



Risk Name: CARTER COUNTY BOARD OF EDUCTIO

Risk ID: 160506377

Rating Effective Date: 07/01/2024 Production Date: 01/30/2024 State: KENTUCKY

Sta	te	Wt	Exp Exces Losses	s Expected Losses			Ballast	Act Inc Losses	Act Prim Losses	Split Point
KY		.23	117,2	55 205,25	3 87,998	244,491	33,120	300,644	56,153	18,500
(A) Wt			(D) Expected Losses	(E) Exp Prim Losses	(F) Act Exc Losses (H - I)	(G) Ballas	t (H) Act I Losse	\ ',	Prim ses	
.23		117,255		205,253	87,998	184,007	33	,120 23	36,245	52,238

	Primary Losses		Stabilizir	ng Value	Ratable Excess		Totals
	(I)	C * ((1 - A) + G		(A) * (F	=)	(J)
Actual	52,238		123,406			42,322	217,966
	(E)	C * ((1 - A) + G		(A) * (C	C)	(K)
Expected	87,998		123,406			26,969	238,373
	ARAP	FLAR	FLARAP			MAARAP	Exp Mod
						(J) / (K)	
Factors							.91

RATING REFLECTS A DECREASE OF 70% MEDICAL ONLY PRIMARY AND EXCESS LOSS DOLLARS WHERE ERA IS APPLIED.

WORKERS COMPENSATION EXPERIENCE RATING



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16-KENTUCKY Firm ID: Firm Name: CARTER COUNTY BOARD OF EDUCTIO

Carrier: 14184 Policy No. WC8504138 Eff Date: 07/01/2020 Exp Date: 07/01/2021

Code	ELR	D- Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
7380	1.57	.37	1,373,840	21,569	7,981	905738090	05	F	367	367
8868	.11	.46	21,396,724	23,536	10,827	505734570	06	F	54	54
9101	.91	.46	2,222,450	20,224	9,303					
9812	EMPLOY	ERS L	IABILIT	0	0					
Policy	Total:		24,993,014 P	Subject Premium:	204,472	Total Act Inc Losses:			421	

16-KENTUCKY Firm Name: CARTER COUNTY BOARD OF EDUCTIO Firm ID:

Exp Date: 07/01/2022 Carrier: 33731 Policy No. 434799 Eff Date: 07/01/2021

Code	ELR	D- Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
7380	1.57	.37	1,440,36	5 22,614	8,367	NO. 3	06	*	333	333
8868	.11	.46	22,281,19	8 24,509	11,274	231484	06	F	2,077	2,077
9101	.91	.46	2,256,46	20,534	9,446					
9812	EMPLOY	ERS L	IABILIT	0	0					
Policy	Total:		25,978,023	Subject Premium:	162,951	Total Act Inc Losses:			2,410	

Firm Name: CARTER COUNTY BOARD OF EDUCTIO **16-KENTUCKY** Firm ID:

Exp Date: 07/01/2023 Carrier: 36609 **Policy No.** WC10001796092022A Eff Date: 07/01/2022

Code	ELR	D- Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
7380	1.57	.37	1,728,871	27,143	10,043	229472	05	F	3,394	3,394
8868	.11	.46	22,367,834	24,605	11,318	229445	05	F	9,800	9,800
9101	.91	.46	2,254,834	20,519	9,439	232140	05	0	77,507	18,500
9812	EMPLOY	ERS L	IABILIT	0	0	229466	05	0	203,984 #	18,500
						NO. 4	06	*	3,128	3,128
Policy	Total:		26,351,539 F	Subject Premium:	137,922	Total Act Inc Losses:			297,813	

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E Employers Liability Loss

X Ex-Medical Coverage

Limited Loss

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