



## Pennsylvania Compensation Rating Bureau

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January 28, 2005

### **BUREAU CIRCULAR NO. 1492**

To All Members of the Bureau:

Re: **APRIL 1, 2005 LOSS COST REVISION APPROVAL**

By action dated January 28, 2005 the Insurance Commissioner has approved revised loss costs and related rating values **effective on a new and renewal basis** as of 12:01 a.m., **April 1, 2005**.

The approved loss costs are consistent with the overall loss cost indication submitted under Proposal C-348 (an overall average reduction of 2.89 percent from existing loss costs) and also reflect the Insurance Department's previous approval of changes to the procedures used to establish loss costs for temporary staffing classifications, submitted in Bureau Filing No. 214.

For reference purposes a complete table of approved loss costs and expected loss factors has been attached to this circular. In addition, copies of this circular and the accompanying tables are available in various locations within the Bureau's website ([www.pcrb.com](http://www.pcrb.com)).

The Manual loss costs set forth in the attachment include all of the following provisions and/or adjustments:

- Offset for Experience Rating Plan off-balance
- Offset for Merit Rating Plan off-balance
- Loadings in construction classifications for effect of Pennsylvania Construction Classification Premium Adjustment Program (PCCPAP) credits
- Provision for the Office of the Small Business Advocate's portion of the Administration Fund
- Offsets for the effects of credits granted under the Certified Safety Committee Program
- Hepatitis C loadings for Classification Codes 807, 985, 993 and 994

The items listed above are included in current loss costs in Pennsylvania and continue to be included in the approved values effective April 1, 2005.

In addition to loss costs and expected loss factors the following rating values, as included in Proposal C-348 and approved by the Insurance Commissioner effective April 1, 2005, are provided in attachments to this circular for informational purposes.

- Optional retrospective rating plan loss development factors
- Employer assessment factor (0.0191)

In addition to revisions to the above noted rating values the following approved revisions to Manual language effective April 1, 2005 are of note:

- *Revisions to Designated Auditable Payrolls for executive officers, taxicab drivers and salaried police or firefighters as follows:*
  - o Executive officers maximum weekly payroll - revised from \$1,700 to \$1,750 per week
  - o Taxicab drivers for leased cabs where no payroll is available - revised from \$33,750 to \$34,050 per annum
  - o Salaried police or firefighters - minimum payroll revised from \$3,400 to \$3,450 per year

### **Endorsements**

#### **Employers Liability Coverage Endorsement - WC 00 03 03 C**

The Bureau has adopted National Council on Compensation Insurance, Inc. (NCCI) Item Filing No. P-1389, which is a countrywide revision for the above referenced endorsement to remove the exclusion of "bodily injury to any member of the flying crew of any aircraft," which will maintain consistency with industry standards. The revised endorsement is attached to this circular.

#### **Federal Employers Liability Act Coverage – WC 00 01 04 A**

Also a part of the same NCCI item filing referenced above, this revised endorsement adds clarifying language to specify that the policy exclusion of FELA coverage no longer applies. A copy is attached to this circular.

Questions regarding these endorsements should be directed to Betty Ann Campbell, Director – Rating Rules & Policy Reporting, at Extension 4425 or [bcampbell@pcrb.com](mailto:bcampbell@pcrb.com).

Manual revisions reflecting approval of Proposal C-348 with respect to rating values and rules effective April 1, 2005 will be updated on our website ([www.pcrb.com](http://www.pcrb.com)) at a later date.

Questions regarding the approved April 1, 2005 Loss Cost Filing may be directed to me at Extension 4413 or [twisecarver@pcrb.com](mailto:twisecarver@pcrb.com) or to Michael Doyle, Chief Actuary, at Extension 4480 or [mduoye@pcrb.com](mailto:mduoye@pcrb.com).

