



OFFICE OF INSURANCE REGULATION

FINANCIAL SERVICES
COMMISSION

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GOVERNOR

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ATTORNEY GENERAL

NICOLE "NIKKI" FRIED
COMMISSIONER OF
AGRICULTURE

DAVID ALTMAIER
COMMISSIONER

January 4, 2021

Michael K. Cleary
Operations Manager
Florida Workers Compensation Jua
6003 Honore Avenue
Suite 204
Sarasota, FL 34238

RE: FLORIDA WORKERS COMPENSATION JUA
Workers' Compensation / Standard (160 + 16.0004)
Company File Number: N/A
OIR File Number: FWC 20-030124

Dear Michael Cleary:

The above captioned filing that makes changes to the FWCJUA Operations Manual to incorporate the January 1, 2021 rate changes in File Log Number FWC 20-030117 is hereby ordered approved effective January 1, 2021. This letter does not represent an approval of the rates and surcharges contained in the FWCJUA rate filing (FWC 20-030117). Included with this letter is an email with a link to the approved manual pages for the filing.

Please verify that these pages are the final printed manual pages and that the effective date noted above is correct. **If we do not hear from you within the next 10 days, we will assume that you have received a stamped copy of all manual pages applicable to this filing and that the effective dates are correct.**

Sincerely,

Greg Jaynes, ACAS, MAAA
Actuary
Property & Casualty Product Review Business Unit
850-413-5368
Greg.Jaynes@floiir.com

...

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Affirmative Action / Equal Opportunity Employer

Florida Office of Insurance Regulation

I-File Workflow System

Filing Number: 20-030124

Request Type: Stamped Only



FOR INFORMATIONAL PURPOSES ONLY

**Florida Workers Compensation
Joint Underwriting Association, Inc.**

Date Received: 11/25/2020
Date Of Action: 01/04/2021

P.O. Box 48957, Sarasota, FL 34230-5957
FL OFFICE OF INSURANCE REGULATION

• Tel (941) 378-7400 • Fax (941) 378-7405 • www.fwcjua.com

November 25, 2020

Mr. David Altmaier
Commissioner
Florida Office of Insurance Regulation
c/o Ms. Sandra Starnes
200 East Gaines Street
Tallahassee, FL 32399-0326

**Re: FWCJUA PLAN OF OPERATIONS REVISION:
OPERATIONS MANUAL PAGE REVISIONS TO IMPLEMENT FWCJUA RATES FILED
TO BECOME EFFECTIVE JANUARY 1, 2021 (File Log Number: 20-030117)**

Dear Mr. Altmaier:

In accordance with the provisions of Section 627.311(5), Florida Statutes, and at the direction of the Board of Governors of the Florida Workers' Compensation Joint Underwriting Association, Inc. ("FWCJUA"), an FWCJUA Plan of Operation revision is being filed for approval to become effective January 1, 2021. Specifically, the FWCJUA Operations Manual, a part of the Plan of Operation, must be revised to reflect the revised FWCJUA rates that were recently filed to become applicable to new and renewal business written on or after January 1, 2021.

Attached are the proposed revisions to the FWCJUA Operations Manual with changes shown in yellow highlight. For ease of reference, the current edition of the proposed revised pages has been included for review. To complete this filing, I have also included the revised FWCJUA Operations Manual pages in final format reflecting the revised rates.

Please contact me should you have any questions regarding this filing.

Respectfully submitted,

Florida Workers' Compensation Joint Underwriting Association, Inc.

