

Comprehensive Risk Summary®

Bureau Number: 9-58-97-61

Date Created: 12/03/2020 11:22:05

Requested By: Insurer GSA

Policyholder: Qwerty LLC

Address: 1234 Street Avenue, Township, CA 94949

Note: This Comprehensive Risk Summary contains confidential information and may only be used to facilitate the transaction of workers' compensation insurance and must be used in strict compliance with the Terms of Use.

Experience Modification(s) -- last 10 years:					
RED	X-Mod Eff	Rerate	X-Mod	X-Mod Status	Status
03/01/2020	03/01/2020	1	100	Published	12/04/2020
03/01/2019	03/01/2019	0	100	Published	12/04/2020
03/01/2018	03/01/2018	0	98	Published	12/04/2020
03/01/2017	03/01/2017	0	110	Published	12/04/2020
03/01/2016	03/01/2016	0	88	Published	12/04/2020
03/01/2015	03/01/2015	0	83	Published	12/04/2020

Classification Codes									
Class Code	Suffix	Classification Phraseology	Cov Code	Latest Policy Year	WCIRB Assigned	Added	Source	If Any	USL&H
8742	00	SALESPERSONS-OUTSIDE	01	2020	N	-	-	-	-
8810	00	CLERICAL OFFICE EMPLOYEES	01	2020	N	-	-	-	-
9050	00	HOTELS/MOTELS/SHORT-TERM HOUSING	01	2020	N	-	-	-	-
9053	05	CLUBS-RACQUET SPORTS	01	2019	N	-	-	-	-
9054	00	SPAS/BATHS	01	2020	N	-	-	-	-
9079	-	RESTAURANTS/TAVERNS	01	2020	N	-	-	-	-
9586	00	BARBER SHOPS/HAIR STYLING	01	2020	N	-	-	-	-

Policyholder Names - All Policies in Last Five Years			
Name Type	Policyholder	FEIN	Latest Policy Year
Commercial	(DBA) HOTEL QWERTY	415415415	2018
Commercial	ABC HOTEL LLC	514514514	2020
Commercial	ALPHABET HOTEL	514514514	2016
Commercial	QWERTY LLC	415415415	2020

Policyholder Address and Locations - All Current Policies	
Address Type	Address
Mailing Address	1234 STREET AVENUE, TOWNSHIP, CA 94949
Mailing Address	9876 PATH ROAD, TOWNSHIP, CA 94949
Additional Location	1234 STREET AVENUE, TOWNSHIP, CA 94949

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Exposure and Loss Details

Insurer: 990 - Test Insurer	Policy Period: 03/01/2019 to 03/01/2020	Report Level : 1
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Classification Experience Summary

Class Code	Classification Phraseology [Lowest Suffix]	Exposure Amount	Total Claim Count	Total Incurred Losses	Losses Per \$100 of Exposure
8810	CLERICAL OFFICE EMPLOYEES	485,161	0	0	0.000
9050	HOTELS/MOTELS/SHORT-TERM HOUSING	1,612,164	3	943	0.058
9054	SPAS/BATHS	1,237,121	0	0	0.000
9079	RESTAURANTS/TAVERNS	2,656,823	6	31,448	1.184
Totals		5,991,269	9	32,391	0.541

Individual Claim Listing

Claim Number	Accident Date	Class	Injury Type	Claim Status	Incurred			Paid		Weekly Wage	Injury Description
					Indemnity	Medical	Total Loss	Indemnity	Medical		
09400016603	03/19/2019	9079	MO	Closed	0	430	430	0	430	0	36/40/99
09400016608	03/03/2019	9050	MO	Closed	0	119	119	0	119	0	35/04/79
09400017405	06/30/2019	9050	MO	Closed	0	258	258	0	258	0	25/68/99
09400017498	07/11/2019	9079	MO	Closed	0	181	181	0	181	0	56/10/56
09400017670	08/10/2019	9079	TEMP	Open	5,000	6,450	11,450	0	1,053	224	56/28/69
09400017693	08/13/2019	9079	TEMP	Closed	16,000	2,983	18,983	16,000	2,983	306	33/37/99
09400018013	09/08/2019	9050	MO	Closed	0	566	566	0	566	0	14/04/01
09400018287	10/18/2019	9079	MO	Closed	0	129	129	0	129	0	37/40/17
09400019081	02/07/2020	9079	MO	Closed	0	275	275	0	275	0	36/40/79
Totals					21,000	11,391	32,391	16,000	5,994		

