

CALL FOR 1ST QUARTER EXPERIENCE - 2009
Due May 15, 2009
For the Period 1/01/2009 through 3/31/2009

Use the Clear Form button
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Submit by E-mail: Click this
button to submit your data via e-
mail. To save a copy of your
submission select the attachment in
the e-mail dialog box, right click
then select "Save As".



Date of submission: _____

Company Name: _____

NAIC Number: _____

Contact Person: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

Contact Address: Please enter your address to update our files.

Address _____

City _____ State _____ Zip Code _____

	(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
☐ Click box for "NONE" filing Do NOT enter 0s in any field							
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			Policy Premium Average	Premium Range - If "Premium Error" appears in any box below the "Premium Average" is not within 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							
c. Voluntary Policies with Annual Written Premium of More Than \$100,000							
d.Total Voluntary							
"MATCH ERROR" message? Total Voluntary 3d, must match the Workers Compesation Ded. Plans Sec. 6, col 1&3, page 3.>>>>>>							
e. Total Assigned Risk							
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-raty lab personnel.

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WORKERS' COMPENSATION DEDUCTIBLE PLAN
Due May 15, 2009
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Notice: Workers' Compensation columns 1, 2 and 3 should not contain negative amounts in any of these fields. Should this section contain negatives in any field your submission will be rejected and considered a non-filing.

Company Name					Company NAIC	
	(1)	(2)	(3)	(4)	(5)	
	Number of Direct Policies Written This Period	Estimated Annual Premium on Direct Policies Written This Period Prior Credit To Deductible	Estimated Annual Premium on Direct Policies Written This Period After Deductible Credit	If "ERROR" message appears in Col 5 the average policy shown in Column 4 does not meet the minimum or maximum range amount. * Negative figures should not be reported.	Do not write in this column (For Error Check Only)	
☐ NONE - Check here if your company did not write Workers Compensation business.						
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						

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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 appears in Col 5 the average policy shown in Column 4 does not meet the minimum or maximum range 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					
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					
5. No Deductible Plan					
a. Premium Less Than \$5,000					
b. Premium of \$5,000 - \$9,999					
c. Premium of \$10,000 - \$24,999					
d. Premium of \$25,000 - \$49,999					
e. Premium of \$50,000 - \$74,999					
f. Premium of \$75,000 - \$100,000					
g. Premium Greater Than \$100,000					
h. Total 'No Deductible' Plan					
6. TOTAL					
a. Sum of 1f, 2f, 3f, 4k and 5h					

* 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
Effective between 01/01/2009 and 03/31/2009

* See **Property/Casualty Rate Filing Exhibit** instruction number 7, 8, and 9 for specific date ranges.

		Current Quarter					Overall Rate Change*		
(1) Line of Business (Click "Add new row" for additional records or Click "X" to delete records)		(2) Overall Rate Change (%)	(3) Effective Date (New)	(4) Effective Date (Renewal)	(5) Significant Impact on Policyholders	(6) Description of Rate Filing	(7) Previous 12 Months	(8) Previous 24 Months	(9) Previous 36 Months
x	Select line of business								

Click here to add new row