Laura S. Torrence
Executive Director

Enclosures

c: FWCJUA Board of Governors
Tom Maida, *General Counsel*

BOARD OF GOVERNORS: Charlie Clary, *Chair*; Claude Revels, *Vice Chair*; Tasha Carter;
Debra Cerre-Ruedisili; Rob deViere; Cynthia Howard; Robert Moore; Rick Piedra; James Ward

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- period" refers to the experience period beginning on the first date immediately following the last date included within the Employer's experience rating modification rating, for purposes of securing FWCJUA coverage through the date immediately preceding the inception or renewal date of the FWCJUA policy.
- (b) A rated Employer shall provide his or her applicable experience rating worksheet at time of application.
 - (c) A rated Employer shall provide his or her entire loss history with corresponding policy premium generated by his or her prior workers compensation Insurer(s) for the rating period subsequent to the applicable experience rating period through the inception or renewal date of FWCJUA coverage.
 - (d) For non-rated Employers, "immediately preceding 3 years" is defined as 3 years prior to the inception or renewal date of the FWCJUA policy.
 - (e) A rated or non-rated Employer who is unable to produce the required loss history with corresponding policy premium generated by prior workers compensation Insurer(s) is deemed ineligible for Tier Two. **Exception:** If the Employer is unable to provide this information due to the insolvency of an Insurer, the Employer must submit the loss history and corresponding policy premium generated by the Receiver for the insolvent Insurer; however, if the Receiver is unable to produce such information, the Employer may submit an affidavit from the Employer and the Employer's insurance agent setting forth the loss history and the corresponding policy premium.
- (4) **Applicable Rates:** FWCJUA rates and minimum premiums
 - (5) **Applicable Surcharges & Fees:**
 - (a) \$475 flat fee
 - (b) 43% above voluntary comparable premium
 - (6) **Assessable Feature:** Tier 2 is not assessable.
- c. **Tier Three: (Rated and Non-rated Employers with "poor" loss experience)**
- (1) **Eligibility Criteria:** Includes all Insureds within the plan that are not eligible for Tier One or Tier Two.
 - (2) **Applicable Rates:** FWCJUA rates and minimum premiums
 - (3) **Applicable Surcharges & Fees:**
 - (a) \$475 flat fee
 - (b) 70% above voluntary comparable premium and the Assigned Risk Adjustment Program (ARAP)
 - (4) **Assessable Feature:** Tier 3 is an assessable rating tier. Employers qualifying for Tier 3 shall receive an assessable policy and shall be required to contribute on a pro-rata-earned-premium basis the money necessary to meet any assessment levied to cover any deficit attributable to Tier 3. Participants in Tier 3 may be assessed more than once, and any assessment may be made either while the Tier 3 policy is in effect or at any time after the termination, expiration or cancellation of the Tier 3 policy. Assessments levied against Tier 3 participants shall cover only the deficits attributable to Tier 3.

No Agency Producer fees are paid on any of the surcharges or fees listed above under Tiers 1, 2 or 3.

Employers are required to meet the eligibility criteria for Tiers 1, 2, and 3 at inception of a new or renewal policy, and the tier assignment shall apply throughout the policy period unless the tier assignment was incorrectly assigned or the Employer's experience rating modification or loss history report(s) with corresponding policy premium generated by prior workers compensation Insurer(s) valued as of the date immediately preceding the effective date of the new or renewal policy does not support the tier assignment.

8. Assigned Risk Adjustment Program (ARAP)

- a. **Eligibility:** An Employer shall be eligible for the Assigned Risk Adjustment Program if it is eligible for an experience rating modification and it qualifies for Tier 3. The application of this program is mandatory for all eligible Insureds and shall apply to all policies written for such Insureds. If an ARAP surcharge factor exists for an Employer qualifying for Tier 1 or Tier 2 it should not be applied to the FWCJUA policy.
- b. **ARAP Surcharge Formula:**
 - (1) After the calculation of the experience modification factor (M) for a particular Employer, the weighted test ratio (R) is calculated.

Effective January 1, 2021 applicable to new and renewed business.

