Connecticut

Voluntary Loss Cost and Assigned Risk Rate Law-Only Filing -- Official Fee Schedule for Hospitals and Ambulatory Surgical Centers Pursuant to Public Act 14-167 (Senate Bill No. 61) -- Proposed Effective April 1, 2015

National Council on Compensation Insurance

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February 2, 2015

Honorable Anne Melissa Dowling
Deputy Insurance Commissioner
Connecticut Insurance Department
153 Market Square
Hartford, CT 06103

Re: **Connecticut Workers Compensation Voluntary Loss Cost and Assigned Risk Rate Changes - Official Fee Schedule for Hospitals and Ambulatory Surgical Centers Pursuant to Public Act 14-167 (Senate Bill No. 61) -- Effective April 1, 2015**

Dear Deputy Commissioner Dowling:

In accordance with the applicable statutes and regulations of the state of Connecticut, we are filing for your consideration and approval voluntary loss costs, assigned risk rates, and rating values.

The voluntary loss costs, which are proposed to be effective April 1, 2015 for new and renewal policies only, reflect an overall decrease of 2.3% from the current voluntary loss costs which became effective January 1, 2015.

The assigned risk rates, also proposed to be effective April 1, 2015 for new and renewal policies only, also reflect an overall decrease of 2.3% from the current assigned risk rates which became effective January 1, 2015.

This filing is made to reflect expected reduced medical costs in connection with the implementation of the Official Fee Schedule for Hospitals and Ambulatory Surgical Centers Pursuant to Public Act 14-167 (Senate Bill No. 61).

This filing is made exclusively on behalf of the companies that have given valid consideration for the express purpose of fulfilling regulatory rate or pure premium filing requirements and other private use of this information.

In the enclosed appendix is a list of companies, sorted by group, which as of the time this filing is submitted, are eligible to reference this information. The inclusion of a company on this list merely indicates that the company, or the group to which it belongs, is affiliated with NCCI in this state, or has licensed this information as a non-affiliate, and is not intended to indicate whether the company is currently writing business or is even licensed to write business in this state.

Please contact me at 802-454-1800 or Jim Davis at 561-893-3097 if you have any questions or need any further information.

Respectfully submitted,

Laura Backus Hall
State Relations Executive

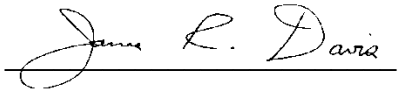
Connecticut

WORKERS COMPENSATION LAW-ONLY FILING – APRIL 1, 2015

Actuarial Certification

I, James R. Davis, am a Director and Actuary for the National Council on Compensation Insurance, Inc. I am an Associate of the Casualty Actuarial Society and a member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to provide the actuarial report contained herein.

The information contained in this report has been prepared under my direction in accordance with applicable Actuarial Standards of Practice as promulgated by the Actuarial Standards Board. The Actuarial Standards Board is vested by the U.S.-based actuarial organizations with the responsibility for promulgating Actuarial Standards of Practice for actuaries providing professional services in the United States. Each of these organizations requires its members, through its Code of Professional Conduct, to observe the Actuarial Standards of Practice when practicing in the United States.



James R. Davis, ACAS, MAAA
Director and Actuary
Actuarial and Economic Services

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SUMMARY OF PROPOSED CHANGES

Proposed Effective Date	**April 1, 2015**

I. Industrial Classifications

Overall Proposed Change in Voluntary Loss Cost Level

New and Renewal Policies	-2.3%

By Industry Group

Manufacturing	-2.4%
Contracting	-2.3%
Office & Clerical	-1.6%
Goods & Services	-2.5%
Miscellaneous	-2.3%
Overall	-2.3%

Overall Proposed Change in Assigned Risk Rate Level

New and Renewal Policies	-2.3%

ANALYSIS OF CONNECTICUT MEDICAL FEE SCHEDULE IMPLEMENTATIONS EFFECTIVE APRIL 1, 2015

NCCI estimates that the adoption of a Medicare based fee schedule for Hospital Inpatient, Hospital Outpatient, and Ambulatory Surgical Center (ASC) services in Connecticut, effective April 1, 2015, will result in an impact of -2.3% on overall workers compensation system costs.

Background and Summary of Medical Fee Schedule Implementations

Currently there are no facility fee schedules in Connecticut. The employer is liable for the hospital's prevailing charges unless the payer has negotiated discounted rates with the hospital[1].

The specifics of the medical fee schedule established by the Connecticut Workers' Compensation Commission (WCC), effective April 1, 2015, are summarized below:

- Hospital Outpatient services shall be reimbursed at 210% of Medicare's Outpatient fee schedule
- Ambulatory Surgical Center (ASC) services shall be reimbursed at 195% of Medicare's Outpatient fee schedule
- Hospital Inpatient services shall be reimbursed at 174% of Medicare's Inpatient Prospective Payment System (IPPS)

Actuarial Analysis of Medical Fee Schedule Implementations

NCCI's methodology to evaluate the impact of medical fee schedule implementations includes three major steps:

1. Calculate the percentage change in reimbursements
    a. Compare the prior reimbursements to the expected reimbursements subject to the new maximum fee schedule by procedure code and determine the percentage change by procedure code.
    b. Calculate the weighted average percentage change in reimbursements for the fee schedule implementation using observed payments by procedure code as weights.

2. Estimate the price level change as a result of the fee schedule implementation
    a. NCCI research by Frank Schmid and Nathan Lord (2013), "The Impact of Physician Fee Schedule Changes in Workers Compensation: Evidence From 31 States", suggests that a portion of a change in maximum reimbursements is realized on payments impacted by the change.
    b. In response to a fee schedule decrease, NCCI research indicates that payments decline by approximately 50% of the fee schedule change.
        i. The assumption for the percent realized for fee schedule decreases is 50%.

[1] The application of prevailing charges, as opposed to the actual costs, was clarified per the ruling of the Workers' Compensation Commissioner in the case of *Thompson, et al, v. J&J Properties, et al, Liberty Mutual Insurance et al, and Lawrence & Memorial Hospital and William W. Backus Hospital (State of Connecticut Workers' Compensation Commission, Second District, Norwich, Connecticut, File Nos. 200151995, 200158976, 200115873, 400008394, September, 2012*).

c. In response to a fee schedule increase, NCCI research indicates that payments increase by approximately 80% of the fee schedule change and the magnitude of the response depends on the relative difference between actual payments and fee schedule maximums (i.e. the price departure).
    i. The formula used to determine the percent realized for fee schedule increases is 80% x (1.10 + 1.20 x (price departure)).

3. Determine the share of costs that are subject to the fee schedule
    a. The share is based on a combination of fields, such as procedure code, provider type, and place of service, as reported on the NCCI Medical Data Call, to categorize payments that are subject to the fee schedule.

In this analysis, NCCI relies primarily on two data sources:

- Detailed medical data underlying the calculations in this analysis are based on NCCI's Medical Data Call for Connecticut for Service Year 2013.
- The share of benefit costs attributed to medical benefits is based on NCCI's Financial Call data for Connecticut from the latest 2 policy years projected to the effective date of the benefit changes.

In some components of the analysis NCCI may rely on other data sources, which are referenced where applicable.

Hospital Outpatient Fee Schedule

In Connecticut, payments for hospital outpatient services represent 16.8% of total medical payments. To calculate the percentage change in reimbursements for hospital outpatient services, we calculate the percentage change in prior reimbursement to revised reimbursement for each procedure. The overall change in reimbursements for hospital outpatient services is a weighted average of the percentage change in reimbursements by procedure code weighted by the observed payments by procedure code as reported on NCCI's Medical Data Call, for Connecticut for Service Year 2013. The prior reimbursements and revised reimbursements are calculated as follows:

Prior Reimbursement

For each relevant procedure,

Prior Reimbursement = Current Payments x Trend Factor

The current payments by procedure code are obtained from NCCI's Medical Data Call for Connecticut for Service Year 2013. These payments are adjusted to reflect changes from past price levels to the price levels projected to be in effect on the effective date of the hospital outpatient fee schedule (April 1, 2015). The trend factor is based on the most recent available U.S hospital outpatient component of the medical consumer price index (MCPI) as shown below:

Service Year	Hospital Outpatient MCPI* Change from July of previous year
2011	5.1%
2012	5.0%
2013	4.8%
Average	4.9%

*Source: Bureau of Labor Statistics

A trend factor is applied to hospital outpatient payments for Service Year 2013 to determine the projected payments at the April 1, 2015 price level. The annual trend factor is based on the three-year average of the observed MCPI for 2011-2013 which is equal to 4.9% (= [5.1% + 5.0% + 4.8%] / 3). The trend period from the mid-point of 2013 to the effective date of the adopted hospital outpatient fee schedule (April 1, 2015) is 1.75 years, resulting in a trend factor of 1.087 (=1.049^1.75).

Revised Reimbursement on or after April 1, 2015

For each relevant procedure,

Revised Reimbursement = [Multiplier * Medicare Payment Rate + Outlier Amount (if applicable) – Multiple Procedure Discounts (if applicable)] x (1+ Price Departure)

Where Multiplier = 210%
Price Departure for hospital outpatient services is estimated to be -10%[2]

The Medicare Payment Rate is based on the Calendar Year 2015 version of Medicare's Hospital Outpatient Prospective Payment System (OPPS) publication. To estimate the reimbursement effective 4/1/2015, NCCI adjusts the maximum reimbursement amount for the price departure. In general, NCCI observes that average prices paid are below fee schedule maximums.

The Medicare OPPS reimbursement rule also contains an additional provision for outlier payments. Under the Medicare OPPS rule, the outlier threshold is met when a hospital's cost of furnishing a procedure exceeds 1.75 times the Medicare Ambulatory Payment Classification (APC) rate and exceeds the APC payment rate plus a $2,775 fixed-dollar threshold.

When this threshold is met, Medicare provides for an outlier reimbursement that is calculated as 50 percent of the amount by which the cost of furnishing the procedure exceeds 1.75 times the APC payment rate. This analysis assumes that Connecticut would adopt the same outlier rule. The table below displays a **hypothetical example** of the calculation of the revised reimbursement on or after April 1, 2015 for APC 0112 (Apheresis and Stem Cell Procedures).

[2] This analysis assumes that the prices paid would be 10% less than the maximum fee schedule amount due to negotiated contractual agreements. This is consistent with the average price departure that NCCI has observed in states with similar fee schedules in effect.

(1)	(2)	(3)	(4)	(5)	(6)
		= (2) x Cost-to-Charge Ratio	(i) 175% x (1) (ii) (1) + $2,775	=0.5 x [(3) - 1.75 x (1)]	= (1) + (5)
210% of 2015 Medicare APC Payment Rate	**Total Trended Charge Submitted at the bill level**	**Total Costs for OPPS procedure**	**Revised Outlier Threshold**	**Revised Outlier Payment**	**Total Revised MAR**
$6,438	$ 40,000	$12,240	Threshold (i): $11,266 Threshold (ii): $9,213	$487	$6,925

The Hospital Outpatient Cost to Charge ratio (CCR) is obtained from Medicare and is calculated as the simple average of the Connecticut Statewide Urban and Rural CCRs (0.306 = 0.5 x (0.339 + 0.273)).