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Insurer: 961 - test	Policy Period: 06/27/2018 to 06/27/2019	Report Level : 1
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Classification Experience Summary

Class Code	Classification Phraseology [Lowest Suffix]	Exposure Amount	Total Claim Count	Total Incurred Losses	Losses Per \$100 of Exposure
8810	CLERICAL OFFICE EMPLOYEES	104,786	0	0	0.000
9050	HOTELS/MOTELS/SHORT-TERM HOUSING	991,894	0	0	0.000
9079	RESTAURANTS/TAVERNS	1,438,239	3	28,693	1.995
Totals		2,534,919	3	28,693	1.132

Individual Claim Listing

Claim Number	Accident Date	Class	Injury Type	Claim Status	Incurred			Paid		Weekly Wage	Injury Description
					Indemnity	Medical	Total Loss	Indemnity	Medical		
J80000601	06/27/2018	9079	MO	Closed	0	193	193	0	193	0	10/40/68
J80000701	11/13/2018	9079	TEMP	Open	3,500	10,000	13,500	1,188	6,984	400	90/90/99
J80000801	03/22/2019	9079	TEMP	Open	5,000	10,000	15,000	1,395	3,890	400	90/80/98
Totals					8,500	20,193	28,693	2,583	11,067		

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Requested By: Insurer GSA

Insurer: 990 - Test Insurer	Policy Period: 03/01/2018 to 03/01/2019	Report Level : 2
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Classification Experience Summary

Class Code	Classification Phraseology [Lowest Suffix]	Exposure Amount	Total Claim Count	Total Incurred Losses	Losses Per \$100 of Exposure
8810	CLERICAL OFFICE EMPLOYEES	593,270	0	0	0.000
9050	HOTELS/MOTELS/SHORT-TERM HOUSING	1,358,032	3	7,225	0.532
9054	SPAS/BATHS	1,200,286	4	49,528	4.126
9079	RESTAURANTS/TAVERNS	2,396,522	4	52,659	2.197
Totals		5,548,110	11	109,412	1.972

Individual Claim Listing

Claim Number	Accident Date	Class	Injury Type	Claim Status	Incurred			Paid		Weekly Wage	Injury Description
					Indemnity	Medical	Total Loss	Indemnity	Medical		
09400013965	03/20/2018	9054	MNPD	Closed	30,179	18,239	48,418	30,179	18,239	346	33/37/97
09400014092	03/18/2018	9054	MO	Closed	0	647	647	0	647	0	42/37/99
09400014268	04/20/2018	9050	MO	Closed	0	1,235	1,235	0	1,235	0	38/52/97
09400014435	05/27/2018	9079	MO	Closed	0	232	232	0	232	0	36/13/12
09400014767	06/30/2018	9079	MNPD	Closed	37,926	11,770	49,696	37,926	11,770	275	42/37/25
09400014879	07/11/2018	9054	MO	Closed	0	307	307	0	307	0	36/10/57
09400015294	09/12/2018	9079	TEMP	Closed	1,041	1,455	2,496	1,041	1,455	312	90/07/75
09400015530	10/15/2018	9050	MO	Closed	0	5,103	5,103	0	5,103	0	53/52/99
09400016205	01/17/2019	9054	MO	Closed	0	156	156	0	156	0	32/59/29
09400016387	02/15/2019	9050	MO	Closed	0	887	887	0	887	0	36/43/99
09400016392	02/14/2019	9079	MO	Closed	0	235	235	0	235	0	36/40/99
Totals					69,146	40,266	109,412	69,146	40,266		

