



840 Helena Avenue
Helena, Montana 59601
Phone: 406.444.2040 or 800.332.6148
Fax: 406.444.3497
www.csi.mt.gov

MONTANA SUMMARY OF SUPPORTING INFORMATION FORM WORKERS COMPENSATION—INSURER RATE FILING ADOPTION OF ADVISORY/RATING ORGANIZATION LOSS COSTS

CALCULATION OF COMPANY LOSS COST MULTIPLIER

INSURER NAME _____ DATE _____

NAIC NUMBER _____

1. Does this filing apply to all classes contained in Item 4 of the Reference Filing Adoption Form?

◆ Yes ◆ No. If no, attach a list of affected classes or groups.

2. Loss Cost Modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing
(CHECK ONE):

☐ Without modification (factor = 1.000). ENTER IN 2B.

☐ With the following modification(s). (Cite the nature and percent modification to the
advisory organization's loss experience. Attach supporting data and/or rationale.) ENTER IN
2B.

B. Loss Cost Modification (expressed as a Factor): (A -25% modification would be expressed as
.750) _____

3. Development of Expected Loss and Loss Adjustment Expense Ratio. (Attach exhibit detailing
insurer expense data, impact of premium discount plans, and other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

A. Total Production Expense	_____	%
B. General Expense	_____	%
C. Taxes, Licenses and Fees	_____	%
D. Profit and Contingencies including offset for Investment Income	_____	%
E. Other (explain)	_____	%
F. Total	_____	%

4. Expected Loss and Loss Adjustment Expense Ratio: _____
ELR = 1.000 – 3F (expressed in decimal form)
5. Overall impact of expense constant and minimum premiums: _____
(A 2.3% impact would be expressed as 1.023)
6. Overall impact of size-of-risk discounts: _____
(An 8.6% impact would be expressed as 0.914)
7. Company Formula Loss Cost Multiplier: _____
Loss Cost Multiplier = $2B / [(6 - 3F) \times 5] =$
8. Company Selected Loss Cost Multiplier: _____
Attach exhibit explaining any differences between 7 and 8.
9. Company Selected Expense Constant: _____
10. Are you amending your minimum premium formula? ☐ Yes ☐ No. (If yes, attach documentation including rate level impact as well as changes in multipliers, expense constants, etc.)
11. Are you changing your premium discount schedules? ☐ Yes ☐ No. (If yes, attach schedules and support detailing premium or rate level change.)