HISTORICAL WORKERS COMPENSATION CLAIMS & PREMIUM LEDGER

Policyholder Name: _____

FEIN: _____

Current Carrier: _____

Date Generated: _____

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1. Historical Premium & Payroll Summary

POLICY PERIOD	INSURANCE CARRIER	POLICY NUMBER	AUDITED PAYROLL ($)	EXPERIENCE MOD	AUDITED PREMIUM ($)	LOSS CONSTANT / FEES ($)
Total / Average						

2. Historical Claims Detail Ledger

POLICY YEAR	CLAIM NUMBER	DATE OF INJURY	CLAIMANT NAME	CLAIM STATUS (OPEN / CLOSED)	PAID MEDICAL ($)	PAID INDEMNITY ($)	RESERVED MEDICAL ($)	RESERVED INDEMNITY ($)	TOTAL INCURRED ($)
Total Outstanding & Paid Claims									

Notes: Paid Medical and Paid Indemnity reflect actual disbursements. Outstanding reserves represent estimated future liabilities for open claims. All figures should align with official loss runs from respective carriers.