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Insurer: 961 - test					Policy Period: 06/27/2017 to 06/27/2018			Report Level : 2			
Classification Experience Summary											
Class Code	Classification Phraseology [Lowest Suffix]				Exposure Amount		Total Claim Count	Total Incurred Losses		Losses Per \$100 of Exposure	
8810	CLERICAL OFFICE EMPLOYEES				114,874		0	0		0.000	
9050	HOTELS/MOTELS/SHORT-TERM HOUSING				1,178,834		3	123,256		10.456	
9079	RESTAURANTS/TAVERNS				1,507,119		2	1,027		0.068	
Totals					2,800,827		5	124,283		4.437	
Individual Claim Listing											
Claim Number	Accident Date	Class	Injury Type	Claim Status	Incurred			Paid		Weekly Wage	Injury Description
					Indemnity	Medical	Total Loss	Indemnity	Medical		
J80000101	12/19/2017	9079	MO	Closed	0	206	206	0	206	0	42/52/56
J80000201	12/18/2017	9050	MO	Closed	0	23	23	0	23	0	40/52/60
J80000301	02/02/2018	9050	TEMP	Open	25,856	36,772	62,628	25,711	32,207	480	40/52/54
J80000401	03/16/2018	9079	MO	Closed	0	821	821	0	821	0	36/40/17
J80000501	02/02/2018	9050	TEMP	Open	24,240	36,365	60,605	18,095	34,979	681	90/80/98
Totals					50,096	74,187	124,283	43,806	68,236		

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Insurer: 990 - Test Insurer					Policy Period: 03/01/2017 to 03/01/2018			Report Level : 3			
Classification Experience Summary											
Class Code	Classification Phraseology [Lowest Suffix]				Exposure Amount		Total Claim Count	Total Incurred Losses		Losses Per \$100 of Exposure	
8810	CLERICAL OFFICE EMPLOYEES				567,397		0	0		0.000	
9050	HOTELS/MOTELS/SHORT-TERM HOUSING				1,167,807		4	31,728		2.717	
9053	BATHS				1,324,976		0	0		0.000	
9079	RESTAURANTS/TAVERNS				2,218,987		11	50,356		2.269	
Totals					5,279,167		15	82,084		1.555	
Individual Claim Listing											
Claim Number	Accident Date	Class	Injury Type	Claim Status	Incurred			Paid		Weekly Wage	Injury Description
					Indemnity	Medical	Total Loss	Indemnity	Medical		
09400011668	04/01/2017	9079	MO	Closed	0	570	570	0	570	0	36/40/17
09400012349	07/15/2017	9079	MO	Closed	0	216	216	0	216	0	37/40/19
09400012631	08/07/2017	9050	MO	Closed	0	1,073	1,073	0	1,073	0	44/68/82
09400012645	08/23/2017	9079	TEMP	Closed	200	321	521	200	321	420	38/49/58
09400012646	08/23/2017	9079	MO	Closed	0	590	590	0	590	0	36/40/17
09400013092	10/17/2017	9079	TEMP	Closed	154	566	720	154	566	539	35/40/17
09400013230	10/27/2017	9050	MO	Closed	0	357	357	0	357	0	35/13/13
09400013237	11/10/2017	9050	TEMP	Closed	7,587	21,645	29,232	7,587	21,645	313	32/28/33
09400013323	11/23/2017	9079	MO	Closed	0	644	644	0	644	0	35/40/17
09400013467	12/10/2017	9079	MO	Closed	0	0	0	0	0	0	91/10/69
09400013559	12/20/2017	9079	MNPD	Closed	32,021	9,745	41,766	32,021	9,745	338	55/37/33
09400013564	12/28/2017	9079	TEMP	Closed	1,616	2,574	4,190	1,616	2,574	515	56/10/75
09400013641	01/20/2018	9079	MO	Closed	0	710	710	0	710	0	14/10/75
09400013672	01/24/2018	9079	TEMP	Closed	104	325	429	104	325	246	56/10/79
09400014546	12/30/2017	9050	MO	Closed	0	1,066	1,066	0	1,066	0	55/49/31
Totals					41,682	40,402	82,084	41,682	40,402		

