



2019 CALL HIGHLIGHTS

COMMERCIAL LINES STATISTICAL PLAN CALL

There are no changes for the 2019 Commercial Lines Statistical Plan Call.



January 1, 2019

Call CLSP-2019

To: NISS Member Companies

Re: 2019 Commercial Lines Statistical Plan Call

With this letter we are sending you instructions for reporting the 2019 Commercial Lines Statistical Plan Call.

The due date for submitting the 2019 Commercial Lines Statistical Plan Call is:

May 15, 2019

All reports of experience (Original Submissions and Refiles) should be submitted via the NISS Member Company website at www.niss-stat.org.

All parts of a Refile should be marked “**Refile**”.

This Call has been assembled into **three** sections as listed below. We suggest that you use this letter as a guide while studying the material. Also, please execute and submit any required materials as instructed.

I. General Instructions

This section describes the method of compiling statistics to be reported as well as instructions setting forth the statistical requirements of this Call.

II. Reporting Instructions and Record Layouts

This section includes the following information:

1. Instructions for Reporting Data Submissions – The information herein explains in detail how each field is to be completed.
2. Instructions for Completing Letter of Transmittal – The information herein explains how this form is to be completed.
3. Instructions for Reporting Transmittals Electronically – The information herein explains how each field in both the State Transmittal Record and the Countrywide Summary Record is to be completed.

**National
Independent
Statistical
Service**

3601 Vincennes Road

P.O. Box 68950

Indianapolis, Indiana 46268-0950

317.876.6200

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<http://www.niss-stat.org>

III. Transmittals and Forms

This section includes the following forms:

- Form 2019CLSP-T
- Form 2019AS-RW-WP
- Form 2019AS-RW-PL
- Form 2019CLSP-K-WP
- Form 2019CLSP-K-PL
- Form 2019CLSP-K-OS

Please contact NISS if you have any questions or need additional information about this Call.

Very truly yours,

A handwritten signature in black ink that reads "Theresa A. Szwast". The signature is written in a cursive, flowing style.

Theresa A. Szwast
President & CEO

NATIONAL INDEPENDENT STATISTICAL SERVICE

2019 COMMERCIAL LINES STATISTICAL PLAN CALL

SECTION I

GENERAL INSTRUCTIONS

ALL STATES EXCEPT:

TEXAS

NATIONAL INDEPENDENT STATISTICAL SERVICE

2019 COMMERCIAL LINES STATISTICAL PLAN CALL GENERAL INSTRUCTIONS ALL STATES EXCEPT TX

Companies can **DISCONTINUE** submitting the corresponding Commercial Lines Statistical Plan Excess Loss (CLSPEX) Call if they:

1. Submit a one-time Final Submission of Excess (FSE) with Paid Losses and Outstanding Losses reported separately (see instructions for CLSPEX Call).
2. Include Claim Numbers (positions 162-177) and Claimant Numbers (positions 178-180) with the losses reported in the CLSP Call.

Once these two requirements have been met data will no longer need to be submitted under the CLSPEX Call. NISS will calculate the excess losses for you.

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Data to be Reported (2018 Calendar Year)

Written Exposure *	-	2018 Calendar Year Transactions
Written Premium * †	-	2018 Calendar Year Transactions
Paid Losses * † ‡	-	2018 Calendar Year Transactions
Paid Allocated Claim * † Adjustment Expenses	-	2018 Calendar Year Transactions
Number of Paid Claims *	-	2018 Calendar Year Transactions
Outstanding Losses ° # Including Allocated Loss Adjustment Expenses	-	As of December 31, 2018
Number of Outstanding ° Claims	-	As of December 31, 2018