The calculation for the revised reimbursements also considers multiple procedure discounts. Under the Medicare OPPS reimbursement rule, multiple procedure discounts are allowed for multiple surgical procedures performed during the same operative session. Primary procedures (the procedure with the highest payment rate) would be reimbursed at 100% of the fee schedule amount, and secondary surgical procedures would be reimbursed at 50% of the fee schedule amount.

The overall weighted-average percentage change in reimbursements for hospital outpatient services is -27.1%.

Since the overall reimbursements for hospital outpatient services decreased, NCCI expects that 50% of the decrease will be realized on hospital outpatient price levels. The impact on hospital outpatient payments after the 50% offset is -13.6%.

The above impact on hospital outpatient payments is then multiplied by the percentage of medical costs attributed to hospital outpatient payments in Connecticut (16.8%) to arrive at the impact on medical costs of -2.3%. The resulting impact on medical costs is then multiplied by the percentage of benefit costs attributed to medical costs in Connecticut (49.6%) to arrive at the impact on overall workers compensation costs in Connecticut of -1.1%.

ASC Fee Schedule

In Connecticut, payments for ASC services represent 9.2% of total medical payments. To calculate the percentage change in reimbursements for ASC services, we calculate the percentage change in prior reimbursement to revised reimbursement for each procedure. The overall change in reimbursements for ASC services is a weighted average of the percentage change in reimbursements by procedure code weighted by the observed payments by procedure code as reported on NCCI's Medical Data Call, for Connecticut for Service Year 2013.

The prior and revised reimbursements are calculated in an analogous manner to the hospital outpatient analysis. The price departure used in the calculation of the revised reimbursements for ASC services was -10%.

The overall weighted average percentage change in reimbursements for ASC services is -12.7%.

Since the overall reimbursements for ASC services decreased, NCCI expects that 50% of the decrease will be realized on ASC price levels**.** The impact on ASC payments after the 50% offset is -6.4%.

The above impact on ASC costs is then multiplied by the percentage of medical costs attributed to ASC payments in Connecticut (9.2%) to arrive at the impact on medical costs of -0.6%. The resulting impact on medical costs is then multiplied by the percentage of benefit costs attributed to medical costs in Connecticut (49.6%) to arrive at the impact on overall workers compensation system costs in Connecticut of -0.3%.

Hospital Inpatient

In Connecticut, payments for hospital inpatient services represent 14.4% of total medical payments. To calculate the percentage change in reimbursements for hospital inpatient services, NCCI calculates the percentage change in prior reimbursement to revised reimbursement for each inpatient hospital bill that is reported with a diagnosis related group (DRG) procedure code. The overall change in reimbursements for hospital inpatient services is a weighted average of the percentage change in reimbursements for each bill weighted by the observed payments by bill as reported on NCCI's Medical Data Call, for Connecticut for Service Year 2013. The prior reimbursements and revised reimbursements are calculated as follows:

Prior Reimbursement

For each relevant inpatient hospital bill,

Prior Reimbursement = Current Payments x Trend Factor

The current payments are obtained from NCCI's Medical Data Call for Connecticut for Service Year 2013. These payments are adjusted to reflect changes from past price levels to the price levels projected to be in effect on the effective date of the hospital inpatient fee schedule (April 1, 2015). The trend factor is based on the most recent available U.S hospital inpatient component of the medical consumer price index (MCPI) as shown below:

Service Year	Hospital Inpatient MCPI* Change from July of previous year
2011	6.8%
2012	5.2%
2013	4.4%
Average	5.5%

*Source: Bureau of Labor Statistics

A trend factor is applied to hospital inpatient payments for Service Year 2013 to determine the projected payments at the April 1, 2015 price level. The annual trend factor is based on the three-year average of the observed MCPI for 2011-2013 which is equal to 5.5% (= [6.8%+ 5.2% + 4.4] / 3). The trend period from the mid-point of 2013 to the effective date of the adopted hospital inpatient fee schedule (April 1, 2015) is 1.75 years, resulting in a trend factor of 1.098 (=1.055^1.75).

Revised Reimbursement on or after April 1, 2015

For each relevant inpatient hospital bill,

Revised Reimbursement = [Multiplier x Medicare Payment Rate + Outlier Amount (if applicable)] x (1 + Price Departure)

Where Multiplier = 174%
Price Departure for hospital inpatient services is estimated to be -10%

The Medicare Payment Rate is based on the Calendar Year 2015 version of Medicare's Hospital Inpatient Prospective Payment System (IPPS) publication. To estimate the revised reimbursement on or after 4/1/2015, NCCI adjusts the maximum reimbursement amount for the price departure. In general, NCCI observes that the average prices paid are below the fee schedule maximums.

Similar to the OPPS outlier example shown previously, Medicare's IPPS reimbursement rule also contains an additional provision for outlier payments. Under the Medicare IPPS rule, the outlier threshold is met when the cost for a particular case exceeds a fixed-loss threshold which is comprised of the following components:

- Medical Severity Diagnosis Related Group (MS-DRG) payment for that case (both operating and capital)
- Any Indirect Medical Education (IME),Disproportionate Share Hospital (DSH) and new technology payments
- A fixed loss amount of $24,758

Once this threshold is met, the outlier reimbursement is made at 80% of the hospital's costs in excess of the fixed loss threshold for that case.

The overall weighted average percentage change in reimbursements for hospital inpatient services is -24.7%. Since the overall reimbursements for hospital inpatient services decreased, NCCI expects that 50% of the decrease would be realized on hospital inpatient price levels**.** The impact on hospital inpatient payments after the 50% offset is -12.4%.

The above impact on hospital inpatient costs is then multiplied by the percentage of medical costs attributed to hospital inpatient payments (14.4%) to arrive at the impacts on medical costs of -1.8%. The resulting impact on medical costs is then multiplied by the percentage of Connecticut benefit costs attributed to medical costs (49.6%) to arrive at the impact on Connecticut's overall workers compensation system costs of -0.9%.

ANALYSIS OF CONNECTICUT MEDICAL FEE SCHEDULE IMPLEMENTATIONS
EFFECTIVE APRIL 1, 2015

Summary of Impacts

The impacts on Connecticut's workers compensation system due to the enacted fee schedules for hospital and ASC services effective April 1, 2015 are summarized in the following table:

	(A) Impact on Type of Service	(B) Medical Cost Distribution	(C) Impact On Medical Costs (A) x (B)	(D) Impact on Overall Costs (C) × (2)
Hospital Outpatient	-13.6%	16.8%	-2.3%	-1.1%
ASC	-6.4%	9.2%	-0.6%	-0.3%
Hospital Inpatient	-12.4%	14.4%	-1.8%	-0.9%
(1) Total Impact on **Connecticut** Medical Costs			**-4.7%**	
(2) Medical Costs as a Percentage of Overall Workers Compensation Benefit Costs in **Connecticut**				49.6%
(3) Total Impact on Overall Workers Compensation System Costs in Connecticut = (1) x (2)				**-2.3%**

CONNECTICUT

WORKERS COMPENSATION LAW-ONLY FILING – APRIL 1, 2015

EXHIBIT I

Proposed Voluntary Market Loss Costs and Rating Values

Exhibit I **Page S1**

Effective April 1, 2015

CLASS CODE	LOSS COST	ELR	D RATIO	CLASS CODE	LOSS COST	ELR	D RATIO	CLASS CODE	LOSS COST	ELR	D RATIO
0005	4.89	2.46	0.33	2003	7.17	3.55	0.33	2701	18.17	7.98	0.27
0008	4.04	1.93	0.30	2014	8.04	3.54	0.27	2702	36.98	14.07	0.22
0016	6.48	2.86	0.27	2016	3.36	1.71	0.35	2709	18.74	8.22	0.27
0034	5.23	2.59	0.33	2021	5.17	2.44	0.30	2710	12.21	5.12	0.23
0035	3.39	1.74	0.35	2039	6.74	3.48	0.35	2714	6.72	3.45	0.35
0036	6.24	3.09	0.33	2041	5.56	2.86	0.35	2731	6.34	2.81	0.27
0037	5.01	2.38	0.30	2065	4.89	2.41	0.33	2735	6.78	3.48	0.35
0042X	11.84	5.58	0.30	2070	8.58	4.24	0.33	2759	6.82	3.49	0.35
0050	10.25	5.06	0.33	2081	5.20	2.61	0.33	2790	2.53	1.31	0.35
0059D	0.31	0.06	0.22	2089	5.41	2.70	0.33	2797	7.37	3.65	0.33
0065D	0.05	0.01	0.27	2095	5.04	2.50	0.33	2799	5.58	2.58	0.30
0066D	0.05	0.01	0.27	2105	5.33	2.74	0.35	2802	8.61	4.07	0.30
0067D	0.05	0.01	0.27	2110	3.60	1.85	0.35	2812	–	3.03	0.33
0079	4.04	1.81	0.27	2111	4.09	2.10	0.35	2835	6.19	3.37	0.38
0083	8.73	4.35	0.33	2112	5.35	2.75	0.35	2836	4.08	2.23	0.38
0106	19.08	7.95	0.23	2114	2.70	1.39	0.35	2841	5.11	2.62	0.35
0113	6.11	3.04	0.33	2121	2.23	1.11	0.33	2881	5.06	2.76	0.38
0170	6.11	3.04	0.33	2130	3.96	1.97	0.33	2883	6.11	3.03	0.33
0251	5.83	2.90	0.33	2131	4.06	2.02	0.33	2913	5.07	2.77	0.38
0400	11.25	5.27	0.30	2143	4.03	2.09	0.35	2915	4.49	2.11	0.30
0401	13.86	5.78	0.23	2157	13.66	6.76	0.33	2916	5.16	2.15	0.23
0767N	0.58	–	–	2172	3.49	1.62	0.30	2923	3.17	1.63	0.35
0771N	0.74	–	–	2174	4.76	2.43	0.35	2942	3.46	1.87	0.38
0908PX	170.00	84.15	0.33	2211	13.15	5.83	0.27	2960	6.33	3.13	0.33
0913PX	687.00	340.48	0.33	2220	4.05	2.00	0.33	3004	3.92	1.72	0.27
0917	6.26	3.21	0.35	2286	3.39	1.75	0.35	3018	7.22	3.20	0.27
0918X	1.67	0.83	0.33	2288	6.10	3.11	0.35	3022	13.39	6.87	0.35
1005	9.22	3.46	0.22	2300	4.25	2.29	0.37	3027	8.69	3.83	0.27
1164D	9.76	3.65	0.22	2302	4.50	2.22	0.33	3028	5.95	2.95	0.33
1165D	6.48	2.65	0.23	2305	4.10	1.94	0.30	3030	14.16	6.27	0.27
1320	3.55	1.47	0.23	2361	3.22	1.60	0.33	3040	8.19	3.62	0.27
1322	15.29	6.29	0.23	2362	2.21	1.10	0.33	3041	8.13	4.02	0.33
1430	9.56	4.23	0.27	2380	3.65	1.82	0.33	3042	7.52	3.52	0.30
1438	7.11	2.95	0.23	2386	2.29	1.16	0.35	3064	7.05	3.51	0.33
1452	4.71	2.07	0.27	2388	2.46	1.25	0.35	3069	–	2.54	0.33
1463	10.91	4.53	0.23	2402	3.52	1.56	0.27	3076	5.12	2.54	0.33
1472	6.56	2.75	0.23	2413	4.33	2.15	0.33	3081D	9.16	4.03	0.27
1624D	6.41	2.64	0.23	2416	2.82	1.41	0.33	3082D	6.48	2.85	0.27
1642	5.26	2.32	0.27	2417	2.28	1.13	0.33	3085D	10.01	4.46	0.27
1654	14.52	6.41	0.27	2501	3.58	1.78	0.33	3110	11.22	5.56	0.33
1655	5.78	2.52	0.27	2503	2.66	1.36	0.35	3111	3.71	1.85	0.33
1699	5.98	2.65	0.27	2534	3.09	1.60	0.35	3113	3.46	1.71	0.33
1701	10.42	4.66	0.27	2560X	2.18	1.18	0.37	3114	3.77	1.86	0.33
1710	7.56	3.32	0.27	2570	6.44	3.29	0.35	3118	3.06	1.57	0.35
1741D	6.09	2.18	0.22	2585	7.27	3.73	0.35	3119	2.72	1.48	0.38
1747	5.17	2.30	0.27	2586	4.74	2.38	0.33	3120X	2.35	1.26	0.37
1748	6.15	2.74	0.27	2587	8.55	4.35	0.35	3122	2.45	1.27	0.35
1803D	11.81	4.79	0.23	2589	2.53	1.26	0.33	3126	4.15	2.09	0.33
1852D	4.83	1.81	0.22	2600	4.90	2.47	0.35	3131	3.23	1.63	0.33
1853	3.92	1.82	0.30	2623	9.08	4.27	0.30	3132	4.53	2.26	0.33
1860	4.61	2.35	0.35	2651	2.32	1.20	0.35	3145	3.61	1.79	0.33
1924	4.74	2.42	0.35	2660	3.82	1.96	0.35	3146	4.42	2.21	0.33
1925	5.25	2.49	0.30	2670	2.79	1.52	0.38	3169	7.64	3.88	0.33
2001	–	3.55	0.33	2683	3.15	1.62	0.35	3175D	6.36	3.14	0.33
2002	4.49	2.32	0.35	2688	3.26	1.67	0.35	3179	3.72	1.90	0.35

