid Losses	No
8	Allocated Loss Adjustment Expenses Unpaid	No
9	Unallocated Loss Adjustment Expenses Unpaid	No
10	Unearned Premium Reserves	No
11	Agents' Balances	No
12	Commission and Brokerage Expenses Incurred	No
13	Taxes, Licenses and Fees Incurred	No
14	Other Acquisition, Field Supervision, and Collection Expenses Incurred	No
15	General Expenses Incurred	No
16	Other Income Less Other Expenses	No
17	Pre-Tax Profit or Loss Excluding All Investment Gain	No

## SECTION VI – Other New York Financial Calls

### A. NY 225: New York Data Reconciliation

#### 1. Specific Instructions for Call NY 225

- a. This call is required from all carriers to enable the Rating Board to reconcile data reported on its calls to the carrier’s financial records. NY 225 is mandatory and is included in FDRA. Failure to submit NY 225 in a timely manner will result in penalties under the New York Data Call Incentive Program.
- b. An explanation is required if any amount on Line (13) is other than 0. FDRA will not allow NY 225 without an appropriate explanation.
- c. The Calls NY 101 and NY 214 must be submitted to the Rating Board through FDRA prior to the submission of NY 225 as these calls automatically populate Row 1 and Row 2 of Call NY 225.

#### 2. Record Layout for Call 225

ROW	Data Element	Automatically Calculated by FDRA
1	Amount Reported on NY 214, Row Y	Yes
2	Amount Reported on NY 101, Row X	Yes
3	Difference between NY 214 and NY 101 (1) - (2)	Yes
4	<a href="#">New York State Assessment</a>	No
5	<a href="#">NY WC Security Fund Charge</a>	No
6	<a href="#">Large Deductible Experience</a>	Yes (for Premium only)
7	<a href="#">Terrorism Premium Charges</a>	No
8	<a href="#">Natural Disaster &amp; Car Ind Accident Charges</a>	No
9	<a href="#">Cat 87 Claims</a>	No
10	<a href="#">Excess WC Experience</a>	No
11a	<a href="#">Retrospective Adjustment</a>	No
11b	<a href="#">Earned but Unbilled (EBUB)</a>	No
11c	<a href="#">Other (explain)</a>	No
12	Total of (4) through (11)	Yes
13	Difference between (3) and (12)	Yes

**B. NY 115: Individual Carrier New York Direct Written Premium**

**1. Specific Instructions for Call NY 115**

- a. Each member carrier is required to file a statement of the total direct written premium for the workers’ compensation/employers’ liability insurance written on risks insured by the company in New York during calendar year 2019.
- b. Each individual carrier member of a group of companies operating under the same management must be identified separately, showing only the written premiums and adjustments on its own business.
- c. This statement of direct written premium is necessary for the following purposes:
  - i. To determine the amount of the Rating Board expense chargeable to each member and subscriber for calendar year 2020; and
  - ii. To furnish a basis for the levy of assessments during portions of 2020 and 2021.
- d. Acknowledgement of this call is required. Please refer to FDRA for the appropriate form.
- e. Column (4) requires the reporting of premiums attributable to loss cost multipliers.
- f. For those carriers that do not have any New York Premium to report for Calendar year 2019, the appropriate box should be checked on the Acknowledgement Form and submitted to the Rating Board on or before the due date stated above.

**2. Record Layout for Call 115**

Column	Data Element	Automatically Calculated by FDRA
1	<a href="#">Direct Written Premium - Annual Statement NY Statutory Page 14, Line 16</a>	No
2	<a href="#">Premium Adjustments Direct Written Premium for retrospective Rating Plans Adjustments in 2019</a>	No
3	<a href="#">Premium Adjustments Direct Written Premium for Premium Discounts</a>	No
4	<a href="#">Premium Adjustments Direct Written Premium for Loss Cost Multipliers</a>	No
5	<a href="#">Premium Adjustments Direct Written Premium for Deductible Credits</a>	No
6	<a href="#">Premium Adjustments Direct Written Premium for Safety Program Credits and Debits</a>	No
7	<a href="#">Direct Written Premium for Excess Workers' Compensation</a>	No
8	<a href="#">Total Standard Written Premium</a>	Yes

## SECTION VII - Special Data Calls

### A. NY 131: Individual Large Loss and Catastrophe Claims

#### 1. Specific Instructions for Call NY 131

- a. Call NY 131 requires the reporting of individual large losses and claims associated with extraordinary loss events (currently only Catastrophe Number 48 and Catastrophe Code 87). These claims must be valued as of 12/31/2019.
- b. An acknowledgement form for NY 131 must be submitted to the Rating Board as part of the call requirements. Refer to the acknowledgement form provided in FDRA.

This call requires the reporting of **individual** New York large loss claims and all **individual** claims with catastrophe codes 48 and 87. Large losses are defined as claims with incurred values of \$500,000 and greater. All claims, for Accident Years 1984 and later for which total case incurred losses (indemnity plus medical) are greater than or equal to \$500,000 as of 12/31/2019 should be reported on this call.

- c. Do not report a claim if the total case incurred loss is less than \$500,00 even if the claim had been reported in a prior year's call.
- d. Report all Catastrophe Number 48 claims & Catastrophe 87 claims, irrespective of size. The sum of the Cat 48 claims and dollar amounts reported in this call must be equal to the amounts reported in the corresponding NY 101, NY 101D, NY 125 and NY 125D Appendices.
- e. Claims cannot be grouped.
- f. Closed, as well as open and reopened, claims must be included.
- g. Medical-only claims are included.
- h. Claim number is required to be reported for each claim. The claim number must match the claim number reported for the claim on the unit statistical report.
- i. 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.
- j. 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.
- k. Reported losses shall include indemnity amounts paid into the Vocational Rehabilitation Fund.
- l. 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.
- m. Experience reported should be for **direct business only**. No deductions shall be made from losses for, or due to, reinsurance ceded. Losses arising from reinsurance assumed

- by the reporting company shall be excluded from the experience.
- n. All Federal Classification experience in New York must be included in this call.
  - o. Losses on excess policies must be excluded from this call.
  - p. For those carriers that have no individual large loss or catastrophe claims to report for any of the requested accident years at this valuation, the appropriate box should be checked on the Acknowledgment Form and submitted to the Rating Board on or before the due date stated above.
  - q. 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 2017 between carriers’ A and B with A being the reporting carrier, then NY 131 data valued as of 2016 should be reported under carrier A.

**2. Record Layout for Call 131**

<b>Column</b>	<b>Data Element</b>	<b>Automatically Calculated by FDRA</b>
1	<a href="#">Claim Number</a>	No
2	<a href="#">Policy Number</a>	No
3	<a href="#">Catastrophe Number</a>	No
4	<a href="#">Exposure State Code</a>	No
5	<a href="#">Market/Coverage Type Code</a>	No
6	<a href="#">Policy Effective Date MM/DD/YYYY</a>	No
7	<a href="#">Accident Date MM/DD/YYYY</a>	No
8	<a href="#">Claim Status Code</a>	No
9	<a href="#">Accumulated Paid Losses Indemnity</a>	No
10	<a href="#">Accumulated Paid Losses Medical</a>	No
11	<a href="#">Case Outstanding Indemnity</a>	No
12	<a href="#">Case Outstanding Medical</a>	No
13	<a href="#">Accumulated Paid Defense + Cost Containment Expense</a>	No
14	<a href="#">Case Outstanding Defense + Cost Containment Expense</a>	No

## B. NY 132: Individual Section 32 Claims

### 1. Specific Instructions for Call NY 132

- a. 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 quantifying the savings realized from claim settlements made under Section 32 of the Workers' Compensation Law that 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 loss costs for its members in the state of New York.
- b. Considering 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 12/31/2019. Cumulative individual loss amounts as of the current valuation date for all claims closed as of any prior accounting period must be reported.

**Note: The New York State Department of Financial Services has requested that the Rating Board report all carriers that fail to respond to this call in a complete and timely manner.**

- c. Acknowledgement of this call is required. Please refer to FDRA for the appropriate form.
- d. All individual incurred claims that have been settled under Section 32 of the New York Workers' Compensation Law are to be reported as of 12/31/2019, 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 12/31/2019 for all claims closed as of any prior accounting date must be reported for as many accident years as there are settlements.**
- e. 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.
- f. IBNR is not to be included in any claim amount.
- g. Enter, by claim number, all New York claims that were settled under Section 32, identified by accident year, valued as of 12/31/2019. For each claim, show both the incurred indemnity and incurred medical amounts as of 12/31/2019. Claims closed under Section 32 and reported in previous submissions must continue to be reported in this call.
- h. If only a portion of a claim is subject to Section 32, the entire claim must be reported.
- i. For those carriers that have no individual Section 32 claims to report for any accident year, the appropriate box should be checked on the Acknowledgement Form and submitted to the Rating Board on or before the due date stated above.

## 2. Record Layout for Call 132

Column	Data Element	Automatically Calculated by FDRA
1	<a href="#">Accident Date (MM/DD/YYYY)</a>	No
2	<a href="#">Claim Number</a>	No
3	<a href="#">Policy Number</a>	No
4	<a href="#">Policy Effective Date (MM/DD/YYYY)</a>	No
5	<a href="#">Interest Rate</a>	No
6	<a href="#">Incurred Indemnity</a>	No
7	<a href="#">Incurred Medical</a>	No
8	<a href="#">Incurred DCCE (Defense + Cost Containment Expense)</a>	No

## C. NY 141: Individual Employers' Liability Claims

### 1. Specific Instruction for Call NY 141

- a. 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.
- b. Individual Employers' Liability claim experience for accident years 1985 through 2019, all valued as of 12/31/2019 must be reported on this call.
- c. This call requires the reporting of New York Employers' Liability individual claim experience by accident year valued as of 12/31/2019.
- d. All Employers' Liability incurred claims are to be reported, including all open claims and all closed claims for each accident year as of 12/31/2019. **Note: Claims closed and reported in previous submissions must continue to be reported in this call.**
- e. When claims contain both Employers' Liability and Workers' Compensation losses, report only the amount of Employers' Liability losses.
- f. Enter each New York employers' liability claim that was incurred in each of the Accident Years 1985 through 2019 valued as of 12/31/2019. 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.
- g. For claims valued prior to January 1, 1997, 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.
- h. For those carriers that have no individual employers’ liability claims to report for any accident year at this valuation, the appropriate box should be checked on the Acknowledgement Form in FDRA and submitted to the Rating Board on or before the due date stated above.

**2. Record Layout for Call 141**

<b>Column</b>	<b>Data Element</b>	<b>Automatically Calculated by FDRA</b>
1	<a href="#">Accident Date (MM/DD/YYYY)</a>	No
2	<a href="#">Claim Number</a>	No
3	<a href="#">Loss Paid</a>	No
4	<a href="#">ALAE Paid</a>	No
5	<a href="#">Loss Incurred</a>	No
6	<a href="#">ALAE Incurred</a>	No
7	<a href="#">Employers’ Liability Loss Only</a>	No
8	<a href="#">Open/Closed</a>	No
9	<a href="#">Policy Number</a>	No
10	<a href="#">Policy Effective Date (MM/DD/YYYY)</a>	No
11	<a href="#">Carrier Identification Number</a>	No

## SECTION VIII – Data Dictionary

### 1. Standard Premium at Designated Statistical Reporting (“DSR”) Level

Applicable Calls	NY 101, NY 101D, NY 125, NY 125D
Column	1
Notes	Calculated by FDRA for policy/calendar years 2007 and prior. Needs to be entered for policy/calendar years 2008 and subsequent. See <a href="#">premium table</a> for more information.
Definition	The entire premium resulting from standard rating procedures
Reporting Requirement	<p><b>Policy Years 2007 and Prior (Automatically calculated and populated by FDRA):</b>          Sum of Columns (26), (27), (28), (29), (30), and (3). Report the entire earned premium resulting from standard rating procedures including:</p> <ul style="list-style-type: none"> <li>• Premium credits or debits under the experience rating and merit rating (Statistical Codes 9884, 9885, 9886 and 9896) Plans</li> <li>• Territory differential premium for construction classes (9126, 9127 and 9128)</li> <li>• Credits resulting from the use of the New York construction classification premium adjustment program (9046)</li> <li>• Increased limits premium for employers’ liability (9803-9837 and 9840)</li> <li>• Waiver of subrogation premium (0930)</li> <li>• Repatriation expense premium (9606)</li> <li>• Minimum premium balance amount (0990)</li> <li>• Expense constant premiums (0900)</li> </ul> <p>but prior to:</p> <ul style="list-style-type: none"> <li>• Rate deviations (9034, 9036, 9037 and 9039)</li> <li>• Premium credits under the New York Small Deductible Program (9663 and 9664)</li> <li>• Premium credits under independently filed and approved carrier specialty programs (for example, alternative dispute resolution, drug-free workplace (9846), managed care or preferred provider organization programs (9874))</li> <li>• Premium credits under New York Workplace Safety Loss Prevention Incentive Program (WSLPIP) (9743, 9748 and 9753)</li> <li>• Compulsory Workplace Safety Program debits (9747)</li> </ul>