- * 2018 Calendar Year Transactions require the reporting of all exposure, premium and paid loss transactions recorded during the period of January 1, 2018 through December 31, 2018, irrespective of the effective date of the policy.
- † The total Written Premium and Paid Losses reported for each state must agree with Statutory Page 14 (Columns 1 and 5, respectively) of your Annual Statement. NISS will reconcile Member Company statistical data with Statutory Page 14. Companies must provide an explanation to NISS when the differences exceed NISS tolerances. Member Companies should use the Annual Statement Reconciliation Worksheets (Forms 2019AS-RW-WP and 2019AS-RW-PL) found in the Forms section of this Call to explain any differences. Wherever possible, these forms should accompany the Letter of Transmittal.
- ‡ Paid Allocated Loss Adjustment Expenses must be reported separately from Paid Losses for those modules requiring the reporting of expenses. For all other modules, they are not to be included in this report.
- Outstanding Allocated Loss Adjustment Expenses must be included with the Outstanding Losses for modules: 04 – Medical Professional Liability, 05 – General Liability, and 10 – Businessowners. For all other modules, Outstanding Allocated Loss Adjustment Expenses are not to be included in this report.
- # Outstanding Losses as of December 31, 2018 are to be valued as of December 31, 2018 except for General Liability, Malpractice, and Professional Liability whose losses are to be valued as of March 31, 2019 (see Special Instructions). All Outstanding Losses, irrespective of the effective date, are to be reported.

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All exposure (Boiler and Machinery, Businessowners, Farmowners/Ranchowners, General Liability, and Medical Professional Liability only), premium, paid and outstanding losses including number of claims and allocated loss adjustment expenses (where required) are to be reported by:

Calendar Year

State

Accident Year (North Carolina Farmowners)

Experience Period Month (Washington Medical Professional Liability)

Policy Effective Year (General Liability and Medical Professional Liability)

Subline

Annual Statement Line of Business

Territory

Report Year (Washington Medical Professional Liability)

Report Month (Washington Medical Professional Liability)

Closed Claim Year (Washington Medical Professional Liability)

Closed Claim Month (Washington Medical Professional Liability)

Type of Policy

Classification *

Terrorism Coverage Code (Fire and Allied Lines, Inland Marine, General Liability,
Boiler and Machinery, and Businessowners)

Coverage *

Form/Policy Form Code *

Incident Location Code (Washington Medical Professional Liability)

Construction Code (Fire and Allied Lines and Businessowners)

Protection Code (Fire and Allied Lines and Businessowners)

Type of Policy Contract (General Liability and Medical Professional Liability)

Claims Made Entry Year (General Liability and Medical Professional Liability)

Deductible Code (Fire and Allied Lines)

Limits Identifier (General Liability)

Type of Loss (Businessowners, Farmowners/Ranchowners, Fire and Allied Lines,
General Liability, and Washington Medical Professional Liability)

Type of Equipment Code (Boiler and Machinery)

State Exception Code (Washington Medical Professional Liability)

Liability/Policy Limits (Businessowners and Washington Medical Professional Liability)

Rating Identification (Businessowners)

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(Continued)

Act or Omission Code (Washington Medical Professional Liability)
Medical Outcome Code (Washington Medical Professional Liability)
Deductible Indicator Code (Washington Medical Professional Liability)
Deductible Size Code (Washington Medical Professional Liability)
Claimant Level Indicator**
Claim Number**
Claimant Number**

* See Special Instructions for exceptions.

**These fields should be left blank if your company chooses to continue reporting excess losses separately in the CLSPEX Call.

NATIONAL INDEPENDENT STATISTICAL SERVICE

2019 COMMERCIAL LINES STATISTICAL PLAN CALL GENERAL INSTRUCTIONS ALL STATES EXCEPT TX

SPECIAL INSTRUCTIONS

Submitting Data

Data submitted is to be on an annual, summary basis. Data must be summarized to one record per indicative (Calendar Year, Loss Year, State, Territory, Subline, etc.).

Summary of Reporting Exceptions for Individual Data Elements

Paid Allocated Loss Adjustment Expenses: These expenses are included and reported separately for Medical Professional Liability, General Liability, and Businessowners experience.

Classification: Classification Code is not required for Glass, Burglary and Theft, and Earthquake.

Coverage: Coverage Code applies only to Commercial Fire and Allied Lines, Medical Professional Liability, General Liability, and Businessowners experience.

