



WORKERS COMPENSATION EXPERIENCE RATING

Risk Name: RUSSELLVILLE INDEPENDENT SCHOO

Risk ID: 160525819

Rating Effective Date: 07/01/2024

Production Date: 02/07/2024

State: KENTUCKY

State	Wt	Exp Excess Losses	Expected Losses	Exp Prim Losses	Act Exc Losses	Ballast	Act Inc Losses	Act Prim Losses
KY	.13	23,129	41,283	18,154	0	33,120	5,841	5,841
(A) Wt	(B)	(C) Exp Excess Losses (D - E)	(D) Expected Losses	(E) Exp Prim Losses	(F) Act Exc Losses (H - I)	(G) Ballast	(H) Act Inc Losses	(I) Act Prim Losses
.13		23,129	41,283	18,154	0	33,120	1,752	1,752

	Primary Losses	Stabilizing Value	Ratable Excess	Totals	
Actual	(I) 1,752	$C * (1 - A) + G$ 53,242	(A) * (F) 0	(J) 54,994	
Expected	(E) 18,154	$C * (1 - A) + G$ 53,242	(A) * (C) 3,007	(K) 74,403	
	ARAP	FLARAP	SARAP	MAARAP	Exp Mod
Factors					(J) / (K) .74

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

Carrier: 33731-000 **Policy:** 386862 **Eff-Date:** 07-01-2023 **Exp-Date:** 07-01-2024

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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	ELR	D-Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
7380	1.57	.37	177,826	2,792	1,033	224633	06	F	238	238
8868	.11	.46	6,271,919	6,899	3,174					
9101	.91	.46	366,639	3,336	1,535					
9812	EMPLOYERS LIABILIT			0	0					
Policy Total:			6,816,384	Subject Premium:	33,592	Total Act Inc Losses:			238	

16-KENTUCKY

Firm ID: Firm Name: RUSSELLVILLE INDEPENDENT SCHOO

Carrier: 33731 Policy No. 386862 Eff Date: 07/01/2021 Exp Date: 07/01/2022

Code	ELR	D-Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
7380	1.57	.37	182,714	2,869	1,062	NO. 2	06	*	484	484
8868	.11	.46	6,906,915	7,598	3,495	228614	06	F	2,927	2,927
9101	.91	.46	338,755	3,083	1,418					
9812	EMPLOYERS LIABILIT			0	0					
Policy Total:			7,428,384	Subject Premium:	33,449	Total Act Inc Losses:			3,411	

16-KENTUCKY

Firm ID: Firm Name: RUSSELLVILLE INDEPENDENT SCHOO

Carrier: 33731 Policy No. 386862 Eff Date: 07/01/2022 Exp Date: 07/01/2023

Code	ELR	D-Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
7380	1.57	.37	232,438	3,649	1,350	NO. 3	06	*	2,192	2,192
8868	.11	.46	7,168,889	7,886	3,628					
9101	.91	.46	348,421	3,171	1,459					
9812	EMPLOYERS LIABILIT			0	0					
Policy Total:			7,749,748	Subject Premium:	34,793	Total Act Inc Losses:			2,192	

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* Total by Policy Year of all cases \$2000 or less. D Disease Loss X Ex-Medical Coverage U USL&HW
 C Catastrophic Loss E Employers Liability Loss # Limited Loss