



# WORKERS COMPENSATION EXPERIENCE RATING

DURHAMS INSPECTION SERVICE

NAME  
OF  
RISK

EFFECTIVE DATE 01/12/09

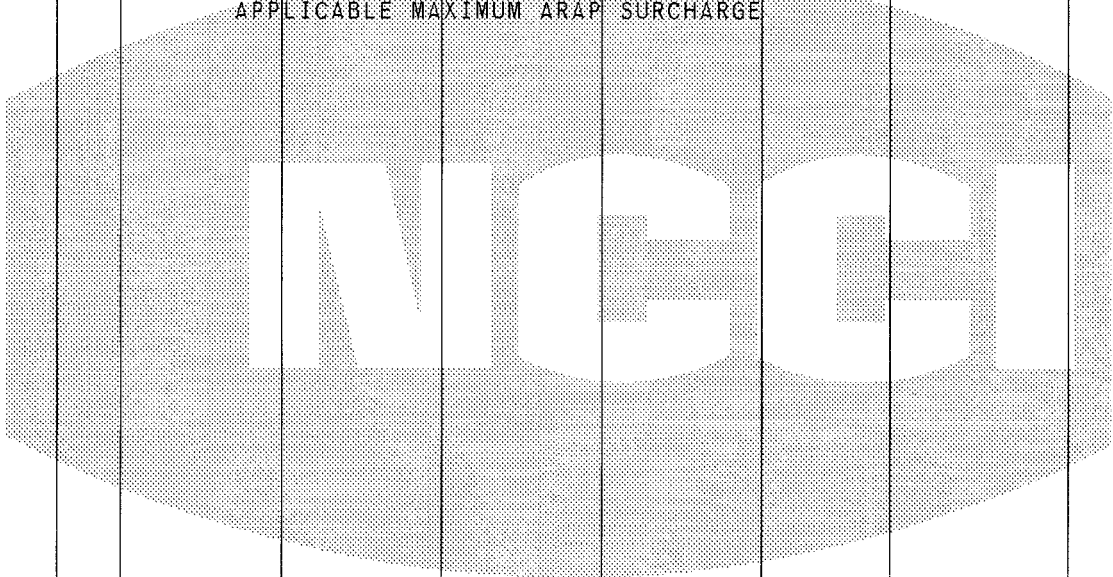
RISK IDENT. NO 917036446

STATE INTERSTATE

1	2	3	4 EXP EXC	5 EXPECTED	6 EXP PRIM	7 ACT EXC	8	9 ACT INC	10 ACT PRIM
STATE	W	SRP	LOSSES	LOSSES	LOSSES	LOSSES	BALLAST	LOSSES	LOSSES
* ID	009	1275	46	59	13	0	12750	0	0
LA	007	2620	18033	21470	3437	0	26250	0	0
* MO	007	2150	191	248	57	0	21500	0	0
NE	009	1700	33	41	8	0	17000	0	0
* OK	008	2350	96	113	17	0	23500	0	0
* TX	009	1070	921	1212	291	0	7963	0	0

**\*NOTICE - THIS IS A PRELIMINARY MODIFICATION\***  
 COMPLETE PAYROLL AND LOSS DATA HAVE BEEN APPLIED TO CURRENT RATING VALUES  
 BUT A FINAL MODIFICATION CANNOT BE PROMULGATED UNTIL PENDING RATE  
 FILING HAS BEEN APPROVED FOR THE STATES IDENTIFIED WITH AN \* ABOVE

THE ARAP FACTOR SHOWN IS FOR THOSE STATES CONTAINED ON THIS  
 RATING THAT HAVE APPROVED THE ARAP PROGRAM AND IS CALCULATED  
 BASED ON THE STATE WITH THE HIGHEST APPROVED MAXIMUM ARAP  
 SURCHARGE THE MAXIMUM ARAP SURCHARGE MAY VARY BY STATE  
 PLEASE REFER TO EACH STATES APPROVED RULES FOR THE  
 APPLICABLE MAXIMUM ARAP SURCHARGE



(ARAP) IF APPL : 1 00

(A)	(B)	(C) EXPECTED EXCESS (D-E)	(D)	(E)	(F) ACTUAL EXCESS (H-I)	(G)	(H)	(I)
007		19320	23143	3823	0	25177	0	0

\* Total by Policy Year of all cases \$2,000 or less.  
 # Limited loss.  
 C Catastrophic loss.  
 D Disease Loss.  
 E Employers Liability Loss.