	<ul style="list-style-type: none"> <li>• Premium discounts (0063 and 0064)</li> <li>• Policyholder dividends</li> <li>• Premium adjustments under the Retrospective Rating Plan</li> <li>• Terrorism (9740) and the natural disasters and catastrophic industrial accident (9741) charges</li> <li>• Workers’ Compensation Security Fund (9749) surcharge</li> <li>• The New York State Assessment (0932)</li> </ul> <p><b>Policy Years 2008 and Subsequent:</b>                  Report the entire earned premium resulting from standard rating procedures including:</p> <ul style="list-style-type: none"> <li>• Premium credits or debits under the experience rating and merit rating (9884, 9885, 9886 and 9896) Plans T</li> <li>• Territory differential premium for construction classes (9126, 9127 and 9128)</li> <li>• Credits resulting from the use of the New York construction classification premium adjustment program (9046)</li> <li>• Increased limits premium for employers’ liability (9803-9837 and 9840)</li> <li>• Waiver of subrogation premium (0930)</li> <li>• Repatriation expense premium (9606)</li> </ul> <p>but prior to the application of:</p> <ul style="list-style-type: none"> <li>• Minimum premium balance amount (0990)</li> <li>• Expense constant premiums (0900)</li> <li>• Rate deviations (9034, 9036, 9037 and 9039)</li> <li>• Premium credits under the New York Small Deductible Program (9663 and 9664)</li> <li>• Premium credits under the Safe Patient Handling Program (9651)</li> <li>• Premium credits under independently filed and approved carrier specialty programs (for example, alternative dispute resolution, drug-free workplace (9846), managed care or preferred provider organization programs (9874))</li> <li>• Premium credits under New York Workplace Safety Loss Prevention Incentive Program (WSLPIP) (9743, 9748 and 9753)</li> <li>• Compulsory Workplace Safety Program debits (9747)</li> <li>• Schedule Rating Adjustments</li> <li>• Premium discounts (0063 and 0064)</li> </ul>
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	<ul style="list-style-type: none"> <li>• Policyholder dividends</li> <li>• Premium adjustments under the Retrospective Rating Plan</li> <li>• The New York State Assessment (0932)</li> <li>• Workers’ Compensation Security Fund (9749) surcharge</li> <li>• Terrorism (9740) and the natural disasters and catastrophic industrial accident (9741) charges</li> <li>• expense constant premiums should be included for policies effective before 10/01/08 and excluded from policies effective on or after 10/01/08. Employers’ Liability Minimum Premium charge (code 9848) should be included as well</li> </ul> <p><b>For policy years 2008 and subsequent, this column must be entered and will be subject to verification. Please refer to the New York Designated Statistical Reporting Level Guide in <a href="#">Section IX</a> of this guide for information on the reporting of premium for policies effective on and after 10/01/08.</b></p>
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**2. Standard Premium at Company Level**

Applicable Calls	NY 101, NY 101D, NY 125, NY 125D
Column	2
Notes	See <a href="#">premium table</a> for more information.
Definition	<p>The premium calculated at the company’s full rates, including the impact of a loss cost multiplier or other approved deviation.</p> <p>The standard premium shown in column 1 (DSR) Level, including the application of rate deviations (for policies effective prior to October 1, 2008) or loss cost multipliers (from policies effective on or after October 1, 2008).</p>
Reporting Requirement	<p>The standard earned premium shown in Column (1), including the application of rate deviations, should be entered for each policy/calendar year during which a deviation from Rating Board rates was effective (for policies effective prior to 10/01/08) and including the application of loss cost multipliers, and expense constant (for policies effective on and after 10/01/08). Employers’ Liability Minimum Premium charge (Statistical code 9848) should be included as well.</p> <p><b>Please see the DSR Premium Reporting Level Guide shown in <a href="#">Section IX</a> of the instructions for further detail.</b></p>

### 3. Net Earned Premium

Applicable Calls	NY 101, NY 101D, NY 125, NY 125D
Column	3
Notes	See <a href="#">premium table</a> for more information.
Definition	Actual premium prior to the payment of policyholder dividends.
Reporting Requirement	<p>Report the actual earned premium prior to the payment of policyholder dividends, but after the application of the following:</p> <ul style="list-style-type: none"> <li>• Premium credits or debits under the experience rating and merit rating (Statistical codes 9884, 9885, 9886 and 9896) Plans</li> <li>• Territory differential premium for construction classes (9126, 9127 and 9128)</li> <li>• Credits resulting from the use of the New York construction classification premium adjustment program (9046)</li> <li>• Increased limits premium for employers’ liability (9803-9837 and 9840)</li> <li>• Waiver of subrogation premium (0930)</li> <li>• Repatriation expense premium (9606)</li> <li>• Minimum premium balance amount (0990)</li> <li>• Expense constant premiums (0900)</li> <li>• Rate deviations (9034, 9036, 9037 and 9039)</li> <li>• Premium credits under the New York Small Deductible Program (9663 and 9664)</li> <li>• Premium credits under the Safe Patient Handling Program (9651)</li> <li>• Premium credits under independently filed and approved carrier specialty programs (for example, alternative dispute resolution, drug-free workplace (9846), managed care or preferred provider organization programs (9874))</li> <li>• Premium credits under New York Workplace Safety Loss Prevention Incentive Program (WSLPIP) (9743, 9748 and 9753)</li> <li>• Compulsory Workplace Safety Program debits (9747)</li> <li>• Schedule Rating Adjustments</li> <li>• Premium discounts (0063 and 0064)</li> <li>• Premium adjustments under the Retrospective Rating Plan</li> </ul> <p>but prior to:</p> <ul style="list-style-type: none"> <li>• The New York State Assessment (0932)</li> <li>• Workers’ Compensation Security Fund (9749) surcharge</li> </ul>

	<ul style="list-style-type: none"> <li>Terrorism (9740) and the natural disasters and catastrophic industrial accident (9741) charges</li> </ul>
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**4. Total Paid**

Applicable Calls	NY 101, NY 101D, NY 125, NY 125D
Column	4
Notes	This column is calculated by FDRA.
Definition	Total Paid Losses. Sum of Accumulated Indemnity and Medical Paid Losses.
Reporting Requirement	Sum of Column (9) and (10). Column 9 is Paid Indemnity Loss and Column 10 is Paid Medical Loss. See Data Dictionary for those data elements for additional information.

**5. Outstanding Excl. IBNR**

Applicable Calls	NY 101, NY 101D, NY 125, NY 125D
Column	5
Notes	This column is calculated by FDRA.
Definition	Outstanding Loss excluding IBNR. Sum of Accumulated Indemnity and Medical outstanding losses, excluding IBNR.
Reporting Requirement	Sum of Column (11) and (12). Column 11 is Outstanding Indemnity excluding IBNR and Column 12 is Outstanding Medical excluding IBNR. See Data Dictionary for those data elements for additional information.

**6. IBNR**

Applicable Calls	NY 101, NY 101D, NY 125, NY 125D
Column	6
Notes	This column is calculated by FDRA.
Definition	IBNR is Incurred But Not Reported Losses.
Reporting Requirement	Sum of Column (13) and (14). Column 13 is IBNR Indemnity Column 14 is IBNR Medical. See Data Dictionary for those data elements for additional information.

**7. Incurred Losses Incl. IBNR**

Applicable Calls	NY 101, NY 101D, NY 125, NY 125D, 101A, NY 125A
Column	7 for NY 101, NY 101D, NY 125, NY 125D 9 (Indemnity) and 10 (Medical) for NY 101A, NY 125A
Notes	This column is calculated by FDRA.
Definition	Sum of Incurred (Paid + Outstanding + IBNR) Losses.

Reporting Requirement	Sum of Paid + Outstanding + IBNR Losses. See Data Dictionary for those data elements for additional information.
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**8. Incurred Indemnity Claim Count**

Applicable Calls	NY 101, NY 101D, NY 125, NY 125D
Column	8a
Notes	This column is calculated by FDRA.
Definition	Incurred Indemnity Claim count is the accumulated number of claims for which an indemnity payment has been made and/or an outstanding indemnity reserve exists.
Reporting Requirement	Sum of Column (8b) and (8c). Column 8b is closed indemnity claim count and Column 8c is open indemnity claim count. Medical-only claims must be excluded from the counts.

**9. Closed Indemnity Claim Count**

Applicable Calls	NY 101, NY 101D, NY 125, NY 125D, NY 101A, NY 125A, NY 101DA, NY 125DA
Column	8b for NY 101, NY 101D, NY 125, NY 125D and 2 for NY 101A, NY 125A, NY 101DA, NY 125DA
Notes	
Definition	The number of indemnity claims for each year that have been paid in full, with no existing outstanding loss or loss expense reserve as of 12/31/2019.
Reporting Requirement	Enter the number of indemnity claims for each year that have been paid in full, with no existing outstanding indemnity loss or loss expense reserves as of 12/31/2019 and no existing outstanding medical loss or loss expense reserves as of 12/31/2019. <u>Exclude</u> claims that have been resolved on a medical-only basis and claims that have been closed without payment.

**10. Open Indemnity Claim Count**

Applicable Calls	NY 101, NY 101D, NY 125, NY 125D, NY 101A, NY 125A, NY 101DA, NY 125DA
Column	8c for NY 101, NY 101D, NY 125, NY 125D and 1 for NY 101A, NY 125A, NY 101DA, NY 125DA
Notes	
Definition	The number of indemnity claims for each year as of 12/31/2019 for which outstanding loss or loss expense reserve exists.
Reporting Requirement	Enter the number of indemnity claims for each year as of 12/31/2019 for which either indemnity or medical outstanding loss or loss

	expense reserves exist, regardless of whether any payments have been made.
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### 11. Paid Loss Amounts

Applicable Calls	NY 101, NY 101D, NY 125, NY 125D, NY 101A, NY 125A, NY 101DA, NY 125DA
Column	9 (Indemnity) and 10 (Medical) for NY 101, NY 101D, NY 125, NY 125D 3 (Indemnity) and 4 (Medical) for NY 101A, NY 125A, NY 101DA, NY 125DA
Notes	These amounts cannot be negative.
Definition	Accumulated Indemnity and Medical Paid Losses.
Reporting Requirement	Enter the accumulated Indemnity and Medical paid losses for each policy year as of 12/31/2019.  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 these calls.  Reported losses must <u>include</u> indemnity amounts paid into the Vocational Rehabilitation Fund.

### 12. Accumulated Paid Losses on Closed Claims

Applicable Calls	NY 101, NY 101D, NY 125, NY 125D
Column	9a (Indemnity) and 10a (Medical)
Notes	These amounts cannot be negative.
Definition	Accumulated Indemnity and Medical paid losses for each year corresponding to all closed claims.
Reporting Requirement	Enter in Columns (9a) and (10a), respectively, the accumulated Indemnity and Medical paid losses for each policy year corresponding to all closed claims as of 12/31/2019. Note, also <u>include</u> paid losses on medical-only claims, as well as on indemnity claims (even though medical-only claims are not included in column (8b)).

### 13. Outstanding Excluding IBNR

Applicable Calls	NY 101, NY 101D, NY 125, NY 125D, NY 101A, NY 125A, NY 101DA, NY 125DA
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Column	11 (Indemnity) and 12 (Medical) for NY 101, NY 101D, NY 125, NY 125D 5 (Indemnity) and 6 (Medical) for NY 101A, NY 125A, NY 101DA, NY 125DA
Notes	These columns are calculated by FDRA.
Definition	Accumulated Indemnity and Medical outstanding losses for each year.
Reporting Requirement	These columns are the sum of Outstanding Excluding IBNR Case + Outstanding Excluding IBNR Bulk, Indemnity and Medical respectively.  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 these calls.  Reported losses must <u>include</u> indemnity amounts paid into the Vocational Rehabilitation Fund.

**14. IBNR (Incurred But Not Reported)**

Applicable Calls	NY 101, NY 101D, NY 125, NY 125D, NY 101A, NY 125A, NY 101DA, NY 125DA
Column	13 (Indemnity) and 14 (Medical) for NY 101, NY 101D, NY 125, NY 125D 7 (Indemnity) and 8 (Medical) for NY 101A, NY 125A, NY 101DA, NY 125DA
Notes	These amounts cannot be negative.
Definition	Indemnity and Medical IBNR (Incurred but Not Reported) as of 12/31/2019.
Reporting Requirement	Enter the Indemnity and Medical IBNR as of 12/31/2019. Do not anticipate recoveries.  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 these calls.  Reported losses must <u>include</u> indemnity amounts paid into the Vocational Rehabilitation Fund.

**15. Outstanding Excluding IBNR Case**

Applicable Calls	NY 101, NY 101D, NY 125, NY 125D, NY 101A, NY 125A, NY 101DA, NY 125DA
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Column	15 (Indemnity) and 17 (Medical) for NY 101, NY 101D, NY 125, NY 125D 11 (Indemnity) and 13 (Medical) for NY 101A, NY 125A, NY 101DA, NY 125DA
Notes	These amounts cannot be negative.
Definition	Indemnity and Medical reserves established for specific known cases as of 12/31/2019.
Reporting Requirement	Enter in the Indemnity and Medical reserves established for specific known cases, as of 12/31/2019. 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 these calls.  Reported losses must <u>include</u> indemnity amounts paid into the Vocational Rehabilitation Fund.

**16. Outstanding Excluding IBNR Bulk**

Applicable Calls	NY 101, NY 101D, NY 125, NY 125D, NY 101A, NY 125A, NY 101DA, NY 125DA
Column	16 (Indemnity) and 18 (Medical) for NY 101, NY 101D, NY 125, NY 125D 12 (Indemnity) and 14 (Medical) for NY 101A, NY 125A, NY 101DA, NY 125DA
Notes	These amounts cannot be negative.
Definition	Indemnity and Medical reserves established for general case reserve inadequacy, supplemental case reserves, cases that may reopen, or other reserves which are not associated with specific claims.
Reporting Requirement	Enter in the Indemnity and Medical reserves established for general case reserve inadequacy, supplemental case reserves, cases that may reopen, or other reserves which are not associated with specific claims.  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 should be reported in the IBNR category. b. The discount rate shown in the question section of the FDRA call used in evaluating 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 the carriers as a result

	of the changes in the discount rate. If no discount rate applied to these cases, an amount of 0% should be shown in the answer to this question. This item must be entered for the submission to be complete.
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**17. Defense & Cost Containment Expense (DCCE) Accumulated Paid**

Applicable Calls	NY 101, NY 101D, NY 125, NY 125D, NY 101A, NY 125A, NY 101DA, NY 125DA
Column	19 for NY 101, NY 101D, NY 125, NY 125D and 15 for NY 101A, NY 125A, NY 101DA, NY 125DA
Notes	These amounts cannot be negative.
Definition	Accumulated Paid DCCE (Defense Cost Containment Expense).
Reporting Requirement	Enter the accumulated paid DCCE for each year shown as of 12/31/2019. The definition of DCCE should match what is include in Schedule P of the Annual Statement.