Form/Policy Form: Form Code applies only to Farmowners/Ranchowners, Fidelity and Surety, and Burglary and Theft experience.

Outstanding Allocated Loss Adjustment Expenses: These expenses are to be included with Outstanding Losses for modules: 04 – Medical Professional Liability, 05 – General Liability, and 10 – Businessowners.

Outstanding Loss Evaluation as of March 31, 2019

In order to get a better picture of the losses that have occurred as of December 31st, we ask that you value your Liability Outstanding Losses as of March 31, 2019, instead of December 31, 2018. This will allow us to 'catch' any reserves* that should have been set-up in the 2018 Calendar Year but were not, simply because the insured did not immediately notify their insurer.

For Example:

If a loss occurred December 15, 2018 and was reported to the insurer December 16, 2018, the insurers would likely set-up a reserve immediately, and report it to NISS with their 2018 Calendar Year Outstanding Losses.

Now, suppose that the same loss occurred December 15, 2018 and the insured did not file the claim until January 15, 2019. Had the insured informed you of the claim immediately after the loss occurred, you would have included it in your 2018 Calendar Year Outstanding Loss totals. This is why we ask companies to value their Liability Outstanding Losses and Claims as of March 31, 2019 - to allow for any losses that occurred during the previous Year but were not reported before year end to be included in the 2018 Calendar/Accident year reports.

In order to value the Outstanding Losses and Claims as of March 31, 2019, it involves treating some 1st Quarter 2019 Paid Losses and Claims as Outstanding Losses and Claims as described on the following page.

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2019 COMMERCIAL LINES STATISTICAL PLAN CALL GENERAL INSTRUCTIONS ALL STATES EXCEPT TX

SPECIAL INSTRUCTIONS (Continued)

Outstanding Loss Evaluation as of March 31, 2019 (Continued)

Example Using the 2019 Call Year:

1. Collect all Liability Outstanding Losses and Outstanding Claims as of March 31, 2019 and remove any records containing an Accident Year of 2019.
2. Collect all Liability Paid Losses, Paid ALAE, and Paid Claims reported during January 1, 2019 – March 31, 2019 and remove any records containing an Accident Year of 2019. Treat these remaining records as Outstanding Losses and Claims, and combine them with the records from Step #1.

2018 and Prior Accident Year Outstanding Losses & Claims	as of March 31, 2019
+ <u>2018 and Prior Accident Year Paid Losses & Claims</u>	<u>January-March 2019</u> **
= 2018 and Prior Accident Year Outstanding Losses & Claims	Reported to NISS in the 2019 Call

* Bulk reserves should not be reported to NISS.

** Although these Paid Losses and Claims are treated as Outstanding Losses and Claims for the 2019 Call, they will be reported to NISS under the 2020 Call as Paid Losses and Claims.

NATIONAL INDEPENDENT STATISTICAL SERVICE

2019 COMMERCIAL LINES STATISTICAL PLAN CALL

SECTION II

REPORTING INSTRUCTIONS AND RECORD LAYOUTS

ALL STATES EXCEPT:

TEXAS

NATIONAL INDEPENDENT STATISTICAL SERVICE

2019 COMMERCIAL LINES STATISTICAL PLAN CALL REPORTING INSTRUCTIONS AND RECORD LAYOUTS ALL STATES EXCEPT TX

Instructions for Reporting Data Submissions

There are two format options for submitting data to NISS: Fixed Record Length (.txt format) or Comma Delimited (.csv format). Instructions for reporting in these formats follow below and apply to both data submissions and electronic transmittal (state and summary) records.

Submitting Fixed Record Length Files (.txt format):

All coding generated must be ASCII fixed record length. Each record must be the exact image of the record(s) described in the record layout. Records within the file may be in any order.

In the record layout, there is a column titled Field Type (Size) that distinguishes the text fields from the numeric fields and displays the size for each field.

