

Call for Third Quarter Experience – 2007

Due November 15, 2007

Instructions:

The data is now collected electronically via e-mail. The PDF interactive fill-in form was created with Adobe Designer 7.0, users must have Adobe Acrobat Standard 7.0, Adobe Acrobat Professional 7.0, or Adobe Reader 7.0, or higher.

1. This call must be completed on an individual carrier basis along with the Call For Third Quarter Experience.
2. Reported experience should be valued as of 09/30/2007.
3. If a company has no experience to report, please do NOT enter zeros -0- in the form fields, simply click the "NONE" boxes on both Summary Page, and the Workers' Compensation Deductible Plans page, then follow the instruction on the top portion of the Summary Page to submit your report.

Script Errors: These forms contain internal programming and calculations, entering zeros will cause script errors. To correct this problem, click the "Clear Form" button to restart the form.

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 with an **accounting date** prior to 07/01/2007 or after 09/30/2007. 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. **Electronic Submission:**
The call is now collected electronically using the attached interactive PDF forms that contain fields you can fill in on-screen. The PDF form was created with Adobe Designer 7.0, users must have Adobe Acrobat Standard 7.0, Adobe Acrobat Professional 7.0, or Adobe Reader 7.0. Fill-In instructions are attached. Hard copy forms are no longer accepted.
9. After the report is submitted by email, an electronic acknowledgement will be returned via email. You will be instructed to fax your affidavit to 512-463-6122, or mail to the following address:

Mail the signed 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)475-3030, 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

Company Name:
Company NAIC No:
Texas Call for _____ Quarter Experience – 20__

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 _____, 20__.

Notary Public

(Printed Name of Notary)

My Commission Expires:

**Call for Third Quarter Experience - 2007
Workers' Compensation Deductible Plans
Due November 15, 2007**

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2. Reported experience should be valued as of 09/30/2007.
3. If a company has no experience to report, please do NOT enter zeros -0- in the form fields, simply click the "NONE" boxes on both Summary Page, and the Workers' Compensation Deductible Plans page, then follow the instruction on the top portion of the Summary Page to submit your report.

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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 07/01/2007 or after 09/30/2007. 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 07/01/2007 or after 09/30/2007. 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 Third Quarter Experience, Summary Page.

**Call for Third Quarter Experience - 2007
Workers' Compensation Deductible Plans
Due November 15, 2007**

9. Question 6a., column (3) of this report should be equal to question 3d., column (2) of the Call For Third Quarter Experience, Summary Page.

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.

Mail the signed 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
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E-mail: julie.jones@tdi.state.tx.us

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Texas Call Interactive Form Instructions

Introduction:

The Adobe interactive PDF forms contain form fields you can fill in on-screen. You can print the PDF form or export the form data to a separate file after completion. Exporting form data allows you to save the existing data, or to transport it with an alternative method such as email.

To fill out the interactive PDF form:

- Select the Hand tool 
- or use the tab key.
- If you want to make form fields easier to identify in the PDF file, do any of the following in the Document Message Bar:
- To display a light blue color in the background of all form fields, select Highlight Fields.
- To display a red outline around all form fields that you're required to fill, select Highlight Required Fields. (Using this option will display the form's required fields.) Leaving required fields blank will not allow you to submit your report.

Once you have filled in the appropriate form fields, do the following:

To submit by email:

After you've filled in the PDF form, click the "submit by email" button located at the top of the form. In the Select Email Client dialog box, select the option that best describes how you send email, and then click OK:

Option 1

Desktop Email Application - Microsoft Outlook or Eudora. (Recommended)

To submit the report with a desktop email application:

In the Select Email Client dialog box, select Desktop Email Application; then click OK.

In the Send Data File dialog box, click Print Form to print a copy of the filled-in form; then click Send Data File. Your default email application displays a new email message with the To, Subject, Body, and Attachment fields automatically filled in. Use your email application to send the email.

Option 2

To submit a PDF form with a web-based email service:

- 1 In the Select Email Client dialog box, select Internet Email; then click OK.
- 2 In the Sending The Data File dialog box, click Save Data File.
- 3 In the Save Data File dialog box, choose a location on your computer to save the file; then click Save.
- 4 Open a new browser window, log in to your web-based email service, and use your service to create a new blank email.
- 5 In the Sending the Data File dialog box in Acrobat, select the value in the To field; then right-click (Windows) and choose Copy.
- 6 In your blank email message in your Internet email service, click in the To field, and paste the data you copied. Repeat steps 5 and 6 for the Subject and Message Text fields.
- 7 Use your Internet email service to attach the data file (that you saved in step 3) to your email message.
- 8 If you want a copy of the filled-in form, click Print Form in the Sending The Data File dialog box in Acrobat.
- 9 Click Close in the Sending The Data File dialog box.

Option 3

Other

- 1 In the Select Email Client dialog box, select Other, and then click OK.
- 2 In the Sending The Data File dialog box, click Save Data File.
- 3 In the Save Data File dialog box, choose a location on your computer to save the file; then click Save.
- 4 Write down the values that appear in the To, Subject, and Message Text fields so you can use them later when you want to email the form data.
- 5 If you want a copy of the filled-in form, click Print Form in the Sending The Data File dialog box in Acrobat.
- 6 Click Close in the Sending The Data File dialog box.
- 7 When you want to submit the PDF form, create a new email message in your email application. Enter the To, Subject, and Message Text values that you wrote down in step 4. Use your email application to attach the data file that you saved in step 3; then send the email to julie.jones@tdi.state.tx.us