



July 17, 2008

*Contact: Martin Heagen, VP & Actuary
Ext. 117, mheagen@nycirb.org*

R.C. 2175

To the Members of the Board

- Re: New York Workers Compensation Statistical Plan Revisions**
- a. Terrorism and Catastrophe Statistical Code Definitions**
 - b. Elimination of Individual Case Reports**
 - c. Implementation of Loss Costs**
-

The Board of Governors has authorized, and the New York State Insurance Department has approved, revisions to the New York Workers Compensation Statistical Plan pertaining to the Terrorism Risk Insurance Reauthorization Act, the elimination of Individual Case Reports and changes necessitated by the implementation of loss costs.

- a. With the advent of the Terrorism Risk Insurance Program Reauthorization Act of 2007 (TRIPRA), the distinction between foreign and domestic terrorism was eliminated and the Act now provides coverage for all acts of terrorism.

At the present time, the charges and statistical coding relating to terrorism are distinct for foreign and domestic terrorism. Statistical code 9740 is used to capture the premium charged for foreign terrorism and code 9741 is used to capture the premium charged for domestic terrorism, earthquakes, natural disasters and industrial catastrophes (DTEC).

To properly capture the premium charged for acts of terrorism as now defined by TRIPRA, as well as to segregate the charge for natural disasters and catastrophic industrial accidents, Codes 9740 and 9741 are being maintained, but with revised definitions as follows:

Code 9740 – Premium Amount Charged for Terrorism

Code 9741 – Premium Amount Charged for Natural Disasters and Catastrophic Industrial Accidents

These changes are applicable to policies with anniversary rating dates of October 1, 2008 and thereafter.

- b. Individual Case Reports (ICRs) are currently required to be filed in New York, in conjunction with the filing of unit statistical reports, for death and permanent total claims.

*** Part Two ***

Although, when first initiated, the ICR data was considered to be a source of valuable additional information beyond what was captured on unit reports, its limitation to only death and permanent total cases, as well as the limited information on the reports, resulted in minimal credible data being available for analysis. More importantly, the introduction of NCCI's Detailed Claim Information (DCI) system has greatly diminished the benefit to both the carriers and the Rating Board of collecting the ICR information. Since New York participates as a DCI state, the carriers are providing more detailed New York data than can be captured on the ICRs. Recently, NCCI introduced an expanded DCI, which totally obviates the need to continue collecting ICRs on future claims. The redesigned DCI program reporting begins with claims first reported to insurers in September 2009.

In order to phase out ICR reporting for New York in an orderly fashion, *the requirement for the reporting of ICRs is being eliminated for the submissions of unit statistical reports for policies effective January 1, 2008 and later.* For policies effective prior to January 1, 2008, ICRs will continue to be reported in the current manner. A revised Part V, Page 36 of the New York Statistical Plan is attached for your reference.

- c. With the recent issuance of Circular Letter No. 6 by the Insurance Department, loss costs will form the basis for individual carrier manual rates as of October 1, 2008. Since the New York Statistical Plan is currently structured for an administered pricing environment, certain changes to the Plan are necessary to reflect the change to loss costs.

A complete revised Part III of the Statistical Plan is attached. These pages include changes to major items such as carrier deviations, the removal of references to Rating Board manual rates and the above described terrorism definitions, as well as other changes that are editorial in nature. These changes are effective October 1, 2008, which coincides with the effective date of the loss costs.

Workers Compensation Manual pages, containing the above described revisions, will be published in the New York Statistical Plan as soon as they are available.

Very truly yours,

Monte Almer

President

MH/ab
Encl.

PART III—REPORTING INSTRUCTIONS—EXPOSURE AND PREMIUM

Note: Those fields appearing on the Unit Statistical Report for which no reporting instructions are provided may be left blank.

1. Update Type

Leave this field blank on an original First Report submission. For correction and subsequent submissions, report a "P" if the data was previously reported, and report an "R" for the revised data. *Refer to Part VI for further instructions.*

2. Exposure Coverage Code (Act)

Report the code that identifies the type of exposure coverage.

<u>Code</u>	<u>Description</u>
01	State Act or Federal Act excluding USL&H and Federal Coal Mine Health and Safety Act
02	USL&H "F" or USL&H coverage on Non "F" classes

3. Class Code

Report the 4-digit code corresponding to the classification assigned to the insured according to the rules of the New York Workers Compensation and Employers Liability Manual or the statistical code defined by the Rating Board.