Report whole dollars only. Rounding, when required, is accomplished by adding an absolute \$0.50 to the absolute value of the field and then dropping the cents. For example, a negative \$7.51 would round to a negative \$8.00 and a negative \$7.49 would round to a negative \$7.00. No alphanumeric characters should be reported except where asked for in a Call.

The numeric fields must be right justified with leading zeroes. These fields are signed numeric fields with a signed numeric digit in the last position. For a detailed explanation of signed numeric digits, please refer to NISS Bulletin No. 03-2019.

Submitting Comma Delimited Files (.csv format):

With this option, commas are the delimiter. Do not type in the literal commas in any field. If you do, the commas will save as characters and will import as such. For example, a value of -1,234 should be submitted as: -1234.

In the record layout, there is a column titled Field Type (Size) that distinguishes the text fields from the numeric fields and displays the size for each field.

The text fields must contain all of the positions listed under the Field Type (Size) column. For example, Territory Code 005 should be reported as 005 instead of 5.

Report whole dollars only. Rounding, when required, is accomplished by adding an absolute \$0.50 to the absolute value of the field and then dropping the cents. For example, a negative \$7.51 would round to a negative \$8.00 and a negative \$7.49 would round to a negative \$7.00.

Since the numeric field sizes are variable, leading zeros and spaces should be omitted. Negative numbers must be submitted as a dash before the number (without a space between the negative and number). For example, a negative one hundred dollar premium should be submitted as: -100.

For fields not applicable, report blank. For blank fields, report blank. The following is an example of how a blank field should be reported when preceded by and followed by applicable fields: ...001,,999...

File names must end with the .csv extension to distinguish it as a comma delimited file. Also, records within the file may be in any order.

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Data Record Layout

<u>Field</u>	<u>Field Name</u>	<u>Description</u>	<u>Field Type (Size)</u>
1	Blank		
2-4	Company Number	Assigned by NISS.	Text (3)
5-6	Blank		
7-8	Calendar Year	Use last two digits of Calendar Year reported.	Text (2)
9-10	Call Year	Use last two digits of Call Year reported.	Text (2)
11-12	State Code	State code for which experience is being reported.	Text (2)
13-15	Blank		
16-17	Accident Year	North Carolina Farmowners only. Use last two digits of Accident Year reported.	Text (2)
18-19	Experience Period Month	Washington Medical Professional Liability only. Report the two digit month in which the incident occurred.	Text (2)
20-21	Policy Year	General Liability and Medical Professional Liability only. Use last two digits of Policy Year reported.	Text (2)
22	Blank		
23-25	Subline of Business Code	See Statistical Plan for codes.	Text (3)
26	Blank		
27-29	Annual Statement Line of Business Code	See Statistical Plan for codes.	Text (3)
30	Blank		

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Data Record Layout (Continued)

<u>Field</u>	<u>Field Name</u>	<u>Description</u>	<u>Field Type (Size)</u>
31-33	Territory Code	The Territory Code used to determine rate. For Subline 360 (Employment Related Practices Liability) report the Territory Code representing the insured location. For Subline 965 (Crime and Fidelity) report the Territory Group Code. Territory Code is not required for Boiler and Machinery, Businessowners, Earthquake, Farmowners, Fidelity and Forgery, Glass, or Inland Marine.	Text (3)
34	Blank		
35-36	Report Year	Washington Medical Professional Liability only. Report the last two digits of the year in which the claim was reported to the insurer.	Text (2)
37-38	Report Month	Washington Medical Professional Liability only. Report the two digit month in which the claim was reported to the insurer.	Text (2)
39-40	Closed Claim Year	Washington Medical Professional Liability only. Report the last two digits of the year in which the claim was closed (closed claim only).	Text (2)
41-42	Closed Claim Month	Washington Medical Professional Liability only. Report the two digit month in which the claim was closed (closed claims only).	Text (2)
43-44	Type of Policy Code	See Statistical Plan for codes.	Text (2)
45	Blank		
46-51	Classification Code	See Statistical Plan for codes. Codes should be left justified with unused right most positions filled with zeros.	Text (6)

