WORKERS COMPENSATION EXPERIENCE RATING



Risk Name: RUSSELLVILLE INDEPENDENT SCHOO

Risk ID: 160525819

Rating Effective Date: 07/01/2022 Production Date: 02/25/2022 State: KENTUCKY

State	Wt	Exp Ex Loss		Expect Losse	550.000	Exp Prin Losses	200	Act Exc Los	ses	Ballast	Act Inc Losses	Act Prim Losses	
KY	.10		28,528	4	9,669	21	,141		0	26,70	0 10,26	10,261	
(A) (B) Wt		Excess s (D - E)	1000	cpected sses	30 1000	Exp Prim osses		F) Act Exc sses (H - I)	(G) Ballast	(H) Act Inc Losses	(I) Act Prim Losses	
.10		28,528	1.	49,669		21,141		0		26,700	3,078	3,078	

	Primary Losses		Stabilizir	ng Value		Ratable Excess	Totals	
	(1)	C * ((1 - A) + G		(A) * (F	=)	(J)	
Actual	3,078		52,375			0	55,453	
	(E)	C * (C * (1 - A) + G 52,375			C)	(K)	
Expected	21,141					2,853	76,369	
	ARAP	FLARAP		SARAP		MAARAP	Exp Mod	
							(J) / (K)	
Factors							.73	

RATING REFLECTS A DECREASE OF 70% MEDICAL ONLY PRIMARY AND EXCESS LOSS DOLLARS WHERE ERA IS APPLIED.

Carrier: 33731-000 Policy: 386862 Eff-Date: 07-01-2021 Exp-Date: 07-01-2022

WORKERS COMPENSATION EXPERIENCE RATING



Risk Name: RUSSELLVILLE INDEPENDENT SCHOO

Risk ID: 160525819

Rating Effective Date: 07/01/2022 Production Date: 02/25/2022 State: KENTUCKY

16-KENTUCKY Firm ID: Firm Name: RUSSELLVILLE INDEPENDENT SCHOO

Carrier: 33731 Policy No. 386862 Eff Date: 07/01/2018 Exp Date: 07/01/2019

Code	ELR	D- Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
7380	1.91	.34	203,681	3,890	1,323	NO. 4	06	*	1,204	1,204
8868	.14	.45	6,215,781	8,702	3,916	195768	06	F	4,172	4,172
9101	1.12	.45	353,663	3,961	1,782					
9812	EMPLO	YERS	LIABILIT	0	0					Ī
Policy	Total:			Subject Premium:	34,990	Total Act Inc Losses:			5,376	21

16-KENTUCKY Firm ID: Firm Name: RUSSELLVILLE INDEPENDENT SCHOO

Carrier: 33731 Policy No. 386862 Eff Date: 07/01/2019 Exp Date: 07/01/2020

Code	ELR	D- Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
7380	1.91	.34	194,241	3,710	1,261	NO. 5	06	*	2,111	2,111
8868	.14	.45	6,514,695	9,121	4,104	212017	06	F	2,536	2,536
9101	1.12	.45	357,330	4,002	1,801					
9812	EMPLC	YERS	LIABILIT	0	0					
Policy	Total:			Subject Premium:	35,723	Total Act Inc Losses:			4,647	

16-KENTUCKY Firm ID: Firm Name: RUSSELLVILLE INDEPENDENT SCHOO

Carrier: 33731 Policy No. 386862 Eff Date: 07/01/2020 Exp Date: 07/01/2021

Code	100000000000000000000000000000000000000	D- Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
7380	1.91	.34	177,826	3,396	1,155	224633	06	F	238	238
8868	.14	.45	6,271,919	8,781	3,951					
9101	1.12	.45	366,639	4,106	1,848					
9812	EMPLO	YERS	LIABILIT	0	0					
Policy	Total:			Subject Premium:	33,592	Total Act Inc Losses:			238	

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* Total by Policy Year of all cases \$2000 or less.

D Disease Loss

X Ex-Medical Coverage # Limited Loss U USL&HW