4. Exposure Amount

Exposures are required for all classifications except those specifically indicated as exceptions in this Plan.

When reporting a no exposure developed unit report, leave the exposure field blank.

The exposure reported shall be the audited exposure corresponding to the charged premium amount. When a final audit has not been made at the time of filing a statistical report, the "Estimated Exposures" box in the "Policy Conditions" section should be marked with the symbol "Y" and **must** be replaced by a revised report as soon as the audited payrolls are available.

The exposure reported shall be the payroll for the corresponding classification except for those classifications listed as exceptions in this Plan.

For Classification Code 9028 (Building Operation—NOC), actual payrolls shall be reported, but in no event less than the minimum aggregate payroll set forth in the New York Workers Compensation and Employers Liability Manual.

Payrolls must be appropriately separated as of the effective date of the change whenever there is a change in experience modification.

For those classifications that have an exposure based on other than payroll, report as follows:

a. Per Capita Classifications

An employee covered under a per capita classification for a period of one year shall be reported as an exposure of 1.0. For coverage less than one year, the exposure reported shall be that decimal part of a year, expressed to the nearest tenth, for which the coverage is in effect. Refer to the following table:

<u>Individual Durations of Coverage Between</u>				<u>To Be Reported As</u>	
	0 days	to	17 days		0 year
	18 days	to	1 month	23 days	.1 year
1 month	24 days	to	less than	3 months	.2 year
3 months		to	4 months	5 days	.3 year
4 months	6 days	to	5 months	11 days	.4 year
5 months	12 days	to	6 months	17 days	.5 year
6 months	18 days	to	7 months	23 days	.6 year
7 months	24 days	to	less than	9 months	.7 year
9 months		to	10 months	5 days	.8 year
10 months	6 days	to	11 months	11 days	.9 year
11 months	12 days	to	one year		1.0 year

Example: An employee covered for six months shall be reported as an exposure of 0.5. Exposure shall be governed by the duration of coverage and not by the number of days worked.

b. Aircraft Operation—Passenger Seat Exposure

Report the number of seats under Classification Code 9108. The exposure to be reported shall be 1.0 per seat. This code is not subject to experience rating and shall be reported on Lines D, E, or F.

c. Per Location

The exposure under Code 9027 (Building Operation—Dwelling) shall be reported in accordance with the rules specified above for Per Capita classifications, treating one location year exposure as an exposure of 1.0.

★ **d. Volunteer Firefighters**

The population of the "home area" shall be reported under Code 7711 in parentheses in the exposure field and the corresponding premium shall be reported in the premium field.

Where there are separate charges for servicing other areas under contract, the experience report shall show as separate items the following:

- ★ (1) The number of contracts for servicing other "home areas" shall be shown in parentheses in the exposure column and the total of the charges shall be shown in the premium column. It is not necessary to list each such charge separately.
- (2) For each "outside area", show the population in parentheses in the exposure column and the corresponding premium in the premium column. For these items, report 1.00 in the manual rate field. Where only a proportionate share of the total premium for the "outside area" is paid because the "outside area" is covered by more than one contract, indicate in the manual rate field the ratio of the contract price for the "home area" to the contract price for all areas servicing such "outside area".

Example: If the contract price for the "home area" is 25% of the total contract price for all areas, show .25 in the manual rate field.

e. Volunteer Ambulance Workers

The number of ambulances servicing the ambulance district shall be reported under Code 7370 in the exposure field and the corresponding premium shall be reported in the premium field. The exposure should be reported in accordance with the rules specified above for Per Capita classifications, treating one ambulance year exposure as an exposure of 1.0.

5. Manual Rate

- ★ Report the applicable carrier rate corresponding to each classification. When reporting a no exposure developed unit report, leave the manual rate field blank. If a carrier has received regulatory approval for a rate deviation, applicable to policies effective prior to October 1, 2008, and the deviation was applied directly to the rate, then that deviated rate should be shown in the manual rate column.
- ★ **Note:** IF A CARRIER HAS AN APPROVED RATE DEVIATION, APPLICABLE TO POLICIES EFFECTIVE PRIOR TO OCTOBER 1, 2008, WHICH WAS APPLIED TO THE MANUAL PREMIUM (EITHER BEFORE OR AFTER ANY EXPERIENCE MODIFICATION), THEN THE MANUAL RATE (WITHOUT DEVIATION) MUST BE REPORTED IN THE MANUAL RATE FIELD.