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Insurer: 961 - test					Policy Period: 06/27/2016 to 06/27/2017			Report Level : 3			
Classification Experience Summary											
Class Code	Classification Phraseology [Lowest Suffix]				Exposure Amount		Total Claim Count		Total Incurred Losses		Losses Per \$100 of Exposure
8742	SALESPERSONS-OUTSIDE				116,246		0		0		0.000
8810	CLERICAL OFFICE EMPLOYEES				303,015		0		0		0.000
9050	HOTELS/MOTELS/SHORT-TERM HOUSING				750,093		4		125,661		16.753
9079	RESTAURANTS/TAVERNS				1,199,664		0		0		0.000
Totals					2,369,018		4		125,661		5.304
Individual Claim Listing											
Claim Number	Accident Date	Class	Injury Type	Claim Status	Incurred			Paid		Weekly Wage	Injury Description
					Indemnity	Medical	Total Loss	Indemnity	Medical		
000000023070	10/19/2016	9050	MO	Closed	0	905	905	0	905	0	35/59/17
000000026189	12/18/2016	9050	TEMP	Closed	800	447	1,247	800	447	525	55/49/53
000000029771	03/22/2017	9050	MNPD	Open	6,341	44,999	51,340	6,341	6,341	440	90/90/98
000000029949	03/31/2017	9050	MNPD	Open	30,869	41,300	72,169	22,484	22,484	415	34/52/60
Totals					38,010	87,651	125,661	29,625	30,177		

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Insurer: 990 - Test Insurer					Policy Period: 03/01/2016 to 03/01/2017			Report Level : 1			
Classification Experience Summary											
Class Code	Classification Phraseology [Lowest Suffix]				Exposure Amount		Total Claim Count		Total Incurred Losses		Losses Per \$100 of Exposure
8810	CLERICAL OFFICE EMPLOYEES				533,344		0		0		0.000
9050	HOTELS/MOTELS/SHORT-TERM HOUSING				1,146,244		1		3,221		0.281
9053	BATHS				1,105,404		0		0		0.000
9079	RESTAURANTS/TAVERNS				1,903,932		2		619		0.033
Totals					4,688,924		3		3,840		0.082
Individual Claim Listing											
Claim Number	Accident Date	Class	Injury Type	Claim Status	Incurred			Paid		Weekly Wage	Injury Description
					Indemnity	Medical	Total Loss	Indemnity	Medical		
09400010279	07/09/2016	9050	TEMP	Closed	1,259	1,962	3,221	1,259	1,962	343	54/37/68
09400010643	09/13/2016	9079	MO	Closed	0	186	186	0	186	0	37/52/68
09400011049	12/08/2016	9079	MO	Closed	0	433	433	0	433	0	37/40/17
Totals					1,259	2,581	3,840	1,259	2,581		

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Insurer: 961 - test					Policy Period: 06/27/2015 to 06/27/2016			Report Level : 3			
Classification Experience Summary											
Class Code	Classification Phraseology [Lowest Suffix]				Exposure Amount		Total Claim Count		Total Incurred Losses		Losses Per \$100 of Exposure
8810	CLERICAL OFFICE EMPLOYEES				82,106		0		0		0.000
9050	HOTELS/MOTELS/SHORT-TERM HOUSING				905,514		2		8,238		0.910
9079	RESTAURANTS/TAVERNS				694,878		3		579		0.083
Totals					1,682,498		5		8,817		0.524
Individual Claim Listing											
Claim Number	Accident Date	Class	Injury Type	Claim Status	Incurred			Paid		Weekly Wage	Injury Description
					Indemnity	Medical	Total Loss	Indemnity	Medical		
010151427400	11/07/2015	9050	TEMP	Closed	2,927	5,311	8,238	2,927	5,311	300	44/52/56
010151491000	11/26/2015	9079	MO	Closed	0	140	140	0	140	280	36/40/16
010151491100	11/26/2015	9079	MO	Closed	0	0	0	0	0	0	35/40/19
201600231000	03/21/2016	9079	MO	Closed	0	439	439	0	439	0	44/10/68
201701699800	06/26/2016	9050	MO	Closed	0	0	0	0	0	416	90/80/98
Totals					2,927	5,890	8,817	2,927	5,890		