APPLICABLE TO FWCJUA POLICIES ONLY 11/25/2020 01/04/2021
Date Of Action:

Surcharges applicable to voluntary comparable premium, Tier 1 – 5%, Tier 2 – 10%, Tier 3 – 70%
OFFICE OF INSURANCE REGULATION

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
0005	4.55	1846	1701	2.97	1260	2416	2.07	927
0008	3.74	1545	1710D	5.69	1900	2417	2.25	993
0016	6.88	1900	1741D	3.08	1301	2501	2.31	1016
0030	3.50	1457	1747	1.95	882	2503	1.08	560
0034	4.61	1868	1748	5.25	1900	2534	2.18	968
0035	3.08	1301	1803D*	7.69	1900	2570	3.77	1557
0036	5.77	1900	1853	2.12	945	2585	3.36	1405
0037	5.43	1900	1860	2.09	934	2586	3.72	1538
0042	7.10	1900	1924	2.39	1045	2587	2.48	1079
0050	5.62	1900	1925	3.88	1597	2589	2.82	1205
0052	4.55	1846	2003	3.50	1457	2600	3.77	1557
0059D	0.08	–	2014	5.18	1900	2623	6.13	1900
0065D	0.03	–	2016	2.78	1190	2651	2.78	1190
0066D	0.03	–	2021	2.81	1201	2660	2.52	1094
0067D	0.03	–	2039	2.70	1160	2670	1.82	834
0079	3.69	1527	2041	2.97	1260	2683	2.18	968
0083	6.74	1900	2065	2.86	1219	2688	2.23	986
0106	9.41	1900	2070	4.32	1760	2702*	8.32	1900
0113	4.48	1820	2081	4.68	1894	2710	9.50	1900
0153	4.82	1900	2089	4.04	1657	2714	6.01	1900
0170	2.46	1071	2095	4.42	1797	2731	4.52	1834
0173	0.93	505	2105	4.49	1823	2735	4.26	1738
0251	4.05	1660	2110	2.28	1005	2759	6.32	1900
0401	9.86	1900	2111	2.25	993	2790	1.96	886
0771N	0.41	312	2112	4.43	1801	2797	7.87	1900
0908P	205.00	666	2114	2.84	1212	2799	5.28	1900
0913P	665.00	1803	2119	2.67	1149	2802	6.27	1900
0917	4.52	1834	2121	1.29	638	2835	2.52	1094
1005	6.37	1900	2130	1.98	893	2836	2.47	1075
1164D	3.34	1397	2131	1.82	834	2841	3.88	1597
1165D	2.40	1049	2157	3.25	1364	2881	3.40	1419
1218	1.58	745	2172	1.32	649	2883	4.32	1760
1320	1.48	708	2174	2.84	1212	2915	3.05	1290
1322	9.54	1900	2211	9.03	1900	2916	4.37	1779
1430	3.46	1442	2220	2.34	1027	2923	1.96	886
1438	4.87	1900	2286	1.80	827	2960	4.63	1875
1452	2.76	1182	2288	3.97	1631	3004	1.76	812
1463	11.49	1900	2302	1.95	882	3018	3.08	1301
1472	3.46	1442	2305	2.46	1071	3022	3.54	1471
1473	1.18	597	2361	1.98	893	3027	3.10	1308
1624D	2.34	1027	2362	2.68	1153	3028	3.30	1382
1642	2.14	953	2380	2.90	1234	3030	7.40	1900
1654	4.05	1660	2388	1.49	712	3040	6.94	1900
1655	2.56	1108	2402	2.60	1123	3041	3.99	1638
1699	2.75	1179	2413	2.44	1064	3042	5.67	1900

*Refer to Footnote Pages for more information on this class code.

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Effective January 1, 2021 applicable to new and renewed Business.

Date Of Action:

APPLICABLE TO FWCJUA POLICIES ONLY 11/25/2020 01/04/2021Surcharges applicable to voluntary comparable premium, Tier 1 = 5%, Tier 2 = 10%, Tier 3 = 70%
OFFICE OF INSURANCE REGULATION

