TEXAS CALL FOR 3RD QUARTER EXPERIENCE - 2006

Due November 15, 2006

For the Period 07/01/2006 - 09/30/2006

Date of Submission: 10/5/06

Submit by Email

Print Form

Carrier Name

Carrier NAIC Number

Contact Person

Telephone Number and Extension No.

Fax Number

E-Mail Address

☐ Check for "NONE" filing

	*(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)
***Negative figures reported in Columns 1 & 2 in any line of business will be rejected and returned for correction.**				
1. Private Passenger Non Fleet Automobile				
a. Voluntary Liability & No Fault	0	0	0	0
b. Assigned Risk Liability & No Fault	0	0	0	0
c. Physical Damage	0	0	0	0
2. Homeowners Multiple Peril	0	0	0	0
3. Workers' Compensation			Policy Prem Avg. (Prem / Pol = Avg.)	"Error" If not within Premim 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				OK
c. Voluntary Policies with Annual Written Premium of More Than $100,000				#
d. Total Voluntary			0	0
"MATCH ERROR" message? Total Voluntary 3d, must match the Workers Compesation Ded. Plans Sec. 6, col 1&3, page 3.>>>>>>	OK	OK	XXXXXXXXXX	XXXXXXXXXX
e. Total Assigned Risk	XXXXXXXXXX	XXXXXXXXXX	0	0
4. Commercial Fire & Allied	0	0	0	0
5. Commercial Multiple Peril	0	0	0	0
6. General Liability : a. Product Liability	0	0	0	0
b. Other General Liability	0	0	0	0
7. Boiler and Machinery	0	0	0	0
8. Commercial Crime	0	0	0	0
9. Commercial Glass	0	0	0	0
10. Miscellaneous Professional Liability *	0	0	0	0
11. Medical Professional Liability	0	0	0	0

* Excluding accountants, architects, beauticians/barbers, lawyers, medical laboratory personnel, psychologists, real estate agents, surveyors, and x-raty lab personnel.

(Summary Page)

CALL FOR 3RD QUARTER EXPERIENCE - 2006
WORKERS' COMPENSATION DEDUCTIBLE PLAN
For the Period 07/01/2006 - 09/30/2006
DUE NOVEMBER 15, 2006

Carrier Name _____ **Carrier Number** _____

☐ **Check if your company did not have Workers Compensation business.**	(1) Number of Direct Policies Written This Period	(2) Estimated Annual Premium on Direct Policies Written This Period Prior Credit To Deductible	(3) Estimated Annual Premium on Direct Policies Written This Period After Deductible Credit	(4) If "ERROR" message in Col 5, figure in Col 4 is average policy amount and does not meet minimum or maximum amount	(5) Do not write in this column (For Error Check Only)
1. Per Accident Deductible Plan a. Premium of $5,000 - $9,999					OK
b. Premium of $10,000 - $24,999					OK
c. Premium of $25,000 - $49,999					OK
d. Premium of $50,000 - $74,999					OK
e. Premium of $75,000 - $100,000					OK
f. Total 'Per Accident' Plan					
2. Aggregate Deductible Plan a. Premium of $5,000 - $9,999					OK
b. Premium of $10,000 - $24,999					OK
c. Premium of $25,000 - $49,999					OK
d. Premium of $50,000 - $74,999					OK
e. Premium of $75,000 - $100,000					OK
f. Total 'Aggregate' Plan					
3. Per Accident/Aggregate Combination Deductible Plan a. Premium of $5,000 - $9,999					OK
b. Premium of $10,000 - $24,999					OK
c. Premium of $25,000 - $49,999					OK
d. Premium of $50,000 - $74,999					OK
e. Premium of $75,000 - $100,000					OK
f. Total 'Combination' Plan					

Carrier Name		Carrier Number	

	(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 in Col 5, figure in Col 4 is average policy amount and does not meet minimum or maximum 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					OK
c. Premium of $150,001 - $250,000					OK
d. Premium of $250,001 - $350,000					OK
e. Premium of $350,001 - $500,000					OK
f. Premium of $500,001 - $750,000					ERROR
g. Premium of $750,001 - $1,000,000					OK
h. Premium of $1,000,001 - $2,500,000					OK
i. Premium of $2,500,001 - $5,000,000					OK
j. Premium of $5,000,001 and above					#
k. Total 'Negotiated' Plan					
5. No Deductible Plan					
a. Premium Less Than $5,000		XXX			#
b. Premium of $5,000 - $9,999		XXX			OK
c. Premium of $10,000 - $24,999		XXX			OK
d. Premium of $25,000 - $49,999		XXX			OK
e. Premium of $50,000 - $74,999		XXX			OK
f. Premium of $75,000 - $100,000		XXX			OK
g. Premium Greater Than $100,000		XXX			#
h. Total 'No Deductible' Plan		XXX			
6. TOTAL a. Sum of 1f, 2f, 3f, 4k and 5h*		OK		OK	

* Sec 6, Col 1 & 3, must match Summary Page 1, Sec 3d (Total Voluntary) columns 1 & 2.

A F F I D A V I T

THE STATE OF _____

COUNTY OF _____

I, _____, the (position) _____

of the _____

being duly sworn, deposes and says that all of the information of the named Company contained herein, together with any necessary related exhibits, schedules and explanations contained, annexed or referred to are a full and true statement in accordance with the instructions provided according to the best of my information, knowledge and belief.

Signature _____

Carrier Number	