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Insurer: 990 - Test Insurer					Policy Period: 03/01/2015 to 03/01/2016			Report Level : 5			
Classification Experience Summary											
Class Code	Classification Phraseology [Lowest Suffix]				Exposure Amount		Total Claim Count		Total Incurred Losses		Losses Per \$100 of Exposure
8810	CLERICAL OFFICE EMPLOYEES				575,272		0		0		0.000
9050	HOTELS/MOTELS/SHORT-TERM HOUSING				1,050,694		7		394,040		37.503
9053	BATHS				1,014,973		2		412		0.041
9079	RESTAURANTS/TAVERNS				1,675,824		3		2,169		0.129
Totals					4,316,763		12		396,621		9.188
Individual Claim Listing											
Claim Number	Accident Date	Class	Injury Type	Claim Status	Incurred			Paid		Weekly Wage	Injury Description
					Indemnity	Medical	Total Loss	Indemnity	Medical		
09400007957	03/10/2015	9050	MO	Closed	0	578	578	0	578	0	41/52/53
09400007997	03/23/2015	9079	MO	Closed	0	1,535	1,535	0	1,535	0	34/52/97
09400008241	05/11/2015	9050	MJPD	Open	159,866	227,158	387,024	82,554	122,494	433	42/16/31
09400008634	07/26/2015	9050	MO	Closed	0	494	494	0	494	0	55/10/28
09400008996	05/01/2015	9053	MO	Closed	0	0	0	0	0	0	35/78/97
09400009025	10/24/2015	9050	MO	Closed	0	92	92	0	92	0	25/52/53
09400009139	11/13/2015	9053	MO	Closed	0	412	412	0	412	0	34/49/97
09400009218	11/30/2015	9079	MO	Closed	0	343	343	0	343	0	36/40/17
09400009222	12/01/2015	9050	MO	Closed	0	4,317	4,317	0	4,317	0	30/52/97
09400009249	12/01/2015	9079	MO	Closed	0	291	291	0	291	0	14/25/87
09400009426	01/27/2016	9050	MO	Closed	0	191	191	0	191	0	90/90/29
09400009482	01/28/2016	9050	MO	Closed	0	1,344	1,344	0	1,344	0	33/52/56
Totals					159,866	236,755	396,621	82,554	132,091		

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Insurer: 961 - test					Policy Period: 06/27/2014 to 06/27/2015			Report Level : 5			
Classification Experience Summary											
Class Code	Classification Phraseology [Lowest Suffix]				Exposure Amount		Total Claim Count		Total Incurred Losses		Losses Per \$100 of Exposure
8810	CLERICAL OFFICE EMPLOYEES				40,691		0		0		0.000
9050	HOTELS/MOTELS/SHORT-TERM HOUSING				671,698		4		89,392		13.308
9079	RESTAURANTS/TAVERNS				434,159		1		108		0.025
Totals					1,146,548		5		89,500		7.806
Individual Claim Listing											
Claim Number	Accident Date	Class	Injury Type	Claim Status	Incurred			Paid		Weekly Wage	Injury Description
					Indemnity	Medical	Total Loss	Indemnity	Medical		
010140799600	08/08/2014	9050	MO	Closed	0	1,606	1,606	0	1,606	390	31/52/31
010140829900	08/25/2014	9050	MO	Closed	0	601	601	0	601	370	52/10/26
010150121800	01/15/2015	9050	MNPD	Closed	33,593	39,901	73,494	33,593	39,901	400	34/52/97
010150777200	05/01/2015	9079	MO	Closed	0	108	108	0	108	0	35/68/99
010150939600	06/01/2015	9050	MNPD	Closed	4,350	9,341	13,691	4,350	9,341	512	12/59/99
Totals					37,943	51,557	89,500	37,943	51,557		

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Insurer: 990 - Test Insurer	Policy Period: 03/01/2014 to 03/01/2015	Report Level : 5
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Classification Experience Summary

