



Texas Department of Insurance

Property & Casualty Program – Data Services

Mail Code 105-5D, 333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104

December 31, 1999

COMMISSIONER'S BULLETIN NO. B-0060-99

**TO ALL INSURANCE COMPANIES, CORPORATIONS, EXCHANGES, MUTUALS, RECIPROCALLS, ASSOCIATIONS, LLOYDS, OR OTHER INSURERS LICENSED TO WRITE PRIVATE PASSENGER NON FLEET AUTOMOBILE, HOMEOWNERS MULTI PERIL, WORKERS' COMPENSATION, COMMERCIAL FIRE & ALLIED, COMMERCIAL MULTI PERIL, GENERAL LIABILITY, BOILER & MACHINERY, COMMERCIAL CRIME, COMMERCIAL GLASS, MEDICAL PROFESSIONAL LIABILITY OR MISCELLANEOUS PROFESSIONAL LIABILITY IN THE STATE OF TEXAS**

**RE: CALL FOR FOURTH QUARTER EXPERIENCE - 1999  
CALL FOR FOURTH QUARTER EXPERIENCE - 1999 - WORKERS' COMPENSATION  
DEDUCTIBLE PLANS**

The attached mandatory calls are being issued pursuant to Article 38.001 of the Texas Insurance Code. This information is the basis for a report required under Article 5.13-2, Section 5(e) of the Texas Insurance Code, for submission to the Governor and certain members of the Texas Legislature. These calls are designed to provide the Texas Department of Insurance with immediate access to market condition information.

These calls must be completed and returned in accordance with the instructions by not later than ***February 15, 2000***. **Underlying data, individual source documents and other information utilized in the development of your call response must be maintained in your records for a minimum of three years after February 15, 2000.**

Failure to comply with the requirements of this call within the time limits specified may constitute a violation or violations of the Texas Insurance Code and may subject the insurer to the penalties provided by law.

**Please make copies of this package and submit separate forms for each company in your group that is licensed for one or more lines of business covered in these data calls. The forms for the Quarterly Call for Experience also can be accessed and downloaded via the Internet at [www.tdi.state.tx.us](http://www.tdi.state.tx.us).**

Questions concerning this call should be directed to Vicky Knox at the Texas Department of Insurance at (512) 475-1879.

Clare Pramuk  
Director, Data Services  
Property & Casualty Program

Attachments



Texas Department of Insurance

Property & Casualty Program – Data Services

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# ADDRESS CHANGE NOTICE!

The Data Services Division  
of the Texas Department of Insurance has a  
new Post Office box address

This address change is effective for all mail sent to Data Services including the following:

- Quarterly Call for Experience
- Quarterly Call for Experience – Workers' Comp. Deductible Plans
- Closed Claim Reports
- Disallowed Expense Report

***Please update your records!***

**New Address:**

P.O. Box 149104  
Austin, Texas 78714-9104

**Overnight mail/street address remains the same:**

333 Guadalupe  
Austin, Texas 78701

**Our mail code remains the same:**

MC105-5D

**Please discontinue the use of:**

P.O. Box 149096  
Austin, Texas 78714-9096

# CALL FOR FOURTH QUARTER EXPERIENCE - 1999

## *Due February 15, 2000*

### ***Instructions:***

1. This call must be completed on an individual carrier basis. Make copies and submit separate forms for each company in your group that is licensed to write one or more lines of business covered in this data call. Group reporting is not allowed. Enter Carrier Name and Carrier NAIC Number on the report form along with the name and telephone number of the carrier contact person.
2. Reported experience should be valued as of 12/31/99.
3. If a company has no experience to report, "NONE" should be stamped on the form and the affidavit should be completed.
4. Direct Policies Written (column (1)) are defined as Texas new and renewal policies issued by the carrier acting as the primary carrier. An adjustment for cancellations should be made only if the policy is issued and canceled in the same quarter. There should be no adjustment for policies assumed or ceded. Reported policies should be adjusted to an annual basis (a twelve month policy should be reported as 1.0 policy; a six month policy should be reported as 0.5 policies.)