* Refer to the Footnotes Page for additional information on this class code.

Effective April 1, 2015

CLASS CODE	LOSS COST	ELR	D RATIO	CLASS CODE	LOSS COST	ELR	D RATIO	CLASS CODE	LOSS COST	ELR	D RATIO
3180	2.97	1.53	0.35	3865	4.51	2.50	0.38	4557	4.05	2.08	0.35
3188	2.99	1.53	0.35	3881	8.33	4.09	0.33	4558	3.42	1.70	0.33
3220	2.77	1.37	0.33	4000	5.72	2.37	0.23	4561	–	1.73	0.30
3223	4.22	2.32	0.38	4021	12.82	5.65	0.27	4568	3.75	1.64	0.27
3224	5.71	2.88	0.35	4024D	5.85	2.58	0.27	4581	1.61	0.67	0.23
3227	3.37	1.71	0.35	4034	10.82	4.78	0.27	4583	9.01	3.76	0.23
3240	3.55	1.83	0.35	4036	3.07	1.36	0.27	4611	1.15	0.58	0.35
3241	5.23	2.61	0.33	4038	3.44	1.87	0.38	4635	4.25	1.62	0.22
3255	2.90	1.58	0.38	4053	3.81	1.90	0.33	4653	2.44	1.25	0.35
3257	3.54	1.76	0.33	4061	6.19	3.14	0.35	4665	11.36	5.01	0.27
3270	3.97	1.97	0.33	4062	2.38	1.19	0.33	4670	11.56	5.16	0.27
3300	6.18	3.08	0.33	4101	4.22	1.99	0.30	4683	4.67	2.31	0.33
3303	4.98	2.55	0.35	4109	1.99	1.02	0.35	4686	3.51	1.55	0.27
3307	7.13	3.51	0.33	4110	3.64	1.81	0.33	4692	0.91	0.47	0.35
3315	6.42	3.23	0.35	4111	3.00	1.52	0.35	4693	0.72	0.36	0.33
3334	4.82	2.37	0.33	4112	–	1.81	0.33	4703	4.76	2.39	0.33
3336	5.32	2.35	0.27	4113	2.59	1.27	0.33	4717	3.65	1.99	0.38
3365	15.25	6.72	0.27	4114	4.34	2.15	0.33	4720	2.18	1.08	0.33
3372	5.97	2.82	0.30	4130	7.39	3.68	0.33	4740	1.89	0.83	0.27
3373	7.01	3.48	0.33	4131	4.78	2.45	0.35	4741	3.68	1.82	0.33
3383	2.00	1.02	0.35	4133	3.21	1.65	0.35	4751	3.83	1.71	0.27
3385	1.26	0.64	0.35	4149	1.30	0.71	0.38	4767NX	4.69	1.77	0.22
3400	6.95	3.29	0.30	4150	–	0.71	0.38	4771N	4.22	1.62	0.21
3507	5.98	2.97	0.33	4206	5.49	2.73	0.33	4777	27.32	10.51	0.21
3515	3.02	1.49	0.33	4207	2.35	1.03	0.27	4825	0.63	0.28	0.27
3548	2.23	1.11	0.33	4239	2.65	1.16	0.27	4828	2.11	0.99	0.30
3559	11.53	5.84	0.33	4240	3.10	1.59	0.35	4829	1.82	0.75	0.23
3574X	3.31	1.70	0.35	4243	4.91	2.44	0.33	4902	6.33	3.24	0.35
3581	1.90	0.97	0.35	4244	6.22	3.10	0.33	4923	2.71	1.34	0.33
3612	3.59	1.70	0.30	4250	4.15	2.08	0.33	5020	8.25	3.61	0.27
3620	6.74	2.96	0.27	4251	3.64	1.80	0.33	5022	14.60	6.01	0.23
3629	2.60	1.33	0.35	4263	2.74	1.36	0.33	5037	31.97	11.93	0.22
3632	4.18	1.98	0.30	4273	3.57	1.77	0.33	5040	31.32	11.76	0.22
3634	2.95	1.52	0.35	4279	4.96	2.46	0.33	5057	19.31	7.28	0.22
3635	3.14	1.55	0.33	4282	4.15	2.09	0.35	5059	51.22	19.34	0.22
3638	2.24	1.14	0.35	4283	3.77	1.87	0.33	5069	53.23	19.75	0.22
3642	2.07	1.03	0.33	4299	3.33	1.71	0.35	5102	12.67	5.23	0.23
3643	4.34	2.16	0.33	4304	7.42	3.49	0.30	5146	9.14	4.01	0.27
3647	3.18	1.50	0.30	4307	3.44	1.87	0.38	5160	6.08	2.51	0.23
3648	2.22	1.14	0.35	4351	1.51	0.75	0.33	5183	6.83	3.01	0.27
3681	2.18	1.13	0.35	4352	2.58	1.32	0.35	5188	6.73	2.96	0.27
3685	2.02	1.04	0.35	4360	1.19	0.60	0.35	5190	4.20	1.85	0.27
3719	2.78	1.05	0.22	4361	1.33	0.68	0.35	5191	1.20	0.60	0.33
3724	7.72	3.19	0.23	4362	–	0.60	0.35	5192	5.15	2.55	0.33
3726	7.82	2.94	0.22	4410	5.86	2.92	0.33	5213	14.37	5.97	0.23
3803	4.44	2.19	0.33	4420	7.41	3.04	0.23	5215	9.78	4.56	0.30
3807	3.55	1.82	0.35	4431	2.14	1.16	0.38	5221	10.90	4.78	0.27
3808	4.60	2.15	0.30	4432	2.38	1.29	0.38	5222	11.04	4.55	0.23
3821	9.84	4.67	0.30	4439	3.68	1.73	0.30	5223	11.39	5.01	0.27
3822X	7.94	3.74	0.30	4452	5.82	2.90	0.33	5348	9.34	4.12	0.27
3824X	10.27	4.84	0.30	4459	3.74	1.85	0.33	5402	6.12	3.13	0.35
3826	1.98	0.98	0.33	4470	3.16	1.56	0.33	5403	16.88	7.01	0.23
3827	2.88	1.35	0.30	4484	5.07	2.54	0.33	5437	11.59	5.09	0.27
3830	1.82	0.85	0.30	4493	6.08	3.02	0.33	5443	6.57	3.24	0.33
3851	5.85	2.98	0.35	4511	0.66	0.31	0.30	5445	9.57	3.96	0.23

* Refer to the Footnotes Page for additional information on this class code.

