



## WORKERS COMPENSATION EXPERIENCE RATING

Risk Name: RAYMOND-TOWN OF

Risk ID: 184007614

Rating Effective Date: 07/01/2017

Production Date: 03/02/2017

State: MAINE

State	Wt	Exp Excess Losses	Expected Losses	Exp Prim Losses	Act Exc Losses	Ballast	Act Inc Losses	Act Prim Losses
ME	.11	24,935	42,567	17,632	0	16,800	12,579	12,579
(A) Wt	(B)	(C) Exp Excess Losses (D - E)	(D) Expected Losses	(E) Exp Prim Losses	(F) Act Exc Losses (H - I)	(G) Ballast	(H) Act Inc Losses	(I) Act Prim Losses
.11		25,074	42,806	17,732	0	16,800	9,488	9,488

	Primary Losses	Stabilizing Value	Ratable Excess	Totals	
Actual	(I) 9,488	$C * (1 - A) + G$ 39,116	(A) * (F) 0	(J) 48,604	
Expected	(E) 17,732	$C * (1 - A) + G$ 39,116	(A) * (C) 2,758	(K) 59,606	
	ARAP	FLARAP	SARAP	MAARAP	Exp Mod
Factors					(J) / (K) .82

**REVISED RATING**  
 NOTICE - THIS EXPERIENCE MODIFICATION IS CALCULATED TO REFLECT THE WEIGHTED FORMULA IN COMPLIANCE WITH MAINE LAW H.P. 1397. RATING REFLECTS A DECREASE OF 70% MEDICAL ONLY PRIMARY AND EXCESS LOSS DOLLARS WHERE ERA IS APPLIED.  
 RATING REVISED TO REFLECT APPROVED RATING VALUES

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18-MAINE

Firm ID: Firm Name: RAYMOND-TOWN OF

Carrier: 30449 Policy No. 1810088835 Eff Date: 07/01/2013 Exp Date: 07/01/2014

Code	ELR	D-Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
5506	1.62	.40	235,304	3,812	1,525	14100551	05	F	426	426
7710	1.95	.40	381,849	7,446	2,978	13108386	06	F	226	226
7711	1.95	.40	1,200	23	9					
8810	.11	.50	320,458	353	177					
8831	.56	.50	7,293	41	21					
9102	1.33	.48	38,446	511	245					
9410	.73	.48	197,544	1,442	692					
9812	ADDITIONAL PREMIUM			0	0					
<b>Policy Total:</b>			<b>1,182,094</b>	<b>Subject Premium:</b>	<b>42,302</b>	<b>Total Act Inc Losses:</b>			<b>652</b>	

18-MAINE

Firm ID: Firm Name: RAYMOND-TOWN OF

Carrier: 30449 Policy No. 1810088835 Eff Date: 07/01/2014 Exp Date: 07/01/2015

Code	ELR	D-Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
5506	1.62	.40	246,576	3,995	1,598	15100689	05	F	1,058	1,058
7710	1.95	.40	403,007	7,859	3,144	14110641	05	F	5,021	5,021
7711	1.95	.40	2,002	39	16	14109632	06	F	242	242
8810	.11	.50	329,729	363	182					
8831	.56	.50	6,264	35	18					
9102	1.33	.48	39,720	528	253					
9410	.73	.48	200,198	1,461	701					
9812	ADDITIONAL PREMIUM			0	0					
<b>Policy Total:</b>			<b>1,227,496</b>	<b>Subject Premium:</b>	<b>45,040</b>	<b>Total Act Inc Losses:</b>			<b>6,321</b>	

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\* Total by Policy Year of all cases \$2000 or less.

D Disease Loss

X Ex-Medical Coverage

U USL&HW

C Catastrophic Loss

E Employers Liability Loss

# Limited Loss



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18-MAINE

Firm ID:

Firm Name: RAYMOND-TOWN OF

Carrier: 30449

Policy No. 1810088835

Eff Date: 07/01/2015

Exp Date: 07/01/2016

Code	ELR	D-Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
5506	1.62	.40	248,620	4,028	1,611	15114544	05	F	761	761
7710	1.95	.40	414,902	8,091	3,236	NO. 3	06	*	1,177	1,177
7711	1.95	.40	638	12	5	15116445	06	F	3,668	3,668
8810	.11	.50	319,477	351	176					
8831	.56	.50	5,413	30	15					
9102	1.33	.48	39,192	521	250					
9410	.73	.48	222,719	1,626	780					
9812	ADDITIONAL PREMIUM			0	0					
<b>Policy Total:</b>			<b>1,250,961</b>	<b>Subject Premium:</b>	<b>51,988</b>	<b>Total Act Inc Losses:</b>			<b>5,606</b>	

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