**18. DCCE (Defense Cost Containment Expense) Outstanding Excluding IBNR Case Reserves**

Applicable Calls	NY 101, NY 101D, NY 125, NY 125D, NY 101A, NY 125A, NY 101DA, NY 125DA
Column	20 for NY 101, NY 101D, NY 125, NY 125D and 16 for NY 101A, NY 125A, NY 101DA, NY 125DA
Notes	These amounts cannot be negative.
Definition	DCCE reserves established for specific known cases (Defense Cost Containment Expense).
Reporting Requirement	Enter the DCCE reserves established for specific known cases as of 12/31/2019.

**19. DCCE (Defense Cost Containment Expense) Outstanding Excluding IBNR Bulk Reserves**

Applicable Calls	NY 101, NY 101D, NY 125, NY 125D, NY 101A, NY 125A, NY 101DA, NY 125DA
Column	21 for NY 101, NY 101D, NY 125, NY 125D and 17 for NY 101A, NY 125A, NY 101DA, NY 125DA
Notes	These amounts cannot be negative.
Definition	DCCE (Defense Cost Containment Expense) reserves associated with the establishment of reserves for general case reserve inadequacy, supplemental case reserves, cases that may reopen, or other reserves that are not associated with specific claims.
Reporting Requirement	Enter the DCCE reserves associated with the establishment of reserves as of 12/31/2019 for general case reserve inadequacy,

	supplemental case reserves, cases that may reopen, or other reserves that are not associated with specific claims.
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**20. DCCE (Defense Cost Containment Expense) IBNR**

Applicable Calls	NY 101, NY 101D, NY 125, NY 125D, NY 101A, NY 125A, NY 101DA, NY 125DA
Column	22 for NY 101, NY 101D, NY 125, NY 125D and 18 for NY 101A, NY 125A, NY 101DA, NY 125DA
Notes	These amounts cannot be negative.
Definition	DCCE (Defense Cost Containment Expense) reserves associated with IBNR loss reserves.
Reporting Requirement	Enter the DCCE reserves associated with IBNR loss reserves as of 12/31/2019.

**21. Incurred DCCE (Defense Cost Containment Expense) Including IBNR**

Applicable Calls	NY 101, NY 101D, NY 125, NY 125D, NY 101A, NY 125A, NY 101DA, NY 125DA
Column	23 for NY 101, NY 101D, NY 125, NY 125D and 19 for NY 101A, NY 125A, NY 101DA, NY 125DA
Notes	This column is calculated by FDRA and cannot be negative.
Definition	Total DCCE (Defense Cost Containment Expense) Incurred amount, including IBNR. Sum of prior columns.
Reporting Requirement	Sum of Paid DCCE, DCCE Case Reserves, DCCE Bulk Reserves and DCCE IBNR Reserves.  The reporting of DCCE is mandatory for policy years 1994 and subsequent. The Rating Board recognizes that not all carriers establish case reserves for DCCE. If case DCCE reserves are not established, the reporting of reserves as bulk or IBNR is acceptable.

**22. Net Written Premium**

Applicable Calls	NY 101, NY 101D
Column	24
Notes	See <a href="#">premium table</a> for reference.
Definition	Final Premium charged prior to the application of policyholder dividends.
Reporting Requirement	Premium Report in Column (24) final premiums charged prior to the application of policyholder dividends, but after the application of the following:

	<ul style="list-style-type: none"> <li>• Premium credits or debits under the experience rating and merit rating (Statistical codes 9884, 9885, 9886 and 9896) Plans</li> <li>• Territory differential premium for construction classes (9126, 9127 and 9128)</li> <li>• Credits resulting from the use of the New York construction classification premium adjustment program (9046)</li> <li>• Increased limits premium for employers’ liability (9803-9837 and 9840)</li> <li>• Waiver of subrogation premium (0930)</li> <li>• Repatriation expense premium (9606)</li> <li>• Minimum premium balance amount (0990)</li> <li>• Expense constant premiums (0900)</li> <li>• Rate deviations (9034, 9036, 9037 and 9039)</li> <li>• Premium credits under the New York Small Deductible Program (9663 and 9664)</li> <li>• Premium credits under the Safe Patient Handling Program (9651)</li> <li>• Premium credits under independently filed and approved carrier specialty programs (for example, alternative dispute resolution, drug-free workplace (9846), managed care or preferred provider organization programs (9874))</li> <li>• Premium credits under New York Workplace Safety Loss Prevention Incentive Program (WSLPIP) (9743, 9748 and 9753)</li> <li>• Compulsory Workplace Safety Program debits (9747)</li> <li>• Premium discounts (0063 and 0064)</li> <li>• Premium adjustments under the Retrospective Rating Plan but prior to:                         <ul style="list-style-type: none"> <li>• The New York State Assessment (0932)</li> <li>• Workers’ Compensation Security Fund (9749) surcharge</li> <li>• Terrorism (9740) and the natural disasters and catastrophic industrial accident (9741) charges</li> </ul> </li> </ul>
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**23. Standard Written Premium at DSR Level**

Applicable Calls	NY 101, NY 101D
Column	25
Notes	See <a href="#">premium table</a> for reference.
Definition	The entire premium resulting from standard rating procedures.

<p>Reporting Requirement</p>	<p>Policy Years 2007 and Prior- Sum of Columns (26), (27), (28), (29), (30), and (3). Report the entire earned premium resulting from standard rating procedures including:</p> <ul style="list-style-type: none"> <li>• Premium credits or debits under the experience rating and merit rating plans (Statistical Codes 9884, 9885, 9886 and 9896)</li> <li>• Territory differential premium for construction classes (9126, 9127 and 9128)</li> <li>• Credits resulting from the use of the New York construction classification premium adjustment program (9046)</li> <li>• Increased limits premium for employers’ liability (9803-9837 and 9840)</li> <li>• Waiver of subrogation premium (0930)</li> <li>• Repatriation expense premium (9606)</li> <li>• Minimum premium balance amount (0990)</li> <li>• Expense constant premiums (0900)</li> </ul> <p>but prior to:</p> <ul style="list-style-type: none"> <li>• Rate deviations (9034, 9036, 9037 and 9039)</li> <li>• Premium credits under the New York Small Deductible Program (9663 and 9664)</li> <li>• Premium credits under independently filed and approved carrier specialty programs (for example, alternative dispute resolution, drug-free workplace (9846), managed care or preferred provider organization programs (9874))</li> <li>• Premium credits under New York Workplace Safety Loss Prevention Incentive Program (WSLPIP) (9743, 9748 and 9753)</li> <li>• Compulsory Workplace Safety Program debits (9747)</li> <li>• Premium discounts (0063 and 0064)</li> <li>• Policyholder dividends</li> <li>• Premium adjustments under the Retrospective Rating Plan</li> <li>• Terrorism (9740) and the natural disasters and catastrophic industrial accident (9741) charges</li> <li>• Workers’ Compensation Security Fund (9749) surcharge</li> <li>• The New York State Assessment (0932)</li> </ul> <p>Policy Years 2008 and Subsequent- Report the entire earned premium resulting from standard rating procedures including:</p>
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	<ul style="list-style-type: none"><li>• Premium credits or debits under the experience rating and merit rating (9884, 9885, 9886 and 9896) Plans T</li><li>• Territory differential premium for construction classes (9126, 9127 and 9128)</li><li>• Credits resulting from the use of the New York construction classification premium adjustment program (9046)</li><li>• Increased limits premium for employers' liability (9803-9837 and 9840)</li><li>• Waiver of subrogation premium (0930)</li><li>• Repatriation expense premium (9606)</li></ul> <p>but prior to the application of:</p> <ul style="list-style-type: none"><li>• Minimum premium balance amount (0990)</li><li>• Expense constant premiums (0900)</li><li>• Rate deviations (9034, 9036, 9037 and 9039)</li><li>• Premium credits under the New York Small Deductible Program (9663 and 9664)</li><li>• Premium credits under the Safe Patient Handling Program (9651)</li><li>• Premium credits under independently filed and approved carrier specialty programs (for example, alternative dispute resolution, drug-free workplace (9846), managed care or preferred provider organization programs (9874))</li><li>• Premium credits under New York Workplace Safety Loss Prevention Incentive Program (WSLPIP) (9743, 9748 and 9753)</li><li>• Compulsory Workplace Safety Program debits (9747)</li><li>• Schedule Rating Adjustments</li><li>• Premium discounts (0063 and 0064)</li><li>• Policyholder dividends</li><li>• Premium adjustments under the Retrospective Rating Plan</li><li>• The New York State Assessment (0932)</li><li>• Workers' Compensation Security Fund (9749) surcharge</li><li>• Terrorism (9740) and the natural disasters and catastrophic industrial accident (9741) charges</li><li>• expense constant premiums should be included for policies effective before 10/01/08 and excluded from policies effective on or after 10/01/08.</li></ul>
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	Please refer to the New York Designated Statistical Reporting Level Guide in <a href="#">Section IX</a> for information on the reporting of premium for policies effective on and after 10/01/08.
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#### 24. Safety and Specialty Programs

Applicable Calls	NY 101, NY 101D
Column	26
Notes	<p>Premium credits should be reported as a positive amount and premium debits and surcharges should be reported as a negative amount.</p> <p>For purposes of this call, specialty programs <u>do not include</u> carrier dividends or retention programs. Schedule rating credits should be reported as a positive amount and schedule rating debits should be reported as a negative amount. If the total amount of adjustments is a debit (because of schedule rating), the amount should be reported in Column (26) as a negative amount.</p>
Definition	Accumulated earned premium adjustments resulting from the New York Workplace Safety Loss Prevention Incentive Program (WSLPIP).
Reporting Requirement	Enter in Column (26) the accumulated earned premium adjustments resulting from the New York Workplace Safety Loss Prevention Incentive Program (WSLPIP) (Statistical Codes 9743, 9748, 9753); <b>premium credits under the Safe Patient Handling Program (9651)</b> , surcharges under the Compulsory Workplace Safety Program (9747), schedule rating adjustments (9887, 9889), and independently filed and approved specialty programs such as alternative dispute resolution, drug-free workplace (9846), managed care and preferred provider organization programs (9874).

#### 25. Premium Discounts

Applicable Calls	NY 101, NY 101D
Column	27
Notes	These amounts cannot be reported as negative.
Definition	Accumulated premium discounts earned for each year.
Reporting Requirement	Enter in Column (27) the accumulated premium discounts earned for each of the years shown.



**26. Rate Deviations**

Applicable Calls	NY 101, NY 101D
Column	28
Notes	Applicable only for policies effective prior to 10/01/08. These amounts cannot be reported as negative.
Definition	Earned premium resulting from the application of approved rate deviations.
Reporting Requirement	Enter in Column (28) the earned premium resulting from the application of approved rate deviations. Any carrier that has received an approved rate deviation and does not show amounts on the appropriate lines(s) (or does not provide a reasonable explanation for their omission) will have its submission rejected for improper completion and will be subject to Incentive Program penalties.

**27. Retrospective Rating Adjustments**

Applicable Calls	NY 101, NY 101D
Column	29
Notes	Both positive and negative numbers are allowed. Premium credits should be reported as a positive amount and premium debits and surcharges should be reported as a negative amount.
Definition	Accumulated earned premium adjustments resulting from the application of retrospective rating plans.
Reporting Requirement	Enter in Column (29) the accumulated earned premium adjustments, including any earned but unbilled premium reserves (EBUB) resulting from the application of retrospective rating plans for each year as of 12/31/2019. 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.

**28. Deductible Premium Credits**

Applicable Calls	NY 101, NY 101D
Column	30
Notes	The amounts cannot be reported as negative.
Definition	Accumulated earned premium credited to policies written with small deductibles from the New York Small Deductible Program.

Reporting Requirement	For NY 101, enter in Column (30) the accumulated earned premium credited to policies written with small deductibles from the New York Small Deductible Program (9663 and 9664).  For NY 101D, Enter in Column (30) the accumulated earned premium credited to policies written with large deductibles.
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**29. Expense Constant Premium**

Applicable Calls	NY 101, NY 101D, NY 125, NY 125D
Column	1a
Notes	
Definition	Premium generated by the application of expense constants.
Reporting Requirement	Enter in Column (1a) the premium generated by the application of expense constants for policies effective on and after 10/01/08. Note that the expense constant premium is reported on an earned basis.

**30. New York State Assessment**

Applicable Calls	NY 225
Row	4
Notes	
Definition	Amount charged for New York State Assessments.
Reporting Requirement	Following the changes in the New York State Assessment process which became effective January 1, 2014, New York State Assessment amounts are no longer considered part of premium amounts to be reported on Statutory Page 14. However, to the extent that you have charged assessments on policies effective prior to 01/01/14, due to audits, etc., and have included these amounts in the 2019 Annual Statement premiums, please include these amounts here.

**31. New York Worker’s Compensation Security Fund Charge**

Applicable Calls	NY 225
Row	5
Notes	
Definition	Amount charged for New York Workers’ Compensation Security Fund.
Reporting Requirement	If you have included these amounts in Annual Statement premiums, please enter them in this line.