Timothy L. Wisecarver  
President

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***Remember to visit our web site at [www.pcrb.com](http://www.pcrb.com) for more information about this and other topics.***

**LOSS COSTS AND EXPECTED LOSS FACTORS  
FOR PENNSYLVANIA WORKERS COMPENSATION INSURANCE  
Approved Effective Date: April 1, 2005 on New and Renewal Business**

CODE NO	LOSS COST	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE *			HAZARD GROUP
		A-1	A-2	A-3	
005	19.87	9.16	11.40	12.47	III
007	6.65	3.06	3.81	4.17	III
009	30.47	14.04	17.48	19.12	III
015	21.27	9.80	12.20	13.35	III
025	5.36	2.31	2.88	3.06	III
028	5.05	2.18	2.71	2.89	III
050	3.16	1.36	1.70	1.80	III
051	3.93	1.69	2.11	2.25	III
055	5.36	2.31	2.88	3.06	III
059	4.44	1.91	2.38	2.54	III
101	3.17	1.41	1.77	1.94	III
103	1.64	0.73	0.92	1.01	II
104	3.91	1.74	2.18	2.40	II
105	4.07	1.81	2.27	2.49	III
106	6.18	2.76	3.45	3.78	II
107	3.68	1.64	2.05	2.25	II
108	4.63	2.06	2.58	2.83	II
109	5.94	2.65	3.32	3.64	III
110	4.29	1.91	2.39	2.62	II
111	5.11	2.28	2.85	3.13	II
112	10.94	4.87	6.10	6.69	II
113	2.56	1.14	1.43	1.57	II
114	10.29	4.58	5.74	6.30	III
115	2.13	0.95	1.19	1.30	II
119	6.74	3.00	3.76	4.12	II
130	5.92	2.64	3.30	3.62	III
132	2.55	1.14	1.42	1.56	II
134	4.64	2.07	2.59	2.84	II
135	3.60	1.60	2.01	2.20	II
136	2.96	1.32	1.65	1.81	II
139	4.43	1.97	2.47	2.71	II
141	5.38	2.40	3.00	3.29	II
142	2.54	1.13	1.42	1.56	II
161	3.23	1.44	1.80	1.98	II
163	3.74	1.67	2.09	2.29	II
165	5.41	2.41	3.02	3.31	II
166	3.36	1.50	1.87	2.06	II
185	4.76	2.12	2.66	2.91	II
187	4.57	2.04	2.55	2.80	II
189	3.05	1.36	1.70	1.86	II

\* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

**LOSS COSTS AND EXPECTED LOSS FACTORS  
FOR PENNSYLVANIA WORKERS COMPENSATION INSURANCE  
Approved Effective Date: April 1, 2005 on New and Renewal Business**

CODE NO	LOSS COST	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE *			HAZARD GROUP
		A-1	A-2	A-3	
191	4.07	1.81	2.27	2.49	II
201	4.45	1.98	2.48	2.72	II
204	3.32	1.48	1.85	2.03	II
205	3.79	1.69	2.12	2.32	II
221	2.72	1.21	1.52	1.67	II
222	4.03	1.79	2.25	2.46	II
225	4.09	1.82	2.28	2.50	II
227	4.23	1.88	2.36	2.59	II
255	3.39	1.51	1.89	2.07	II
257	4.26	1.90	2.38	2.61	II
261	4.29	1.91	2.39	2.62	II
263	4.10	1.82	2.29	2.51	II
265	3.92	1.75	2.19	2.40	II
275	3.30	1.47	1.84	2.02	II
276	4.92	2.19	2.75	3.01	II
281	3.47	1.55	1.94	2.12	II
282	5.68	2.53	3.17	3.48	III
285	3.17	1.41	1.77	1.94	III
287	4.32	1.92	2.41	2.64	III
291	4.08	1.82	2.27	2.49	II
297	4.21	1.87	2.35	2.57	II
301	7.53	3.35	4.20	4.61	III
305	5.83	2.60	3.25	3.57	II
306	5.07	2.26	2.83	3.11	II
311	4.13	1.84	2.30	2.53	II
319	4.48	2.00	2.50	2.74	II
323	3.23	1.44	1.80	1.98	II
327	3.88	1.73	2.17	2.38	II
402	6.82	3.04	3.81	4.17	III
403	3.37	1.50	1.88	2.06	II
404	5.42	2.41	3.02	3.32	III
406	5.12	2.28	2.86	3.14	III
407	4.52	2.01	2.52	2.77	II
411	6.32	2.81	3.52	3.86	III
413	6.75	3.01	3.77	4.13	III
415	4.55	2.03	2.54	2.78	III
416	9.65	4.30	5.39	5.91	II
421	7.52	3.35	4.19	4.60	III
425	9.41	4.19	5.25	5.76	III
427	4.72	2.10	2.63	2.89	III

\* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

**LOSS COSTS AND EXPECTED LOSS FACTORS  
FOR PENNSYLVANIA WORKERS COMPENSATION INSURANCE  
Approved Effective Date: April 1, 2005 on New and Renewal Business**

CODE NO	LOSS COST	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE *			HAZARD GROUP
		A-1	A-2	A-3	
429	6.14	2.74	3.43	3.76	III
431	7.70	3.43	4.29	4.71	II
433	4.58	2.04	2.56	2.80	II
435	5.96	2.66	3.33	3.65	II
441	1.91	0.85	1.06	1.17	II
445	3.49 a	1.56	1.95	2.14	II
447	5.92 b	2.64	3.30	3.62	III
449	4.11	1.83	2.29	2.51	II
451	4.77	2.13	2.66	2.92	II
454	4.41	1.96	2.46	2.70	II
456	4.19	1.87	2.34	2.56	II
457	3.80	1.69	2.12	2.33	II
458	3.04	1.35	1.69	1.86	II
459	1.69	0.76	0.95	1.04	I
461	4.13	1.84	2.30	2.53	II
463	2.54	1.13	1.42	1.56	II
465	3.74	1.67	2.09	2.29	III
467	4.07	1.81	2.27	2.49	II
471	2.27	1.01	1.27	1.39	II
472	1.63	0.73	0.91	1.00	II
473	3.24	1.44	1.81	1.98	II
474	0.79	0.35	0.44	0.48	II
475	3.38	1.51	1.89	2.07	III
476	1.76	0.78	0.98	1.07	II
477	3.26	1.45	1.82	1.99	II
483	1.31	0.58	0.73	0.80	II
485	2.35	1.05	1.31	1.44	II
486	2.68	1.20	1.50	1.64	II
487	2.17	0.97	1.21	1.33	II
488	1.69	0.76	0.95	1.04	II
489	1.58	0.71	0.88	0.97	II
491	4.16	1.85	2.32	2.54	II
493	4.31	1.92	2.40	2.64	II
495	5.86	2.61	3.27	3.59	II
497	2.02	0.90	1.13	1.23	II
499	4.11	1.83	2.29	2.51	III
501	3.76	1.68	2.10	2.30	III
502	4.53	2.02	2.53	2.77	I
506	2.48	1.11	1.38	1.52	II
507	4.59	2.05	2.56	2.81	III

\* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

a OD: \$0.31 Supplemental is not subject to experience rating. Code as 0067.

b OD: \$0.20 Supplemental is not subject to experience rating. Code as 0066.

