



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

MONTANA REFERENCE FILING ADOPTION WORKERS COMPENSATION ADOPTION OF ADVISORY/RATING ORGANIZATION PROSPECTIVE LOSS COSTS

1. INSURER NAME _____ DATE _____

ADDRESS _____

CONTACT PERSON _____

TITLE _____

2. INSURER NAIC # _____

3. ADVISORY/RATING ORGANIZATION REFERENCE FILING # _____

4. CHECK ONE OF THE FOLLOWING:

The insurer hereby files to have one loss cost multiplier applicable to all loss costs filed by the advisory/rating organization.

The insurer hereby files to have various loss cost multipliers applicable to specific classifications or groupings which are referenced as follows:

(Attach a separate Calculation of Company Loss Cost Multiplier Form for each classification or grouping. Please duplicate forms as needed.)

5. A. PROPOSED RATE LEVEL CHANGE _____ % EFFECTIVE DATE _____

B. PROPOSED PREMIUM LEVEL CHANGE* _____ EFFECTIVE DATE _____

6. CHECK ONE OF THE FOLLOWING:

The insurer hereby files to its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or amended or withdrawn by the insurer.

The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

* The premium level change is the change in the insurer's annual collectible premium.