**32. Large Deductible Experience**

Applicable Calls	NY 225
Row	6
Notes	
Definition	Large Deductible experience each respective column.
Reporting Requirement	Report the premium amounts from call 101 D row X for premium amounts. Report the loss amount net of deductible recoveries on the same basis as they would be reflected on Page 14 of the Annual Statement.

**33. Terrorism Premium Charge**

Applicable Calls	NY 225
Row	7
Notes	
Definition	Terrorism Premium Charge (Stat Code 9740).
Reporting Requirement	Statistical Code 9740 amounts should be included in this line for the premium columns.

**34. Natural Disaster & Cat Ind. Accident Charges**

Applicable Calls	NY 225
Row	8
Notes	
Definition	Natural Disaster & Cat Ind. Accident Charges (Stat Code 9741).
Reporting Requirement	Statistical Code 9741 amounts should be included in this line for the premium columns.

**35. Cat 87 claims**

Applicable Calls	NY 225
Row	9
Notes	
Definition	Occupational Disease claims emanating from the rescue, recovery, and clean-up operations at the World Trade Center site that were undertaken between September 11, 2001 and September 12, 2002, as defined under New York Workers' Compensation Law.
Reporting Requirement	Enter all amounts for occupational Disease claims emanating from the rescue, recovery, and clean-up operations at the World Trade Center site that were undertaken between September 11, 2001 and September 12, 2002, as defined under New York Workers' Compensation Law.

**36. Excess WC Experience**

Applicable Calls	NY 225
Row	10
Notes	
Definition	Excess Workers' Compensation Experience used for reconciliation since not included in NY Financial Data Calls.
Reporting Requirement	If you have grouped these amounts with other Workers' Compensation experience in the Annual Statement, please enter the excess amounts in this line.

**37. Retroactive Adjustment**

Applicable Calls	NY 225
Row	11a
Notes	Due to timing differences
Definition	Retroactive Adjustment differences due to timing.
Reporting Requirement	If there are differences between the Annual Statement experience and Form 101 experience due to timing (i.e. an adjustment to financial data in December after the accounting books have been closed for the year in November), please enter the amounts in this line.

**38. Earned but Unbilled (EBUB)**

Applicable Calls	NY 225
Row	11b
Notes	
Definition	Premium earned but not yet billed.
Reporting Requirement	EBUB amounts include premium that has been earned but not yet billed to the insured. To the extent that these amounts were in the Annual Statement, please enter them in this line.

**39. Other**

Applicable Calls	NY 225
Row	11c
Notes	Please explain.
Definition	Other
Reporting Requirement	Enter any other reconciling items between the Annual Statement and Form NY 101. Clear explanations are required for these amounts and they will be thoroughly reviewed.

**40. Direct Written Premium - Annual Statement NY**

Applicable Calls	NY 115
Column	1
Notes	
Definition	Direct Written Premium – pulled from Annual Statement.
Reporting Requirement	New York Workers’ Compensation Direct Written Premium from line 16, Column (1) of Statutory Page 14 of the Annual Statement for calendar year 2019.

**41. Premium Adjustments – Direct Written Premium for Retrospective Rating**

Applicable Calls	NY 115
Column	2
Notes	Both positive and negative values are allowed. Premium credits should be reported as a positive amount and premium debits and surcharges should be reported as a negative amount.
Definition	Premium Adjustments – Direct Written Premium for Retrospective Rating.
Reporting Requirement	Retrospective Rating Premium Adjustments for calendar year 2019 to convert New York direct written premium for policies subject to retrospective Rating Plan from a retrospectively rated policy basis to a guaranteed cost basis.

**42. Premium Adjustments – Direct Written Premium for Premium Discounts**

Applicable Calls	NY 115
Column	3
Notes	This value must be reported as a positive number.
Definition	Premium Adjustments – Direct Written Premium for Premium Discounts.
Reporting Requirement	The amount of written premium discount in calendar year 2019 to convert New York Direct Written premium from net of premium discounts to gross of premium discount basis.

**43. Premium Adjustments – Direct Written Premium for Loss Cost multipliers**

Applicable Calls	NY 115
Column	4
Notes	Premiums generated from deviations must be reported as a positive amount. Premium generated from loss cost multipliers must be reported as negative amounts . This amount cannot be 0.

Definition	Premium Adjustments – Direct Written Premium for Loss Cost Multipliers.
Reporting Requirement	For policies effective prior to 10/1/08, the amount of written premium in calendar year 2019 resulting from the application of approved Rate Deviations (enter downward deviation premiums as positive amounts). For policies effective on or after 10/1/08, the amount of premium generated by the application of Loss Cost Multipliers to convert direct written premium from Rating Board loss cost level to company rate level.

**44. Premium Adjustments – Direct Written Premium for Deductible Credits**

Applicable Calls	NY 115
Column	5
Notes	Credits must be reported as a positive number.
Definition	Premium Adjustments – Direct Written Premium for Deductible Credits.
Reporting Requirement	Calendar year 2019 Deductible Program premium credits to convert New York direct written premium for policies subject to a deductible from a net of deductible credit to gross of deductible credit basis.

**45. Premium Adjustments – Direct Written Premium for Safety Program Credits and Debits**

Applicable Calls	NY 115
Column	6
Notes	Both positive and negative values are allowed. Premium credits should be reported as a positive amount and premium debits and surcharges should be reported as a negative amount.
Definition	Premium Adjustments – Direct Written Premium for Safety Program Credits and Debits.
Reporting Requirement	Calendar year 2019 written premium adjustments for policies subject to a New York Safety Program and independently filed and approved safety program (e.g. alternative dispute resolution, WSLPIP (Statistical codes 9743, 9748, 9753), <b>premium credits under the Safe Patient Handling Program (9651)</b> , drug free workplace (9846), return-to-work, managed care or preferred provider organization programs (9874), schedule rating adjustments (9887, 9889) to convert New York direct written premium from an actual to a standard basis.

**46. Premium Adjustments – Direct Written Premium for Excess Workers’ Compensation**

Applicable Calls	NY 115
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Column	7
Notes	Both positive and negative values are allowed. Technically, Excess Workers' Compensation premium should not be included on Line 16 of the Annual Statement, so it is expected that this amount is 0.
Definition	Premium Adjustments – Direct Written Premium for Excess Workers' Compensation.
Reporting Requirement	Calendar year 2019 excess workers' compensation premiums written in New York and included in Line 16, Column (1) of Statutory Page 14 of the Annual Statement for calendar year 2019.

**47. Total 2019 Standard Written Premium**

Applicable Calls	NY 115
Column	8
Notes	Calculated by FDRA.
Definition	Total 2019 Standard Written Premium at Rating Board Loss Cost Level (Combination of previous columns on the call).
Reporting Requirement	Total 2019 Standard Written Premium = (1) + (2) + (3) + (4) + (5) + (6) – (7).

**48. Claim Number**

Applicable Calls	NY 131, NY 132, NY 141
Column	1 for NY 131, 2 for NY 132, 2 for NY 141
Notes	Spaces, hyphens, other symbols and blanks will NOT be removed by FDRA. Please be sure to enter the claim numbers exactly how they appeared last year, or they will NOT match.
Definition	Claim Number, specific to individual claim.
Reporting Requirement	Report the specific claim number assigned to the individual claim. This number MUST match the claim number reported on the respective unit statistical report.  Please be sure to enter the claim numbers exactly how they appeared last year, or they will not match.

**49. Policy Number**

Applicable Calls	NY 131, NY 132, NY 141
Column	2 for NY 131, 3 for NY 132, 9 for NY 141
Notes	
Definition	Policy Number

Reporting Requirement	Report the unique set of numbers and/or letters that identify the policy associated with the claim. This number MUST match the policy number reported on the respective unit statistical report.
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**50. Catastrophe Number**

Applicable Calls	NY 131
Column	3
Notes	The catastrophe number field should be left blank for claims not associated with either Catastrophe Numbers 48 or 87.
Definition	Catastrophe Number (if necessary)
Reporting Requirement	Report Code 48 for all Catastrophe 48 claims, <u>regardless of claim size.</u> Report Code 87 for all Catastrophe 87 claims, <u>regardless of claim size.</u>  Catastrophe 48 claims related to the terrorist attack on September 11, 2001.  Catastrophe 87 claims are occupational disease claims emanating from the rescue, recovery, and clean-up operations at the World Trade Center site that were undertaken between September 11, 2001 and September 12, 2002, as defined under New York Workers’ Compensation Law.

**51. Exposure State Code**

Applicable Calls	NY 131
Column	4
Notes	
Definition	Exposure State Code – no variation since all New York experience.
Reporting Requirement	This is always 31 for New York.

**52. Market/Coverage Type Code**

Applicable Calls	NY 131
Column	5
Notes	
Definition	Market / Coverage Type Code defined by the policy.
Reporting Requirement	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)
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**53. Policy Effective Date**

Applicable Calls	NY 131, NY 132, NY 141
Column	6 for NY 131, 4 for NY 132, 10 for NY 141
Notes	Use MM/DD/YYYY format
Definition	Policy Effective Date is the date that the policy under which the claim occurred became effective.
Reporting Requirement	Report the date of inception for the policy associated with the claim. The Policy Effective Date must be before, or the same as, the Accident Date.

**54. Accident Date**

Applicable Calls	NY 131, NY 132, NY 141
Column	7 for Call NY 131, 1 for Call NY 132, 1 for NY 141
Notes	Use MM/DD/YYYY format
Definition	Accident Date. The month, day, and year on which the injury occurred.
Reporting Requirement	Report the accident date associated with the claims. This date must be within the policy period and match the Unit Statistical data reported for this claim. For all claims where the Accident date is known, report the date on which the claim occurred. For a disease injury where the accident date may not be specified, report the claimant’s last date of exposure within the policy period to the conditions causing or aggravating the disease injury.

**55. Claim Status Code**

Applicable Calls	NY 131
Column	8
Notes	
Definition	Claim Status Code
Reporting Requirement	Indicate status of the claim as of the valuation date  0 – Open 1 – Closed 2 – Reopened

**56. Accumulated Paid Losses Indemnity**

Applicable Calls	NY 131
Column	9
Notes	
Definition	Accumulated Paid Losses Indemnity per claim.
Reporting Requirement	Report the accumulated indemnity loss paid associated with the claim as of 12/31/2019.

**57. Accumulated Paid Losses Medical**

Applicable Calls	NY 131
Column	10
Notes	
Definition	Accumulated Paid Losses Medical per claim.
Reporting Requirement	Report the accumulated medical loss paid associated with the claim as of 12/31/2019.

**58. Case Outstanding - Indemnity**

Applicable Calls	NY 131
Column	11
Notes	
Definition	Case Outstanding – Indemnity per claim.
Reporting Requirement	Report the indemnity case reserve associated with the claim as of 12/31/2019.

**59. Case Outstanding - Medical**

Applicable Calls	NY 131
Column	12
Notes	
Definition	Case Outstanding – Medical per claim.
Reporting Requirement	Report the medical case reserve associated with the claim as of 12/31/2019.

**60. Accumulate Paid Defense and Cost Containment Expense**

Applicable Calls	NY 131
Column	13
Notes	
Definition	Accumulated Paid Defense and Cost Containment Expense per claim.
Reporting Requirement	Report the accumulated paid Defense and Cost Containment expense associated with the claim as of 12/31/2019.

	<p>Defense and Cost Containment Expenses is defined as expenses that are correlated with the loss amounts. These expenses include (whether internal or external):</p> <ul style="list-style-type: none"> <li>• Defense expenses (defense by the insurer in a contentious situation, whether a first-party or third-party claim)</li> <li>• Litigation expenses</li> <li>• Cost containment expenses</li> </ul>
--	--

**61. Case Outstanding Defense and Cost Containment Expense**

Applicable Calls	NY 131
Column	14
Notes	Report 0 if case reserves are not set for Defense and Cost Containment Expense.
Definition	Case Outstanding Defense and Cost Containment Expense per claim.
Reporting Requirement	<p>Report the case reserves for Defense and Cost Containment expense associated with the claim as of 12/31/2019.</p> <p>Defense and Cost Containment Expenses is defined as expenses that are correlated with the loss amounts. These expenses include (whether internal or external):</p> <ul style="list-style-type: none"> <li>• Defense expenses (defense by the insurer in a contentious situation, whether a first-party or third-party claim)</li> <li>• Litigation expenses</li> <li>• Cost containment expenses</li> </ul>

**62. Interest Rate**

Applicable Calls	NY 132
Column	5
Notes	Format example: 5% = 5.00.
Definition	Interest Rate settlement is based.

Reporting Requirement	Enter the interest rate upon which the Section 32 claims settlement is based, if applicable; otherwise, enter zero.
-----------------------	---

**63. Incurred Indemnity**

Applicable Calls	NY 132
Column	6
Notes	
Definition	Incurred Indemnity (Paid + Outstanding reserves) – Indemnity only – per claim.
Reporting Requirement	Experience is to be reported on a direct basis, per claim. 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.  Losses on excess policies as well as all voluntary reserves must be excluded.

**64. Incurred Medical**

Applicable Calls	NY 132
Column	7
Notes	
Definition	Incurred Indemnity (Paid + Outstanding reserves) – Medical only – per claim.
Reporting Requirement	Experience is to be reported on a direct basis, per claim. 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.  Losses on excess policies as well as all voluntary reserves must be excluded.

**65. Incurred DCCE (Defense Cost + Containment Expense)**

Applicable Calls	NY 132
Column	8
Notes	
Definition	Incurred DCCE (Paid + Outstanding) – per claim.
Reporting Requirement	Incurred DCCE (Paid + Outstanding) on a per claim basis.

