

Exhibit WC – Workers’ Compensation

Company name: _____
Company NAIC number: _____

Section 1

Overall loss cost multiplier (LCM) change:	
(1) Current average LCM	
(2) Revised average LCM	
(3) Rate change due to change in average LCM	%

Section 2

Policy year accumulated earned schedule rating modification at company level:	
Policy year valued as of 12/31/20XX (4a)	Average schedule rating modification (4b)
20__	%
20__	%
20__	%
20__	%
20__	%