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2019 COMMERCIAL LINES STATISTICAL PLAN CALL REPORTING INSTRUCTIONS AND RECORD LAYOUTS ALL STATES EXCEPT TX

Data Record Layout (Continued)

<u>Field</u>	<u>Field Name</u>	<u>Description</u>	<u>Field Type (Size)</u>
52	Blank		
53	Terrorism Coverage Code	Fire and Allied Lines, Inland Marine, General Liability, Boiler and Machinery, and Businessowners only.	Text (1)
54-55	Blank		
56-57	Coverage Code	Report two digit coverage codes for Boiler and Machinery, Businessowners, and General Liability. Report one digit coverage code for Fire and Allied Lines in position 57 and leave position 56 blank.	Text (2)
58	Claimant Level Indicator	For submissions containing Claim Numbers and Claimant Numbers, use "C" (otherwise leave blank).	Text (1)
59-61	Form/Policy Form Code	Report three digit Crime and Fidelity policy form code. Report two digit Burglary and Theft policy form code in positions 60-61 and leave position 59 blank. Report one digit Farmowners/Ranchowners form code in position 61 and leave positions 59-60 blank.	Text (3)
62-63	Incident Location Code	Washington Medical Professional Liability only.	Text (2)
64	Construction Code	Fire and Allied Lines and Businessowners only.	Text (1)
65-66	Protection Code	Fire and Allied Lines and Businessowners only.	Text (2)
67	Type of Policy Contract Code	General Liability and Medical Professional Liability only.	Text (1)

NATIONAL INDEPENDENT STATISTICAL SERVICE

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Data Record Layout (Continued)

<u>Field</u>	<u>Field Name</u>	<u>Description</u>	<u>Field Type (Size)</u>
68-69	Claims Made Entry Year	General Liability and Medical Professional Liability only. Report the last two digits of the year of entry into a Claims Made Program. For occurrence coverage and coverage with no retroactive date, leave blank.	Text (2)
70-71	Deductible Code	Fire and Allied Lines only.	Text (2)
72-73	Blank		
74	Limits Identification Code	General Liability only.	Text (1)
75	Blank		
76-77	Type of Loss Code	Businessowners, Farmowners/Ranch-owners, Fire and Allied Lines, General Liability, Inland Marine, and Washington Medical Professional Liability only.	Text (2)
78-79	Type of Equipment Code	Boiler and Machinery only.	Text (2)
80	State Exception Code	Washington Medical Professional Liability only.	Text (1)
81-85	Liability/Policy Limits Code	Businessowners and Washington Medical Professional Liability only.	Text (5)
86-87	Blank		
88	Rating Identification Code	Businessowners only.	Text (1)
89	Blank		
90-92	Act or Omission Code	Washington Medical Professional Liability only.	Text (3)
93-94	Medical Outcome Code	Washington Medical Professional Liability only.	Text (2)
95	Deductible Indicator Code	Washington Medical Professional Liability only.	Text (1)

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Data Record Layout (Continued)

<u>Field</u>	<u>Field Name</u>	<u>Description</u>	<u>Field Type (Size)</u>
96-102	Deductible Size Code	Washington Medical Professional Liability only.	Text (7)
103	Blank		
104-111	Written Exposure	Boiler and Machinery, Business-owners, Farmowners/Ranchowners, General Liability, and Medical Professional Liability only.	Numeric: Fixed Length (8) CSV (variable)
112-119	Written Premium	Report direct business only.	Numeric: Fixed Length (8) CSV (variable)
120-127	Paid Losses	See Statistical Plan for definitions.	Numeric: Fixed Length (8) CSV (variable)
128-135	Paid Allocated Loss Adjustment Expenses	Businessowners, General Liability, and Medical Professional Liability only.	Numeric: Fixed Length (8) CSV (variable)
136-143	Outstanding Losses Including Outstanding Loss Adjustment Expenses	Includes Allocated Loss Adjustment Expense Reserves for Medical Professional Liability, General Liability, and Businessowners. Also includes any incurred but unreported losses for Medical Professional Liability and General Liability.	Numeric: Fixed Length (8) CSV (variable)
144-148	Number of Paid Claims	To indicate the number of Paid Claims. A claim partially paid and partially outstanding must be counted only once (may be counted paid or outstanding).	Numeric: Fixed Length (5) CSV (variable)
149-153	Number of Outstanding Claims	To indicate the number of Outstanding Claims. A claim partially paid and partially outstanding must be counted only once (may be counted paid or outstanding).	Numeric: Fixed Length (5) CSV (variable)