**66. Loss Paid**

Applicable Calls	NY 141
Column	3
Notes	
Definition	Paid Losses per Employers' Liability claim experience.
Reporting Requirement	<p>New York Employers' Liability individual claim experience by accident year valued as of 12/31/2019.</p> <p>Paid and Incurred losses must <u>not include</u> 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.</p> <p>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.</p> <p>Losses on excess policies, as well as all voluntary reserves, must be excluded.</p>

**67. ALAE Paid**

Applicable Calls	NY 141
Column	4
Notes	Reported in whole dollars only.
Definition	Paid ALAE per Employer's Liability claim experience.
Reporting Requirement	<p>New York Employers' Liability individual claim experience by accident year valued as of 12/31/2019.</p> <p>Separate reporting of allocated loss adjustment expense is required for all years if available but is <u>mandatory for accident years 1994 and subsequent</u>.</p> <p>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.</p> <p>Losses on excess policies, as well as all voluntary reserves, must be excluded.</p>

**68. Loss Incurred**

Applicable Calls	NY 141
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Column	5
Notes	
Definition	<p>Incurred Losses per Employers' Liability claim experience.</p> <p>Paid and Incurred losses must <u>not include</u> 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.</p>
Reporting Requirement	<p>New York Employers' Liability individual claim experience (Paid + Outstanding reserves) by accident year valued as of 12/31/2019. IBNR should not be included.</p> <p>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.</p> <p>Losses on excess policies, as well as all voluntary reserves, must be excluded.</p>

**69. ALAE Incurred**

Applicable Calls	NY 141
Column	6
Notes	
Definition	<p>Incurred ALAE (Allocated Loss Adjustment Expense) per Employers' Liability claim experience.</p>
Reporting Requirement	<p>New York Employers' Liability individual claim experience by accident year valued as of 12/31/2019. IBNR should not be included.</p> <p>Separate reporting of allocated loss adjustment expense is required for all years if available but is <u>mandatory for accident years 1994 and subsequent</u>.</p> <p>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.</p> <p>Losses on excess policies, as well as all voluntary reserves, must be excluded.</p>

**70. Employers’ Liability Loss Only**

Applicable Calls	NY 141
Column	7
Notes	Y or N
Definition	Employers’ Liability Loss Only label.
Reporting Requirement	Enter ‘Y’ for every claim in which the amount shown represents a loss incurred under Employers’ Liability (Coverage B) section of the policy only; otherwise enter ‘N’.

**71. Open/Closed**

Applicable Calls	NY 141
Column	8
Notes	0 or 1
Definition	Open/Closed Claim status.
Reporting Requirement	Enter 0 for any open claim, 1 for every closed claim, and 2 for every reopened claim.

**72. Carrier Identification Number**

Applicable Calls	NY 141
Column	11
Notes	
Definition	Carrier Identification Number
Reporting Requirement	Enter the unique Carrier Identification Number.

## SECTION IX – NY Designated Statistical Premium Reporting Level Guide

The Designated Statistical Reporting (DSR) Level premium is the standard earned premium that would result if business were written at Rating Board approved loss costs or rates instead of at the company rates. It is the common benchmark level at which carriers' report premium on the Financial Calls in all states.

**In New York, the DSR premium is that required to be reported in [Column \(1\)](#) of the following calls: NY 101, NY 101D, NY 125 and NY 125D. DSR premium is also required to be reported in [Column \(25\)](#) of the following calls: NY 101 and NY 101D.** Please see the [Data Dictionary](#) for additional information on these requirements (links above).

Up until October 1, 2008, DSR level in New York represented carrier premiums reported at Rating Board rate level, i.e., excluding the application of carrier rate deviations. With the advent of loss costs as of October 1, 2008, the DSR level represents carrier premiums reported at Rating Board loss cost level, i.e., excluding the application of carrier loss cost multipliers.

### A. Calculating Designated Statistical Reporting Level Premium

To calculate DSR Level premium, a carrier can take one of two general approaches:

- Calculate DSR Level premium directly by extending exposures. This approach is useful if the company has data available in detail for class codes and applicable premium adjustments.
- Derive DSR Level premium from Company Standard premium. This approach is useful when the company adopts the most recent Rating Board loss costs or rates and uses a consistent loss cost multiplier or rate deviation.

#### 1. Calculating DSR Level Premium Directly by Extending Exposures

This method entails re-rating policies using the Rating Board approved loss costs or rates instead of company rates for individual class codes.

The first step is to determine the Rating Board approved loss cost or rate in effect for each class code. The appropriate rates and loss costs by class and effective date can be found in the Loss Cost Section of our website, [www.nycirb.org](http://www.nycirb.org).

Once the loss cost or rate is determined, the manual premium for each class code should be calculated as follows: Manual Premium = (Payroll/100) x Rating Board Approved Loss Cost or Rate.

Next, apply premium adjustments in the correct order using the premium algorithm located in the Basic Manual 2008 Edition. Note that only those adjustments that are components of DSR



Level premium should be included in this step. Refer to the New York Financial Data Call Instructions for these [premium components](#).

Finally, aggregate the data for each policy according to the policy effective date.

a. Extending Exposures-Sample Calculations

The following example illustrates the calculation of DSR Level premium by extending exposures. Since 2008 premiums are based on Rating Board rates prior to 10/1/08 and loss costs beginning 10/1/08, the example is for policy year 2008.

Assume for Policy Year 2008 there are only two policies written, and the premium at this point has been fully earned. Calculate the DSR Level premium given the following data:

**Policy #WC12ABC**

Policy Effective Date:	1/1/2008
Experience Modification Factor:	1.15
Payroll for Class Code 8810:	2,500,000
Payroll for Class Code 7421:	525,000
Payroll for Class Code 7380:	100,000
Increased Limits Premium for Employers' Liability (on a rate base):	1,775
Aircraft Seat Surcharge (on a rate base):	400
Expense Constant:	200

**Policy #WC789YZ**

Policy Effective Date:	10/1/2008
Experience Modification Factor:	0.95
Payroll for Class Code 8810:	1,045,000
Payroll for Class Code 4431:	725,500
Drug-Free Credit (at a loss cost level):	-485
Expense Constant:	250

Begin by determining the manual premium for the class codes using the Rating Board rates and loss costs:

(1)  Policy #	(2)  Class Code	(3)  Payroll	(4)  Rate or Loss Cost	(5)  Manual Premium [(3) / 100] x (4)
WC12ABC	8810	2,500,000	0.28 (rate)	7,000
WC12ABC	7421	525,000	2.75 (rate)	14,438
WC12ABC	7380	100,000	7.67 (rate)	7,670
WC789yz	8810	1,045,000	0.20 (loss cost)	2,090
WC789yz	4431	725,500	4.59 (loss cost)	33,300

Then, using the premium algorithm in the Basic Manual and the [premium definition](#) in the call reporting instructions, include the appropriate premium adjustments.

**Policy #WC12ABC**

Manual Premium for Policy	$7,000 + 14,438 + 7,670 =$	29,108
Increased Limits premium		+ 1,775
Premium prior to the application of the experience mod		30,883
Application of the experience mod		x 1.15
Premium after the application of the mod		35,515
Aircraft Seat Surcharge		+ 400
Expense Constant		+ 200
DSR Level premium		36,115

**Policy #WC789YZ**

Manual Premium for Policy	$2,090 + 33,300 =$	35,390
Drug-Free Credit		- 485
Premium prior to the application of the experience mod		34,905
Application of the experience mod		x 0.95
DSR Level premium		33,160

The total DSR Level premium (Column (1)) for Policy Year 2008 based on these two policies is  $36,115 + 33,160 = 69,275$ .

Note that the calculations for the policies above include the expense constant for the 1/1/08 policy since the DSR Level is rates and exclude the expense constant for the 10/1/08 policy because the DSR Level is loss costs. If the DSR Level were loss costs for both policies, both calculations would have excluded the expense constant.

b. Variations

The way in which this method is implemented may depend on the form in which the data is available. The example provided in Section a. above used data grouped by policy and class code. Extending exposures can also be applied to data grouped by class code and applicable premium adjustments. The data for each class code would include premium across multiple policies and effective dates. When applying the method this way, there are some additional considerations:

- If the approved loss costs or rates changed in the middle of the policy year, it would be necessary to separate the data so that the different approved loss costs or rates could accurately be reflected
- It is necessary to ensure that individual policy experience modification factors and other premium adjustments are reflected appropriately

2. Deriving DSR Level Premium from Company Standard Premium

This approach entails adjusting Company Standard premium to DSR Level premium for every time period where there is a deviation and/or loss cost multiplier (LCM) in effect. There are two basic steps in this method:

- Determine the deviations and/or LCMs in effect for a given policy year
- Use the deviations and/or LCMs to derive DSR Level premium from Company Standard premium

a. Determining the Deviations and/or LCMs in Effect for a Given Policy Year

The first step in this method is to determine the deviations and/or LCMs in effect for a given policy year. These depend on the following items:

- Company loss cost multipliers or rate deviations in effect during the year
- Which Rating Board loss costs or rates were used by the carrier throughout the year
- DSR Levels in effect throughout the year

If the company adopts the latest approved loss costs or rates on the day they become effective, the deviations and/or LCMs in effect are simply the company rate deviations or loss cost multipliers. See Example 1 below.

**Example 1**

Assume that Rating Board rates and then loss costs became effective on 10/1/07 and 10/1/08, respectively.

The carrier adopted the 10/1/07 rates on the day they became effective, with a deviation of .90. The carrier then adopted the 10/1/08 approved loss costs on the day they became effective, with a loss cost multiplier of 1.30.

So, for Policy Year 2008 DSR Level premium, the following factors would need to be used to adjust (remove effect of the deviations and LCMs) Company Level premium to DSR Level premium:

- 1/1/2008 through 9/30/2008: .90
- 10/1/2008 through 12/31/2008: 1.30

**b. Using Deviations or LCMs to Derive DSR Level Premium from Company Standard Premium**

The deviation or LCM for a given time period in the policy year is removed from Company Standard premium to determine the correct DSR Level premium. Then the premium for each time period is added together to create the final policy year DSR Level premium. Note that the application of this method is slightly different, depending on whether the DSR Level is loss costs or rates.

**When the DSR Level is loss costs (10/1/08 and thereafter), Company Expense Constants and Balance to Minimum Premium adjustments must be removed from Company Standard premium prior to dividing by the LCM. See Example 2 below:**

**Example 2**

For Policy Year 2008, assume we have the following data:

<b>Time Period</b>	<b>Company Standard Premium*</b>	<b>Company Expense Constant</b>	<b>Balance to Minimum Premium Adj.</b>	<b>Deviation/LCM</b>
1/1/2008-9/30/2008	3,500,000	400,000	175,000	.90
10/1/2008-12/31/2008	750,000	68,000	35,000	1.30
* includes expense constant and balance to minimum premiums				

The DSR Level premium for January through September is:

$$= [(3,500,000 - 400,000 - 175,000) / .90] + 400,000 + 175,000 = 3,825,000$$

The DSR Level premium for October through December is:

$$= (750,000 - 68,000 - 35,000) / 1.30 = 497,692$$

So, the DSR Level Premium for Policy Year 2008 is:

$$= 3,825,000 + 497,692 = 4,322,692$$

Note: When the DSR Level is rates (prior to 10/1/08), Company Expense Constants and Balance to Minimum Premium adjustments should be removed from Company Standard premium before applying the deviation. However, the Expense Constants and Balance to Minimum Premium adjustments MUST then be added back in to DSR Level premium.

### 3. Calculating DSR Level Premium - Other Considerations

Ensure that the data used in all calculations is consistent with the reporting requirements. For example, the data should reflect earned premium as of the appropriate valuation date with all proper exclusions

Ensure that premium charges and/or credits are properly reflected based on their respective statistical code. Some statistical code premium amounts may need to be adjusted so that they only reflect amounts associated with the included experience.

The calculations shown in this GUIDE assume that the anniversary rating date (rate effective date) is the same as the policy effective date. If the two are different, and the anniversary rating date rule applies (for more details, see the Basic Manual), the calculations should consider both the policy effective date and the anniversary rating date. The anniversary rating date may result in a different DSR Level for a portion of the policy. The policy effective date determines which policy year the experience is reported under. See Example 3 below.

#### **Example 3**

For Policy Year 2008, suppose we have the following data:

DSR Level for Policy Year 2008 (prior to 10/1/08):	10/1/2007	rates
DSR Level for Policy Year 2008 (10/1/08 & after):	10/1/2008	loss costs
Policy Period:	2/1/2008-2/1/2009	
Anniversary rating date:	12/1/2008	
The DSR Level for the policy:		
2/1/2008 through 11/30/2008:	10/1/2007	rates
12/1/2008 through 1/31/2009:	10/1/2008	loss costs
Policy year the experience is reported under:	2008	

Note that, in the future, calculations may also need to be adjusted if:

- Rating Board loss cost changes apply to all outstanding policies (i.e., DSR Level premium includes the impact of all outstanding changes)
- There are different rating options used for certain policies (e.g., consent to rate)

Regardless of the method utilized, all three premium columns in the Financial Data Calls should be on a consistent basis so that they reflect the same underlying experience.

## **B. Loss Costs in New York**

Unless otherwise noted, an approved set of Rating Board loss costs becomes the DSR reporting level on the loss cost approval date and remains the DSR reporting level until superseded by a subsequent set of approved loss costs.