Class Code	Classification Phraseology [Lowest Suffix]	Exposure Amount	Total Claim Count	Total Incurred Losses	Losses Per \$100 of Exposure
8742	SALESPERSONS-OUTSIDE	58,688	0	0	0.000
8810	CLERICAL OFFICE EMPLOYEES	478,043	0	0	0.000
9050	HOTELS/MOTELS/SHORT-TERM HOUSING	880,348	3	111,755	12.694
9053	BATHS	936,021	0	0	0.000
9079	RESTAURANTS/TAVERNS	1,539,180	3	576	0.037
Totals		3,892,280	6	112,331	2.886

Individual Claim Listing

Claim Number	Accident Date	Class	Injury Type	Claim Status	Incurred			Paid		Weekly Wage	Injury Description
					Indemnity	Medical	Total Loss	Indemnity	Medical		
09400006542	05/17/2014	9050	TEMP	Closed	518	3,313	3,831	518	3,313	429	55/28/28
09400006637	06/12/2014	9079	MO	Closed	0	0	0	0	0	0	37/59/17
09400006913	07/11/2014	9050	MNPD	Closed	13,700	22,113	35,813	13,700	22,113	382	53/59/25
09400007050	09/10/2014	9050	MJPD	Closed	44,700	27,411	72,111	44,700	27,411	414	10/07/75
09400007242	10/05/2014	9079	MO	Closed	0	330	330	0	330	0	36/59/17
09400007321	10/28/2014	9079	MO	Closed	0	246	246	0	246	0	90/59/85
Totals					58,918	53,413	112,331	58,918	53,413		

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Insurer: 961 - test					Policy Period: 06/27/2013 to 06/27/2014			Report Level : 6			
Classification Experience Summary											
Class Code	Classification Phraseology [Lowest Suffix]				Exposure Amount		Total Claim Count		Total Incurred Losses		Losses Per \$100 of Exposure
8810	CLERICAL OFFICE EMPLOYEES				32,616		0		0		0.000
9050	HOTELS/MOTELS/SHORT-TERM HOUSING				492,622		1		80,206		16.281
Totals					525,238		1		80,206		15.270
Individual Claim Listing											
Claim Number	Accident Date	Class	Injury Type	Claim Status	Incurred			Paid		Weekly Wage	Injury Description
					Indemnity	Medical	Total Loss	Indemnity	Medical		
12562181	06/24/2014	9050	TEMP	Closed	57,201	23,005	80,206	57,201	23,005	450	90/59/99
Totals					57,201	23,005	80,206	57,201	23,005		

Comprehensive Risk Summary®

Bureau Number: 9-58-97-61

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Requested By: Insurer GSA

Insurer: 961 - test					Policy Period: 03/01/2013 to 03/01/2014			Report Level : 3			
Classification Experience Summary											
Class Code	Classification Phraseology [Lowest Suffix]				Exposure Amount		Total Claim Count	Total Incurred Losses		Losses Per \$100 of Exposure	
8742	SALESPERSONS-OUTSIDE				111,716		0	0		0.000	
8810	CLERICAL OFFICE EMPLOYEES				334,010		1	1,587		0.475	
9050	HOTELS/MOTELS/SHORT-TERM HOUSING				787,532		1	30		0.004	
9053	BATHS				725,942		0	0		0.000	
9079	RESTAURANTS/TAVERNS				1,304,383		2	2,063		0.158	
Totals					3,263,583		4	3,680		0.113	
Individual Claim Listing											
Claim Number	Accident Date	Class	Injury Type	Claim Status	Incurred			Paid		Weekly Wage	Injury Description
					Indemnity	Medical	Total Loss	Indemnity	Medical		
YZBC78484	04/18/2013	9079	MO	Closed	0	593	593	0	593	0	32/52/56
YZBC82911	06/15/2013	9050	MO	Closed	0	30	30	0	30	0	90/43/85
YZBC96170	11/15/2013	8810	MO	Closed	0	1,587	1,587	0	1,587	0	56/52/99
YZBC99975	12/28/2013	9079	TEMP	Closed	602	868	1,470	602	868	371	36/40/99
Totals					602	3,078	3,680	602	3,078		