Effective April 1, 2015

CLASS CODE	LOSS COST	ELR	D RATIO	CLASS CODE	LOSS COST	ELR	D RATIO	CLASS CODE	LOSS COST	ELR	D RATIO
5462	12.45	5.46	0.27	6834	5.12	2.41	0.30	7502	4.15	1.85	0.27
5472	12.91	4.91	0.22	6836	6.12	2.72	0.27	7515	1.84	0.70	0.22
5473	13.75	5.21	0.22	6843F	10.84	3.92	0.20	7520	4.08	2.02	0.33
5474	12.77	5.31	0.23	6845F	8.60	3.11	0.20	7538	6.61	2.50	0.22
5478	7.15	3.13	0.27	6854	6.06	2.30	0.22	7539	2.18	0.90	0.23
5479	10.77	5.04	0.30	6872F	14.58	5.29	0.19	7540	5.99	2.29	0.21
5480	8.16	3.34	0.23	6874F	15.47	5.60	0.20	7580	4.47	1.97	0.27
5491	3.65	1.51	0.23	6882	11.48	4.36	0.22	7590	6.45	3.03	0.30
5506	11.64	4.42	0.22	6884	12.07	4.50	0.22	7600	12.92	5.67	0.27
5507	6.23	2.57	0.23	7016M	3.50	1.31	0.22	7601	–	5.67	0.27
5508D	18.67	8.10	0.27	7024M	3.89	1.45	0.22	7605	4.07	1.79	0.27
5509X	10.42	4.37	0.23	7038M	7.39	2.85	0.21	7607X	0.19	0.09	0.33
5535	9.02	3.98	0.27	7046M	8.35	3.14	0.22	7610	0.31	0.15	0.30
5537	6.55	2.88	0.27	7047M	4.73	1.74	0.22	7611	–	5.67	0.27
5551	37.24	14.18	0.22	7050M	10.13	3.81	0.21	7612	–	5.67	0.27
5604X	5.85	2.41	0.23	7090M	8.21	3.17	0.21	7613	–	5.67	0.27
5606	2.93	1.21	0.23	7097MX	4.61	2.60	0.46	7705X	10.73	5.08	0.30
5610	7.22	3.56	0.33	7098M	9.28	3.49	0.22	7710	6.29	2.60	0.23
5645	19.46	8.10	0.23	7099M	11.33	4.20	0.22	7711	27.15	11.29	0.23
5651	–	8.10	0.23	7133	19.21	7.99	0.23	7720X	2.81	1.24	0.27
5703	24.88	10.89	0.27	7151M	23.34	9.70	0.23	7723X	3.77	1.44	0.21
5705	20.43	8.77	0.28	7152M	31.82	12.98	0.23	7731X*	8.72	4.11	0.30
5951	0.60	0.31	0.35	7153M	25.93	10.78	0.23	7855	8.18	3.57	0.27
6003	13.53	5.94	0.27	7222	9.35	4.10	0.27	8001	3.16	1.62	0.35
6005	9.14	4.04	0.27	7228	10.22	4.49	0.27	8002	2.56	1.28	0.33
6017	8.36	3.64	0.27	7229	11.79	4.88	0.23	8006	3.03	1.52	0.33
6018	4.99	2.16	0.27	7230	10.05	4.71	0.30	8008	1.72	0.88	0.35
6045	6.21	2.71	0.27	7231	22.06	10.20	0.30	8010	2.35	1.21	0.35
6204	29.04	11.89	0.23	7232	9.34	3.85	0.23	8013	0.48	0.24	0.33
6206	6.66	2.52	0.22	7309F	14.56	5.27	0.20	8015	1.53	0.76	0.33
6213	4.24	1.75	0.23	7313F	4.06	1.47	0.20	8017	2.16	1.12	0.35
6214	5.42	2.05	0.22	7317F	7.36	2.66	0.20	8018X	4.73	2.42	0.35
6216	11.72	4.42	0.22	7327F	19.14	6.94	0.19	8021	4.53	2.26	0.33
6217	7.90	3.27	0.23	7333M	5.27	1.94	0.22	8031	3.72	1.86	0.33
6229	7.98	3.31	0.23	7335M	5.85	2.16	0.22	8032	2.78	1.43	0.35
6233	5.90	2.41	0.23	7337M	7.09	2.60	0.22	8033	2.76	1.38	0.33
6235	12.75	4.80	0.22	7350F	11.18	4.37	0.21	8037	2.31	1.20	0.35
6236	19.04	8.37	0.27	7360	6.52	2.89	0.27	8039	2.54	1.32	0.35
6237	3.02	1.32	0.27	7370	10.27	5.11	0.33	8044X	6.14	2.89	0.30
6251D	11.90	4.82	0.23	7380	9.65	4.53	0.30	8045	1.35	0.70	0.35
6252D	7.16	2.69	0.22	7382X	5.05	2.53	0.33	8046	3.83	1.92	0.33
6260D	10.72	3.95	0.22	7390	21.39	10.53	0.33	8047	1.40	0.71	0.35
6306	6.59	2.71	0.23	7394M	7.96	3.00	0.22	8058	3.22	1.61	0.33
6319	6.31	2.60	0.23	7395M	8.84	3.33	0.22	8072	1.49	0.77	0.35
6325	8.84	3.66	0.23	7398M	10.81	4.01	0.22	8102	3.22	1.67	0.35
6400	11.88	5.57	0.30	7402	0.19	0.09	0.33	8103	12.18	5.79	0.30
6503	4.81	2.45	0.35	7403	4.76	2.12	0.27	8105	5.83	3.00	0.35
6504	6.76	3.45	0.35	7405N	1.55	0.68	0.27	8106	6.71	2.98	0.27
6702M*	9.91	4.33	0.27	7420	16.45	6.05	0.22	8107	6.74	2.99	0.27
6703M*	13.46	5.80	0.27	7421	1.30	0.53	0.23	8111	4.20	2.10	0.33
6704M*	11.02	4.81	0.27	7422	2.38	0.90	0.22	8116	3.90	1.95	0.33
6801F	4.38	1.79	0.26	7425	5.51	2.08	0.22	8203	11.48	5.72	0.33
6811	9.13	3.99	0.27	7431N	1.37	0.51	0.22	8204	5.94	2.64	0.27
6824F	7.36	2.88	0.21	7445N	0.83	–	–	8209	6.09	3.03	0.33
6826F	5.46	2.23	0.26	7453N	0.74	–	–	8215	6.48	2.90	0.27

* Refer to the Footnotes Page for additional information on this class code.

Effective April 1, 2015

CLASS CODE	LOSS COST	ELR	D RATIO	CLASS CODE	LOSS COST	ELR	D RATIO	CLASS CODE	LOSS COST	ELR	D RATIO
8227	8.53	3.25	0.22	8835	3.34	1.66	0.33				
8232	5.61	2.48	0.27	8842	3.95	1.98	0.33				
8233	5.14	2.23	0.27	8855	0.22	0.11	0.33				
8235	5.09	2.53	0.33	8856	0.19	0.09	0.33				
8263	11.14	5.24	0.30	8864	3.66	1.83	0.33				
8264	7.67	3.39	0.27	8868	0.69	0.36	0.35				
8265	10.23	4.32	0.22	8869	1.63	0.84	0.35				
8279	7.12	2.99	0.23	8871	0.17	0.08	0.35				
8288	14.84	6.76	0.27	8901	0.42	0.20	0.30				
8291	7.66	3.59	0.30	9012	1.82	0.85	0.30				
8292	4.62	2.31	0.33	9014	3.61	1.80	0.33				
8293	14.22	6.28	0.27	9015	5.22	2.59	0.33				
8304	8.61	3.81	0.27	9016	4.42	2.24	0.33				
8350	10.22	4.26	0.23	9019	2.96	1.31	0.27				
8380X	4.75	2.25	0.30	9033X	7.18	3.59	0.33				
8381	3.55	1.69	0.30	9040	4.64	2.38	0.35				
8385X	4.05	1.79	0.27	9044X	2.16	1.11	0.35				
8392	3.09	1.54	0.33	9052	3.94	2.03	0.35				
8393X	3.43	1.69	0.33	9058	2.60	1.44	0.38				
8399X	11.22	5.45	0.33	9059	–	0.84	0.35				
8500	7.92	3.53	0.27	9060	2.20	1.14	0.35				
8601	0.64	0.30	0.30	9061X	1.74	0.96	0.38				
8602	0.75	0.35	0.30	9063	1.29	0.67	0.35				
8603	0.15	0.07	0.33	9077F	2.72	1.22	0.32				
8606	4.41	1.83	0.23	9082	1.93	1.06	0.38				
8709F	4.15	1.50	0.20	9083	1.97	1.08	0.38				
8719	5.28	2.01	0.22	9084	2.36	1.19	0.33				
8720	2.69	1.19	0.27	9088a	a	a	a				
8721	0.35	0.16	0.27	9089	1.90	0.98	0.35				
8723	0.19	0.09	0.33	9093	2.01	1.04	0.35				
8725	3.50	1.56	0.27	9101	5.75	2.96	0.35				
8726F	2.46	1.01	0.26	9102	4.65	2.31	0.33				
8734M	0.54	0.24	0.27	9154	2.84	1.43	0.33				
8737M	0.49	0.22	0.27	9156	2.75	1.31	0.30				
8738M	0.67	0.29	0.27	9170	9.29	3.57	0.21				
8742	0.40	0.18	0.27	9178*	9.62	–	0.38				
8745	5.68	2.70	0.30	9179*	21.11	–	0.35				
8748	0.89	0.42	0.30	9180	6.52	2.92	0.27				
8754X	0.93	0.46	0.33	9182	4.46	2.23	0.33				
8755	0.54	0.24	0.27	9186	16.14	6.79	0.23				
8799	0.74	0.37	0.33	9220	5.32	2.50	0.30				
8800	1.99	1.09	0.38	9402	7.02	3.09	0.27				
8803	0.08	0.03	0.27	9403	14.29	5.95	0.23				
8805M	0.26	0.13	0.33	9410	2.73	1.36	0.33				
8810	0.19	0.09	0.33	9501	4.89	2.31	0.30				
8814M	0.23	0.11	0.33	9505	13.55	6.25	0.30				
8815M	0.31	0.15	0.33	9516	8.57	3.80	0.27				
8820	0.28	0.13	0.30	9519	5.39	2.38	0.27				
8824	5.34	2.75	0.35	9521	5.05	2.22	0.27				
8825	3.01	1.65	0.38	9522	3.11	1.55	0.33				
8826	3.35	1.67	0.33	9534	10.89	4.49	0.23				
8829	4.94	2.46	0.33	9554	16.02	6.60	0.23				
8831	2.02	1.02	0.33	9586	0.77	0.42	0.38				
8832	0.58	0.29	0.33	9600	3.61	1.84	0.35				
8833	1.18	0.58	0.33	9620	1.38	0.66	0.30				

* Refer to the Footnotes Page for additional information on this class code.

FOOTNOTES

a Advisory loss cost for each individual risk must be obtained from NCCI Customer Service or the Rating Organization having jurisdiction.

D Advisory loss cost for classification already includes the specific disease loading shown in the table below. See ***Basic Manual*** Rule 3-A-7.

Code No.	Disease Loading	Symbol	Code No.	Disease Loading	Symbol	Code No.	Disease Loading	Symbol
0059D	0.31	S	1741D	0.33	S	4024D	0.01	S
0065D	0.05	S	1803D	0.30	S	5508D	0.06	S
0066D	0.05	S	1852D	0.08	Asb	6251D	0.04	S
0067D	0.05	S	3081D	0.07	S	6252D	0.04	S
1164D	0.09	S	3082D	0.06	S	6260D	0.05	S
1165D	0.03	S	3085D	0.08	S			
1624D	0.03	S	3175D	0.04	S			

S=Silica, Asb=Asbestos

F Advisory loss cost provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions.

M Risks are subject to Admiralty Law or Federal Employers Liability Act (FELA). However, the published loss cost is for risks that voluntarily purchase standard workers compensation and employers liability coverage.

N This code is part of a ratable / non-ratable group shown below. The statistical non-ratable code and corresponding advisory loss cost are applied in addition to the basic classification when determining premium.

Class Code	Non-Ratable Element Code
4767	0767
4771	0771
7405	7445
7431	7453

P Classification is computed on a per capita basis.

X Refer to special classification phraseology in these pages which is applicable in this state.

*** Class Codes with Specific Footnotes**

6702 Loss cost and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection code loss cost and elr each x 1.215.

6703 Loss cost and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class loss cost x 1.656 and elr x 1.624.

6704 Loss cost and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class loss cost and elr each x 1.35.

7731 Loss cost per Service Response.

9178 ELR of 7.04 will be applied to policies in the experience rating period that were effective prior to 1/1/2012. As a result of the increase in maximum payroll for this class, an ELR of 5.76 will be applied to any policies in the experience rating period that were effective between 1/1/2012 and 12/31/2012. An ELR of 5.28 will be applied to any policies in the experience rating period that were effective 1/1/2013 and subsequent.

