ACCIDENTS INVOLVING TWO OR MORE PERSONS

NOTE: This form is required in addition to the standard form for risks involving accidents to two or more persons.

Name of Risk _____

Address _____

Carrier _____ Policy No. _____

Eff. Date of Rating _____

STATEMENT OF INCURRED LOSSES IN ACCIDENTS INVOLVING TWO OR MORE PERSONS

List actual value of each claim limiting each case to ~~maximum of $99,500.00~~ the accident limitation shown in Table III of the Experience Rating Plan and determine corresponding primary and excess value. Catastrophe totals in Column (8) shall be limited to twice maximum value. Catastrophe totals in Column (9) shall be limited to twice the maximum primary value.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)*	(9)**
Policy Year	Cat. No.	Claim Number	Kind of Injury	"O" or "F"	Listing of Individual Claims and Catastrophe Totals		RATABLE VALUES PER CATASTROPHE	
					Total Incurred Cost	Primary Value	Actual Incurred Losses	Primary Actual Losses

* Post Catastrophe totals limited to twice the ~~maximum value of $99,500.00~~ accident limitation shown in Table III of the Experience Rating Plan from Column (8) to Form ERM-1.2 Column (5).

** Post Catastrophe total limited to twice the maximum primary value from Column (9) to Form ERM-1.2 Column (6).