

**Sample Format for Proposed Data Reporting
First Dollar Earned Premium Equivalents for Large Deductible Business
(All Amounts to be Reported on a Direct Basis)**

Carrier Name _____

NAIC Number _____

State for Which Experience is Being Reported _____

Report for the Calendar Year Ending December 31, _____

- | | |
|---|----------|
| 1. Total Net Earned Premium for Workers Compensation Business (Per Annual Statement, Statutory Page 14, Column (2) for State Shown Above) | \$ _____ |
| 2. Premium on Line (1) for Large Deductible Business | \$ _____ |
| 3. Calendar Year Case Incurred Losses Below the Applicable Deductible Retention For Large Deductible Business (Paid Losses Plus Change in Case Outstanding, Both for the Portion of Losses Below the Applicable Deductible Retention) | \$ _____ |
| 4. First-Dollar Earned Premium Equivalent for Large Deductible Business Line (2) plus Line (3) | \$ _____ |
| 5. First-Dollar Earned Premium Equivalent for All Workers Compensation Business Line (1) plus Line (3) | \$ _____ |