REPORT OF EXPERIENCE FOR SELF INSURERS

For Experience Rating Purposes

FILL IN BLANKS WHERE APPLICABLE TO REFLECT INCURRED LOSSES AND PAYROLLS EXPENDED UNDER THE WORKERS' COMPENSATION LAW

Report	Policy Number	Submitting Carrier	Adm. File No.

Effective Date	Term	Expiration Date	Insured _____

Cond.	91	92	93	94	95	96	97	98	Other

Exp. Cov.	Class. Code	Exposure	Manual Rate	Premium	Claim Number	Accident Date or Number of Claims	Class. Code	I N J	Incurred Losses		O P E N	C L O S E D	Loss Cov.	Cat. No.
									Indemnity	Medical				
	Totals		XXXX		Totals		XXXX	X			X	X	XX	X

As submitting carrier, it is hereby certified that the information given in this report is correct to the best of our knowledge and belief.

Signature _____

Official Title _____

AFFIDAVIT

STATE OF TEXAS

County of _____

I, _____ , _____ of _____ , Texas

Employer, hereby certify that the information given in the foregoing report is correct to the best of my knowledge and belief.

_____

SWORN TO AND SUBSCRIBED before me the undersigned authority by the said _____

On this the _____ day of _____ , ~~19~~20 ___ .

_____

NOTARY PUBLIC IN AND FOR

REPORT OF EXPERIENCE FOR SELF INSURERS

For Experience Rating Purposes

FILL IN BLANKS WHERE APPLICABLE TO REFLECT INCURRED LOSSES AND PAYROLLS EXPENDED UNDER THE WORKERS' COMPENSATION LAW

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Cond.	91	92	93	94	95	96	97	98	Other

Claim Number or Number of Claims Prev. Reported	Accident Date or Revised Number of Claims	PREVIOUSLY REPORTED							REVISED*						
		Class Code	INJ	Incurred Losses		OPEN	CLOSED	Loss Cov.	Cat. No.	Class Code	INJ	Incurred Losses		OPEN	CLOSED	Loss Cov.	Cat. No.
				Indemnity	Medical							Indemnity	Medical				
		TOTAL				X	XXX		X	TOTAL				X	XXX		X

* INDICATE INDIVIDUAL ITEMS WHERE THERE HAS BEEN A CHANGE IN ANY OF THE DATA PREVIOUSLY REPORTED. ALL TOTALS MUST INCLUDE ALL ITEMS, INCLUDING THOSE THAT REMAIN UNCHANGED.

LOSS CARD

As submitting carrier, it is hereby certified that the information given in this report is correct to the best of our knowledge and belief.

Signature _____

Official Title _____

AFFIDAVIT

STATE OF TEXAS

County of _____

I, _____, _____ of _____, Texas

Employer, hereby certify that the information given in the foregoing report is correct to the best of my knowledge and belief.

_____

SWORN TO AND SUBSCRIBED before me the undersigned authority by the said _____

On this the _____ day of _____, ~~19~~20 ___.

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PREVIOUSLY REPORTED					REVISED*				
EXP. COV.	CLASS CODE	EXPOSURE	MANUAL RATE	PREMIUM	EXP. COV.	CLASS CODE	EXPOSURE	MANUAL RATE	PREMIUM

EXPOSURE CARD

* INDICATE INDIVIDUAL ITEMS WHERE THERE HAS BEEN A CHANGE IN ANY OF THE DATA PREVIOUSLY REPORTED. ALL "TOTALS" MUST INCLUDE ALL ITEMS, INCLUDING THOSE THAT REMAIN UNCHANGED.

As submitting carrier, it is hereby certified that the information given in this report is correct to the best of our knowledge and belief.

Signature _____

Official Title _____

AFFIDAVIT

STATE OF TEXAS

County of _____

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NOTARY PUBLIC IN AND FOR