TEXAS CALL FOR 1ST QUARTER EXPERIENCE - 2007

Due May 15, 2007

For the Period 1/01/2007 - 3/31/2007

1. Click "Save Data File" and save the file to a designated folder in your computer. Name your file with the corresponding NAIC number with the .xml extension (i.e. 12345.xml).

1. Save Data File (NAIC.xml)

Use the Clear Form button for multiple reports or to restart your form.

Clear Form

2. Click Submit by email and delete the file that is automatically attached. Then attach the file you created from the Save Data File and send.

2. Submit by Email

Date of submission: _____

Company Name: _____

NAIC Number: _____

Contact Person: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

☐ Check for "NONE" filing Do NOT enter 0s in any field	(1) Number of Direct Policies Written This Period	(2) Total Premiums on Direct Policies Written This Period	(3) Total Direct Premiums Written This Period	(4) Total Direct Losses Paid This Period (Deducting Salvage)
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			Policy Prem Avg. (Prem / Pol = Avg.)	"Error" If not within Premim range
a. Voluntary Policies with Annual Written Premium of Less Than $5,000				
b. Voluntary Polices with Annual Written Premium of $5,000 - $100,000				
c. Voluntary Policies with Annual Written Premium of More Than $100,000				
d. Total Voluntary				
"MATCH ERROR" message? Total Voluntary 3d, must match the Workers Compesation Ded. Plans Sec. 6, col 1&3, page 3.>>>>>>			XXXXXXXXXX	XXXXXXXXXX
e. Total Assigned Risk	XXXXXXXXXX	XXXXXXXXXX		
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-raty lab personnel.

(Summary Page)

CALL FOR 1ST QUARTER EXPERIENCE - 2007
WORKERS' COMPENSATION DEDUCTIBLE PLAN
Due May 15, 2007
For the Period 1/01/2007 - 3/31/2007

Company Name | **Company NAIC**

☐ **Check here if your company did not write Workers Compensation business.**	**(1)** Number of Direct Policies Written This Period	**(2)** Estimated Annual Premium on Direct Policies Written This Period Prior Credit To Deductible	(3) Estimated Annual Premium on Direct Policies Written This Period After Deductible Credit	(4) If "ERROR" message in Col 5, figure in Col 4 is average policy amount and does not meet minimum or maximum amount	(5) Do not write in this column (For Error Check Only)
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					

Carrier Name		NAIC NO.	

	(1)	(2)	(3)	(4)	(5)
	Number of Direct Policies Written This Period	Estimated Annual Premium on Direct Policies Written This Period Prior To Deductible Credit	Estimated Annual Premium on Direct Policies Written This Period After Deductible Credit	If "ERROR" message in Col 5, figure in Col 4 is average policy amount and does not meet minimum or maximum amount	Do not write in this column (For Error Check Only)
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					
5. No Deductible Plan a. Premium Less Than $5,000					
b. Premium of $5,000 - $9,999					
c. Premium of $10,000 - $24,999					
d. Premium of $25,000 - $49,999					
e. Premium of $50,000 - $74,999					
f. Premium of $75,000 - $100,000					
g. Premium Greater Than $100,000					
h. Total 'No Deductible' Plan					
6. TOTAL a. Sum of 1f, 2f, 3f, 4k and 5h					

*** Sec 6, Col 1 & 3, must match Summary Page 1, Sec 3d (Total Voluntary) columns 1 & 2.**