

QUARTERLY REPORT OF LARGE DEDUCTIBLE PREMIUM CREDITS AND REIMBURSEMENTS

Workers' Compensation Insurance written with Large Deductible or Loss Reimbursement Pricing Provisions

Name of Insurer: _____ As of : _____
 Mailing Address: _____ NAIC Group Code: _____ NAIC CO CODE: _____
 Name of Contact Person: _____ Toll-free phone number and/or e-mail address: _____

	1	2	3	4	5	6	7	8	9	10
	Earned Premium Prior to			Deductible Premium			Reimbursements Billed			
	Deductible Credits			Credits Earned			For Deductible Losses Paid			
Policy Year	As of 12/31 Prior Calendar Year	As of Current Reporting Date	Current Cal. Year Contribution (3)-(2)	As of 12/31 Prior Calendar Year	As of Current Reporting Date	Current Cal. Year Contribution (6)-(5)	As of 12/31 Prior Calendar Year	As of Current Reporting Date	Current Cal. Year Contribution (9)-(8)	
Prior 1998	XXX			XXX			XXX			
1999										
2000										
2001										
2002										
2003										
2004										
2005										
2006										
2007	XXX			XXX			XXX			
TOTAL	-	-	-	-	-	-	-	-	-	

Sum of quarterly amounts reported year-to-date to Oregon DCBS on Workers Compensation Insurer Premium Assessment Report, line 1(c):

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Attach a separate written explanation of any difference between this sum and the Col. 7 total.

Notes

- Record in columns 2 and 3 actual earned premium at company rates prior to any deductible credits but after all other rating adjustments such as experience rating, premium discounts, retrospective rating, minimum premiums, or expense constants include premiums from large deductible or loss reimbursement policies only. Report estimated premiums until you have actual premium from payroll reports or premium audits.
- Amounts recorded in columns 2,3,5,6,8 and 9 should be cumulative values from inception to date for each policy year except for the "Prior" row. Compute the calendar-year increments in columns 4,7, and 10.
- For the "Prior" row, record only amounts earned or billed in the current calendar year.
- After 2005, companies are to update the policy years in column 1, showing the ten most recent years plus "Prior".
- This report is due 45 days after the end of each calendar quarter. Send the completed report to: Casualty Actuary, P.O. Box 14480, Salem OR 97309-0405, or email dcbs.insmail@state.or.us.