**LOSS COSTS AND EXPECTED LOSS FACTORS  
FOR PENNSYLVANIA WORKERS COMPENSATION INSURANCE  
Approved Effective Date: April 1, 2005 on New and Renewal Business**

CODE NO	LOSS COST	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE *			HAZARD GROUP
		A-1	A-2	A-3	
509	7.34	3.27	4.10	4.49	III
511	7.30	3.25	4.08	4.47	III
512	5.21	2.32	2.90	3.19	III
513	4.08 <sup>c</sup>	1.82	2.27	2.49	II
514	6.68	2.98	3.73	4.09	III
535	3.30	1.47	1.84	2.02	II
536	6.49	2.89	3.62	3.97	II
544	10.55	4.70	5.89	6.46	III
551	2.99	1.33	1.67	1.83	IV
553	1.47	0.66	0.82	0.90	III
555	0.92	0.41	0.51	0.56	II
563	2.76	1.23	1.54	1.69	II
571	3.23	1.44	1.80	1.98	II
573	4.36	1.94	2.43	2.67	III
581	2.50	1.11	1.40	1.53	III
587	3.30	1.47	1.84	2.02	II
601	8.69	3.66	4.57	4.86	III
602	5.68	2.39	2.99	3.18	III
603	7.25	2.95	3.68	3.92	III
605	8.49	3.57	4.45	4.74	III
606	13.24	5.57	6.94	7.39	III
607	9.98	4.22	5.26	5.60	III
608	7.09	2.96	3.69	3.93	III
609	5.83	2.47	3.08	3.28	III
611	11.94	4.98	6.21	6.61	III
615	14.16 <sup>d</sup>	5.94	7.41	7.88	IV
0152	1.53				IV
617	6.91	2.90	3.61	3.85	III
645	7.86	3.24	4.04	4.30	III
646	6.01	2.49	3.11	3.30	III
647	8.46	3.61	4.50	4.79	II
648	6.61	2.78	3.47	3.69	III
649	3.45	1.40	1.75	1.86	III
651	8.74	3.67	4.58	4.87	III
652	9.43	4.04	5.04	5.36	III

\* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

  Associated classes - both codes must be applied. The second code is not subject to experience rating and applies to the full payroll of the associated class.

<sup>c</sup> OD: \$0.31 Supplemental is not subject to experience rating. Code as 0176.

<sup>d</sup> OD: \$1.30 Supplemental applies when coverage for Federal black lung is provided. It is not subject to experience rating. Code as 0164.

**LOSS COSTS AND EXPECTED LOSS FACTORS  
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Approved Effective Date: April 1, 2005 on New and Renewal Business**

CODE NO	LOSS COST	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE *			HAZARD GROUP
		A-1	A-2	A-3	
653	8.66	3.62	4.52	4.81	III
654	10.26	4.18	5.21	5.54	III
655	17.25	7.28	9.08	9.66	IV
656	8.90	3.76	4.69	4.99	III
657	11.24	4.75	5.92	6.30	IV
658	10.69	4.39	5.48	5.83	III
659	19.37	8.16	10.18	10.83	III
660	2.40	1.02	1.27	1.36	III
661	4.60	1.87	2.34	2.49	III
662	4.97	2.14	2.67	2.84	II
663	5.10	2.13	2.66	2.83	III
664	4.54	1.88	2.35	2.50	III
665	9.81	4.14	5.16	5.49	III
666	6.77	2.82	3.52	3.75	III
667	2.32	0.97	1.21	1.29	III
668	6.06	2.52	3.14	3.34	II
669	8.30	3.48	4.34	4.62	III
670	5.81	2.44	3.04	3.23	III
673	6.18	2.60	3.25	3.45	III
674	5.62	2.39	2.99	3.18	III
675	5.88	2.49	3.10	3.30	III
676	5.64	2.32	2.90	3.08	III
677	6.88	2.90	3.62	3.85	III
679	11.57	4.87	6.07	6.46	III
681	5.75	2.44	3.04	3.23	III
682	17.55	7.43	9.26	9.85	III
691	6.96	2.93	3.65	3.89	III
693	10.27	4.34	5.41	5.75	III
695	5.27	2.22	2.77	2.95	III
709	2.59	1.12	1.39	1.48	III
716	3.70	1.59	1.99	2.12	III
718	3.65	1.57	1.96	2.09	III
721	13.03	5.81	7.27	7.98	III
744	1.91	0.85	1.06	1.17	II
751	1.66	0.74	0.93	1.02	III
752	0.95	0.42	0.53	0.58	III
753	3.48	1.55	1.94	2.13	III
755	1.16	0.52	0.65	0.71	III
757	2.02	0.90	1.13	1.23	III
759	6.02	2.68	3.36	3.69	III

\* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

**LOSS COSTS AND EXPECTED LOSS FACTORS  
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Approved Effective Date: April 1, 2005 on New and Renewal Business**

CODE NO	LOSS COST	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE *			HAZARD GROUP
		A-1	A-2	A-3	
801	7.65	3.52	4.39	4.80	II
803	20.18	9.30	11.57	12.66	III
804	3.47	1.60	1.99	2.18	III
805	5.64	2.60	3.23	3.54	III
806	12.56	5.79	7.20	7.88	III
807	6.26	2.87	3.58	3.91	III
808	7.76	3.58	4.45	4.87	III
809	5.43	2.50	3.11	3.41	III
810	6.77	3.12	3.88	4.25	III
0162	1.30				III
811	8.82	4.06	5.06	5.53	III
812	7.29	3.36	4.18	4.58	III
813	6.66	3.07	3.82	4.18	II
814	4.46	2.05	2.56	2.80	II
815	4.16	1.92	2.38	2.61	III
816	2.82	1.30	1.62	1.77	II
817	7.72	3.56	4.43	4.84	III
818	3.27	1.51	1.87	2.05	III
819	0.68	0.31	0.39	0.42	III
821	7.30	3.37	4.19	4.58	III
825	4.52	2.08	2.59	2.84	II
855	6.27	2.89	3.60	3.94	III
857	9.15	4.22	5.25	5.74	III
858	8.65	3.98	4.96	5.43	III
859	10.02	4.62	5.75	6.29	III
860	10.13	4.67	5.81	6.36	III
861	7.44	3.43	4.27	4.67	III
862	9.39	4.33	5.39	5.90	II
865	4.82	2.22	2.77	3.03	II
867	7.98	3.68	4.58	5.01	II
877	2.93	1.35	1.68	1.84	II
879	4.64	2.14	2.66	2.91	II
880	5.68	2.62	3.26	3.56	II
881	4.53	2.09	2.60	2.84	II
882	8.03	3.70	4.61	5.04	II
883	2.70	1.25	1.55	1.70	II
884	1.05	0.48	0.60	0.66	II
885	3.98	1.84	2.29	2.50	II
886	2.78	1.28	1.60	1.75	II
887	0.99	0.46	0.57	0.62	II

\* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

  Associated classes - both codes must be applied. The second code is not subject to experience rating and applies to the full payroll of the associated class.



**LOSS COSTS AND EXPECTED LOSS FACTORS  
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CODE NO	LOSS COST	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE *			HAZARD GROUP
		A-1	A-2	A-3	
889	0.37	0.17	0.21	0.23	II
890	0.51	0.24	0.30	0.32	II
891	1.15	0.53	0.66	0.72	II
892	1.07	0.49	0.61	0.67	II
893	0.75	0.34	0.43	0.47	II
894	1.44	0.66	0.83	0.91	II
895	0.78	0.36	0.45	0.49	II
896	2.88	1.32	1.65	1.80	II
897	1.99	0.92	1.14	1.25	II
898	3.02	1.39	1.73	1.89	II
899	1.93	0.89	1.11	1.21	II
903	0.45	0.21	0.26	0.28	II
904	2.01	0.93	1.15	1.26	II
907	6.52	3.00	3.74	4.09	II
910	12.18	5.61	6.98	7.64	II
911	7.11	3.28	4.08	4.46	II
914	2.39	1.10	1.37	1.50	II
915	4.62	2.13	2.65	2.90	II
916	2.30	1.06	1.32	1.44	II
917	2.86	1.32	1.64	1.80	II
918	3.70	1.71	2.12	2.32	II
919	2.36	1.09	1.35	1.48	II
920	0.68	0.31	0.39	0.42	II
921	6.09	2.81	3.50	3.82	II
922	4.53	2.09	2.60	2.84	II
923	3.84	1.77	2.20	2.41	II
924	5.31	2.45	3.04	3.33	II
925	2.66	1.23	1.53	1.67	II
926	3.70	1.71	2.12	2.32	II
927	1.42	0.66	0.82	0.89	II
928	2.18	1.00	1.25	1.37	II
929	6.42	2.96	3.68	4.03	II
932	1.18	0.54	0.68	0.74	II
933	6.14	2.83	3.52	3.86	II
934	3.24	1.49	1.86	2.03	II
935	1.88	0.86	1.08	1.18	II
936	0.43	0.20	0.25	0.27	II
937	14.56	6.71	8.35	9.14	II
939	5.95	2.74	3.41	3.74	III
940	6.03	2.78	3.46	3.79	II

\* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

**LOSS COSTS AND EXPECTED LOSS FACTORS  
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Approved Effective Date: April 1, 2005 on New and Renewal Business**

CODE NO	LOSS COST	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE *			HAZARD GROUP
		A-1	A-2	A-3	
941	2.46	1.13	1.41	1.55	II
942	4.32	1.99	2.48	2.71	II
943	6.60	3.04	3.78	4.14	II
944	2.38	1.10	1.37	1.49	II
945	2.72	1.26	1.56	1.71	II
946	4.04	1.86	2.31	2.53	II
947	6.07	2.80	3.48	3.81	II
948	2.33	1.07	1.34	1.46	II
949	0.94	0.43	0.54	0.59	II
951	0.67	0.31	0.38	0.42	III
952	1.04	0.48	0.60	0.65	III
953	0.33	0.15	0.19	0.21	II
954	3.00	1.38	1.72	1.88	IV
955	0.81	0.37	0.46	0.51	III
956	0.25	0.12	0.14	0.16	III
957	0.45	0.21	0.26	0.28	III
958	1.70	0.79	0.98	1.07	III
959	2.04	0.94	1.17	1.28	II
960	4.79	2.21	2.75	3.01	II
961	1.33	0.61	0.76	0.84	III
962	0.16	0.07	0.09	0.10	III
963	0.54	0.25	0.31	0.34	II
964	2.38	1.10	1.37	1.49	II
965	0.64	0.29	0.36	0.40	II
966	3.30	1.52	1.89	2.07	III
967	1.50	0.69	0.86	0.94	III
968	1.58	0.73	0.91	0.99	II
969	2.47	1.14	1.42	1.55	III
970	9.53	4.39	5.47	5.98	II
971	5.44	2.51	3.12	3.41	II
973	3.61	1.66	2.07	2.27	II
974	3.12	1.44	1.79	1.96	II
975	2.32	1.07	1.33	1.46	II
976	1.54	0.71	0.89	0.97	II
977	0.97	0.45	0.56	0.61	I
978	3.45	1.59	1.98	2.17	III
979	4.75	2.19	2.73	2.98	II
980	5.50	2.53	3.15	3.45	III
982	3.79 e				III
983	6.70	3.09	3.84	4.20	II

\* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

e Per person per week. A partial workweek is to be counted as a full workweek.  
Not subject to Experience or Retrospective Rating.