<b>SECTION X: Premium Components Reporting Table</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
	<b>Standard Earned Premium @ DSR</b>		<b>Net Earned Premium</b>	
<b>Column in Financial Call</b>	<b>(1)</b>	<b>(1)</b>	<b>(3)</b>	<b>(3)</b>
<b>PY/CY Associated with</b>	<b>2007 &amp; Prior</b>	<b>2008 &amp; After</b>	<b>2007 &amp; Prior</b>	<b>2008 &amp; After</b>
Premium credits or debits under the experience rating and merit rating (9884, 9885, 9886 and 9896) Plans	✓	✓	✓	✓
Territory differential premium for construction classes (9126, 9127 and 9128)	✓	✓	✓	✓
Credits resulting from the use of the New York construction classification premium adjustment program (9046)	✓	✓	✓	✓
Increased limits premium for employers' liability (9803-9837 and 9840)	✓	✓	✓	✓
Waiver of subrogation premium (0930)	✓	✓	✓	✓
Repatriation expense premium (9606)	✓	✓	✓	✓
Minimum premium balance amount (0990)	✓	X	✓	✓
Expense constant premiums (0900)	✓	X	✓	✓
Rate deviations (9034, 9036, 9037 and 9039)	X	X	✓	✓
Premium credits under the New York Small Deductible Program (9663 and 9664)	X	X	✓	✓
Premium credits under independently filed and approved carrier specialty programs (for example, alternative dispute resolution, drug-free workplace (9846), managed care or preferred provider organization programs (9874))	X	X	✓	✓
Premium credits under New York Workplace Safety Loss Prevention Incentive Program (WSLPIP) (9743, 9748 and 9753)	X	X	✓	✓
Compulsory Workplace Safety Program debits (9747)	X	X	✓	✓
Premium discounts (0063 and 0064)	X	X	✓	✓
Policyholder dividends	X	X	X	X
Premium adjustments under the Retrospective Rating Plan	X	X	✓	✓
Terrorism (9740) and the natural disasters and catastrophic industrial accident (9741) charges	X	X	X	X
Workers' Compensation Security Fund (9749) surcharge	X	X	X	X
The New York State Assessment (0932)	X	X	X	X
Premium credits under the Safe Patient Handling Program (9651)	X	X	✓	✓
Schedule Rating Adjustments	X	X	✓	✓

## SECTION XI – Financial Data Reporting Application (FDRA) Edits

Edit #	Error #	Edit Description	Applicable New York Data Calls	Error Description
1.0	101	CALENDAR YEAR PREMIUM SHOULD BE EQUAL TO AMOUNT FROM PREVIOUS VALUATION	NY 125 & NY 125D	Calendar Year Std. Premium at NYCIRB Level (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	CALENDAR YEAR PREMIUM SHOULD BE EQUAL TO AMOUNT FROM PREVIOUS VALUATION	NY 125 & NY 125D	Calendar Year Std. Premium at Company Level (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	CALENDAR YEAR PREMIUM SHOULD BE EQUAL TO AMOUNT FROM PREVIOUS VALUATION	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	LATEST POLICY YEAR EXPERIENCE SHOULD NOT EQUAL CALENDAR YEAR EXPERIENCE	NY 101 & NY 101D	Standard Premium (Col. 1) reported for the latest Policy Year = Calendar Year amount reported on line (X). 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	LATEST POLICY YEAR EXPERIENCE SHOULD NOT EQUAL CALENDAR YEAR EXPERIENCE	NY 101 & NY 101D	Company Premium (Col. 2) reported for the latest Policy Year = Calendar Year amount reported on line (X). 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 POLICY YEAR EXPERIENCE SHOULD NOT EQUAL CALENDAR YEAR EXPERIENCE	NY 101 & NY 101D	Net Premium (Col. 3) reported for the latest Policy Year = Calendar Year amount reported on line (X). 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	106.1	LATEST YEAR EXPERIENCE SHOULD NOT EQUAL CALENDAR YEAR EXPERIENCE	NY 101, NY 101D, NY 125 & NY 125D	Indemnity Incurred Claim Count (Col. 8a) reported for the latest Year = Calendar Year amount reported on line (X). 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	106.2	LATEST YEAR EXPERIENCE SHOULD NOT EQUAL CALENDAR YEAR EXPERIENCE	NY 101, NY 101D, NY 125 & NY 125D	Indemnity Paid (Col. 9) reported for the latest Year = Calendar Year amount reported on line (X). 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	106.3	LATEST YEAR EXPERIENCE SHOULD NOT EQUAL CALENDAR YEAR EXPERIENCE	NY 101, NY 101D, NY 125 & NY 125D	Medical Paid (Col. 10) reported for the latest Year = Calendar Year amount reported on line (X). 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	106.4	LATEST YEAR EXPERIENCE SHOULD NOT EQUAL CALENDAR YEAR EXPERIENCE	NY 101, NY 101D, NY 125 & NY 125D	Indemnity Outstanding (Col. 11) reported for the latest Year = Calendar Year amount reported on line (X). 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	106.5	LATEST YEAR EXPERIENCE SHOULD NOT EQUAL CALENDAR YEAR EXPERIENCE	NY 101, NY 101D, NY 125 & NY 125D	Medical Outstanding (Col. 12) reported for the latest Year = Calendar Year amount reported on line (X). 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	106.6	LATEST YEAR EXPERIENCE SHOULD NOT EQUAL CALENDAR YEAR EXPERIENCE	NY 101, NY 101D, NY 125 & NY 125D	Indemnity Case (Col. 15) reported for the latest Year = Calendar Year amount reported on line (X). 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	106.7	LATEST YEAR EXPERIENCE SHOULD NOT EQUAL CALENDAR YEAR EXPERIENCE	NY 101, NY 101D, NY 125 & NY 125D	Indemnity Bulk Reserves (Col. 16) reported for the latest Year = Calendar Year amount reported on line (X). 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	106.8	LATEST YEAR EXPERIENCE SHOULD NOT EQUAL CALENDAR YEAR EXPERIENCE	NY 101, NY 101D, NY 125 & NY 125D	Medical Case (Col. 17) reported for the latest Year = Calendar Year amount reported on line (X). 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	106.9	LATEST YEAR EXPERIENCE SHOULD NOT EQUAL CALENDAR YEAR EXPERIENCE	NY 101, NY 101D, NY 125 & NY 125D	Medical Bulk Reserves (Col. 18) reported for the latest Year = Calendar Year amount reported on line (X). 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	AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X)	NY 101 & NY 101D	Policy Year Std. Premium at NYCIRB Level (Col. 1) cannot be negative. Std. Premium: _____. Please correct the data.
3.0	108	AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X)	NY 101 & NY 101D	Policy Year Std. Premium at Company Level (Col. 2) cannot be negative. Company Std. Premium: _____. Please correct the data
3.0	109	AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X)	NY 101 & NY 101D	Policy Year Net Premium (Col. 3) cannot be negative. Net Premium: _____. Please correct the data.
4.0	110	RATIO OF COMPANY TO RATING BOARD PREMIUM SHOULD BE WITHIN EXPECTED RANGE (APPLICABLE TO YEARS PRIOR TO 2008).	NY 101 & NY 101D	Departure from NYCIRB premium level not equal to expected. NYCIRB Premium: _____; Company Premium: _____; Rate Deviation: _____. Please examine your deviation history; please correct the data or provide an explanation for the observed difference.
5.0	111	STD WRITTEN PREMIUM SHOULD BE GREATER THAN NET WRITTEN PREMIUM FOR PY CALLS	NY 101 & NY 101D	Net Written Premium (Col. 24) ----- > than Std. Written Premium (Col. 25) ----- for PY's 2007 and prior. 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	STD EARNED PREMIUM SHOULD BE GREATER THAN NET EARNED PREMIUM FOR PY AND AY CALLS	NY 101, NY 101D, NY 125 & NY 125D	Net Earned Premium (Col. 3) ----- > than Std. Earned Premium at NYCIRB Level (Col. 1) ----- . This can occur only if you have large Schedule Rating Debits or positive Retro-Rating Adjustments. Please correct the data or provide a detailed explanation regarding the difference between the columns.
5.0	113	STD EARNED PREMIUM SHOULD BE GREATER THAN NET EARNED PREMIUM FOR PY AND AY CALLS	NY 101, NY 101D, NY 125 & NY 125D	Net Earned Premium (Col. 3) -----> than Std. Earned Premium at Company Level (Col. 2) ----- . This can occur only if you have large Schedule Rating Debits or positive Retro-Rating Adjustments . Please correct the data or provide a detailed explanation regarding the difference between the columns.
5.0	114	STD WRITTEN PREMIUM SHOULD BE LESS THAN NET WRITTEN PREMIUM FOR PY CALLS.	NY 101	Net Written Premium (Col. 24) ----- < than Std. Written Premium (Col. 25) ----- for PY’s 2008 and Subsequent. This can occur only if you have large negative Retro-Rating Adjustments. Please correct the data or provide a detailed explanation regarding the difference between the columns.
5.0	115	STD EARNED PREMIUM AT NYCIRB DSR LEVEL SHOULD BE LESS THAN STD EARNED PREMIUM AT COMPANY LEVEL FOR PY CALLS	NY 101 & NY 101D	STD Earned Premium at Company Level (Col. 2) - ----- < than Std. Earned Premium at NYCIRB Level/LCM Level (Col. 1) ----- . Please correct the data.
5.0	116	NET EARNED PREMIUM SHOULD BE LESS THAN STD EARNED PREMIUM AT COMPANY LEVEL FOR PY AND AY CALLS	NY 101, NY 101D, NY 125 & NY 125D	Std. Earned Premium at Company Level (Col. 2) ----- < than Net Earned Premium (Col. 3) -- ----- . This can occur only if you have large Schedule Rating debits (included in Col. 26) or negative Retro-Rating Adjustments (Col. 29). Please correct the data or provide a detailed explanation regarding the difference between the columns.
5.0	117	STD EARNED PREMIUM AT NYCIRB DSR LEVEL SHOULD BE LESS THAN STD EARNED PREMIUM AT COMPANY LEVEL FOR AY CALLS	NY 125 & NY 125D	Std. Earned Premium at Company Level (Col. 2) ----- < than Std. Earned Premium at NYCIRB Level/LCM Level (Col. 1) ----- . Please correct the data.

6.0	200	PAID MEDICAL LOSSES ON CURRENT CALL SHOULD BE GREATER THAN OR EQUAL TO AMOUNT ON PREVIOUS CALL (EXCLUDES ROWS A, V, W, AND X, AND THE LATEST YEAR FOR BOTH PY AND AY CALLS)	NY 101, NY 101D, NY 125 & NY 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	PAID INDEMNITY LOSSES ON CURRENT CALL SHOULD BE GREATER THAN OR EQUAL TO AMOUNT ON PREVIOUS CALL (EXCLUDES ROWS A, V, W, AND X, AND THE LATEST YEAR FOR BOTH PY AND AY CALLS)	NY 101, NY 101D, NY 125 & NY 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	PAID DEFENSE AND COST CONTAINMENT EXPENSE SHOULD BE LESS THAN OR EQUAL TO INCURRED (EXCLUDES ROWS V, W, AND X)	NY 101, NY 101D, NY 125 & NY 125D	Paid DCCE (Col.19) > Total Incurred DCCE (Col. 23). Paid DCCE: ____; Total Incurred DCCE: _____. By definition, Total Incurred DCCE is the sum of Paid + Bulk + Case + IBNR. Please correct the data or provide an explanation.
7.0	203	CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS	NY 101, NY 101D, NY 125 & NY 125D	Calendar Year amounts for Indemnity Paid Losses (Col. 9) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data.
7.0	204	CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS	NY 101, NY 101D, NY 125 & NY 125D	Calendar Year amounts for Medical Paid Losses (Col. 10) differ. PY line (X): _____; AY Call line(X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data.

7.0	205	CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS	NY 101, NY 101D, NY 125 & NY 125D	Calendar Year amounts for Indemnity Outstanding (Col. 11) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data.
7.0	206	CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS	NY 101, NY 101D, NY 125 & NY 125D	Calendar Year amounts for Medical Outstanding (Col. 12) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data.
7.0	207	CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS	NY 101, NY 101D, NY 125 & NY 125D	Calendar Year amounts for Indemnity Case (Col. 15) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data.
7.0	208	CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS	NY 101, NY 101D, NY 125 & NY 125D	Calendar Year amounts for Indemnity Bulk (Col. 16) differ. PY line (x): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line (X) amount reported on the AY call. Line (x) is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data.
7.0	209	CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS	NY 101, NY 101D, NY 125 & NY 125D	Calendar Year amounts for Medical Case (Col. 17) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data.
7.0	210	CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS	NY 101, NY 101D, NY 125 & NY 125D	Calendar Year amounts for Paid DCCE (Col. 19) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data.

7.0	211	CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS	NY 101, NY 101D, NY 125 & NY 125D	Calendar Year amounts for DCCE Case O/S (Col. 20) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data.
7.0	212	CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS	NY 101, NY 101D, NY 125 & NY 125D	Calendar Year amounts for DCCE Bulk O/S (Col. 21) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data.
7.0	213	CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS	NY 101, NY 101D, NY 125 & NY 125D	Calendar Year amounts for DCCE IBNR (Col. 22) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data.
7.0	214	CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS	NY 101, NY 101D, NY 125 & NY 125D	Calendar Year amounts for Indemnity Claim Count Closed (Col. 8b) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data.
7.0	215	CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS	NY 101, NY 101D, NY 125 & NY 125D	Calendar Year amounts for Indemnity Claim Count Open (Col. 8c) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data.
7.0	216	CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS	NY 101, NY 101D, NY 125 & NY 125D	Calendar Year amounts for Paid Indemnity Loss on Closed Claims (Col. 9a) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data.



7.0	217	CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS	NY 101, NY 101D, NY 125 & NY 125D	Calendar Year amounts for Paid Medical Loss on Closed Claims (Col. 10a) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data.
7.0	218	CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS	NY 101, NY 101D, NY 125 & NY 125D	Calendar Year amounts for Expense Constant Premium (Col. 1a) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data.
7.0	300.0	CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS	NY 101, NY 101D, NY 125 & NY 125D	Calendar Year amounts for Medical Bulk (Col. 18) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data.
7.0	300.1	CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS	NY 101, NY 101D, NY 125 & NY 125D	Calendar Year amounts for Standard Earned Premium at NYCIRB level (Col. 1) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data.
7.0	300.2	CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS	NY 101, NY 101D, NY 125 & NY 125D	Calendar Year amounts for Standard Earned Premium at Company Level (Col. 2) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data.
7.0	300.3	CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS	NY 101, NY 101D, NY 125 & NY 125D	Calendar Year amounts for Net Earned Premium (Col. 3) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data.