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
3064	4.64	1879	3515	2.15	956	4111	1.66	775
3069	—	—	3548	1.15	586	4113	1.91	868
3076	4.04	1657	3559	2.84	1212	4114	2.84	1212
3081D	5.46	1900	3574	0.91	497	4130	3.99	1638
3082D	4.48	1820	3581	1.26	627	4131	5.14	1900
3085D	5.03	1900	3612	1.95	882	4133	2.09	934
3110	4.26	1738	3620	4.21	1720	4149	0.62	390
3111	2.14	953	3629	1.43	690	4206	4.18	1708
3113	2.09	934	3632	3.16	1331	4207	2.28	1005
3114	3.48	1449	3634	1.45	697	4239	1.80	827
3118	1.76	812	3635	2.33	1023	4240	4.57	1853
3119	0.91	497	3638	1.95	882	4243	2.18	968
3122	1.88	856	3642	1.57	742	4244	2.48	1079
3126	1.49	712	3643	2.18	968	4250	2.33	1023
3131	2.86	1219	3647	2.25	993	4251	2.73	1171
3132	2.89	1231	3648	1.90	864	4263	3.17	1334
3145	2.37	1038	3681	0.81	460	4273	2.75	1179
3146	2.71	1164	3685	0.89	490	4279	3.48	1449
3169	2.57	1112	3719	1.49	712	4282	1.34	656
3175	3.62	1501	3724	3.14	1323	4283	2.08	931
3179	2.06	923	3726	3.41	1423	4299	1.98	893
3180	3.16	1331	3803	3.14	1323	4304	4.43	1801
3188	2.84	1212	3807	2.28	1005	4307	2.09	934
3220	1.60	753	3808	2.92	1242	4351	1.05	549
3223	2.95	1253	3821	7.23	1900	4352	1.93	875
3224	3.19	1342	3822	4.68	1894	4361	0.97	519
3227	3.35	1401	3824	4.07	1668	4410	3.44	1434
3240	3.28	1375	3826	0.89	490	4420	3.58	1486
3241	2.54	1101	3827	2.17	964	4431	1.34	656
3255	2.22	982	3830	1.39	675	4432	1.01	534
3257	3.13	1319	3851	2.34	1027	4452	2.82	1205
3270	2.57	1112	3865	2.02	908	4459	3.05	1290
3300	4.37	1779	3881	3.00	1271	4470	2.22	982
3303	2.71	1164	4000	5.57	1900	4484	2.68	1153
3307	2.78	1190	4021	4.19	1712	4493	2.59	1119
3315	3.41	1423	4024D	3.90	1605	4511	0.66	404
3334	2.45	1068	4034	6.89	1900	4557	2.09	934
3336	2.65	1142	4036	2.33	1023	4558	2.09	934
3365	5.31	1900	4038	2.70	1160	4568	1.95	882
3372	3.47	1445	4053	2.15	956	4581	1.08	560
3373	4.37	1779	4061	2.70	1160	4583	6.72	1900
3383	1.58	745	4062	2.87	1223	4611	1.07	556
3385	0.77	445	4101	2.65	1142	4635	3.66	1516
3400	3.44	1434	4109	0.40	308	4653	1.61	756
3507	2.89	1231	4110	1.10	567	4665	6.08	1900

*Refer to Footnote Pages for more information on this class code.

Effective January 1, 2021 applicable to new and renewed Business.

Date Of Action:

APPLICABLE TO FWCJUA POLICIES ONLY 11/25/2020 01/04/2021

Surcharges applicable to voluntary comparable premium, Tier 1 = 5%, Tier 2 = 10%, Tier 3 = 70%
FLOOR OF INSURANCE REGULATION

