



Texas Department of Insurance

Property & Casualty Program – Data Services, Mail Code 105-5D
333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104
512-475-1878 telephone • 512-463-6122 fax • www.tdi.state.tx.us

July 1, 2002

COMMISSIONER'S BULLETIN NO. B-0036-02

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

**RE: CALL FOR SECOND QUARTER EXPERIENCE - 2002
CALL FOR SECOND QUARTER EXPERIENCE - 2002 - WORKERS'
COMPENSATION DEDUCTIBLE PLANS**

The attached mandatory calls are being issued pursuant to Section 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 **August 15, 2002**. 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 August 15, 2002.

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 the web address above.

Questions concerning this call should be directed to Julie Jones at the Texas Department of Insurance at (512) 475-3027.

Clare Pramuk
Director, Data Services
Property & Casualty Program

Attachments

Call for Second Quarter Experience - 2002

Due August 15, 2002

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 06/30/2002.
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 (i.e., a twelve month policy should be reported as 1.0 policy, and 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 (i.e., 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 04/01/2002 or after 06/30/2002. 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: Julie Jones (MC105-5D)
P. O. Box 149104
Austin, Texas 78714-9104**

Express mail may be sent to:

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

Questions concerning this call should be directed to Julie Jones
Texas Department of Insurance - phone (512)475-3027, fax (512)463-6122
E-mail: julie.jones@tdi.state.tx.us

**The forms for the Quarterly Call for Experience are
available via the Internet at www.tdi.state.tx.us**

TEXAS CALL FOR SECOND QUARTER EXPERIENCE - 2002

Due August 15, 2002

Carrier Name				
Carrier NAIC Number				
Contact Person				
Telephone Number				
Fax Number				
E-Mail Address				
For the Period 04/01/2002 – 06/30/2002				
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 Second Quarter Experience - 2002 Workers' Compensation Deductible Plans Due August 15, 2002

Instructions:

1. This call must be completed on an individual carrier basis along with the Call For Second 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 06/30/2002.
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 (i.e., 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 04/01/2002 or after 06/30/2002. 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 04/01/2002 or after 06/30/2002. 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 Second Quarter Experience.
9. Question 6a., column (3) of this report should be equal to question 3d., column (2) of the Call For Second 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:

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Attn: Julie Jones (MC105-5D)
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Call For Second Quarter Experience - 2002 Workers' Compensation Deductible Plans *Due August 15, 2002*

Carrier Name			
NAIC Number			
Contact Person			
Telephone Number			
E-Mail Address			
For the Period 04/01/2002 – 06/30/2002			
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
5. No Deductible Plan			
a. Premium Less Than \$5,000.....		XXX	
b. Premium of \$5,000 - \$9,999.....		XXX	
c. Premium of \$10,000 - \$24,999.....		XXX	
d. Premium of \$25,000 - \$49,999.....		XXX	
e. Premium of \$50,000 - \$74,999.....		XXX	
f. Premium of \$75,000 - \$100,000.....		XXX	
g. Premium Greater Than \$100,000.....		XXX	
h. Total 'No Deductible' Plan.....		XXX	
6. TOTAL			
a. Sum of 1f, 2f, 3f, 4k and 5h.....			