In the case of split rates due to:

a. A Flat Increase or Decrease on an Outstanding Policy

- ★ The additional premium resulting from a flat increase shall be reported under Classification Code 0998. The premium credit resulting from a flat decrease shall be reported under Classification Code 0994.
- or

- ★ The payroll, manual rate and corresponding premium may be split. The inception date of each period covered must be shown in the "Rate Effective Date" field.

b. The Anniversary Rating Date Differing from the Policy Effective Date.

- ★ The payroll, rate and corresponding premium must be split. The inception date of the period covered must be shown in the "Rate Effective Date" field.

6. Premium Amount Subject to Experience Modification—Above Line A

Report the premium by classification as determined by:

a. Extension of Payroll

The premium obtained by extension of payroll or other exposure bases at the applicable manual rate shall be reported corresponding to the appropriate class code.

b. Other Than Extension of Payroll

This premium does not vary by exposure and shall be reported under the appropriate statistical code.

(1) Construction Employment Territory Differential Premium

For construction employers subject to Rule V.G. of the New York Workers Compensation and Employers Liability Manual, report the premium resulting from the application of territory differentials.

- a. Code 9126 - Territory 1 Differential Premium—Counties of The Bronx, Kings, New York, Queens and Richmond
- b. Code 9127 - Territory 2 Differential Premium—Counties of Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester
- c. Code 9128 - Territory 3 Differential Premium—All Other Counties

★ **Note:** Exposures are not applicable to these codes.

(2) Drug-Free Workplace Premium Credits

For policies written in conjunction with a carrier filed Drug-Free Workplace Program, report the premium credit amount under Code 9841 when filed subject to experience rating.

(3) Employers Liability Increased Limits

Refer to Part VIII for the appropriate statistical codes to report the premium charged for providing increased limits for Coverage B for employees not subject to the New York Workers' Compensation Law. In those cases where the calculated charge is less than any minimum charge for the selected limits, the additional premium required to balance to such minimum charge shall be reported under Statistical Code 9848.

(4) Flat Decrease/Increase on Outstanding Policies

Refer to Item 5a of this Part.

(5) Indemnity and/or Medical Deductible Programs

Refer to Item 11 of this Part.

(6) No Exposure/Premium Developed

Report \$0 of premium under Code 1111.

NEW YORK WORKERS COMPENSATION STATISTICAL PLAN

2nd Reprint

Effective October 1, 2008

PART III

(7) **Premium for the Extension of Employers Liability Coverage to Additional Interests Under a Volunteer Ambulance Workers' Benefit Law (VAWBL) or Volunteer Firefighters' Benefit Law (VFBL) policy**

Report the premium charged for this additional coverage under Code 9851 for VAWBL policies endorsed by WC 31 06 13, and under Code 9850 for VFBL policies endorsed by WC 31 06 07.

★ (8) **Rate Deviations** (only applicable to policies effective prior to October 1, 2008)

Refer to Item 12b of this Part.

(9) **Repatriation Expense**

Report the premium charged for repatriation expense on policies endorsed by WC 31 06 17, Foreign Voluntary Coverage, under Code 9606.

(10) **Uninsured Subcontractors Flat Policy Charge**

Report the premium charged for coverage provided for uninsured subcontractors as determined according to Rule IX.C.3 of the New York Workers Compensation and Employers Liability Manual under Code 0061.

(11) **Waiver of Subrogation Premium**

Report the premium charged for the waiver of subrogation as calculated according to Note 3 of WC 00 03 13 in the New York Workers Compensation and Employers Liability Manual under Code 0930.

7. Total Subject Premium—Line A

Report the sum of premium amounts subject to experience modification.

Note: If experience is reported on a split basis, the Total Subject Premium shall be reported separately for each portion of the split. If the split portion consists of multiple pages, report the Total Subject Premium on the last page of each split portion.

8. Experience Modification—Line B

Report the experience modification factor, expressed as a decimal, applicable to the policy.

★ If a change in experience modification occurs subsequent to the policy effective date due to an Anniversary Rating Date change, the payrolls, rates and corresponding premiums must be split and reported on separate pages of a unit report. The inception date of each period covered shall be reported in the "Mod Effective Date" field.