Use the accounting date, rather than the policy effective date, to determine the calendar quarter in which a policy is to be reported.

For Private Passenger Automobile policies that include both liability and physical damage coverage, report a policy for each.

For Workers' Compensation, use an annual premium to determine the premium size category in which the policy is to be reported (a six month policy with a premium of \$4,000 should be reported as 0.5 policies in the \$5,000 - \$100,000 category.) Report small premium policy plan risks as voluntary risks.

For General Liability policies that include both products and premises operations coverage, report a policy for each.

Commercial Multiple Peril experience should include Fire & Allied and Casualty coverage.

Miscellaneous Professional Liability should exclude accountants, architects, beauticians/barbers, lawyers, medical laboratory personnel, psychologists, real estate agents, surveyors, and x-ray lab personnel.

5. Total Premiums on Direct Policies Written This Period (column (2)) are defined as total policy premiums on the policies reported in column (1). Do not include premiums from any transaction on a policy issued prior to 10/01/99 or after 12/31/99. Report total policy premium (estimate if necessary) even if initial premium collected was a deposit or first installment premium. On multi-state policies, report only the Texas portion. Amounts reported in this column are not expected to balance to Texas Statutory Page 14 of the annual statement.
6. Total Direct Premiums Written This Period (column (3)) and Total Direct Losses Paid This Period (column (4)) should be completed using the same methods/rules used in completing the Texas Statutory Page 14 of the annual statement. This includes any premium transaction that occurred during the quarter (i.e., cancellations, endorsements, retro adjustments, etc.) and any direct losses paid during the quarter regardless of when the policy was written or when the accident occurred.
7. Additional calls will be issued as experience for subsequent calendar quarters becomes available. Such calls will be due approximately 45 days after the end of the quarter.
8. The affidavit on the reverse side of the report form must be signed by the highest ranking company official with management and control authority over the development of the reported information. The affidavit must be notarized and the original must be submitted.
9. If a TDI acknowledgment of receipt is desired, include a stamped, self addressed envelope and an additional copy of the call report which will be date stamped and returned.

**Mail the completed call form and affidavit to:**

**Texas Department of Insurance  
Attn: Vicky Knox (MC105-5D)  
P. O. Box 149104  
Austin, Texas 78714-9104**

**Express mail may be sent to:**

**Texas Department of Insurance  
Attn: Vicky Knox (MC105-5D)  
333 Guadalupe  
Austin, Texas 78701**

***Questions concerning this call should be directed to Vicky Knox  
Texas Department of Insurance - phone (512)475-1879, fax (512)463-6122  
E-mail: [vicky.knox@tdi.state.tx.us](mailto:vicky.knox@tdi.state.tx.us)***

# TEXAS CALL FOR FOURTH QUARTER EXPERIENCE - 1999

## Due February 15, 2000

<b>Carrier Name</b>				
<b>Carrier NAIC Number</b>	(1)	(2)	(3)	(4)
<b>Contact Person</b>	Number of Direct Policies Written This Period	Total Premiums on Direct Policies Written This Period	Total Direct Premiums Written This Period	Total Direct Losses Paid This Period (Deducting Salvage)
<b>Telephone Number</b>				
<b>For the Period 10/01/99 – 12/31/99</b>				
1. Private Passenger Non Fleet Automobile				
a. Voluntary Liability & No Fault				
b. Assigned Risk Liability & No Fault				
c. Physical Damage				
2. Homeowners Multiple Peril				
3. Workers' Compensation				
a. Voluntary Policies with Annual Written Premium of Less Than \$5,000			XXX	XXX
b. Voluntary Policies with Annual Written Premium of \$5,000 - \$100,000			XXX	XXX
c. Voluntary Policies with Annual Written Premium of More Than \$100,000			XXX	XXX
d. Total Voluntary				
e. Total Assigned Risk	XXX	XXX		
4. Commercial Fire & Allied				
5. Commercial Multiple Peril				
6. General Liability				
a. Product Liability				
b. Other General Liability				
7. Boiler and Machinery				
8. Commercial Crime				
9. Commercial Glass				
10. Miscellaneous Professional Liability *				
11. Medical Professional Liability				