9179 ELR of 14.48 will be applied to policies in the experience rating period that were effective prior to 1/1/2012. As a result of the increase in maximum payroll for this class, an ELR of 11.85 will be applied to any policies in the experience rating period that were effective between 1/1/2012 and 12/31/2012. An ELR of 10.86 will be applied to any policies in the experience rating period that were effective 1/1/2013 and subsequent.

ADVISORY MISCELLANEOUS VALUES

Advisory Loss Elimination Ratios - The following percentages are applicable by deductible amount and hazard group for total losses on a per claim basis. They do not include a safety factor.

Total Losses							
Deductible	**HAZARD GROUP**						
Amount	**A**	**B**	**C**	**D**	**E**	**F**	**G**
$1,000	6.1%	4.5%	4.0%	3.2%	2.5%	1.9%	1.7%
$5,000	15.7%	12.2%	11.1%	9.2%	7.6%	6.2%	5.5%
$10,000	22.4%	17.9%	16.6%	14.1%	11.8%	9.9%	8.8%

Basis of premium applicable in accordance with ***Basic Manual*** footnote instructions for Code 7370 --"Taxicab Co.":

Employee operated vehicle..... $91,700
Leased or rented vehicle..... $61,100

Catastrophe (other than Certified Acts of Terrorism) - (Advisory Loss Cost)..... 0.01

Maximum Weekly Payroll applicable in accordance with the ***Basic Manual*** footnote instructions for Code 9178 -- "Athletic Sports or Park: Non-Contact Sports," and Code 9179 -- "Athletic Sports or Park: Contact Sports"..... $1,200

Maximum Weekly Payroll applicable in accordance with ***Basic Manual*** Rule 2-E-- "Executive Officers or members of limited liability companies"..... $2,400

Minimum Weekly Payroll applicable in accordance with ***Basic Manual*** Rule 2-E -- "Executive Officers or members of limited liability companies"..... $1,200

Premium Determination for Partners and Sole Proprietors in accordance with ***Basic Manual*** Rule 2-E-3 (Annual Payroll)..... $61,100

Terrorism - (Advisory Loss Cost) 0.01

United States Longshore and Harbor Workers' Compensation Coverage Percentage applicable only in connection with ***Basic Manual*** Rule 3-A-4..... 28%

(Multiply a Non-F classification loss cost by a factor of 1.28 to adjust for the difference in state and federal benefits only.)

Workers Compensation Administration Funds Assessment factors applicable in accordance with the Connecticut State Rule Exception to ***Basic Manual*** Rule 3-A-13 (expressed as a percentage of premium):

Industrial Classifications and Maritime/FELA (Program I and Program II State Act)..... 1.6%
F Classifications and Maritime/FELA (Program II USL Act)..... 4.0%

Experience Rating Eligibility

A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or last two years of the experience period produced a premium of at least $11,000. If more than two years, an average annual premium of at least $5,500 is required. The ***Experience Rating Plan Manual*** should be referenced for the latest approved eligibility amounts by state.

CONNECTICUT

WORKERS COMPENSATION LAW-ONLY FILING – APRIL 1, 2015

EXHIBIT II

Proposed Assigned Risk Rates and Rating Values

Effective April 1, 2015

APPLICABLE TO ASSIGNED RISK POLICIES ONLY

CLASS CODE	RATE	MIN PREM	ELR	D RATIO	CLASS CODE	RATE	MIN PREM	ELR	D RATIO	CLASS CODE	RATE	MIN PREM	ELR	D RATIO
0005	8.64	1250	2.46	0.33	2003	12.67	1250	3.55	0.33	2701	32.11	1250	7.98	0.27
0008	7.14	1250	1.93	0.30	2014	14.21	1250	3.54	0.27	2702	65.34	1250	14.07	0.22
0016	11.45	1250	2.86	0.27	2016	5.94	1250	1.71	0.35	2709	33.11	1250	8.22	0.27
0034	9.24	1250	2.59	0.33	2021	9.14	1250	2.44	0.30	2710	21.58	1250	5.12	0.23
0035	5.99	1250	1.74	0.35	2039	11.91	1250	3.48	0.35	2714	11.87	1250	3.45	0.35
0036	11.03	1250	3.09	0.33	2041	9.82	1250	2.86	0.35	2731	11.20	1250	2.81	0.27
0037	8.85	1250	2.38	0.30	2065	8.64	1250	2.41	0.33	2735	11.98	1250	3.48	0.35
0042X	20.93	1250	5.58	0.30	2070	15.16	1250	4.24	0.33	2759	12.05	1250	3.49	0.35
0050	18.12	1250	5.06	0.33	2081	9.19	1250	2.61	0.33	2790	4.47	1250	1.31	0.35
0059D	0.55	–	0.06	0.22	2089	9.56	1250	2.70	0.33	2797	13.02	1250	3.65	0.33
0065D	0.09	–	0.01	0.27	2095	8.91	1250	2.50	0.33	2799	9.86	1250	2.58	0.30
0066D	0.09	–	0.01	0.27	2105	9.42	1250	2.74	0.35	2802	15.21	1250	4.07	0.30
0067D	0.09	–	0.01	0.27	2110	6.36	1250	1.85	0.35	2812	–	–	3.03	0.33
0079	7.14	1250	1.81	0.27	2111	7.23	1250	2.10	0.35	2835	10.94	1250	3.37	0.38
0083	15.43	1250	4.35	0.33	2112	9.45	1250	2.75	0.35	2836	7.21	1250	2.23	0.38
0106	33.71	1250	7.95	0.23	2114	4.77	1250	1.39	0.35	2841	9.03	1250	2.62	0.35
0113	10.80	1250	3.04	0.33	2121	3.94	1250	1.11	0.33	2881	8.94	1250	2.76	0.38
0170	10.80	1250	3.04	0.33	2130	7.00	1250	1.97	0.33	2883	10.80	1250	3.03	0.33
0251	10.30	1250	2.90	0.33	2131	7.17	1250	2.02	0.33	2913	8.96	1250	2.77	0.38
0400	19.88	1250	5.27	0.30	2143	7.12	1250	2.09	0.35	2915	7.93	1250	2.11	0.30
0401	24.49	A	5.78	0.23	2157	24.14	1250	6.76	0.33	2916	9.12	1250	2.15	0.23
0767N	1.02	–	–	–	2172	6.17	1250	1.62	0.30	2923	5.60	1250	1.63	0.35
0771N	1.31	–	–	–	2174	8.41	1250	2.43	0.35	2942	6.11	1250	1.87	0.38
0908PX	300.00	425	84.15	0.33	2211	23.24	1250	5.83	0.27	2960	11.19	1250	3.13	0.33
0913PX	1214.00	1250	340.48	0.33	2220	7.16	1250	2.00	0.33	3004	6.93	1250	1.72	0.27
0917	11.06	1250	3.21	0.35	2286	5.99	1250	1.75	0.35	3018	12.76	1250	3.20	0.27
0918X	2.95	650	0.83	0.33	2288	10.78	1250	3.11	0.35	3022	23.66	1250	6.87	0.35
1005	16.29	1250	3.46	0.22	2300	7.51	1250	2.29	0.37	3027	15.36	1250	3.83	0.27
1164D	17.25	1250	3.65	0.22	2302	7.95	1250	2.22	0.33	3028	10.51	1250	2.95	0.33
1165D	11.45	1250	2.65	0.23	2305	7.24	1250	1.94	0.30	3030	25.02	1250	6.27	0.27
1320	6.27	1250	1.47	0.23	2361	5.69	1250	1.60	0.33	3040	14.47	1250	3.62	0.27
1322	27.01	1250	6.29	0.23	2362	3.91	1250	1.10	0.33	3041	14.37	1250	4.02	0.33
1430	16.89	1250	4.23	0.27	2380	6.45	1250	1.82	0.33	3042	13.29	1250	3.52	0.30
1438	12.56	1250	2.95	0.23	2386	4.05	1250	1.16	0.35	3064	12.46	1250	3.51	0.33
1452	8.32	1250	2.07	0.27	2388	4.35	1250	1.25	0.35	3069	–	–	2.54	0.33
1463	19.28	1250	4.53	0.23	2402	6.22	1250	1.56	0.27	3076	9.05	1250	2.54	0.33
1472	11.59	1250	2.75	0.23	2413	7.65	1250	2.15	0.33	3081D	16.18	1250	4.03	0.27
1624D	11.32	1250	2.64	0.23	2416	4.98	1250	1.41	0.33	3082D	11.45	1250	2.85	0.27
1642	9.29	1250	2.32	0.27	2417	4.03	1250	1.13	0.33	3085D	17.69	1250	4.46	0.27
1654	25.66	1250	6.41	0.27	2501	6.33	1250	1.78	0.33	3110	19.83	1250	5.56	0.33
1655	10.21	1250	2.52	0.27	2503	4.70	1250	1.36	0.35	3111	6.56	1250	1.85	0.33
1699	10.57	1250	2.65	0.27	2534	5.46	1250	1.60	0.35	3113	6.11	1250	1.71	0.33
1701	18.41	1250	4.66	0.27	2560X	3.85	1250	1.18	0.37	3114	6.66	1250	1.86	0.33
1710	13.36	1250	3.32	0.27	2570	11.38	1250	3.29	0.35	3118	5.41	1250	1.57	0.35
1741D	10.76	1250	2.18	0.22	2585	12.85	1250	3.73	0.35	3119	4.81	1250	1.48	0.38
1747	9.14	1250	2.30	0.27	2586	8.38	1250	2.38	0.33	3120X	4.15	1250	1.26	0.37
1748	10.87	1250	2.74	0.27	2587	15.11	1250	4.35	0.35	3122	4.33	1250	1.27	0.35
1803D	20.87	1250	4.79	0.23	2589	4.47	1250	1.26	0.33	3126	7.33	1250	2.09	0.33
1852D	8.53	1250	1.81	0.22	2600	8.66	1250	2.47	0.35	3131	5.71	1250	1.63	0.33
1853	6.93	1250	1.82	0.30	2623	16.04	1250	4.27	0.30	3132	8.00	1250	2.26	0.33
1860	8.15	1250	2.35	0.35	2651	4.10	1250	1.20	0.35	3145	6.38	1250	1.79	0.33
1924	8.38	1250	2.42	0.35	2660	6.75	1250	1.96	0.35	3146	7.81	1250	2.21	0.33
1925	9.28	1250	2.49	0.30	2670	4.93	1250	1.52	0.38	3169	13.50	1250	3.88	0.33
2001	–	–	3.55	0.33	2683	5.57	1250	1.62	0.35	3175D	11.24	1250	3.14	0.33
2002	7.93	1250	2.32	0.35	2688	5.76	1250	1.67	0.35	3179	6.57	1250	1.90	0.35