NATIONAL INDEPENDENT STATISTICAL SERVICE

2019 COMMERCIAL LINES STATISTICAL PLAN CALL REPORTING INSTRUCTIONS AND RECORD LAYOUTS ALL STATES EXCEPT TX

Data Record Layout (Continued)

154-161	Reserved for NISS Use		
162-177	Claim Number	Each claim must have a separate number (leave blank if reporting excess losses separately in the CLSPEX Call).	Text (16)
178-180	Claimant Number	Each claimant in a multiple claimant accident must have a separate number (leave blank if reporting excess losses separately in the CLSPEX Call).	Text (3)

NATIONAL INDEPENDENT STATISTICAL SERVICE

2019 COMMERCIAL LINES STATISTICAL PLAN CALL REPORTING INSTRUCTIONS AND RECORD LAYOUTS ALL STATES EXCEPT TX

Instructions for Reporting Transmittals

Transmittals must always accompany each submission of statistical data reported to NISS to allow NISS to balance to the data received.

There are two options you can use for submitting transmittals to NISS: Transmittal Forms (Excel Format) or Electronic Transmittal Records. Instructions for reporting Transmittals using these options follow below.

Submitting Transmittal Forms (Excel Format) - Form 2019CLSP-T

The Transmittal Forms can be found on the Calls page of the NISS website.

Companies must enter the totals of experience for each state on the appropriate state line. If you have acknowledged states on your Verification of Experience (VE) Call but have no experience to report for one or more of those states, enter “0” for those states on the transmittal.

If you have nothing to report (“NTR”) for this Call, you do not need to submit a Transmittal. Instead, be sure to select “NTR” in the appropriate section of the upload form on the NISS website.

Submitting Electronic Transmittal Records

Electronic transmittal records can be included on the same file as the data records or submitted as separate files, following the transmittal record layout defined in this Call. Both T (Transmittal) and S (Summary) records are required.

Refer to the previous “Instructions for Reporting Data Submissions” in this Call for the two format options for submitting electronic transmittals records.

NATIONAL INDEPENDENT STATISTICAL SERVICE

2019 COMMERCIAL LINES STATISTICAL PLAN CALL REPORTING INSTRUCTIONS AND RECORD LAYOUTS ALL STATES EXCEPT TX

Transmittal Record Layout – State Totals

When submitting a transmittal using the electronic option, companies must complete and include both Transmittal State Total record(s) and a Summary (Countrywide) Record Count record.

Information should be shown using this exact arrangement. The information in each column should follow the instructions set forth below:

<u>Field</u>	<u>Field Name</u>	<u>Description</u>	<u>Field Type (Size)</u>
1	Transmittal Identifier Code	For Transmittal State Totals use code "T".	Text (1)
2-4	Company Number	Assigned by NISS.	Text (3)
5-6	Blank		
7-8	Calendar Year	Use last two digits of Calendar Year reported.	Text (2)
9-10	Call Year	Use last two digits of Call Year reported.	Text (2)
11-12	State Code	State code for which experience is being reported.	Text (2)
13-14	Blank		
15-16	Module Code	Report two digit code for Module: 01 - Commercial Fire and Allied Lines 02 - Farmowners/Ranchowners 03 - Inland Marine 04 - Medical Professional Liability 05 - General Liability 06 - Fidelity and Forgery 07 - Glass 08 - Burglary and Theft/Crime and Fidelity 09 - Earthquake 10 - Businessowners 11 - Boiler and Machinery	Text (2)
17	Blank		
18	Refile Indicator Code	For Refiles use code "R", otherwise report blank.	Text (1)
19	Blank		