Leave blank for policies not subject to experience modification. *Refer to Item 10g of this Part for instructions on reporting Merit Rating credits and debits.*

9. Total Modified Premium—Line C

Report the product of the Total Subject Premium (Line A) and the Experience Modification (Line B).

Note: If experience is reported on a split basis, the Total Subject Premium shall be reported separately for each portion of the split. If the split portion consists of multiple pages, report the Total Subject Premium on the last page of each split portion.

For policies not subject to experience modification, leave this field blank.

10. Premium Not Subject To Experience Modification—Lines D, E and F

Report the classification codes and corresponding exposures and rates (if applicable) and premium amounts for those classifications not subject to experience modification.

a. Aircraft Operation—Passenger Seat Surcharge

Report the premium charged for this exposure under Code 9108.

b. Atomic Energy Radiation Exposure

Refer to Part I, Item 9.

c. Construction Classification Premium Adjustment Program Credit

Report the premium credit amount as a result of this program under Code 9046.

d. Drug-Free Workplace Premium Credits

For policies written in conjunction with a carrier filed Drug-Free Workplace Program, report the premium credit amount under code 9846 when filed not subject to experience rating.

e. Indemnity and/or Medical Deductible Programs

Refer to Item 11 of this Part.

f. Managed Care/Preferred Provider Organization Premium Credit

For policies written in conjunction with a carrier filed and approved Managed Care or Preferred Provider Organization program, report the premium credit amount under code 9874.

g. Merit Rating Credits/Debits

For policies with a merit rating factor of .92, report the premium **credit** amount under Code 9885. For policies with a merit rating factor of 1.04 or 1.08, report the premium **debit** amount under Codes 9896 and 9886, respectively. For policies with a merit rating factor of 1.00, report a zero dollar amount under code 9884.

h. Minimum Premium Policies

Refer to Item 13 of this Part.

i. Non-Ratable Element Codes

★ For classification codes containing non-ratable elements, report the exposure amounts, rates and premium amounts under the associated statistical codes listed in Part VIII.

★ j. Rate Deviations (only applicable to policies effective prior to October 1, 2008)

Refer to Item 12c of this Part.

k. Safety Investment Premium Credit

Report the premium credit as a result of this program under Code 9748.

I. Short Rate Penalty Premium

For policies canceled on a short rate basis, report the additional premium resulting from the application of the Short Rate Cancellation Rule (Rule X.D) in the New York Workers Compensation and Employers Liability Manual under Code 0931.

★ m. Workplace Safety and Loss Consultation Premium Surcharge

Report the premium surcharge amount as a result of New York's Compulsory Workplace Safety and Loss Consultation Program under Code 9747.

11. Deductibles

Report above Line A the premium credit amount for deductible programs under Code 9664 for credits subject to experience rating, i.e., calculated prior to the application of the experience modification. Report on Lines D, E, or F the premium credit amount for deductible programs under Code 9663 for credits not subject to experience rating, i.e., calculated after the application of the experience modification.

★ 12. Deviations (only applicable to policies effective prior to October 1, 2008)

If a carrier has received regulatory approval to deviate from Rating Board manual rates, unit statistical reports shall be submitted in accordance with the provisions of this Plan, such that if the approved deviation is applied:

a. Directly to Rating Board Rates

Report the authorized (deviated) rates and the resultant premiums in the appropriate columns for each classification.

b. As a Flat Percentage to the Total Premium Before the Application of Experience Modification

Report the Rating Board manual rates and the resultant premiums in the appropriate columns for each classification.

Report the premium **credit** adjustment amount resulting from the application of a deviation factor less than 1.00 under Statistical Code 9037. Report the premium **debit** adjustment amount resulting from the application of a deviation factor greater than 1.00 under Statistical Code 9039. Report these statistical codes and corresponding premium amounts above Line A.

c. As a Flat Percentage to the Total Premium After the Application of Experience Modification

Report the Rating Board manual rates and the resultant premiums in the appropriate columns for each classification.

Report the premium **credit** adjustment amount resulting from the application of a deviation factor less than 1.00 under Statistical Code 9034. Report the premium **debit** adjustment amount resulting from the application of a deviation factor greater than 1.00 under Statistical Code 9036. Report these statistical codes and corresponding premium amounts on Lines D, E, or F.