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
4670	6.25	1900	5462	7.85	1900	6503	2.31	1016
4683	3.51	1460	5472	6.83	1900	6504	3.11	1312
4686	3.09	1305	5473	9.20	1900	6702M*	4.65	1883
4692	0.69	416	5474X	7.73	1900	6703M*	6.93	1900
4693	1.13	579	5478	3.55	1475	6704M*	5.17	1900
4703	1.76	812	5479	8.50	1900	6801F	2.90	1234
4710	3.00	1271	5480	7.74	1900	6811	3.90	1605
4717	2.06	923	5491	2.78	1190	6824F	10.00	1900
4720	2.45	1068	5506	5.86	1900	6826F	4.34	1768
4740	1.37	668	5507	5.69	1900	6828F	5.67	1900
4741	3.03	1282	5508D	9.42	1900	6834	2.89	1231
4751	2.36	1034	5509	9.57	1900	6836	3.68	1523
4771N	2.31	1016	5535	7.35	1900	6838	3.10	1308
4777	5.33	1900	5537	4.87	1900	6843F	11.59	1900
4825	1.07	556	5551	13.30	1900	6845F	4.66	1886
4828	3.88	1597	5606	1.17	593	6854	5.40	1900
4829	1.31	645	5610	5.30	1900	6872F	10.48	1900
4902	2.39	1045	5613	10.40	1900	6874F	15.74	1900
4923	2.04	916	5645	13.56	1900	6882	2.66	1145
5020	8.70	1900	5651	8.08	1900	6884	2.57	1112
5022	8.78	1900	5703	12.47	1900	7016M	4.86	1900
5037	14.80	1900	5705	11.55	1900	7024M	5.41	1900
5040	10.08	1900	5951	0.51	349	7038M	3.72	1538
5057	5.21	1900	6004	8.84	1900	7046M	5.67	1900
5059	19.31	1900	6006F	13.04	1900	7047M	7.24	1900
5069	18.79	1900	6017	3.69	1527	7050M	5.54	1900
5102	7.36	1900	6018	2.61	1127	7090M	4.14	1694
5146	5.59	1900	6045	4.39	1786	7098M	6.31	1900
5160	2.05	919	6204	6.39	1900	7099M	8.44	1900
5183	3.68	1523	6206	3.04	1286	7133	2.99	1268
5188	3.57	1482	6213	1.52	723	7151M	3.63	1505
5190	4.25	1734	6214	2.23	986	7152M	5.41	1900
5191	0.96	516	6216	6.12	1900	7153M	4.04	1657
5192	2.94	1249	6217	5.24	1900	7201	7.93	1900
5213	8.65	1900	6229	5.56	1900	7204	1.24	619
5215	7.03	1900	6233	2.76	1182	7205	10.40	1900
5221	5.65	1900	6235	5.86	1900	7219	6.63	1900
5222	9.51	1900	6236	7.83	1900	7222	6.20	1900
5223	4.83	1900	6237	2.48	1079	7230	9.76	1900
5348	4.08	1671	6251D	8.03	1900	7231	7.26	1900
5402	6.75	1900	6252D	4.30	1753	7232	13.55	1900
5403	7.29	1900	6306	6.10	1900	7309F	11.64	1900
5437	6.07	1900	6319	4.60	1864	7313F	4.11	1683
5443	4.04	1657	6325	6.03	1900	7317F	14.68	1900
5445	6.03	1900	6400	5.50	1900	7327F	23.39	1900

*Refer to Footnote Pages for more information on this class code.

APPROVED

Effective January 1, 2021 applicable to new and renewed Business.

Date Of Action:

APPLICABLE TO FWCJUA POLICIES ONLY 11/25/2020 01/04/2021Surcharges applicable to voluntary comparable premium, Tier 1 = 5%, Tier 2 = 10%, Tier 3 = 15%, Tier 4 = 20%, Tier 5 = 25%, Tier 6 = 30%, Tier 7 = 35%, Tier 8 = 40%, Tier 9 = 45%, Tier 10 = 50%, Tier 11 = 55%, Tier 12 = 60%, Tier 13 = 65%, Tier 14 = 70%, Tier 15 = 75%, Tier 16 = 80%, Tier 17 = 85%, Tier 18 = 90%, Tier 19 = 95%, Tier 20 = 100%
FL OFFICE OF INSURANCE REGULATION