(11) PRIMARY LOSSES (12) STABILIZING VALUE (13) RATABLE EXCESS (14) TOTALS

	(I)	(C) X (1-W) + (G)	(A) X (F)	(J)	(15) EXP.MOD. (J) / (K)
<b>ACTUAL</b>	0	43145	0	43145	
<b>EXPECTED</b>	3823	43145	1352	48320	0 89

PAGE NUMBER 000

DATE 08/13/08

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DURHAMS INSPECTION SERVICE

EFFECTIVE DATE 01/12/09

NAME OF RISK

RISK IDENT. NO 917036446

STATE INTERSTATE

1	2	3D-	4	5 EXPECTED	6 EXP PRIM	7 CLAIM	8	9 ACT INC	10 ACT PRIM
CODE	ELR	RATI	PAYROLL	LOSSES	LOSSES	DATA	IJ F	LOSSES	LOSSES
11		* * *	IDAHO		* * *				
CARRIER 14095			POLICY NO	WC4769282	6517	EFF-DATE	03/09/06	EXP-DATE	01/12/07
8720	081	22	7333	59	13				
9812	ADDITIONAL		PREMIUM	( 0 )	( 0 )				
POLICY-TOTAL			7333	( SUBJECT	PREMIUM =	148	)	0	
17		* * *	LOUISIANA		* * *				
CARRIER 30120			POLICY NO	8397		EFF-DATE	01/12/05	EXP-DATE	01/12/06
8720	113	16	213218	2409	385				
8810	015	19	2500	4	1				
POLICY-TOTAL			215718	( SUBJECT	PREMIUM =	5854	)	0	
CARRIER 30120			POLICY NO	8397		EFF-DATE	01/12/06	EXP-DATE	01/12/07
8720	113	16	984681	11127	1780				
8810	015	19	480	1	0				
POLICY-TOTAL			985161	( SUBJECT	PREMIUM =	24422	)	0	
CARRIER 30120			POLICY NO	8397		EFF-DATE	01/12/07	EXP-DATE	01/12/08
8720	113	16	692650	7827	1252				
8810	015	19	67781	102	19				
9812	ADDITIONAL		PREMIUM	( 0 )	( 0 )				
POLICY-TOTAL			760431	( SUBJECT	PREMIUM =	18257	)	0	
24		* * *	MISSOURI		* * *				
CARRIER 14095			POLICY NO	WC4769282	6517	EFF-DATE	03/09/06	EXP-DATE	01/12/07
8720	102	23	24285	248	57				
9812	ADDITIONAL		PREMIUM	( 0 )	( 0 )				
9848	ADDITIONAL		PREMIUM	( 0 )	( 0 )				
POLICY-TOTAL			24285	( SUBJECT	PREMIUM =	610	)	0	
26		* * *	NEBRASKA		* * *				
CARRIER 14095			POLICY NO	WC4768182	5443	EFF-DATE	04/28/05	EXP-DATE	01/12/06
8720	100	19	3024	30	6				
9812	ADDITIONAL		PREMIUM	( 0 )	( 0 )				
(A)	(B)	(C)	EXPECTED EXCESS (D-E)	(D)	(E)	(F) ACTUAL EXCESS (H-I)	(G)	(H)	(I)

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(11) PRIMARY LOSSES (12) STABILIZING VALUE (13) RATABLE EXCESS (14) TOTALS

ACTUAL	(I)	(C) X (1-W) + (G)	(A) X (F)	(J)
EXPECTED	(E)		(A) X (C)	(K)

(15) EXP.MOD.  
(J) / (K)