Note: A carrier authorized to apply a deviation must use only one of the above described report procedures.

13. Minimum Premiums**a. Other than Maritime or FELA**

- ★ When the premium, including the expense constant, is less than any policy minimum premium, the additional premium necessary to balance to the minimum premium shall be assigned to Statistical Code 0990 and reported on Lines D, E, or F. The amount reported under this statistical code should not include the expense constant.

If the minimum premium applies to a multistate policy, the additional premium required to bring the total risk standard premium up to the minimum premium shall be allocated to the state with the highest minimum premium.

b. Maritime or FELA

- ★ When manual premium is developed under Maritime or FELA classifications and where such premium together with any Maritime or FELA increased limits charge is less than any Maritime or FELA minimum premium, the additional premium required to equal such separate minimum premium shall be assigned to Statistical Code 9849 and reported on Lines D, E, or F.

14. Total Standard Exposure—Line G

Report the sum of all payroll exposures above Line A. For multi-page unit reports, report this total on the last page only.

15. Total Standard Premium—Line G

Report the sum of all premium dollars, both subject and not subject to modification, which are to be included in standard premium. For multi-page unit reports, report this total on the last page only.

This total must exclude the amounts for premium discount and expense constant referenced in Items 16 and 17.

16. Premium Discount Amount—Line H

- ★ Report the premium adjustment resulting from the application of a premium discount plan under Class Code 0063 (stock discount) or 0064 (non-stock discount). Do not include the premium discount amount in the total standard premium.

17. Expense Constant Amount—Line I

- ★ Report the premium adjustment resulting from the application of an expense constant under Class Code 0900. Do not include the expense constant amount in the total standard premium.

For multi-state policies, allocate the expense constant to the state with the highest applicable expense constant. If two or more states have the same highest expense constant, allocate it to the state developing the highest standard premium.

★ 18. Premium To Be Reported Below Line I

★ a. Catastrophe Provision for Terrorism

Report the premium amount charged for terrorism under Code 9740 on the line under the Expense Constant.

★ b. Catastrophe Provision for Natural Disasters and Industrial Accidents

Report the premium amount charged for natural disasters and catastrophic industrial accidents under Code 9741 on the line under the charge for terrorism.

c. New York Workers Compensation Security Fund Surcharge

Report the surcharge amount under Class Code 9749. Do not include the Security Fund surcharge amount in the total standard premium.

PART V—INDIVIDUAL CASE REPORTS

1. Definitions

a. Individual Case Report

- ★ A supplemental report required to be submitted to the Rating Board on specific claims on policies effective prior to January 1, 2008 providing detailed descriptive data on the particulars of the claim. ***Individual Case Reports are not required for policies effective on or after January 1, 2008.***

b. Pension Benefits

Indemnity benefits reserved on the basis of life expectancy or mortality tables and which are payable on a regular basis (weekly, monthly, annually) for the entire lifetime of a particular individual.

c. Transaction Type

A one-digit code required to interface the particular Individual Case Report being submitted with the Rating Board's Individual Case Report data collection system.

2. General Instructions

- a. An Individual Case Report shall be submitted to the Rating Board for:

- (1) All permanent total claims established on a life pension basis.
- (2) All death claims established on a life pension basis.

Individual Case Reports shall be submitted concurrently with the submission of the corresponding unit statistical report. All information on Individual Case Reports must agree with the information on the corresponding unit statistical report.

- b. Individual Case Reports, in connection with up to ten subsequent reportings of experience, are required only if:

- ★ (1) The policy under which the claim is reported has an effective date prior to January 1, 2008.
- (2) There are changes in the valuation of the incurred value of the claim, changes to the class code, or changes to the injury type from a previously submitted Individual Case Report.
- (3) The claim was subsequently reopened under death or permanent total status.
- (4) The claim is a death or permanent total and was previously unreported.

Claims which were not initially reported as death or permanent total on unit statistical reports, but subsequently change to death or permanent total status and are established on a life pension basis, require an Individual Case Report to be submitted concurrently with the unit statistical report as of the next normal valuation date. These Individual Case Reports are to be coded with the Report Number corresponding to that valuation and would be assigned Transaction Type Code 1. Such reports must include all losses incurred prior to the status change.

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