**LOSS COSTS AND EXPECTED LOSS FACTORS  
FOR PENNSYLVANIA WORKERS COMPENSATION INSURANCE  
Approved Effective Date: April 1, 2005 on New and Renewal Business**

CODE NO	LOSS COST	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE *			HAZARD GROUP
		A-1	A-2	A-3	
984	0.32	0.15	0.19	0.20	III
985	3.81	1.74	2.17	2.37	III
986	1.35	0.62	0.78	0.85	II
987	1.23	0.57	0.71	0.77	II
988	0.47	0.22	0.27	0.30	II
992	5.43	2.50	3.11	3.41	III
993	1,230.89 f	453.80	564.88	618.08	III
994	g	h	h	h	IV
995	9.29	4.28	5.33	5.83	III
996	984.71 i	453.80	564.88	618.08	IV
997	1.14	0.53	0.65	0.72	II
999	5.65	2.60	3.24	3.55	II
0006	4.67	2.15	2.68	2.93	II
0008	2.45	1.13	1.41	1.54	II
0011	3.93	1.81	2.26	2.47	II
012	6.46	2.98	3.70	4.05	II
0013	6.39	2.94	3.66	4.01	II
0016	3.84	1.77	2.20	2.41	II
0034	5.96	2.75	3.42	3.74	II
0036	5.60	2.58	3.21	3.51	II
0083	6.52	3.00	3.74	4.09	III
0170	3.30	1.52	1.89	2.07	II
4771	4.94	2.20	2.76	3.03	IV
0771	1.24				IV
4775	4.94	2.20	2.76	3.03	IV
0775	1.13				IV
4777	11.68	5.38	6.70	7.33	III
7405	1.56	0.72	0.90	0.98	III
7445	0.33				IV
7413	1.66	0.77	0.95	1.04	IV
7453	0.35				IV
7421 j	2.02	0.93	1.16	1.27	III
7424	4.76	2.19	2.73	2.99	IV
7428	3.32	1.53	1.90	2.08	II
9108 k	76.73				I
9740 k	0.03				

\* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

Associated classes - both codes must be applied. The second code is not subject to experience rating and applies to the full payroll of the associated class.

f Per ambulance corps.

g See appropriate page of Section 2, proposed effective 4/1/05.

h Apply the following percentages (A-1 = 43.24%, A-2 = 53.82%, A-3 = 58.89%) to annual loss cost from the appropriate page of Section 2.

i Per hazardous materials response team.

j Code 9108 may also apply.

k Not subject to experience rating

**LOSS COSTS AND EXPECTED LOSS FACTORS  
FOR PENNSYLVANIA WORKERS COMPENSATION INSURANCE  
Approved Effective Date: April 1, 2005 on New and Renewal Business**

CODE NO	LOSS COST	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE *			HAZARD GROUP
		A-1	A-2	A-3	
<b>Per</b>					
<b>0901</b>	20.08	9.25	11.52	12.60	I
<b>0902</b>	1.70	0.79	0.98	1.07	I
<b>0908</b>	109.28	50.36	62.69	68.59	I
<b>0909</b>	76.97	35.47	44.15	48.31	II
<b>0912</b>	279.28	128.70	160.21	175.30	II
<b>0913</b>	379.51	174.90	217.71	238.21	II
<b>A Rated</b>					
<b>9985</b>	A	A	A	A	
<b>0133</b>	A	A	A	A	

\* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

**PENNSYLVANIA  
VOLUNTEER FIREMEN**

**CODE 994**

**SCHEDULE OF ANNUAL LOSS COSTS**  
Approved Effective Date: April 1, 2005

Population	Annual Loss Cost	Population	Annual Loss Cost
Up to 300	1,484	6,501 to 7,000	6,200
301 to 500	1,823	7,001 to 7,500	6,425
501 to 700	2,120	7,501 to 8,000	6,650
701 to 1,000	2,449	8,001 to 8,500	6,867
1,001 to 1,500	2,881	8,501 to 9,000	7,080
1,501 to 2,000	3,346	9,001 to 9,500	7,287
2,001 to 2,500	3,744	9,501 to 10,000	7,488
2,501 to 3,000	4,096	10,001 to 15,000	8,594
3,001 to 3,500	4,406	15,001 to 20,000	10,507
3,501 to 4,000	4,699	20,001 to 25,000	12,388
4,001 to 4,500	4,971	25,001 to 30,000	14,246
4,501 to 5,000	5,232	30,001 to 35,000	16,075
5,001 to 5,500	5,486	35,001 to 40,000	17,881
5,501 to 6,000	5,727	40,001 to 45,000	19,656
6,001 to 6,500	5,967	45,001 to 50,000	21,399
		For each additional 5,000 population.....	1,750