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
7333M	6.11	1900	8017	1.50	716	8392	2.46	1071
7335M	6.79	1900	8018	2.91	1238	8393	1.59	749
7337M	9.10	1900	8021	3.23	1357	8500	7.48	1900
7350F	11.88	1900	8031	2.75	1179	8601	0.44	323
7360	4.08	1671	8032	2.60	1123	8602	1.31	645
7370	4.92	1900	8033	1.71	793	8603	0.11	201
7380	5.16	1900	8037	2.48	1079	8606	1.92	871
7382	4.46	1812	8039	1.59	749	8709F	7.75	1900
7383	4.01	1645	8044	2.46	1071	8719	3.62	1501
7390	4.13	1690	8045	0.83	467	8720	1.68	782
7394M	3.93	1616	8046	3.23	1357	8721	0.25	253
7395M	4.37	1779	8047	1.01	534	8723	0.16	219
7398M	5.84	1900	8058	3.17	1334	8725	0.30	271
7402	0.13	208	8061	2.21	979	8726F	2.49	1082
7403	4.40	1790	8072	0.75	438	8728	0.52	353
7405N	1.13	579	8102	2.28	1005	8734M	0.45	327
7420	11.54	1900	8103	2.80	1197	8737M	0.40	308
7421	0.71	423	8106	5.47	1900	8738M	0.59	379
7422	1.48	708	8107	3.17	1334	8742	0.33	282
7425	1.48	708	8111	2.06	923	8745	3.84	1582
7431N	0.98	523	8116	2.58	1116	8748	0.59	379
7445N	0.60	-	8203	6.03	1900	8755	0.40	308
7453N	0.52	-	8204	5.24	1900	8799	0.55	364
7502	2.01	905	8209	5.43	1900	8800	1.68	782
7515	1.30	642	8215	4.48	1820	8803	0.06	182
7520	3.05	1290	8227	6.01	1900	8805M	0.22	241
7538	4.95	1900	8232	4.76	1900	8810	0.16	219
7539	1.67	779	8233	3.06	1294	8814M	0.19	230
7540	2.25	993	8235	5.28	1900	8815M	0.29	267
7580	2.43	1060	8263	6.88	1900	8820	0.14	212
7590	4.04	1657	8264	5.13	1900	8824	3.26	1368
7600	4.49	1823	8265	5.65	1900	8825	2.01	905
7605	2.31	1016	8273	4.46	1812	8826	2.60	1123
7610	0.53	356	8274	4.35	1771	8829	2.25	993
7704	5.10	1900	8279	7.25	1900	8831	1.61	756
7705	3.92	1612	8288	9.21	1900	8832	0.33	282
7720	3.50	1457	8291	3.62	1501	8833	1.02	538
7855	3.83	1579	8292	4.08	1671	8835	1.95	882
8001	3.23	1357	8293	8.99	1900	8841	1.53	727
8002	2.21	979	8304	5.50	1900	8842	2.61	1127
8006	2.03	912	8350	5.59	1900	8855	0.16	219
8008	1.39	675	8353	6.18	1900	8856	0.35	290
8010	1.71	793	8380	2.54	1101	8864	1.62	760
8013	0.50	345	8381	2.04	916	8868	0.43	319
8015	0.93	505	8385	2.96	1257	8869	1.40	679

*Refer to Footnote Pages for more information on this class code.

Effective January 1, 2021 applicable to new and renewal business.

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Surcharges applicable to voluntary comparable premium, Tier 1 = 5%, Tier 2 = 10%, Tier 3 = 70%
FLORIDA OFFICE OF INSURANCE REGULATION

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
8871	0.09	193	9600	2.73	1171
8901	0.21	238	9620	1.39	675
9012	0.93	505			
9014	3.60	1494			
9015	3.81	1571			
9016	2.46	1071			
9019	3.02	1279			
9033	2.13	949			
9040	2.87	1223			
9047	2.76	1182			
9052	2.63	1134			
9058	1.86	849			
9060	1.80	827			
9061	1.92	871			
9063	0.93	505			
9077F	3.72	1538			
9082	1.67	779			
9083	1.59	749			
9084	1.68	782			
9088a	a	a			
9089	1.10	567			
9093	1.74	805			
9101	3.77	1557			
9102	3.77	1557			
9154	1.67	779			
9156	3.88	1597			
9170	8.77	1900			
9178	5.72	1900			
9179	7.78	1900			
9180	3.98	1634			
9182	2.04	916			
9186	22.85	1900			
9220	6.89	1900			
9402	6.11	1900			
9403	6.06	1900			
9410	2.52	1094			
9501	3.28	1375			
9505	3.70	1531			
9516	2.70	1160			
9519	4.66	1886			
9521	4.15	1697			
9522	2.56	1108			
9534	5.78	1900			
9554	10.63	1900			
9586	0.59	379			

*Refer to Footnote Pages for more information on this class code.

