

**CALIFORNIA DEPARTMENT OF INSURANCE**

**WORKERS' COMPENSATION INSURANCE -- RATE FILING FORM**

**1. General Filing Information**

Insurer NAIC company code: \_\_\_\_\_

NAIC group code: \_\_\_\_\_

Your file number: \_\_\_\_\_

Latest applicable CDI file #  
in this line, sub-line, or program. \_\_\_\_\_

Insurer name & address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of person responsible for filing: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone no: \_\_\_\_\_

FAX no: \_\_\_\_\_

Internet/E-Mail address: \_\_\_\_\_

Proposed effective date - This filing will apply to new & renewal policies as of: \_\_\_\_\_

Proposed overall rate level change: \_\_\_\_\_% (required)

Proposed overall change in collectible premium: \_\_\_\_\_% (required)

Insurer direct written premium for Calendar Year 20\_\_\_\_:

California workers' compensation: \$ \_\_\_\_\_

Aggregate, all lines, all states: \$ \_\_\_\_\_

Aggregate in California workers' comp. in the  
classes or program affected by this rate filing. \$ \_\_\_\_\_

**For Department of Insurance use only**

RFB/WC File Number:

Date Received

The insurer's manual rates will be the combination of the pure premium rates and the final pure premium rate modifier (inclusive of any deviations) the insurer specifies under item 2C, on page CA-WC 2. The rates will apply to policies issued on and after the effective date of the rate filing and may not apply on a mid-term basis.

Company Name: \_\_\_\_\_

**2. Pure Premium Rate Filings**

**A. Pure Premium Rate Deviation (If any)**

*(Complete A.1 or A.2, or both. Permits: deviation from the advisory Loss & LAE provisions; & tiered rating)*

1 \_\_\_\_\_ By reference to Department of Insurance Ruling # \_\_\_\_\_ Effective Date: \_\_\_\_\_

a. Pure premiums without deviation (factor = 1.00) \_\_\_\_\_

b. Pure premiums with the following deviations *(check one)*:

(1) \_\_\_\_\_ Uniform class modification, factor = \_\_\_\_\_  
*(Provide supporting Loss & LAE data and rationale.)*

(2) \_\_\_\_\_ Selected class modifications. *(Provide a list of deviations and classifications to which they apply. Include supporting Loss Ratio data)*

2 \_\_\_\_\_ Non-reference filing. Insurer has developed and filed pure premiums and rates without reference to, or reliance on, the approved pure premiums of the WCIRB.  
*(Non-reference filings must include sufficient actuarial justification that follows the scope and format the WCIRB has filed to support its most recent filing)*

**B. Underwriting Expense Loading = [1/ line 10 total, expressed as a factor]: \_\_\_\_\_**

*Projected expenses (ratio to standard premium at proposed company rates).*

1. Commission \_\_\_\_\_ %

2. Other acquisition expense \_\_\_\_\_ %

3. General expense \_\_\_\_\_ %

4. Taxes, licenses, & fees \_\_\_\_\_ %

5. Profit & contingencies, including offset for investment income \_\_\_\_\_ %

(Investment income, separately stated \_\_\_\_\_ %)

*(= profit & contingency provision minus investment income provision. Attach an exhibit showing how the insurer arrived at its underwriting profit load and how it reflected investment income in the derivation of the profit loading)*

6. Lobbying & political advertising expense \_\_\_\_\_ %

7. Penalties, fines and bad faith judgments \_\_\_\_\_ %

8. Other off-balance provisions *(provide supporting exhibit)* \_\_\_\_\_ %

9. TOTAL PROJECTED EXPENSES \_\_\_\_\_ %

10. Permissible Loss and LAE Ratio (= 100% minus line 9) \_\_\_\_\_ %

**C. Final Pure premium rate modifier (A x B) \_\_\_\_\_**

*(Applies to pure premium rates after any deviations & after the projected expense loading above)*

Company Name: \_\_\_\_\_

D. Historical Losses, LAE, and Expenses Attach an exhibit that details the insurer's expenses in the above categories for the last 3 years ending 12/31/11, and include a complimentary 3 year historical Loss & LAE exhibit, and Projected Loss Ratio. Provide an actuary's opinion pursuant to Section 2509.32 (j) of the Regulations.

**3. New or Revised Rating Plans and Supplementary Rate Information**

For each new rating plan filing or revision, submit exhibits, manuals, and supporting documentation that explains how the plan applies and how the rates or factors in this plan will be applied. For each item checked in the left column, state the source of the plans in the right column. If your company is adopting by reference an unmodified WCIRB rating plan, do not submit a copy of the entire plan. Simply reference the Bureau plan below, and provide the expense related rating values used in computing the premiums.

Check off new submissions or revisions affected by this filing in the left column. Indicate source of affected rating plan or program in the right column.

<b>SOURCE CODES:</b>	<b>WCIRB: 1</b>	<b>NCCI: 2</b>	<b>INDEPENDENT/INSURER: 3</b>	<b>OTHER: 4</b>
_____ Classification Minimum Premiums				_____
_____ Expense Constants, Policy Fees, or other Fixed Policy Charges				_____
_____ Retrospective Rating Plan(s)				_____
_____ Claim Deductible / Loss Reimbursement Plan(s)				_____
_____ Rating and Underwriting Manual				_____
_____ Premium (size-of-risk) Discount				_____
_____ Schedule Rating or other Merit Rating plan(s)				_____
_____ Excess Workers' Compensation Rates				_____
_____ Group Insurance Program				_____
_____ Managed Care / Coordinated Benefits Provision(s)				_____
_____ Waiver of Subrogation / Right to Recover Rates				_____
_____ Tiered Rating Underwriting Guidelines (intra-group placement criteria)				_____
_____ Installment Fees or Deposit Premium Schedules and Charges				_____
_____ Insolvent Insurer Experience Rating Adjustment Plan				_____
_____ Other Plan(s). Describe: _____				_____

Company Name: \_\_\_\_\_

**4. Classification System**

\_\_\_\_\_ Current WCIRB classification system adopted without modification. (Effective 1/1/2013)

\_\_\_\_\_ WCIRB classification system adopted with modifications. (Attach exhibits that (1) describe in detail all modifications and (2) demonstrate how the data thereby produced can be reported consistent with the Uniform Statistical Plan and include letter of certification from the WCIRB).

**5. Electronic Copy of Manual Rates**

\_\_\_\_\_ Provide copies of the Insurer's Manual Rates in pdf and Excel file formats.

**6. Signature Authorization**

\_\_\_\_\_  
*Signature of person responsible  
for filing*

\_\_\_\_\_  
*Signature/Title of corporate officer*  
**NOTE: This form must be signed by a  
legally responsible corporate officer.**

\_\_\_\_\_  
*Date signed*

\_\_\_\_\_  
*Date signed*