**PENNSYLVANIA COMPENSATION RATING BUREAU  
MISCELLANEOUS RATING VALUES  
EFFECTIVE APRIL 1, 2005**

**RETROSPECTIVE DEVELOPMENT FACTORS  
(No Loss Limitation)**

First Adjustment	RDF =	0.4381
Second Adjustment	RDF =	0.3048
Third Adjustment	RDF =	0.2282

**EMPLOYER ASSESSMENT FACTOR**

0.0191

**EMPLOYERS LIABILITY COVERAGE ENDORSEMENT**

This endorsement applies only to work in the states shown in the Schedule.

- A. Part One (Workers Compensation Insurance) does not apply to work in the state shown in the Schedule.
- B. Part Two (Employers Liability Insurance) applies to work in states shown in the Schedule as though they were shown in Item 3.A. of the Information Page.
- C. Part Two (Employers Liability Insurance), C. Exclusions is changed by adding these exclusions.

This insurance does not cover:

- 13. bodily injury to an employee when you are deprived of common law defenses or are subject to penalty because of your failure to secure your obligations under the workers compensation law of any state shown in the Schedule or otherwise fail to comply with that law.

Schedule

States

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequently to preparation of the policy.)**

Endorsement Effective  
Insured

Policy No.

Endorsement No.  
Premium \$

Insurance Company

Countersigned By \_\_\_\_\_

**FEDERAL EMPLOYERS' LIABILITY ACT COVERAGE ENDORSEMENT**

This endorsement applies only to work subject to the Federal Employers' Liability Act (45 USC Sections 51-60) and any amendment to that Act that is in effect during the policy period.

**G. Limits of Liability** of Part Two (Employers Liability Insurance) is replaced by the following:

**G. Limits of Liability**

Our liability to pay for damages is limited. Our limits of liability are shown in the Schedule. They apply as explained below:

- 1. **Bodily Injury by Accident.** The limit shown for "bodily injury by accident-each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

A disease is not bodily injury by accident unless it results directly for bodily injury by accident.

- 2. **Bodily injury by Disease.** The limit shown for "bodily injury by disease-aggregate" is the most we will pay for all damages covered by this insurance because of bodily injury by disease to one or more employees. The limit applies separately to bodily injury by disease arising out of work in each state shown in Item 3.A. of the Information Page or in the Schedule.

Bodily injury by disease does not include disease that results directly from bodily injury by accident.

- 3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

If any state is named in Item 2 of the Schedule, Part Two (Employers Liability Insurance) applies in that state to work subject to the Federal Employers' Liability Act as though that state were listed in Item 3.A. of the Information Page. Part One (Workers Compensation Insurance) does not apply in a state shown in the Schedule.

Part Two (Employers Liability Insurance), C. Exclusions. Exclusion 9, does not apply to work subject to the Federal Employer's Liability Act.

Schedule

- 1. Limits of liability
  - Bodily Injury by Accident \$ \_\_\_\_\_ each accident
  - Bodily Injury by Disease \$ \_\_\_\_\_ aggregate
- 2. State

**Note 1:** The federal Employers Liability Act makes an interstate railroad liable for bodily injuries sustained by an employee. That liability of the railroad is insured by Part Two (Employers Liability Insurance) unless specifically excluded by Federal Employers Liability Act Exclusion.

**Note 2:** Use this endorsement when providing Federal Employers Liability Act coverage under Program I or II of Rule XIII of the Basic Manual.

**Note 3:** Item 2 of the Schedule may be used to extend FELA coverage to a state not listed in item 3.A. of the Information Page.