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CLASS CODE	RATE	MIN PREM	ELR	D RATIO	CLASS CODE	RATE	MIN PREM	ELR	D RATIO	CLASS CODE	RATE	MIN PREM	ELR	D RATIO
3180	5.25	1250	1.53	0.35	3865	7.97	1250	2.50	0.38	4557	7.16	1250	2.08	0.35
3188	5.28	1250	1.53	0.35	3881	14.72	1250	4.09	0.33	4558	6.04	1250	1.70	0.33
3220	4.89	1250	1.37	0.33	4000	10.11	1250	2.37	0.23	4561	–	–	1.73	0.30
3223	7.46	1250	2.32	0.38	4021	22.65	1250	5.65	0.27	4568	6.63	1250	1.64	0.27
3224	10.09	1250	2.88	0.35	4024D	10.34	1250	2.58	0.27	4581	2.84	1129	0.67	0.23
3227	5.95	1250	1.71	0.35	4034	19.12	1250	4.78	0.27	4583	15.92	1250	3.76	0.23
3240	6.27	1250	1.83	0.35	4036	5.42	1250	1.36	0.27	4611	2.03	870	0.58	0.35
3241	9.24	1250	2.61	0.33	4038	6.08	1250	1.87	0.38	4635	7.51	1250	1.62	0.22
3255	5.12	1250	1.58	0.38	4053	6.73	1250	1.90	0.33	4653	4.31	1250	1.25	0.35
3257	6.26	1250	1.76	0.33	4061	10.94	1250	3.14	0.35	4665	20.07	1250	5.01	0.27
3270	7.01	1250	1.97	0.33	4062	4.21	1250	1.19	0.33	4670	20.43	1250	5.16	0.27
3300	10.92	1250	3.08	0.33	4101	7.46	1250	1.99	0.30	4683	8.25	1250	2.31	0.33
3303	8.80	1250	2.55	0.35	4109	3.52	1250	1.02	0.35	4686	6.20	1250	1.55	0.27
3307	12.60	1250	3.51	0.33	4110	6.43	1250	1.81	0.33	4692	1.61	735	0.47	0.35
3315	11.34	1250	3.23	0.35	4111	5.30	1250	1.52	0.35	4693	1.27	626	0.36	0.33
3334	8.52	1250	2.37	0.33	4112	–	–	1.81	0.33	4703	8.41	1250	2.39	0.33
3336	9.40	1250	2.35	0.27	4113	4.58	1250	1.27	0.33	4717	6.45	1250	1.99	0.38
3365	26.94	1250	6.72	0.27	4114	7.67	1250	2.15	0.33	4720	3.85	1250	1.08	0.33
3372	10.55	1250	2.82	0.30	4130	13.06	1250	3.68	0.33	4740	3.34	1250	0.83	0.27
3373	12.39	1250	3.48	0.33	4131	8.45	1250	2.45	0.35	4741	6.50	1250	1.82	0.33
3383	3.53	1250	1.02	0.35	4133	5.67	1250	1.65	0.35	4751	6.77	1250	1.71	0.27
3385	2.23	934	0.64	0.35	4149	2.30	956	0.71	0.38	4767NX	8.29	1250	1.77	0.22
3400	12.28	1250	3.29	0.30	4150	–	–	0.71	0.38	4771N	7.46	1250	1.62	0.21
3507	10.57	1250	2.97	0.33	4206	9.70	1250	2.73	0.33	4777	48.27	1250	10.51	0.21
3515	5.34	1250	1.49	0.33	4207	4.15	1250	1.03	0.27	4825	1.11	575	0.28	0.27
3548	3.94	1250	1.11	0.33	4239	4.68	1250	1.16	0.27	4828	3.73	1250	0.99	0.30
3559	20.37	1250	5.84	0.33	4240	5.48	1250	1.59	0.35	4829	3.22	1250	0.75	0.23
3574X	5.85	1250	1.70	0.35	4243	8.68	1250	2.44	0.33	4902	11.19	1250	3.24	0.35
3581	3.36	1250	0.97	0.35	4244	10.99	1250	3.10	0.33	4923	4.79	1250	1.34	0.33
3612	6.34	1250	1.70	0.30	4250	7.33	1250	2.08	0.33	5020	14.57	1250	3.61	0.27
3620	11.91	1250	2.96	0.27	4251	6.43	1250	1.80	0.33	5022	25.80	1250	6.01	0.23
3629	4.59	1250	1.33	0.35	4263	4.84	1250	1.36	0.33	5037	56.49	1250	11.93	0.22
3632	7.39	1250	1.98	0.30	4273	6.31	1250	1.77	0.33	5040	55.35	1250	11.76	0.22
3634	5.21	1250	1.52	0.35	4279	8.76	1250	2.46	0.33	5057	34.12	1250	7.28	0.22
3635	5.55	1250	1.55	0.33	4282	7.33	1250	2.09	0.35	5059	90.51	1250	19.34	0.22
3638	3.96	1250	1.14	0.35	4283	6.66	1250	1.87	0.33	5069	94.05	1250	19.75	0.22
3642	3.66	1250	1.03	0.33	4299	5.88	1250	1.71	0.35	5102	22.37	1250	5.23	0.23
3643	7.67	1250	2.16	0.33	4304	13.11	1250	3.49	0.30	5146	16.15	1250	4.01	0.27
3647	5.62	1250	1.50	0.30	4307	6.08	1250	1.87	0.38	5160	10.75	1250	2.51	0.23
3648	3.92	1250	1.14	0.35	4351	2.67	1074	0.75	0.33	5183	12.07	1250	3.01	0.27
3681	3.85	1250	1.13	0.35	4352	4.56	1250	1.32	0.35	5188	11.89	1250	2.96	0.27
3685	3.57	1250	1.04	0.35	4360	2.10	892	0.60	0.35	5190	7.41	1250	1.85	0.27
3719	4.90	1250	1.05	0.22	4361	2.35	972	0.68	0.35	5191	2.12	898	0.60	0.33
3724	13.64	1250	3.19	0.23	4362	–	–	0.60	0.35	5192	9.10	1250	2.55	0.33
3726	13.81	1250	2.94	0.22	4410	10.35	1250	2.92	0.33	5213	25.39	1250	5.97	0.23
3803	7.85	1250	2.19	0.33	4420	13.09	1250	3.04	0.23	5215	17.28	1250	4.56	0.30
3807	6.27	1250	1.82	0.35	4431	3.78	1250	1.16	0.38	5221	19.26	1250	4.78	0.27
3808	8.13	1250	2.15	0.30	4432	4.21	1250	1.29	0.38	5222	19.51	1250	4.55	0.23
3821	17.39	1250	4.67	0.30	4439	6.50	1250	1.73	0.30	5223	20.13	1250	5.01	0.27
3822X	14.03	1250	3.74	0.30	4452	10.28	1250	2.90	0.33	5348	16.50	1250	4.12	0.27
3824X	18.15	1250	4.84	0.30	4459	6.61	1250	1.85	0.33	5402	10.82	1250	3.13	0.35
3826	3.50	1250	0.98	0.33	4470	5.58	1250	1.56	0.33	5403	29.83	1250	7.01	0.23
3827	5.09	1250	1.35	0.30	4484	8.96	1250	2.54	0.33	5437	20.48	1250	5.09	0.27
3830	3.22	1250	0.85	0.30	4493	10.74	1250	3.02	0.33	5443	11.61	1250	3.24	0.33
3851	10.34	1250	2.98	0.35	4511	1.17	594	0.31	0.30	5445	16.90	1250	3.96	0.23