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NAME OF RISK

RISK IDENT. NO 917036446

STATE INTERSTATE

1	2	3	4	5	6	7	8	9	10
CODE	ELR	D-RATI	PAYROLL	EXPECTED LOSSES	EXP PRIM LOSSES	CLAIM DATA	O IJ F	ACT INC LOSSES	ACT PRIM LOSSES
POLICY-TOTAL			3024	(SUBJECT PREMIUM =	64	)		0	
CARRIER 14095		POLICY NO	WC4769282	6517	EFF-DATE	03/09/06	EXP-DATE	01/12/07	
8720	100	19	1092	11	2				
9812	ADDITIONAL PREMIUM		( 0 )	( 0 )					
POLICY-TOTAL			1092	(SUBJECT PREMIUM =	27	)		0	
35	* * * OKLAHOMA				* * *				
CARRIER 14095		POLICY NO	WC4768182	5443	EFF-DATE	04/28/05	EXP-DATE	01/12/06	
8720	172	15	3528	61	9				
9812	ADDITIONAL PREMIUM		( 0 )	( 0 )					
POLICY-TOTAL			3528	(SUBJECT PREMIUM =	112	)		0	
CARRIER 14095		POLICY NO	WC4769282	6517	EFF-DATE	03/09/06	EXP-DATE	01/12/07	
8720	172	15	3024	52	8				
9812	ADDITIONAL PREMIUM		( 0 )	( 0 )					
POLICY-TOTAL			3024	(SUBJECT PREMIUM =	86	)		0	
42	* * * TEXAS				* * *				
CARRIER 14095		POLICY NO	WC4768182	5443	EFF-DATE	04/28/05	EXP-DATE	01/12/06	
8742	018	24	49305	89	21				
POLICY-TOTAL			49305	(SUBJECT PREMIUM =	463	)		0	
CARRIER 14095		POLICY NO	WC4769282	6517	EFF-DATE	03/09/06	EXP-DATE	01/12/07	
8742	018	24	365018	657	158				
POLICY-TOTAL			365018	(SUBJECT PREMIUM =	3614	)		0	
CARRIER 14095		POLICY NO	WC4770282	6517	EFF-DATE	01/12/07	EXP-DATE	01/12/08	
8742	018	24	258945	466	112				
POLICY-TOTAL			258945	(SUBJECT PREMIUM =	2564	)		0	
(A)	(B)	(C)	EXPECTED EXCESS (D-E)	(D)	(E)	(F)	ACTUAL EXCESS (H-I)	(G)	(H)

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(11) PRIMARY LOSSES (12) STABILIZING VALUE (13) RATABLE EXCESS (14) TOTALS

ACTUAL	(I)	(C) X (1-W) + (G)	(A) X (F)	(J)
EXPECTED	(E)		(A) X (C)	(K)

(15) EXP.MOD.  
(J) / (K)

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## Important Information About Your Workers Compensation Insurance

Dear Policyholder:

The National Council on Compensation Insurance, Inc. (NCCI), headquartered in Boca Raton, Florida, is the nation's largest information company serving the workers compensation marketplace. We provide information services to state funds, self-insureds, independent bureaus, insurance agents, regulatory authorities, insurance companies and employers like you.

A copy of your current experience rating worksheet is enclosed. NCCI calculates your rating annually on behalf of the insurance industry. The experience rating modifier, detailed on this worksheet, is one of the factors used to calculate your workers compensation insurance premium. A copy of your worksheet will be sent to you each year as part of NCCI's continuing efforts to increase employer awareness of safety in the workplace and its impact not only on your employees, but on your bottom line. Please remember, SAFETY in the workplace is one of the best ways to reduce workers compensation insurance costs.

Your experience rating factor can be found in the bottom right corner of the worksheet. A factor higher than 1.00 means your premium will be higher than that of the average company in your category. For example, a factor of 1.10 means your base premium will be surcharged 10 percent. A factor of .90 means you have earned a 10 percent credit on your base premium.

Many items impact your final experience factor including your payroll classification(s), your payroll, the frequency of injuries to your employees, and the dollar value of those injuries (the amount of medical and lost wage benefits paid to your injured employees as well as the amount of money held in reserve to pay continuing benefits). This information is reported to NCCI annually by your insurer.

If you have any questions regarding your experience rating, you should contact your insurance agent or insurance company for assistance. It is also recommended that you retain this worksheet for your files and for comparison to future annual calculations.