

WORKERS COMPENSATION EXPERIENCE RATING



Risk Name: F M A CONSTRUCTION INC

Risk ID: 097101213

Rating Effective Date: 10/01/2010

Production Date: 05/21/2010

State: FLORIDA

State	Wt	SRP	Exp Excess Losses	Expected Losses	Exp Prim Losses	Act Exc Losses	Ballast	Act Inc Losses	Act Prim Losses
FL	.07	0	12,662	15,268	2,606	0	17,750	1,289	1,289
(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	
.07		12,662	15,268	2,606	0	17,750	1,289	1,289	

Primary Losses		Stabilizing Value		Ratable Excess		Totals
Actual	(I)	1,289	C * (1 - A) + G 29,526	(A) * (F) 0	(J)	30,815
Expected	(E)	2,606	C * (1 - A) + G 29,526	(A) * (C) 886	(K)	33,018
Factors		ARAP	FLARAP	SARAP	MAARAP	Exp Mod (J) / (K) .93

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

Carrier: 34169 - 000 Policy: 19606180

Eff-Date: 10/01/2009 Exp-Date: 10/01/2010

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09-FLORIDA

Firm ID: **Firm Name:** F M A CONSTRUCTION INC

Carrier: 21954 **Policy No.** WC69300006 **Eff Date:** 01/01/2006 **Exp Date:** 01/01/2007

Code	ELR	D-Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
5445	2.47	.17	1,000	25	4					
9812	ADDITIONAL PREMIUM			0	0					
9945	PREMIUM CREDIT FOR			0	0					
Policy Total:				1,000	Subject Premium:			229	Total Act Inc Losses:	0

09-FLORIDA

Firm ID: **Firm Name:** F M A CONSTRUCTION INC

Carrier: 33936 **Policy No.** FMWC803115 **Eff Date:** 01/01/2007 **Exp Date:** 10/02/2007

Code	ELR	D-Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
5445	2.47	.17	10							
9848	ADDITIONAL PREMIUM			0	0					
9946	PREMIUM CREDIT FOR			0	0					
Policy Total:				10	Subject Premium:			50	Total Act Inc Losses:	0

09-FLORIDA

Firm ID: **Firm Name:** F M A CONSTRUCTION INC

Carrier: 34169 **Policy No.** 19606180 **Eff Date:** 10/01/2007 **Exp Date:** 10/01/2008

Code	ELR	D-Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
0930	ADDITIONAL PREMIUM			0	0	789247	6	F	1,058	1,058
5445	2.47	.17	101,661	2,511	427	787963	6	F	3,239	3,239
5445	2.47	.17	105,606	2,608	443					
5445	2.47	.17	164,282	4,058	690					
8810	.11	.23	25,653	28	6					
8810	.11	.23	31,067	34	8					
8810	.11	.23	44,683	49	11					
9765	WORKPLACE SAFETY C			51	-9					
9765	WORKPLACE SAFETY C			15	-3					
Policy Total:				472,952	Subject Premium:			92,940	Total Act Inc Losses:	4,297

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

D Disease Loss
E Employers Liability Loss

X Ex-Medical Coverage
Limited Loss

U USL&HW

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Firm ID:

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Carrier: 34169

Policy No. 19606180

Eff Date: 10/01/2008

Exp Date: 10/01/2009

Code	ELR	D-Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses	
0930	ADDITIONAL PREMIUM			0	0						
5445	2.47	.17	59,226	1,463	249						
5445	2.47	.17	79,501	1,964	334						
5445	2.47	.17	96,244	2,377	404						
8742	.18	.19	24,930	45	9						
8742	.18	.19	34,687	62	12						
8742	.18	.19	39,292	71	13						
8810	.11	.23	5,697	6	1						
8810	.11	.23	8,884	10	2						
8810	.11	.23	20,666	23	5						
Policy Total:			369,127	Subject Premium:				19,867	Total Act Inc Losses:		0

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