MISCELLANEOUS VALUES

Date Received: 11/25/2020
Date Of Action: 01/04/2021

Average Weekly Wage applicable only in connection with Rule 2-B-2 of the Basic Manual **\$30**

Code 5551 — “Roofing - All Kinds & Yard Employees, Drivers”

Minimum Remuneration for Special Deposit.....\$25,246

Note: The minimum Remuneration is based on an estimate of one employee using one-half the state’s average annual wage. If upon final payroll audit, no payroll or exposure actually develops, the final earned premium will be adjusted to this classification’s minimum premium plus the flat fee.

Basis of Premium applicable in accordance with the footnote instructions for Code 7370 “Taxicab Co.”:

Employee operated vehicle \$75,700

Leased or rented vehicle \$50,500

Expense Constant applicable in accordance with Basic Manual Rule 3-A-11 \$160

Flat Fee \$475

Maximum Remuneration applicable in accordance with Basic Manual Rule 2-E-1 Executive Officers” and the footnote instructions for Code 9178 — “Athletic Sports or Park:

Non-Contact Sports,” Code 9179 — “Athletic Sports or Park: Contact Sports,” and

Code 9186 — “Carnival—Traveling” \$2,900

Minimum Remuneration applicable in accordance with Basic Manual Rule 2-E-1

Executive Officers in the construction industry \$500

All other executive officers \$950

Premium Determination for Partners and Sole Proprietors in accordance with

Basic Manual Rule 2-E-3..... \$50,500

Note: If the actual remuneration received by the partner or sole proprietor as evidenced by IRS Schedule C forms is less than the amount shown above, the actual amount may be used.

United States Longshore and Harbor Workers Compensation Coverage Percentage applicable only in connection with Rule 3-A-4 U.S. Longshore and Harbor Workers Compensation Act of the Basic Manual

..... 58%

(Multiply a Non- “F” classification rate by a factor of 1.58 to adjust for the differences in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.50) and the adjustment for differences in loss-based expenses (1.056).)

APPROVED**EXPERIENCE RATING ELIGIBILITY**

Date Received: 11/25/2020 Date Of Action: 01/04/2021

A risk eligible for intrastate experience rating when the payrolls or other exposure of the insured in the last year or last (2) two years of the experience period produced a premium of at least \$11,000. If more than two years, an average annual premium of at least \$5,500 is required.

FOOTNOTE

- a Rate for each individual risk must be obtained from NCCI Customer Service or the Rating Organization having jurisdiction.
- A Minimum Premiums \$100 per ginning location for policy minimum premium computation.
- D Rate for classification already includes the specific disease loading shown in the table below. See Rule 3-A-7 of Basic Manual supplement-Treatment of Disease Coverage.

Code No.	Disease Loading	Symbol	Code No.	Disease Loading	Symbol
0059D	0.08	S	3081D	0.02	S
0065D	0.03	S	3082D	0.02	S
0066D	0.03	S	3085D	0.02	S
0067D	0.03	S	4024D	0.01	S
1164D	0.00	S	5508D	0.01	S
1165D	0.01	S	6251D	0.01	S
1624D	0.00	S	6252D	0.01	S
1710D	0.02	S			
1741D	0.08	S			
1803D*	0.09	S			

S=Silica

- F Rate provides for coverage under the United States Longshore and Harbor Workers' Compensation Act and its extensions. Rates include a provision for the USL&HWC assessment.
- M Rate provides coverage under Admiralty Law. A provision for the USL&HWC Assessment is included for those classifications under Program II USL Act.
- N This code is part of a ratable / non-ratable group shown below. This statistical non-ratable code and corresponding rate are applied in addition to the basic classification when determining premium.

Class Code	Non-Ratable Element Code
4771	0771
7405	7445
7431	7453

- P Classification is computed on a per capita basis.