## **WORKERS COMPENSATION EXPERIENCE RATING**



Risk Name: STAGING SOLUTIONS INC

**Risk ID:** 914466822

Rating Effective Date: 01/01/2021 Production Date: 10/21/2020 State: INTERSTATE

State	Wt	Exp Excess Losses	Expected Losses	Exp Prim Losses	Act Exc Losses	Ballast	Act Inc Losses	Act Prim Losses
GA	.09	68	95	27	0	32,125	0	0
ME	.11	417	850	433	0	17,550	0	0
NC	.09	95	134	39	0	28,500	0	0
TX	.09	24,419	41,344	16,925	0	24,875	12,557	12,557
НІ	.09	225	331	106	0	36,500	0	0

A) (B) Vt	(C) Exp Excess Losses (D - E)	(D) Expected Losses	(E) Exp Prim Losses	(F) Act Exc Losses (H - I)	(G) Ballast	(H) Act Inc Losses	(I) Act Prim Losses
09	25,224	42,754	17,530	0	24,847	3,767	3,767

	Primary Losses	Stabil	zing Value		Ratable Excess	Totals
	(I)	C * (1 - A) +	G	(A) * (F	=)	(J)
Actual	3,767	4	7,801		0	51,568
	(E)	C * (1 - A) +	G	(A) * (C	C)	(K)
Expected	17,530	4	7,801		2,270	67,601
	ARAP	FLARAP	SARAP	)	MAARAP	Exp Mod
						(J) / (K)
Factors	1.00					.76

NOTICE - THIS EXPERIENCE MODIFICATION IS CALCULATED TO REFLECT

THE WEIGHTED FORMULA IN COMPLIANCE WITH MAINE LAW H.P. 1397.

**REVISED RATING** 

RATING REFLECTS A DECREASE OF 70% MEDICAL ONLY PRIMARY AND EXCESS LOSS

DOLLARS WHERE ERA IS APPLIED.

THE ARAP FACTOR SHOWN IS FOR THOSE STATES CONTAINED ON THIS

RATING THAT HAVE APPROVED THE ARAP PROGRAM AND IS CALCULATED

BASED ON THE STATE WITH THE HIGHEST APPROVED MAXIMUM ARAP SURCHARGE. THE MAXIMUM ARAP SURCHARGE MAY VARY BY STATE.

PLEASE REFER TO EACH STATE'S APPROVED RULES FOR THE

APPLICABLE MAXIMUM ARAP SURCHARGE.

RATING REVISED TO REFLECT APPROVED RATING VALUES

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10-GEORGIA Firm ID: Firm Name: STAGING SOLUTIONS INC

Eff Date: **Carrier:** 10022 Policy No. SCW0072951901 01/01/2019 Exp Date: 01/01/2020

Code		D- Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
0930	WAIVE	R OF S	SUBROGAT	0	0					
0930	930 WAIVER OF SUBROGAT			0	0					
8742	.11	.28	64,827	71	20					
8742	.11	.28	21,847	24	7					
9812	EMPLC	YERS	LIABILIT	0	0					
9812	312 EMPLOYERS LIABILIT			0	0					
Policy	Total:			Subject Premium:	437	Total Act Inc Losses:			0	

18-MAINE Firm ID: Firm Name: STAGING SOLUTIONS INC

Carrier: 10022 Policy No. SCW0072951901 Eff Date: 01/01/2019 Exp Date: 01/01/2020

Code		D- Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
0930	WAIVE	R OF S	SUBROGAT	0	0					
0930	930 WAIVER OF SUBROGAT			0	0					
9154	.56	.51	113,630	636	324					
9154	.56	.51	38,293	214	109					
9812	EMPLO	YERS	LIABILIT	0	0					
9812	EMPLO	YERS	LIABILIT	0	0					
Policy	Total:			Subject Premium:	2,867	Total Act Inc Losses:	<del>-</del>		0	

**32-NORTH CAROLINA** Firm ID: Firm Name: STAGING SOLUTIONS INC

Carrier: 10022 Policy No. SCW0072951901 Eff Date: 01/01/2019 Exp Date: 01/01/2020

Code	ELR	D- Ratio	Payroll	Expected Losses	Exp Prim Losses		Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
0930	WAIVE	R OF	SUBROGAT	0	0						
0930	30 WAIVER OF SUBROGAT			0	0						
8742	.10	.29	33,773	34	10						
8742	.10	.29	100,219	100	29						
9812	EMPLO	YERS	LIABILIT	0	0						
9812	EMPLO	YERS	LIABILIT	0	0						
Policy	Total:			Subject Premium:	614	11	otal Act Inc osses:			0	

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Risk ID: 914466822

Rating Effective Date: 01/01/2021 Production Date: 10/21/2020 State: INTERSTATE

42-TEXAS Firm ID: Firm Name: STAGING SOLUTIONS INC

**Carrier:** 10022 Policy No. SCW0004241801 Eff Date: 01/01/2018 Exp Date: 01/01/2019

Code	ELR	D- Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
8742	.06	.39	280,755	168	66	AGTW0001541	06	F	971	971
8810	.03	.36	111,298	33	12					
9154	.57	.41	2,320,827	13,229	5,424					
Policy	Total:			Subject Premium:	33,379	Total Act Inc Losses:	•		971	

42-TEXAS Firm Name: STAGING SOLUTIONS INC Firm ID:

Carrier: 10022 Policy No. SCW0072951901 Eff Date: 01/01/2019 Exp Date: 01/01/2020

Code	ELR	D- Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
8742	.06	.39	932,671	560	218	AGTW0004301	06	F	3,023	3,023
8742	.06	.39	314,306	189	74	NO. 2	06	*	3,563	3,563
8810	.03	.36	343,765	103	37	AGTW0002831	06	0	5,000	5,000
8810	.03	.36	115,847	35	13					
9154	.57	.41	1,195,124	6,812	2,793					
9154	.57	.41	3,546,410	20,215	8,288					
Policy	Policy Total: 6,448,123			Subject Premium:	62,232	Total Act Inc Losses:			11,586	

52-HAWAII Firm ID: Firm Name: STAGING SOLUTIONS INC

Carrier: 10022 Policy No. SCW0004241801 Eff Date: 01/01/2018 Exp Date: 01/01/2019

Code	ELR	D- Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
0930	WAIVE	R OF S	SUBROGAT	0	0					
9154	1.31	.32	25,256	331	106					
9812	EMPLC	YERS	LIABILIT	0	0					
Policy	Total:			Subject Premium:	Total Act Inc Losses:					

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\* Total by Policy Year of all cases \$2000 or less. D Disease Loss

X Ex-Medical Coverage

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