\* Excluding accountants, architects, beauticians/barbers, lawyers, medical laboratory personnel, psychologists, real estate agents, surveyors, and x-ray lab personnel.

# AFFIDAVIT

THE STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, the (position) \_\_\_\_\_  
of the \_\_\_\_\_

being duly sworn, deposes and says that all of the information of the named Company contained herein, together with any necessary related exhibits, schedules and explanations contained, annexed or referred to are a full and true statement in accordance with the instructions provided according to the best of my information, knowledge and belief.

\_\_\_\_\_  
Signature

**SUBSCRIBED AND SWORN TO BEFORE ME** this the \_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
(Printed Name of Notary)

My Commission Expires:

\_\_\_\_\_

# Call For Fourth Quarter Experience - 1999 Workers' Compensation Deductible Plans *Due February 15, 2000*

## ***Instructions:***

1. This call must be completed on an individual carrier basis along with the Call For Fourth Quarter Experience. Make copies and submit separate forms for each company in your group that is licensed to write Workers' Compensation. Group reporting is not allowed. Enter Carrier Name and Carrier NAIC Number on the report form along with the name and telephone number of the carrier contact person.
2. Reported experience should be valued as of 12/31/99.
3. If a company has no experience to report, "NONE" should be stamped on the form and the affidavit should be completed.
4. Complete each deductible plan as applicable for the voluntary portion of the Workers' Compensation market only.

Direct policies written (column (1)) are defined as Texas new and renewal policies issued by the carrier acting as the primary carrier. An adjustment for cancellations should be made only if the policy is issued and canceled in the same quarter. There should be no adjustment for policies assumed or ceded. Reported policies should be adjusted to an annual basis (a twelve month policy should be reported as 1.0 policy; a six month policy should be reported as 0.5 policies.)

**Use the accounting date, rather than the effective date**, to determine the calendar quarter in which a policy is to be reported.

Use an **annual premium prior to deductible credit (column (2))** to determine the premium size category in which the policy is to be reported (a six month policy with a premium of \$4,000 should be reported as 0.5 policies in the \$5,000 - \$9,999 category for the appropriate plan.)

5. Estimated Annual Premiums on Direct Policies Written This Period Prior To Deductible Credit (column (2)) are defined as total policy premiums on the policies reported in column (1) **before any credit is given for the purchase of deductible plan**. Do not include premiums from any transaction on a policy issued prior to 10/01/99 or after 12/31/99. Report total policy premium even if initial premium collected was a deposit or first installment premium. On multi-state policies, report only the Texas portion.

6. Estimated Annual Premiums on Direct Policies Written This Period After Deductible Credit (column (3)) are defined as total policy premiums on the policies reported in column (1) **after a credit is given for the purchase of deductible plan**. Do not include premiums from any transaction on a policy issued prior to 10/01/99 or after 12/31/99. Report total policy premium even if initial premium collected was a deposit or first installment premium. On multi-state policies, report only the Texas portion.
7. For policies that are not eligible for or did not purchase a deductible plan, section 5, No Deductible Plan, should be completed. The annual premium for policies reported in column (1) should be entered in column (3).
8. Question 6a., column (1) of this report should be equal to question 3d., column (1) of the Call For Fourth Quarter Experience.
9. Question 6a., column (3) of this report should be equal to question 3d., column (2) of the Call For Fourth Quarter Experience.
10. Additional calls will be issued as experience for subsequent calendar quarters becomes available. Such calls will be due Approximately 45 days after the end of the quarter.
11. If a TDI acknowledgment of receipt is desired, include a stamped, self addressed envelope and an additional copy of the call report which will be date stamped and returned.

