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

Clear Form

CALL FOR 3RD QUARTER EXPERIENCE - 2008

Due November 15, 2008

For the Period 07/01/2008 through 09/30/2008

Sending your data: Click "Submit by Email, your email will appear with an attachment (QC08_3.xml). You can save this file by right clicking on the attachment, save it to a folder then click send.
Note:It is recommended that you save your xml file for record purposes.

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)	(5) Net Underwriting Profit or Loss This Period	(6) Number of Rate Filings This Period	(7) Office Use Only
1. Private Passenger Non Fleet Automobile							
a. Voluntary Liability & No Fault	0	0	0	0	0	0	OK
b. Assigned Risk Liability & No Fault	0	0	0	0	0	0	OK
c. Physical Damage	0	0	0	0	0	0	OK
2. Homeowners Multiple Peril	0	0	0	0	0	0	OK
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				OK			#
c. Voluntary Policies with Annual Written Premium of More Than $100,000				#			#
d.Total Voluntary			0	0	0	0	
"MATCH ERROR" message? Total Voluntary 3d, must match the Workers Compesation Ded. Plans Sec. 6, col 1&3, page 3.>>>>>>	OK	OK	XXXXXXXXXX	XXXXXXXXXX			
e. Total Assigned Risk	XXXXXXXXXX	XXXXXXXXXX	0	0			
4. Commercial Fire & Allied	0	0	0	0	0	0	OK
5. Commercial Multiple Peril	0	0	0	0	0	0	OK
6. General Liability : a. Product Liability	0	0	0	0	0	0	OK
b. Other General Liability	0	0	0	0	0	0	OK
7. Boiler and Machinery	0	0	0	0	0	0	OK
8. Commercial Crime	0	0	0	0	0	0	OK
9. Commercial Glass	0	0	0	0	0	0	OK
10. Miscellaneous Professional Liability *	0	0	0	0	0	0	OK
11. Medical Professional Liability	0	0	0	0	0	0	OK

* Excluding accountants, architects, beauticians/barbers, lawyers, medical laboratory personnel, psychologists, real estate agents, surveyors, and x-raty lab personnel.

(Summary Page)

CALL FOR 3RD QUARTER EXPERIENCE - 2008
WORKERS' COMPENSATION DEDUCTIBLE PLAN
Due November 15, 2008
For the Period 07/01/2008 through 09/30/2008

Notice: Workers' Compensation columns 1, 2 and 3 should not contain negative amounts. If this report is submitted with negative amounts in any of these fields, the report will be rejected and considered as a non filing.

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					OK
b. Premium of $10,000 - $24,999					OK
c. Premium of $25,000 - $49,999					OK
d. Premium of $50,000 - $74,999					OK
e. Premium of $75,000 - $100,000					OK
f. Total 'Per Accident' Plan					
2. Aggregate Deductible Plan					
a. Premium of $5,000 - $9,999					OK
b. Premium of $10,000 - $24,999					OK
c. Premium of $25,000 - $49,999					OK
d. Premium of $50,000 - $74,999					OK
e. Premium of $75,000 - $100,000					OK
f. Total 'Aggregate' Plan					
3. Per Accident/Aggregate Combination Deductible Plan					
a. Premium of $5,000 - $9,999					OK
b. Premium of $10,000 - $24,999					OK
c. Premium of $25,000 - $49,999					OK
d. Premium of $50,000 - $74,999					OK
e. Premium of $75,000 - $100,000					OK
f. Total 'Combination' Plan					

CALL FOR 3RD QUARTER EXPERIENCE - 2008
WORKERS' COMPENSATION DEDUCTIBLE PLAN
Due November 15, 2008
For the Period 07/01/2008 through 09/30/2008

Notice: Workers' Compensation columns 1, 2 and 3 should not contain negative amounts. If this report is submitted with negative amounts in any of these fields, the report will be rejected and considered as a non filing.

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					OK
c. Premium of $150,001 - $250,000					OK
d. Premium of $250,001 - $350,000					OK
e. Premium of $350,001 - $500,000					OK
f. Premium of $500,001 - $750,000					#
g. Premium of $750,001 - $1,000,000					OK
h. Premium of $1,000,001 - $2,500,000					OK
i. Premium of $2,500,001 - $5,000,000					OK
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					OK
c. Premium of $10,000 - $24,999					OK
d. Premium of $25,000 - $49,999					OK
e. Premium of $50,000 - $74,999					OK
f. Premium of $75,000 - $100,000					OK
g. Premium Greater Than $100,000					#
h. Total 'No Deductible' Plan					
6. TOTAL a. Sum of 1f, 2f, 3f, 4k and 5h		OK		OK	

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

TEXAS CALL FOR QUARTER EXPERIENCE
PROPERTY/CASUALTY RATE FILING EXHIBIT

Calendar Year: _____ **Quarter:** ☐ **1st** ☐ **2nd** ☐ **3rd** ☐ **4th**

(Only Check the quarter that applies)

NAIC Company Number: _____

Company Name: _____

* See **Property/Casualty Rate Filing Exhibit** instruction number 8, 9, and 10 for specific date ranges.

		Current Quarter					Overall Rate Change*		
Line No.	(1) Line of Business	(2) Overall Rate Change (%)	(3) Effective Date (New)	(4) Effective Date (Renewal)	(5) Significant Impact on Policyholders	(6) Descripton of Rate Filing	(7) Previous 12 Months	(8) Previous 24 Months	(9) Previous 36 Months
1	None								
2	None								
3	None								
4	None								
5	None								
6	None								
7	None								
8	None								
9	None								
10	None								
11	None								
12	None								
13	None								
14	None								
15	None								
16	None								
17	None								
18	None								
19	None								
20	None								
21	None								
22	None								
23	None								
24	None								
25	None								
26	None								

TEXAS CALL FOR QUARTER EXPERIENCE
PROPERTY/CASUALTY RATE FILING EXHIBIT
ERROR MESSAGE REFERENCE/KEY

Line 1	#
Line 2	#
Line 3	#
Line 4	#
Line 5	#
Line 6	#
Line 7	#
Line 8	#
Line 9	#
Line 10	#
Line 11	#
Line 12	#
Line 13	#
Line 14	#
Line 15	#
Line 16	#
Line 17	#
Line 18	#
Line 19	#
Line 20	#
Line 21	#
Line 22	#
Line 23	#
Line 24	#
Line 25	#
Line 26	#