8.0	301	CURRENT AY AMOUNT SHOULD BE LESS THAN OR EQUAL TO SUM OF PRIOR AND LATEST PY (EXCLUDES ROWS A, V, W, AND X)	NY 101, NY 101D, NY 125 & NY 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.
8.0	302	CURRENT AY AMOUNT SHOULD BE LESS THAN OR EQUAL TO SUM OF PRIOR AND LATEST PY (EXCLUDES ROWS A, V, W, AND X)	NY 101, NY 101D, NY 125 & NY 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	CURRENT AY AMOUNT SHOULD BE LESS THAN OR EQUAL TO SUM OF PRIOR AND LATEST PY (EXCLUDES ROWS A, V, W, AND X)	NY 101, NY 101D, NY 125 & NY 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	CURRENT AY AMOUNT SHOULD BE LESS THAN OR EQUAL TO SUM OF PRIOR AND LATEST PY (EXCLUDES ROWS A, V, W, AND X)	NY 101, NY 101D, NY 125 & NY 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	CURRENT AY AMOUNT SHOULD BE LESS THAN OR EQUAL TO SUM OF PRIOR AND LATEST PY (EXCLUDES ROWS A, V, W, AND X)	NY 101, NY 101D, NY 125 & NY 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.
8.0	306	CURRENT AY AMOUNT SHOULD BE LESS THAN OR EQUAL TO SUM OF PRIOR AND LATEST PY (EXCLUDES ROWS A, V, W, AND X)	NY 101, NY 101D, NY 125 & NY 125D	Preceding Policy Year + Latest Policy Year Ind. Closed Claims (Col. 8b) 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	CURRENT AY AMOUNT SHOULD BE LESS THAN OR EQUAL TO SUM OF PRIOR AND LATEST PY (EXCLUDES ROWS A, V, W, AND X)	NY 101, NY 101D, NY 125 & NY 125D	Preceding Policy Year + Latest Policy Year Ind. Open Claim Count (Col. 8c) 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	CURRENT AY AMOUNT SHOULD BE LESS THAN OR EQUAL TO SUM OF PRIOR AND LATEST PY (EXCLUDES ROWS A, V, W, AND X)	NY 101, NY 101D, NY 125 & NY 125D	Preceding Policy Year + Latest Policy Year Paid Ind. Losses on Closed Claims Count (Col. 9a) 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	CURRENT AY AMOUNT SHOULD BE LESS THAN OR EQUAL TO SUM OF PRIOR AND LATEST PY (EXCLUDES ROWS A, V, W, AND X)	NY 101, NY 101D, NY 125 & NY 125D	Preceding Policy Year + Latest Policy Year Paid Medical Losses on Closed Claims (Col. 10a) 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	CURRENT AY AMOUNT SHOULD BE LESS THAN OR EQUAL TO SUM OF PRIOR AND LATEST PY (EXCLUDES ROWS A, V, W, AND X)	NY 101, NY 101D, NY 125 & NY 125D	Preceding Policy Year + Latest Policy Year Paid DCCE (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	401	CURRENT AY AMOUNT SHOULD BE LESS THAN OR EQUAL TO SUM OF PRIOR AND LATEST PY (EXCLUDES ROWS A, V, W, AND X)	NY 101, NY 101D, NY 125 & NY 125D	Preceding Policy Year + Latest Policy Year Inc. 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.
9.0	402	AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X)	NY 101, NY 101D, NY 125 & NY 125D	Total Paid Losses (Col. 4) cannot be negative. Total Paid Losses: _____. Please correct the data.
9.0	403	AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X)	NY 101, NY 101D, NY 125 & NY 125D	Total Outstanding Reserves (Col. 5) cannot be negative. Total Outstanding Reserves: _____. Please correct the data.
9.0	404	AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X)	NY 101, NY 101D, NY 125 & NY 125D	Total Incurred Losses (Col. 7) cannot be negative. Total Incurred Losses: _____. Please correct the data.
9.0	405	AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X)	NY 101, NY 101D, NY 125 & NY 125D	Indemnity Incurred Claim Count (Col. 8) cannot be negative. Indemnity Incurred Claim Count: _____. Please correct the data.
9.0	406	AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X)	NY 101, NY 101D, NY 125 & NY 125D	Indemnity Paid Losses (Col. 9) cannot be negative. Indemnity Paid Losses: _____. Please correct the data.
9.0	407	AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X)	NY 101, NY 101D, NY 125 & NY 125D	Medical Paid Losses (col.10) cannot be negative. Medical Paid Losses: _____. Please correct the data.
9.0	408	AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X)	NY 101, NY 101D, NY 125 & NY 125D	Indemnity Outstanding Reserves (Col.11) cannot be negative. Indemnity Outstanding Reserves: _____. Please correct the data.
9.0	409	AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X)	NY 101, NY 101D, NY 125 & NY 125D	Medical Outstanding Reserves (Col. 12) cannot be negative. Medical Outstanding Reserves: _____. Please correct the data.
9.0	500	AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X)	NY 101, NY 101D, NY	Indemnity Case Reserves (Col.15) cannot be negative. Indemnity Case Reserves: _____. Please correct the data.

			125 & NY 125D	
9.0	501	AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X)	NY 101, NY 101D, NY 125 & NY 125D	Indemnity Bulk Reserves (Col.16) cannot be negative. Indemnity Bulk Reserves: _____. Please correct the data.
9.0	502	AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X)	NY 101, NY 101D, NY 125 & NY 125D	Medical Case Reserves (Col.17) cannot be negative. Medical Case Reserves: _____. Please correct the data.
9.0	503	AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X)	NY 101, NY 101D, NY 125 & NY 125D	Medical Bulk Reserves (Col.18) cannot be negative. Medical Bulk Reserves: _____. Please correct the data.
9.0	504	AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X)	NY 101, NY 101D, NY 125 & NY 125D	Indemnity Closed Claim Count (Col.8b) cannot be negative. Indemnity Closed Claim Count: _____. Please correct the data.
9.0	505	AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X)	NY 101, NY 101D, NY 125 & NY 125D	Indemnity Open Claim Count (Col.8c) cannot be negative. Indemnity Open Claim Count: _____. Please correct the data.
9.0	506	AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X)	NY 101, NY 101D, NY 125 & NY 125D	Indemnity Paid Losses on Closed Claims (Col.9a) cannot be negative. Indemnity Paid on Closed Claims: _____. Please correct the data.
9.0	507	AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X)	NY 101, NY 101D, NY 125 & NY 125D	Medical Paid Losses on Closed Claims (Col.10a) cannot be negative. Medical Paid on Closed Claims: _____. Please correct the data.
9.0	508	AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X)	NY 101, NY 101D, NY 125 & NY 125D	Paid DCCE (col.19) cannot be negative. Paid DCCE: _____. Please correct the data.
9.0	509	AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X)	NY 101, NY 101D, NY 125 & NY 125D	DCCE Case Reserves (Col.20) cannot be negative. DCCE Case Reserves: _____. Please correct the data.
9.0	510	AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X)	NY 101 & NY 101D	Net Written Premium (Col.24) cannot be negative. NWP: _____. Please correct the data.
9.0	511	AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X)	NY 101 & NY 101D	Standard Written Premium (Col.25) cannot be negative. Std. WP: _____. Please correct the data.

9.0	513	AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X)	NY 101 & NY 101D	Premium Discount amount (Col.27) cannot be negative. Prem. Disc.: _____. Please correct the data.
9.0	514	AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X)	NY 101 & NY 101D	Rate Deviation Amount (Col.28) cannot be negative. Rate Deviation: _____. Please correct the data.
9.0	515	AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X)	NY 101 & NY 101D	Deductible Premium Credit Amount (Col.30) cannot be negative. Deductible Credit: _____. Please correct the data.
9.0	516	AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X)	NY 101, NY 101D, NY 125 & NY 125D	Total Incurred DCCE (Col.23) cannot be negative. Total Incurred DCCE: _____. Please correct the data.
10.0	601	CURRENT AY AMOUNT SHOULD BE GREATER THAN OR EQUAL TO CURRENT PY AMOUNT (CHECKS ONLY LATEST YEAR FOR PY AND AY CALLS)	NY 101, NY 101D, NY 125 & NY 125D	Ind. Inc. Claim Count (Col. 8a) 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	CURRENT AY AMOUNT SHOULD BE GREATER THAN OR EQUAL TO CURRENT PY AMOUNT (CHECKS ONLY LATEST YEAR FOR PY AND AY CALLS)	NY 101, NY 101D, NY 125 & NY 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	CURRENT AY AMOUNT SHOULD BE GREATER THAN OR EQUAL TO CURRENT PY AMOUNT (CHECKS ONLY LATEST YEAR FOR PY AND AY CALLS)	NY 101, NY 101D, NY 125 & NY 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	CURRENT AY AMOUNT SHOULD BE GREATER THAN OR EQUAL TO CURRENT PY AMOUNT (CHECKS ONLY LATEST YEAR	NY 101, NY 101D, NY 125 & NY 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.

		FOR PY AND AY CALLS)		
10.0	605	CURRENT AY AMOUNT SHOULD BE GREATER THAN OR EQUAL TO CURRENT PY AMOUNT (CHECKS ONLY LATEST YEAR FOR PY AND AY CALLS)	NY 101, NY 101D, NY 125 & NY 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	CURRENT AY AMOUNT MUST BE GREATER THAN OR EQUAL TO CURRENT PY AMOUNT (CHECKS ONLY LATEST YEAR FOR PY AND AY CALLS)	NY 101, NY 101D, NY 125 & NY 125D	Ind. Closed Claims (Col. 8b) 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	CURRENT AY AMOUNT MUST BE GREATER THAN OR EQUAL TO CURRENT PY AMOUNT (CHECKS ONLY LATEST YEAR FOR PY AND AY CALLS)	NY 101, NY 101D, NY 125 & NY 125D	Ind. Open Claims (Col. 8c) 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	CURRENT AY AMOUNT MUST BE GREATER THAN OR EQUAL TO CURRENT PY AMOUNT (CHECKS ONLY LATEST YEAR FOR PY AND AY CALLS)	NY 101, NY 101D, NY 125 & NY 125D	Ind. Paid on Closed (Col. 9a) 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	CURRENT AY AMOUNT MUST BE GREATER THAN OR EQUAL TO CURRENT PY AMOUNT (CHECKS ONLY LATEST YEAR FOR PY AND AY CALLS)	NY 101, NY 101D, NY 125 & NY 125D	Med Paid on Closed (Col. 10a) 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	CURRENT AY AMOUNT MUST BE GREATER THAN OR EQUAL TO CURRENT PY AMOUNT (CHECKS ONLY LATEST YEAR FOR PY AND AY CALLS)	NY 101, NY 101D, NY 125 & NY 125D	Paid DCCE (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	701	CURRENT AY AMOUNT MUST BE GREATER THAN OR EQUAL TO CURRENT PY AMOUNT (CHECKS ONLY LATEST YEAR FOR PY AND AY CALLS)	NY 101, NY 101D, NY 125 & NY 125D	DCCE Case Reserves (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.
11.0	702	AMOUNT SHOULD BE NON-NEGATIVE	NY 115	Calendar Year Premium Discount (Col.3) cannot be negative. Premium Discount: _____. Please correct the data or provide an explanation.
11.0	703	AMOUNT SHOULD BE NEGATIVE: CANNOT BE ZERO	NY 115	Calendar Year LCM (Col. 4) cannot be zero, it must be negative. LCM: _____. Calendar Year LCM (Col. 4) cannot be zero. If the Calendar Year LCM is positive, please provide an explanation.
11.0	704	AMOUNT SHOULD BE NON-NEGATIVE	NY 115	Calendar Year Deductible Premium Credit amount (Col. 5) should not be negative: _____. Carriers can provide: a correction or an explanation.
20.0	714	CLAIM COUNT DEVELOPMENT OUT OF RANGE	NY 101, NY 101D, NY 125 & NY 125D	The reported number of claims (Col. 8a) is significantly different than was reported at the prior valuation. Carriers can provide: a correction or an explanation.
21.0	715	CALENDAR YEAR PREMIUMS SHOULD EQUAL PREVIOUS VALUATION	NY 125 & NY 125D	The calendar year premiums reported are different than the amounts reported for this year on a previous valuation. Please submit the correct calendar premium amount. If necessary, you may need to submit correction on the previous year's data call.
22.0	716	PREMIUM DEVELOPMENT OUT OF RANGE	NY 101 & NY 101D	The reported premiums (Col. 1) are significantly lower than what was reported for this year in the previous valuation (last year's call). Carriers can provide: a correction or an explanation.



