

Texas Negotiated Deductible Workers' Compensation Form

Confidential Quarterly Reporting Form pursuant to Article 1.15B

Current Policies in Force and Policies that Currently have an Open Claim

As of: _____

Preparation Date: _____

Insurer: _____

Policy Year: _____

1.	2.	3.	4.	5.	6.	7.	8.	9.		10.	11.	12.		13.	14.	15.	16.		17.
Policy Number	New or Renewal	Policyholder's Name	Number of Clients or Certificate Holders	Amount of Deductible	Effective Date	Manual Gross Premium	Net Premium to Insurer	Ultimate Losses		Basis For Ultimate Losses	Paid Losses		Paid Losses Recoverable	Reserve Credit (9) – (12)	Total Security		Type		
								\$0 to Deductible Amount	Above Deductible		\$0 to Deductible Amount	Above Deductible			\$\$\$				

Attach additional pages as needed.

General Guidelines for Completing the Form

Note: Only one policy per sheet.

Column

Number	Instructions
1	If there is more than one client of the policyholder with sub-policies, only the master policy needs to be listed.
4	One, unless coverage is for multiple client companies, such as employee leasing operations.
6	Master contract only.
7	Premium for insured on a first dollar basis.
8	Premium retained by insurer reflecting deductible coverage, before deducting excess of loss reinsurance.
9	Ultimate losses which include losses paid to date, case reserves, and IBNR losses. Includes DCC and AAO expenses.
10	Dollar amount of loss and loss adjustment that exceeds deductible.
11	1 = Industry Loss Ratio Basis, 2 = Policy Experience Basis, 3= Other (please describe) _____
12	Portion of column 9 losses paid as of current date.
13	Portion of column 10 losses paid as of current date.
14	That portion of column 12 not yet recovered from policyholder.
15	Reserve credit that has been recorded for losses below the deductible.
16	Total security (collateral) being held by insurer for the policyholder.
17	Primary sources of the collateral; 1 = LOC, 2 = Cash, 3 = Securities held by insurer, 4 = Other (describe) _____