**Mail the completed call form and affidavit to:**

**Texas Department of Insurance  
Attn: Vicky Knox (MC105-5D)  
P. O. Box 149104  
Austin, Texas 78714-9104**

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E-mail: [vicky.knox@tdi.state.tx.us](mailto:vicky.knox@tdi.state.tx.us)***



# Call For Fourth Quarter Experience - 1999 Workers' Compensation Deductible Plans

*Due February 15, 2000*

Carrier Name \_\_\_\_\_

NAIC Number \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone Number \_\_\_\_\_

(1) Number of Direct Policies Written This Period	(2) Estimated Annual Premium on Direct Policies Written This Period Prior To Deductible Credit	(3) Estimated Annual Premium on Direct Policies Written This Period After Deductible Credit
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*For the Period 10/01/99 – 12/31/99*

**1. Per Accident Deductible Plan**

- a. Premium of \$5,000 - \$9,999.....
- b. Premium of \$10,000 - \$24,999.....
- c. Premium of \$25,000 - \$49,999.....
- d. Premium of \$50,000 - \$74,999.....
- e. Premium of \$75,000 - \$100,000.....
- f. **Total 'Per Accident' Plan.....**

**2. Aggregate Deductible Plan**

- a. Premium of \$5,000 - \$9,999.....
- b. Premium of \$10,000 - \$24,999.....
- c. Premium of \$25,000 - \$49,999.....
- d. Premium of \$50,000 - \$74,999.....
- e. Premium of \$75,000 - \$100,000.....
- f. **Total 'Aggregate' Plan.....**

**3. Per Accident/Aggregate  
Combination Deductible Plan**

- a. Premium of \$5,000 - \$9,999.....
- b. Premium of \$10,000 - \$24,999.....
- c. Premium of \$25,000 - \$49,999.....
- d. Premium of \$50,000 - \$74,999.....
- e. Premium of \$75,000 - \$100,000.....
- f. **Total 'Combination' Plan.....**

**4. Negotiated Deductible Plan**

- a. Premium Up To \$100,000.....
- b. Premium of \$100,001 - \$150,000.....
- c. Premium of \$150,001 - \$250,000.....
- d. Premium of \$250,001 - \$350,000.....
- e. Premium of \$350,001 - \$500,000.....
- f. Premium of \$500,001 - \$750,000.....
- g. Premium of \$750,001 - \$1,000,000.....
- h. Premium of \$1,000,001 - \$2,500,000.....
- i. Premium of \$2,500,001 - \$5,000,000.....
- j. Premium of \$5,000,001 and above.....
- k. **Total 'Negotiated' Plan.....**

Continued on back

	(1) Number of Direct Policies Written This Period	(2) Estimated Annual Premium on Direct Policies Written This Period Prior To Deductible Credit	(3) Estimated Annual Premium on Direct Policies Written This Period After Deductible Credit
<b>5. No Deductible Plan</b>			
a. Premium Less Than \$5,000.....		<b>XXX</b>	
b. Premium of \$5,000 - \$9,999.....		<b>XXX</b>	
c. Premium of \$10,000 - \$24,999.....		<b>XXX</b>	
d. Premium of \$25,000 - \$49,999.....		<b>XXX</b>	
e. Premium of \$50,000 - \$74,999.....		<b>XXX</b>	
f. Premium of \$75,000 - \$100,000.....		<b>XXX</b>	
g. Premium Greater Than \$100,000.....		<b>XXX</b>	
<b>h. Total 'No Deductible' Plan.....</b>		<b>XXX</b>	
<b>6. TOTAL</b>			
a. Sum of 1f, 2f, 3f, 4k and 5h.....			