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.)