23.0	717	PREMIUM DEVELOPMENT OUT OF RANGE	NY 101 & NY 101D	The reported premiums (Col. 1) are significantly higher than what was reported for this year in the previous valuation (last year's call). Carriers can provide: a correction or an explanation.
24.0	718	STANDARD WRITTEN PREMIUMS ARE MORE THAN 10% DIFFERENT THAN EXPECTED	NY 115	Std. Written Premium (Col. 25) on calls 101 and 101D cannot be more than 10% higher than Total Std. Written Premium (col. 8) on call 115. Please explain the difference before proceeding or correct the data.
25.0	719	STANDARD WRITTEN PREMIUMS ARE MORE THAN 25% DIFFERENT THAN EXPECTED	NY 115	Std. Written Premium (Col. 25) on calls 101 and 101D cannot be more than 25% lower than Total Std. Written Premium (col. 8) on call 115. Please explain the difference before proceeding or correct the data.
26.0	720	DSR LEVEL PREMIUMS ARE DIFFERENT THAN EXPECTED	NY 101 & NY 101D	Reported NYCIRB level premiums (column 1) cannot be more than 50% lower than company level premiums as reported in column 2.
101.0	123.0	NY 101: ROWS B -UK, COLUMNS 4-23	NY 101	Row __ Column __ = ____ but must be 0 because Columns 1, 2, 3 are all 0.
115.0	214.2	CARRIER NUMBER REQUIRED IN ORDER TO ENTER DATA	NY 115 & NY 214	There is an amount _ reported in line _, please enter the corresponding carrier number for which this amount is being reported for or delete this entry if it was entered by mistake
115.0	1150.1	NY115: ROW Y, COLUMN 7 CANNOT BE ZERO.	NY 115	If there is an amount other than \$0 reported on Line 10, Column 1 of NY 225, there must also be an amount other than \$0 reported in Row Y, Column 7 on NY 115.
115.0	1150.2	NY115: ROW Y COLUMN 7 HAS INCORRECT SIGN.	NY 115	The sign of the \$ amount reported on Line 10, Column 1 of NY 225, must be the same sign as the \$ reported in Row Y, Column 7 on NY 115.
115.0	1150.5	NY115: ROW Y COLUMN 3 IS ZERO.	NY 115	If there is an amount other than \$0 reported on Line X, Column 27 of NY 101 + 101D, there must also be an amount other than \$0 reported in Row Y, Column 3 on NY 115.
115.0	1150.6	NY115: ROW Y COLUMN 6 IS ZERO.	NY 115	If there is an amount other the \$0 reported on Line X, Column 26 of NY 101 + 101D, there must also be an amount other than \$0 reported in Row Y, Column 6 on NY 115.
115.0	1150.7	NY115: ROW Y COLUMN 2 IS ZERO.	NY 115	If there is an amount other than \$0 reported on Line X, Column 29 of NY 101 + 101D, there must also be an amount other than \$0 reported in Row Y, Column 2 on NY 115.
115.0	1150.8	NY115: ROW Y COLUMN 5 IS ZERO.	NY 115	If there is an amount other than \$0 reported on Line X, Column 30 of NY 101 + 101D, there must



				also be an amount other than \$0 reported in Row Y, Column 5 on NY 115.
115.0	1151.0	NY115: ROW Y COLUMN 2 HAS THE WRONG SIGN.	NY 115	The sign of the \$ amount reported on Line X, Column 29 of NY 101 + 101D, must be the same sign as the \$ reported in Row Y, Column 2 on NY 115.
115.0	1151.6	NY225 LINE 3 SHOULD BE = LINE 12	NY 225	NY225 Line 3 should be = Line 12. Please check your reconciling items. This form is ONLY to reconcile Statutory Page 14 and NY101 Financial Call data.
115.0	1152.5	POLICY YEAR AND CALENDAR YEAR MUST BE CONSISTENT FOR EXCESS WC	NY 101 & NY 125	Answers to Question about including Excess WC must be consistent (both Yes or both No) on NY 101 and NY 125
125.0	127.0	NY 125, NY 125D: ROWS B THROUGH UZ, COLUMNS 4-23	NY 125 & NY 125D	Row _____ Column _____ = _____ but must ne = 0 since columns 1,2,3 are all = 0.
305.0	305.00	DISCOUNT RATE PROVIDED SHOULD BE THE SAME BETWEEN CALL NY 101 AND CALL NY 101D	NY 101 & NY 101D	Answer to question 3 in Call 101 must be same as answer to question 5 in Call 101D
311.0	3110.2	Rows less than V of Last Year call (rows A- UZ) less than same row/columns of this year	NY 101 & NY 101D & NY125 & NY 125D	Some of the entered amounts for Columns 4,9,10, and 19 are less than what was entered last year for the same columns. These numbers should be equal or greater than the same columns from the prior year.
311.0	3111.3	NY 225: THIS CALL DOES NOT BALANCE TO ZERO AND THERE IS NO EXPLANATION.	NY 225	Line (13) __ does not balance to 0 for Columns _____. Please Enter a detailed note to explain why this does not balance.
311.0	3111.4	NY 225: "OTHER" LINE HAS CELLS WHICH ARE NOT ZERO AND THERE IS NO EXPLANATION.	NY 225	Line (11c), Other __ is not 0 for Columns _____. Please Enter a detailed note to explain why Line (11c), Other __ is not zeroes. Either enter zeroes in this line or provide an explanation of what is reported in this line.
311.3	3110.3	ROW W IS ROW V FROM PRIOR YEAR'S LATEST SUBMISSION	NY 101 & NY 101D & NY125 & NY 125D	Value _ entered in this cell should be zero unless there was data submitted in previous call year.

312.0	3120.2	222 OR 223: SERVICING CARRIER ALLOWANCES WAS LEFT BLANK	NY 222 & NY 223	Servicing carriers must enter any applicable servicing carrier allowances; Entering a 0 is acceptable. This form WILL NOT be marked Complete until this is done.
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## SECTION XII—New York Data Call Incentive Program (NYDCIP)

### A. General

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. NYDCIP shall apply separately to each of the following annual Financial Calls for data:

- Policy Year Call (NY 101)
- Policy Year Large Deductible Call (NY 101D)
- Calendar - Accident Year Call (NY 125)
- Calendar - Accident Year Large Deductible Call (NY 125D)
- Appendices to each of the aforementioned calls (NY 101A, NY 101DA, NY 125A and NY 125DA).
- Insurance Expense Exhibit data (NY 222 and NY 223)
- Statutory Page 14 (NY 214)
- Data Reconciliation (Page NY 225)
- Individual Large Loss and Catastrophe Claims (NY 131)
- Individual Section 32 Claims (NY 132)
- Individual Employers' Liability Claims (NY 141)
- The Call for Individual Carrier Direct Written Premium (NY 115)

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 – a charge for late submissions based on the number of days late and a carrier's market share; a charge 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.

### B. 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 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 that 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. \$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 annual loss cost filing 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 = \$150 per call Resubmission Charge for each resubmission submitted after the call due date.

The maximum penalty for each call under this program will be the greater of \$2,500 or 0.1% of the carrier's calendar year written premium, subject to a maximum of \$30,000 per call).

### C. 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 Senior Vice-President & Chief Actuary for resolution.
- If all the above fails to resolve the issue(s), then an appeal directly to the President of the Rating Board may be made.

#### **D. Data Quality Standards**

To help ensure data quality, FDRA 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 FDRA 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 based on 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  
2019 FINANCIAL DATA CALL REPORT CARD**

**Carrier:**

<b>Data Call</b>	<b>Policy Year Excl. Large Ded. NY 101</b>	<b>Policy Year Large Ded. NY 101D</b>	<b>Accident Year Excl. Large Ded. NY 125</b>	<b>Accident Year Large Ded. NY 125D</b>	<b>Insurance Expense Exhibit 222 &amp; 223</b>	<b>Annual Statement State NY Page 14</b>	<b>Reconciliation Form NY 225</b>
<b>Due Date</b>	3/15/19	3/15/19	4/1/19	4/1/19	4/1/19	4/1/19	4/1/19
<b>Timeliness Grade</b>							
<b>Data Quality Grade</b>							

**Explanation of Timeliness Grade:**

- A 0 days late
- B 1-3 days late
- C 4-5 days late

**Explanation of Data Quality Grade:**

- A No errors detected by NYCIRB, or voluntary resubmission prior to call due date
- B Errors corrected by NYCIRB with no carrier involvement, or errors corrected by carrier within 5 days after request by NYCIRB, or voluntary resubmission within 10 days of call due date
- C Errors corrected by carrier more than 5 days after requested by NYCIRB, or voluntary resubmission more than 10 days after the call due date

D 6-10 days late

D Errors detected by NYCIRB and not corrected by the carrier, or errors corrected by carrier after the annual loss cost filing, or voluntary resubmission after the annual loss cost filing

>10 days late

F Errors precluded carrier data from being included in the annual loss cost filing

## SECTION XIII—New York Annual Financial Data Calls Frequently Asked Questions

Q: How are New York Annual Financial Data Calls reported to the NYCIRB?

A: All New York data calls must be reported using the Financial Data Reporting Application (FDRA).

Q: How do I access FDRA?

A: Go to <https://FDRA.nycirb.org> on the internet and enter your user ID, password and NYCIRB carrier code.

Q: What if I don't have an ID, password or know my carrier code?

A: If you are a new carrier reporting data to NYCIRB for the first time, contact NYCIRB at [FDRA@nycirb.org](mailto:FDRA@nycirb.org) for this information. If you have simply forgotten this information, or are a new user in your company, refer to your company's FDRA coordinator to obtain this information.

Q: What if I need help completing the call forms?

A: Detailed explanations and instructions for completing each call form are contained on the Rating Board website. If, after reading this material, you still have questions, or do not understand the data element(s) that is (are) being requested, please call the NYCIRB Actuarial Department at 212-697-3535 ext. 216.

Q: What if I am having trouble with the FDRA website?

A: Detailed instructions for navigating FDRA are included on the FDRA website. If, after reading this material, you still have questions, do not understand some aspect of the system, or have a problem accessing the system, please email NYCIRB at [FDRA@nycirb.org](mailto:FDRA@nycirb.org) with your question. Do Not contact the vendor.

Q: If I successfully entered FDRA, why am I not able to access a call form?

A: FDRA requires that you completely fill in and submit the Acknowledgement Form before access to any call form is allowed.



Q: Why does New York have such early deadlines for the call data and require immediate responses to data inquiries?

A: By statute, the Rating Board must make its annual loss filing with the New York Department of Financial Services no later than May 15. Strict adherence to the call deadlines is essential for this deadline to be met.

Q: When the Rating Board staff questions my data, why is the question by telephone or email and the turnaround time so limited?

A: Time for staff to review and compile the call data in New York is very limited. See the answer to the previous question.

Q: In approaching a call deadline, I find that I will need a time extension to report my carrier's data. How can I request the needed extension?

A: Requests for extensions for the reporting of a specific call must be in writing and submitted to the Rating Board prior to the due date. The request for an extension must include a detailed reason(s) why the extension is considered necessary.

Q: Will my request for an extension be granted?

A: Extensions are granted for only unusual and unavoidable circumstances. For example, extensions will not be granted: if the request is received on or after the call due date; if a carrier has not yet submitted the Acknowledgement Form; if a carrier has 'just forgotten' about the call(s); if FDRA or call instructions have not been read; if the reason for the request is 'I was out of the office and do not have a back-up person'; if the reason for the request is 'there are too many calls and I am unable to complete the New York calls on time; if a carrier's submission has failed numerous edits.

Q: Why must the Rating Board charge for resubmissions? Sometimes I just hit resubmit to be sure that I save my data.

A: First, when a carrier resubmits data, especially after the due date, a download of the database for the affected call must be rerun and re-verified to determine what effect the resubmission has on the aggregate ratemaking data. This is time-consuming and hinders staff's ability to compile the necessary data for the filing in a timely manner. Second, the system cannot differentiate between an inadvertent submission and a legitimate submission of a carrier's data, so the rerun must always take place. Third, there is a built-in

feature in FDRA that allows the user to save a working copy of any call form prior to its submission.

Q: Why can't the Rating Board's actuarial staff spend extensive time with me when I am struggling to complete the call requirements?

A: In our experience, most of the time, the need for extensive staff time has been found to be the result of a carrier's failure to read either the call instructions and/or the FDRA instructions. The staff cannot be a substitute for not reading these important references. As the due date for a call approaches, the Rating Board's limited actuarial resources must utilize its time to compile and analyze the submitted data.

Q: I cannot submit a call and am getting a lot of errors. How can I submit this data?

A: The system contains a series of data edits that are in place to ensure data quality. Due to the importance of the data for ratemaking, all errors must be fixed before a submission will be accepted. Refer to the list of edits in the call instructions.

Q: I have reviewed this year's data and found it to be correct, yet, I still get error messages. What do I do?

A: If the current data is correct, a prior call may be the cause of the edit failure. FDRA carries forward the last accepted calls (last resubmission, if applicable) from the previous call seasons for edit and comparison purposes. Make sure that the version of a previous call in the system matches your company records; you may need to review and correct errors in the prior year's call.

Q: In approaching a call deadline, I find that I have data to report, but I had checked 'No Experience to Report' when I submitted the acknowledgement form in FDRA. What do I do?

A: You need to return to the acknowledgement page of FDRA and check 'Will Submit' for the call and resubmit the acknowledgement form. There is no charge for resubmitting the acknowledgement form.

Q: What is DSR Level and how do I report this premium?

A: DSR is Designated Statistical Reporting level and is the Rating Board rate or loss cost level. Prior to 10/1/08, the Rating Board published full rates, and rate deviations were permitted in New York. The DSR level was the premium before, or without, the effect of the deviation. Thus, DSR premium would be higher than premium at company level. Subsequent to

10/1/08, the Rating Board publishes loss costs and carriers must load these loss costs for expenses and profit to calculate their own rates. DSR level is, then, the premium before, or without, the effect of a carrier's loss cost multipliers. Thus, DSR level premium is lower than premium reported at the company level.

Q: Is the reporting of IBNR required?

A: The requirement to report IBNR remains in effect for the current Financial Data Calls.

### **Questions from FDRA training sessions**

Q: Do we obtain IEE information (NY 222 and NY 223) from the NAIC?

A: No, we do not. This data must be submitted to New York Insurance Rating Board via calls NY 222 and NY 223.