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) × 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.)