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5462	22.00	1250	5.46	0.27	6834	9.05	1250	2.41	0.30	7502	7.33	1250	1.85	0.27
5472	22.81	1250	4.91	0.22	6836	10.81	1250	2.72	0.27	7515	3.25	1250	0.70	0.22
5473	24.29	1250	5.21	0.22	6843F	19.15	1250	3.92	0.20	7520	7.21	1250	2.02	0.33
5474	22.56	1250	5.31	0.23	6845F	15.20	1250	3.11	0.20	7538	11.68	1250	2.50	0.22
5478	12.65	1250	3.13	0.27	6854	10.71	1250	2.30	0.22	7539	3.85	1250	0.90	0.23
5479	19.04	1250	5.04	0.30	6872F	25.76	1250	5.29	0.19	7540	10.58	1250	2.29	0.21
5480	14.41	1250	3.34	0.23	6874F	27.34	1250	5.60	0.20	7580	7.90	1250	1.97	0.27
5491	6.44	1250	1.51	0.23	6882	20.29	1250	4.36	0.22	7590	11.40	1250	3.03	0.30
5506	20.57	1250	4.42	0.22	6884	21.33	1250	4.50	0.22	7600	22.83	1250	5.67	0.27
5507	11.01	1250	2.57	0.23	7016M	6.18	1250	1.31	0.22	7601	–	–	5.67	0.27
5508D	32.99	1250	8.10	0.27	7024M	6.87	1250	1.45	0.22	7605	7.18	1250	1.79	0.27
5509X	18.42	1250	4.37	0.23	7038M	13.06	1250	2.85	0.21	7607X	0.34	329	0.09	0.33
5535	15.93	1250	3.98	0.27	7046M	14.75	1250	3.14	0.22	7610	0.55	396	0.15	0.30
5537	11.58	1250	2.88	0.27	7047M	8.36	1250	1.74	0.22	7611	–	–	5.67	0.27
5551	65.81	1250	14.18	0.22	7050M	17.90	1250	3.81	0.21	7612	–	–	5.67	0.27
5604X	10.34	1250	2.41	0.23	7090M	14.51	1250	3.17	0.21	7613	–	–	5.67	0.27
5606	5.17	1250	1.21	0.23	7097MX	8.15	1250	2.60	0.46	7705X	18.96	1250	5.08	0.30
5610	12.77	1250	3.56	0.33	7098M	16.40	1250	3.49	0.22	7710	11.11	1250	2.60	0.23
5645	34.39	1250	8.10	0.23	7099M	20.02	1250	4.20	0.22	7711	47.97	1250	11.29	0.23
5651	–	–	8.10	0.23	7133	33.94	1250	7.99	0.23	7720X	4.97	1250	1.24	0.27
5703	43.96	1250	10.89	0.27	7151M	41.24	1250	9.70	0.23	7723X	6.66	1250	1.44	0.21
5705	36.10	1250	8.77	0.28	7152M	56.23	1250	12.98	0.23	7731X*	15.41	5500	4.11	0.30
5951	1.06	559	0.31	0.35	7153M	45.82	1250	10.78	0.23	7855	14.45	1250	3.57	0.27
6003	23.90	1250	5.94	0.27	7222	16.52	1250	4.10	0.27	8001	5.58	1250	1.62	0.35
6005	16.15	1250	4.04	0.27	7228	18.06	1250	4.49	0.27	8002	4.52	1250	1.28	0.33
6017	14.77	1250	3.64	0.27	7229	20.83	1250	4.88	0.23	8006	5.35	1250	1.52	0.33
6018	8.82	1250	2.16	0.27	7230	17.76	1250	4.71	0.30	8008	3.04	1193	0.88	0.35
6045	10.98	1250	2.71	0.27	7231	38.98	1250	10.20	0.30	8010	4.15	1250	1.21	0.35
6204	51.31	1250	11.89	0.23	7232	16.50	1250	3.85	0.23	8013	0.85	492	0.24	0.33
6206	11.77	1250	2.52	0.22	7309F	25.73	1250	5.27	0.20	8015	2.70	1084	0.76	0.33
6213	7.48	1250	1.75	0.23	7313F	7.17	1250	1.47	0.20	8017	3.82	1250	1.12	0.35
6214	9.58	1250	2.05	0.22	7317F	13.01	1250	2.66	0.20	8018X	8.36	1250	2.42	0.35
6216	20.71	1250	4.42	0.22	7327F	33.82	1250	6.94	0.19	8021	8.00	1250	2.26	0.33
6217	13.95	1250	3.27	0.23	7333M	9.31	1250	1.94	0.22	8031	6.57	1250	1.86	0.33
6229	14.10	1250	3.31	0.23	7335M	10.34	1250	2.16	0.22	8032	4.91	1250	1.43	0.35
6233	10.43	1250	2.41	0.23	7337M	12.53	1250	2.60	0.22	8033	4.88	1250	1.38	0.33
6235	22.52	1250	4.80	0.22	7350F	19.76	1250	4.37	0.21	8037	4.08	1250	1.20	0.35
6236	33.64	1250	8.37	0.27	7360	11.52	1250	2.89	0.27	8039	4.49	1250	1.32	0.35
6237	5.33	1250	1.32	0.27	7370	18.15	1250	5.11	0.33	8044X	10.85	1250	2.89	0.30
6251D	21.03	1250	4.82	0.23	7380	17.05	1250	4.53	0.30	8045	2.39	985	0.70	0.35
6252D	12.66	1250	2.69	0.22	7382X	8.92	1250	2.53	0.33	8046	6.77	1250	1.92	0.33
6260D	18.95	1250	3.95	0.22	7390	37.80	1250	10.53	0.33	8047	2.47	1010	0.71	0.35
6306	11.65	1250	2.71	0.23	7394M	14.07	1250	3.00	0.22	8058	5.69	1250	1.61	0.33
6319	11.15	1250	2.60	0.23	7395M	15.62	1250	3.33	0.22	8072	2.63	1062	0.77	0.35
6325	15.61	1250	3.66	0.23	7398M	19.10	1250	4.01	0.22	8102	5.69	1250	1.67	0.35
6400	21.00	1250	5.57	0.30	7402	0.34	329	0.09	0.33	8103	21.52	1250	5.79	0.30
6503	8.50	1250	2.45	0.35	7403	8.41	1250	2.12	0.27	8105	10.30	1250	3.00	0.35
6504	11.94	1250	3.45	0.35	7405N	2.74	1250	0.68	0.27	8106	11.86	1250	2.98	0.27
6702M*	17.51	1250	4.33	0.27	7420	29.07	1250	6.05	0.22	8107	11.91	1250	2.99	0.27
6703M*	23.78	1250	5.80	0.27	7421	2.30	956	0.53	0.23	8111	7.42	1250	2.10	0.33
6704M*	19.47	1250	4.81	0.27	7422	4.21	1250	0.90	0.22	8116	6.89	1250	1.95	0.33
6801F	7.74	1250	1.79	0.26	7425	9.74	1250	2.08	0.22	8203	20.29	1250	5.72	0.33
6811	16.13	1250	3.99	0.27	7431N	2.42	1250	0.51	0.22	8204	10.50	1250	2.64	0.27
6824F	13.01	1250	2.88	0.21	7445N	1.47	–	–	–	8209	10.76	1250	3.03	0.33
6826F	9.65	1250	2.23	0.26	7453N	1.31	–	–	–	8215	11.45	1250	2.90	0.27

* Refer to the Footnotes Page for additional information on this class code.

Effective April 1, 2015

APPLICABLE TO ASSIGNED RISK POLICIES ONLY

CLASS CODE	RATE	MIN PREM	ELR	D RATIO	CLASS CODE	RATE	MIN PREM	ELR	D RATIO	CLASS CODE	RATE	MIN PREM	ELR	D RATIO
8227	15.07	1250	3.25	0.22	8835	5.90	1250	1.66	0.33					
8232	9.91	1250	2.48	0.27	8842	6.98	1250	1.98	0.33					
8233	9.08	1250	2.23	0.27	8855	0.39	345	0.11	0.33					
8235	8.99	1250	2.53	0.33	8856	0.34	329	0.09	0.33					
8263	19.68	1250	5.24	0.30	8864	6.47	1250	1.83	0.33					
8264	13.55	1250	3.39	0.27	8868	1.22	610	0.36	0.35					
8265	18.08	1250	4.32	0.22	8869	2.88	1142	0.84	0.35					
8279	12.58	1250	2.99	0.23	8871	0.30	316	0.08	0.35					
8288	26.22	1250	6.76	0.27	8901	0.74	457	0.20	0.30					
8291	13.54	1250	3.59	0.30	9012	3.22	1250	0.85	0.30					
8292	8.16	1250	2.31	0.33	9014	6.38	1250	1.80	0.33					
8293	25.13	1250	6.28	0.27	9015	9.22	1250	2.59	0.33					
8304	15.21	1250	3.81	0.27	9016	7.81	1250	2.24	0.33					
8350	18.06	1250	4.26	0.23	9019	5.23	1250	1.31	0.27					
8380X	8.39	1250	2.25	0.30	9033X	12.69	1250	3.59	0.33					
8381	6.27	1250	1.69	0.30	9040	8.20	1250	2.38	0.35					
8385X	7.16	1250	1.79	0.27	9044X	3.82	1250	1.11	0.35					
8392	5.46	1250	1.54	0.33	9052	6.96	1250	2.03	0.35					
8393X	6.06	1250	1.69	0.33	9058	4.59	1250	1.44	0.38					
8399X	19.83	1250	5.45	0.33	9059	–	–	0.84	0.35					
8500	13.99	1250	3.53	0.27	9060	3.89	1250	1.14	0.35					
8601	1.13	582	0.30	0.30	9061X	3.07	1202	0.96	0.38					
8602	1.33	646	0.35	0.30	9063	2.28	950	0.67	0.35					
8603	0.27	306	0.07	0.33	9077F	4.81	1250	1.22	0.32					
8606	7.79	1250	1.83	0.23	9082	3.41	1250	1.06	0.38					
8709F	7.33	1250	1.50	0.20	9083	3.48	1250	1.08	0.38					
8719	9.33	1250	2.01	0.22	9084	4.17	1250	1.19	0.33					
8720	4.75	1250	1.19	0.27	9088a	a	a	a	a					
8721	0.62	418	0.16	0.27	9089	3.36	1250	0.98	0.35					
8723	0.34	329	0.09	0.33	9093	3.55	1250	1.04	0.35					
8725	6.18	1250	1.56	0.27	9101	10.16	1250	2.96	0.35					
8726F	4.35	1250	1.01	0.26	9102	8.22	1250	2.31	0.33					
8734M	0.95	524	0.24	0.27	9154	5.02	1250	1.43	0.33					
8737M	0.87	498	0.22	0.27	9156	4.86	1250	1.31	0.30					
8738M	1.18	598	0.29	0.27	9170	16.42	1250	3.57	0.21					
8742	0.71	447	0.18	0.27	9178*	17.00	1250	–	0.38					
8745	10.04	1250	2.70	0.30	9179*	37.30	1250	–	0.35					
8748	1.57	722	0.42	0.30	9180	11.52	1250	2.92	0.27					
8754X	1.64	745	0.46	0.33	9182	7.88	1250	2.23	0.33					
8755	0.95	524	0.24	0.27	9186	28.52	1250	6.79	0.23					
8799	1.31	639	0.37	0.33	9220	9.40	1250	2.50	0.30					
8800	3.52	1250	1.09	0.38	9402	12.40	1250	3.09	0.27					
8803	0.14	265	0.03	0.27	9403	25.25	1250	5.95	0.23					
8805M	0.46	367	0.13	0.33	9410	4.82	1250	1.36	0.33					
8810	0.34	329	0.09	0.33	9501	8.64	1250	2.31	0.30					
8814M	0.41	351	0.11	0.33	9505	23.94	1250	6.25	0.30					
8815M	0.55	396	0.15	0.33	9516	15.14	1250	3.80	0.27					
8820	0.49	377	0.13	0.30	9519	9.52	1250	2.38	0.27					
8824	9.44	1250	2.75	0.35	9521	8.92	1250	2.22	0.27					
8825	5.32	1250	1.65	0.38	9522	5.50	1250	1.55	0.33					
8826	5.92	1250	1.67	0.33	9534	19.25	1250	4.49	0.23					
8829	8.73	1250	2.46	0.33	9554	28.31	1250	6.60	0.23					
8831	3.57	1250	1.02	0.33	9586	1.36	655	0.42	0.38					
8832	1.02	546	0.29	0.33	9600	6.38	1250	1.84	0.35					
8833	2.09	889	0.58	0.33	9620	2.44	1001	0.66	0.30					

* Refer to the Footnotes Page for additional information on this class code.

Effective April 1, 2015
APPLICABLE TO ASSIGNED RISK POLICIES ONLY

FOOTNOTES

a Rate for each individual risk must be obtained by NCCI Customer Service or the Rating Organization having jurisdiction.

A Minimum Premium $100 per ginning location for policy minimum premium computation.

D Rate for classification already includes the specific disease loading shown in the table below. See ***Basic Manual*** Rule 3-A-7.

Code No.	Disease Loading	Symbol	Code No.	Disease Loading	Symbol	Code No.	Disease Loading	Symbol
0059D	0.55	S	1741D	0.58	S	4024D	0.02	S
0065D	0.09	S	1803D	0.53	S	5508D	0.11	S
0066D	0.09	S	1852D	0.14	Asb	6251D	0.07	S
0067D	0.09	S	3081D	0.12	S	6252D	0.07	S
1164D	0.16	S	3082D	0.11	S	6260D	0.09	S
1165D	0.05	S	3085D	0.14	S			
1624D	0.05	S	3175D	0.07	S			

S=Silica, Asb=Asbestos

F Rate provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions.

M Risks are subject to Admiralty Law or Federal Employers Liability Act (FELA). However, the published rate is for risks that voluntarily purchase standard workers compensation and employers liability coverage. The listed codes of 6702, 6703, 6704, 7151, 7152, 7153, 8734, 8737, 8738, 8805, 8814, and 8815 under the Federal Employers' Liability Act (FELA) for employees of interstate railroads are not applicable in the residual market.

N This code is part of a ratable / non-ratable group shown below. The statistical non-ratable code and corresponding rate are applied in addition to the basic classification when determining premium.

Class Code	Non-Ratable Element Code
4767	0767
4771	0771
7405	7445
7431	7453

P Classification is computed on a per capita basis.