Bureau Number: 9-58-97-61

Date Created: 12/03/2020 11:22:05

Requested By: Insurer GSA

WCIRB Comprehensive Risk Summary (CRS)

The Comprehensive Risk Summary (CRS) provides experience modification history, WCIRB assigned and reported classification codes, reported policyholder names and addresses, and exposure and loss history information contained within WCIRB records. The data presented is as reported by the insurer. In some cases, this information has not been fully reviewed for experience rating or ratemaking purposes and may be subject to later correction.

An individual user may request the CRS for a Bureau Number only once within a 30-day period. After 30 days, the user may request another CRS, provided a new Letter of Authorization (Form 810) has been obtained from the policyholder. The CRS files will remain in your On-Demand Reports menu for 30 days and then will be purged automatically.

The CRS is provided as a Microsoft Excel file containing three tabs: 1) Policyholder Information; 2) Exposure Information; and 3) Loss Information. A print version is also available as an Adobe Acrobat PDF file.

Data Contained in the CRS

Experience Modification(s) — last 10 years

The Bureau Number's experience modifications for Rating Effective Dates (REDs) effective within 10 (ten) years of the CRS request date are displayed.

Classification Codes

All Classification Codes and Phraseologies assigned by the WCIRB or reported by the insurer are displayed, if reported on policies issued to the Bureau Number with Effective Dates within five (5) years of the date the CRS is requested.

In some cases, the Classification Code Suffix is not displayed due to limitations in the WCIRB's historical data. In these situations, the displayed Classification Phraseology is the one associated with the lowest Classification Code Suffix which may or may not be the suffix most applicable to the risk. The columns titled "If Any" and "USL&H" display as "Y" if the attribute is applicable to the Classification Code or dash ("-") if it does not.

Policyholder Names — All Policies in Last Five Years:

Each unique combination of policyholder name(s) and corresponding FEIN(s) reported on policies issued to the Bureau Number with Effective Dates within five (5) years of the date the CRS is requested is displayed. If a policyholder name does not have an associated FEIN from the same policy year, the FEIN column will appear as "NA".

Policyholder Address and Locations — All Current Policies

Policyholder Addresses and Locations reported on each policy in effect at the time the CRS is requested are displayed.

Exposure and Loss Details

The Unit Statistical Report (USR) data from all policies for the Bureau Number with an Effective Date within eight (8) years of the date the CRS is requested as reported by the insurer writing the particular policy is displayed. The Report Level displayed is the highest Report Level processed by the WCIRB for the associated policy. Additionally, only the data developed under the workers' compensation laws of California (State Act) is provided. Other items of note:

1. *Classification Experience Summary grid, Classification Phraseology*
Since USRs do not include a field to report the Classification Code Suffix, the Classification Phraseology displayed is that associated with the lowest Classification Code Suffix for the Classification Code.
2. *Individual Claim Listing grid, Injury Type*
The reported numeric value for Injury Type has been translated to alpha-characters, as follows:

Injury Code	Description	Display
01	Death	D
02	Permanent Total Disability	PT
03	Major Permanent Partial Disability	MJPD
04	Minor Permanent Partial Disability	MNPD
05	Temporary Total or Temporary Partial Disability	TEMP
06	Medical Claims Only	MO
07	Contract Medical or Hospital Allowance	CM
08	Compromised Death	SC

3. *Individual Claim Listing grid, Injury Desc*
The Injury Description Codes (*California Workers' Compensation Uniform Statistical Reporting Plan—1995, Appendix III*) are reported as a six digit string. For display purposes only, a slash ("/") has been inserted between the codes.

Notice

This Comprehensive Risk Summary was developed by the WCIRB for informational purposes only. It contains confidential information and may only be used to facilitate the transaction of workers' compensation insurance and must be used in strict compliance with the Terms of Use located at <https://connect.wcirb.com/STAROnline/Account/ToU.aspx>.