X Refer to special classification phraseology in these pages which is applicable in this state.

*** Class Codes with Specific Footnotes**

6702 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection code rate and elr each x 1.215.

6703 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class rate x 1.656 and elr x 1.624.

6704 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class rate and elr each x 1.35.

7731 Rate per Service Response.

9178 ELR of 7.04 will be applied to policies in the experience rating period that were effective prior to 1/1/2012. As a result of the increase in maximum payroll for this class, an ELR of 5.76 will be applied to any policies in the experience rating period that were effective between 1/1/2012 and 12/31/2012. An ELR of 5.28 will be applied to any policies in the experience rating period that were effective 1/1/2013 and subsequent.

9179 ELR of 14.48 will be applied to policies in the experience rating period that were effective prior to 1/1/2012. As a result of the increase in maximum payroll for this class, an ELR of 11.85 will be applied to any policies in the experience rating period that were effective between 1/1/2012 and 12/31/2012. An ELR of 10.86 will be applied to any policies in the experience rating period that were effective 1/1/2013 and subsequent.

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APPLICABLE TO ASSIGNED RISK POLICIES ONLY

MISCELLANEOUS VALUES

Basis of premium applicable in accordance with ***Basic Manual*** footnote instructions for Code 7370 -- "Taxicab Co.":

Employee operated vehicle	$91,700
Leased or rented vehicle	$61,100

Catastrophe (other than Certified Acts of Terrorism) - (Assigned Risk) 0.01

Expense Constant applicable in accordance with ***Basic Manual*** Rule 3-A-11

Excluding Per Capita Codes	$220
Per Capita Codes Only	$125

Loss Sensitive Rating Plan (LSRP) - The factors which are used in the calculation of the LSRP are as follows:

Basic Premium Factor	0.40
Minimum Premium Factor	0.75
Maximum Premium Factor	1.75
Loss Conversion Factor	1.171
Tax Multiplier	1.031

Loss Development Factors	
1st Adjustment	0.32
2nd Adjustment	0.23
3rd Adjustment	0.19
4th Adjustment	0.16

Maximum Weekly Payroll applicable in accordance with the ***Basic Manual*** footnote instructions for Code 9178 -- "Athletic Sports or Park: Non-Contact Sports," and Code 9179 -- "Athletic Sports or Park: Contact Sports" $1,200

Maximum Weekly Payroll applicable in accordance with ***Basic Manual*** Rule 2-E -- "Executive Officers or members of limited liability companies" $2,400

Minimum Weekly Payroll applicable in accordance with ***Basic Manual*** Rule 2-E -- "Executive Officers or members of limited liability companies" $1,200

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APPLICABLE TO ASSIGNED RISK POLICIES ONLY

MISCELLANEOUS VALUES (cont.)

Premium Reduction Percentages - The following percentages are applicable by deductible amount and hazard group for total losses on a per claim basis:

Total Losses							
Deductible	**HAZARD GROUP**						
Amount	**A**	**B**	**C**	**D**	**E**	**F**	**G**
$1,000	3.4%	2.5%	2.2%	1.8%	1.4%	1.1%	1.0%
$5,000	8.8%	6.8%	6.2%	5.2%	4.3%	3.5%	3.1%
$10,000	12.5%	10.0%	9.3%	7.9%	6.6%	5.6%	4.9%

Premium Determination for Partners and Sole Proprietors in accordance with ***Basic Manual*** Rule 2-E-3 (Annual Payroll)…… $61,100

Premium Discount Percentages- (See ***Basic Manual*** Rule 3-A-19-a.) The following premium discounts are applicable to Standard Premiums:

First	$10,000	-
Next	$190,000	5.1%
Next	$1,550,000	6.5%
Over	$1,750,000	7.5%

Terrorism (Assigned Risk)…… 0.02

United States Longshore and Harbor Workers' Compensation Coverage Percentage applicable only in connection with ***Basic Manual*** Rule 3-A-4…… 28%

(Multiply a Non-F classification rate by a factor of 1.28 to adjust for the difference in state and federal benefits only.)

Workers Compensation Administration Funds Assessment factors applicable in accordance with the Connecticut State Rule Exception to ***Basic Manual*** Rule 3-A-13 (expressed as a percentage of premium):

Industrial Classifications and Maritime/FELA (Program I and Program II State Act)…… 1.6%
F Classifications and Maritime/FELA (Program II USL Act)…… 4.0%

Experience Rating Eligibility

A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or last two years of the experience period produced a premium of at least $11,000. If more than two years, an average annual premium of at least $5,500 is required. The ***Experience Rating Plan Manual*** should be referenced for the latest approved eligibility amounts by state.

CONNECTICUT

WORKERS COMPENSATION LAW-ONLY FILING – APRIL 1, 2015

NCCI KEY CONTACTS

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A M C O INSURANCE COMPANY
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ACCIDENT FUND GENERAL INS CO
ACCIDENT FUND INS CO OF AMERICA
ACCIDENT FUND NATIONAL INS CO
ACE AMERICAN INSURANCE COMPANY
ACE FIRE UNDERWRITERS INSURANCE COMPANY
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ACIG INS CO
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ADVANTAGE WC INSURANCE CO
AIG ASSURANCE COMPANY
AIG PROPERTY CASUALTY COMPANY
AIOI NISSAY DOWA INS CO OF AMERICA
AIU INSURANCE CO (NATIONAL UNION FIRE OF PITTS PA)
ALL AMERICA INS CO
ALLIED INSURANCE COMPANY OF AMERICA
ALLIED PROPERTY AND CASUALTY INS CO
ALLMERICA FINANCIAL BENEFIT INS CO
AMERICAN ALTERNATIVE INSURANCE CORPORATION
AMERICAN AUTOMOBILE INSURANCE CO
AMERICAN CASUALTY COMPANY OF READING P A
AMERICAN COMPENSATION INS CO
AMERICAN ECONOMY INS CO
AMERICAN FAMILY HOME INS CO
AMERICAN FIRE AND CASUALTY CO
AMERICAN GUARANTEE AND LIABILITY INS CO
AMERICAN HOME ASSUR CO-NATIONAL UNION FIRE OF PIT
AMERICAN INS CO
AMERICAN MINING INS CO
AMERICAN MODERN HOME INS CO
AMERICAN STATES INS CO A SAFECO COMPANY
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CONTINENTAL INDEMNITY CO
CONTINENTAL INS CO
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EXCELSIOR INSURANCE COMPANY
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FARMINGTON CASUALTY COMPANY
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HARTFORD INS CO OF THE SOUTHEAST
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IMPERIUM INSURANCE COMPANY
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INS CO OF GREATER NY
INS CO OF NORTH AMERICA
INS CO OF THE STATE PA
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LIBERTY MUTUAL INS CO
LION INSURANCE COMPANY
LM INS CORP
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MA BAY INS CO
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NATIONWIDE MUTUAL FIRE INS CO
NATIONWIDE MUTUAL INS CO
NATIONWIDE PROPERTY AND CASUALTY INS CO
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PREFERRED PROFESSIONAL INSURANCE COMPANY
PROPERTY AND CASUALTY INS CO OF HARTFORD
PROTECTIVE INS CO
PUBLIC SERVICE INSURANCE COMPANY
QBE INSURANCE CORPORATION
REDWOOD FIRE & CASUALTY INS CO
REGENT INSURANCE COMPANY
REPUBLIC FRANKLIN INS CO
REPUBLIC INDEMNITY CO OF CA
REPUBLIC INDEMNITY COMPANY OF AMERICA
REPUBLIC UNDERWRITERS INSURANCE CO
RIVERPORT INSURANCE COMPANY
RLI INSURANCE COMPANY
SAFECO INS CO OF AMERICA
SAFETY FIRST INS CO
SAFETY NATIONAL CASUALTY CORP
SAGAMORE INSURANCE CO
SAMSUNG FIRE AND MARINE INS CO LTD USB
SECURITY NATIONAL INS CO (AMTRUST GROUP)
SELECTIVE INS CO OF SC
SELECTIVE INS CO OF THE SOUTHEAST
SELECTIVE INSURANCE COMPANY OF AMERICA
SELECTIVE WAY INS CO
SENECA INSURANCE CO
SENTINEL INS CO
SENTRY CASUALTY CO
SENTRY INSURANCE A MUTUAL CO
SENTRY SELECT INSURANCE COMPANY
SOMPO JAPAN INSURANCE CO OF AMERICA
ST PAUL FIRE AND MARINE INS CO
ST PAUL GUARDIAN INS CO
ST PAUL MERCURY INS CO
ST PAUL PROTECTIVE INS CO
STANDARD FIRE INSURANCE COMPANY
STAR INS CO
STARNET INSURANCE COMPANY

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STARR INDEMNITY AND LIABILITY CO
STATE AUTO PROPERTY AND CASUALTY INS CO
STATE AUTOMOBILE MUTUAL INS CO
STATE FARM FIRE AND CASUALTY CO
STATE NATIONAL INSURANCE COMPANY
STONINGTON INS CO
STRATHMORE INS CO
T H E INSURANCE COMPANY
TECHNOLOGY INSURANCE CO
THE TRAVELERS CASUALTY COMPANY
TNUS INSURANCE CO
TOKIO MARINE AMERICA INSURANCE CO
TRANS PACIFIC INS CO
TRANSGUARD INS CO OF AMERICA INC
TRANSPORTATION INS CO
TRAVELERS CASUALTY & SURETY CO OF AMERICA
TRAVELERS CASUALTY AND SURETY CO
TRAVELERS CASUALTY INS CO OF AMERICA
TRAVELERS COMMERCIAL INS CO
TRAVELERS INDEMNITY CO
TRAVELERS INDEMNITY CO OF AMERICA
TRAVELERS INDEMNITY CO OF CT
TRAVELERS INSURANCE CO
TRAVELERS PROPERTY CASUALTY CO OF AMERICA
TRI STATE INSURANCE COMPANY OF MINNESOTA
TRIUMPHE CASUALTY COMPANY
TRUCK INSURANCE EXCHANGE
TRUMBULL INS CO
TWIN CITY FIRE INS CO
UNION INSURANCE COMPANY
UNITED STATES FIDELITY AND GUARANTY CO
UNITED WI INS CO
US FIRE INS CO
UTICA MUTUAL INS CO
UTICA NATIONAL ASSURANCE CO
VALLEY FORGE INS CO
VANLINER INS CO
VIGILANT INS CO
WAUSAU BUSINESS INSURANCE COMPANY
WAUSAU UNDERWRITERS INSURANCE COMPANY
WESCO INSURANCE COMPANY (AMTRUST GROUP)

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WEST AMERICAN INS CO
WESTCHESTER FIRE INSURANCE COMPANY
WESTPORT INSURANCE CORPORATION
WORK FIRST CASUALTY CO
XL INS CO OF NY INC
XL INSURANCE AMERICA INC
XL SPECIALTY INS CO
ZENITH INS CO
ZURICH AMERICAN INS CO
ZURICH AMERICAN INS CO OF IL