NATIONAL INDEPENDENT STATISTICAL SERVICE

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Transmittal Record Layout – State Totals (Continued)

<u>Field</u>	<u>Field Name</u>	<u>Description</u>	<u>Field Type (Size)</u>
20	NTR Indicator Code	Code “N” for state you had indicated on the VE that you would report, but have no data to report, otherwise, report blank.	Text (1)
21-103	Blank		
104-114	Written Exposure	See Statistical Plan for definitions.	Numeric: Fixed Length (11) CSV (variable)
115-125	Written Premium	Report direct business only.	Numeric: Fixed Length (11) CSV (variable)
126-136	Paid Losses	See Statistical Plan for definitions.	Numeric: Fixed Length (11) CSV (variable)
137-147	Paid Allocated Loss Adjustment Expenses	See Statistical Plan for definitions.	Numeric: Fixed Length (11) CSV (variable)
148-158	Outstanding Losses Including Allocated Loss Adjustment Expenses	Includes Allocated Loss Adjustment Expense Reserves for Medical Professional Liability, General Liability, and Businessowners. Also includes any incurred but unreported losses for Medical Professional Liability and General Liability.	Numeric: Fixed Length (11) CSV (variable)
159-165	Number of Paid Claims	To indicate the number of Paid Claims. A claim partially paid and partially outstanding must be counted only once (may be counted paid or outstanding).	Numeric: Fixed Length (7) CSV (variable)

NATIONAL INDEPENDENT STATISTICAL SERVICE

2019 COMMERCIAL LINES STATISTICAL PLAN CALL REPORTING INSTRUCTIONS AND RECORD LAYOUTS ALL STATES EXCEPT TX

Transmittal Record Layout – State Totals (Continued)

<u>Field</u>	<u>Field Name</u>	<u>Description</u>	<u>Field Type (Size)</u>
166-172	Number of Outstanding Claims	To indicate the number of Outstanding Claims. A claim partially paid and partially outstanding must be counted only once (may be counted paid or outstanding).	Numeric: Fixed Length (7) CSV (variable)
173-180	Blank		

NATIONAL INDEPENDENT STATISTICAL SERVICE

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Summary Record Layout – Countrywide Record Count

When submitting a transmittal using the electronic option, companies must complete and include both Transmittal State Total record(s) and a Summary (Countrywide) Record Count record.

Information should be shown using this exact arrangement. The information in each column should follow the instructions set forth below:

<u>Field</u>	<u>Field Name</u>	<u>Description</u>	<u>Field Type (Size)</u>
1	Transmittal Identifier Code	For Summary (Countrywide) Totals use code "S".	Text (1)
2-4	Company Number	Assigned by NISS.	Text (3)
5-6	Blank		
7-8	Calendar Year	Use last two digits of Calendar Year reported.	Text (2)
9-10	Call Year	Use last two digits of Call Year reported.	Text (2)
11-17	Blank		
18	Refile Indicator Code	For Refiles use code "R", otherwise report blank.	Text (1)
19-153	Blank		
154-165	Record Count	Submission Record Count. Data records only should be counted (i.e., do not include the transmittal records with the count).	Numeric: Fixed Length (12) CSV (variable)
166-180	Blank		

NATIONAL INDEPENDENT STATISTICAL SERVICE

2019 COMMERCIAL LINES STATISTICAL PLAN CALL

SECTION III

TRANSMITTALS AND FORMS

ALL STATES EXCEPT:

TEXAS



**NATIONAL
INDEPENDENT
STATISTICAL
SERVICE**

Commercial Lines Statistical Plan Call - Letter of Transmittal

Enter Company Number Here: _____

Enter Company Name Here: _____

Instructions:

The Transmittal Form for the Commercial Lines Statistical Plan Call has been divided into 12 separate tabs. The first 11 tabs are labeled "01" through "11", one for each CLSP Module as follows:

- 01 - Commercial Fire & Allied Lines
- 02 - Farmowners/Ranchowners
- 03 - Inland Marine
- 04 - Medical Professional Liability
- 05 - General Liability
- 06 - Fidelity & Forgery
- 07 - Glass
- 08 - Burglary & Theft/Crime & Fidelity
- 09 - Earthquake
- 10 - Businessowners
- 11 - Boiler & Machinery

These tabs should be filled out based on the Modules and States for which you are submitting Experience. Any Modules or States for which you do not have Experience may be left blank. You may fill in your Company Number and Company Name above to fill through to the following tabs.

The final, "Total", tab is a summary and "grand total" of each of the Module tabs. This is automatic, and does not require calculations on your part. Fields not requiring your input have been locked to ensure accurate calculations.

When submitting your experience, please include a completed copy of this file. If submitting your Transmittal on paper, please include each of the applicable Module pages and the Total page.

Please feel free to contact us with any questions.



**NATIONAL
INDEPENDENT
STATISTICAL
SERVICE**

The _____
(Company Name) _____ (Company Number)

herewith submits experience for the 2019 Commercial Lines Statistical Plan Call.
(Call Year)

**Commercial Lines Statistical Plan Call - Letter of Transmittal
Module 01 - Commercial Fire & Allied Lines**

STATE & NUMBER	WRITTEN EXPOSURE	WRITTEN PREMIUM	PAID LOSSES	NUMBER OF PAID CLAIMS	PAID ALLOCATED LOSS ADJUSTMENT EXPENSES	OUTSTANDING LOSSES	NUMBER OF OUTSTANDING CLAIMS
AL 01							
AZ 02							
AR 03							
CA 04							
CO 05							
CT 06							
DE 07							
DC 08							
FL 09							
GA 10							
ID 11							
IL 12							
IN 13							
IA 14							
KS 15							
KY 16							
LA 17							
ME 18							
MD 19							
MA 20							
MI 21							
MN 22							
MS 23							

STATE & NUMBER		WRITTEN EXPOSURE	WRITTEN PREMIUM	PAID LOSSES	NUMBER OF PAID CLAIMS	PAID ALLOCATED LOSS ADJUSTMENT EXPENSES	OUTSTANDING LOSSES	NUMBER OF OUTSTANDING CLAIMS
MO	24							
MT	25							
NE	26							
NV	27							
NH	28							
NJ	29							
NM	30							
NY	31							
NC	32							
ND	33							
OH	34							
OK	35							
OR	36							
PA	37							
RI	38							
SC	39							
SD	40							
TN	41							
TX	42							
UT	43							
VT	44							
VA	45							
WA	46							
WV	47							
WI	48							
WY	49							
HI	52							
AK	54							
PR	58							
ALL STATES								



**NATIONAL
INDEPENDENT
STATISTICAL
SERVICE**

The _____
(Company Name) _____ (Company Number)

herewith submits experience for the 2019 Commercial Lines Statistical Plan Call.
(Call Year)

**Commercial Lines Statistical Plan Call - Letter of Transmittal
Module 02 - Farmowners-Ranchowners**

STATE & NUMBER	WRITTEN EXPOSURE	WRITTEN PREMIUM	PAID LOSSES	NUMBER OF PAID CLAIMS	PAID ALLOCATED LOSS ADJUSTMENT EXPENSES	OUTSTANDING LOSSES	NUMBER OF OUTSTANDING CLAIMS
AL 01							
AZ 02							
AR 03							
CA 04							
CO 05							
CT 06							
DE 07							
DC 08							
FL 09							
GA 10							
ID 11							
IL 12							
IN 13							
IA 14							
KS 15							
KY 16							
LA 17							
ME 18							
MD 19							
MA 20							
MI 21							
MN 22							
MS 23							

STATE & NUMBER		WRITTEN EXPOSURE	WRITTEN PREMIUM	PAID LOSSES	NUMBER OF PAID CLAIMS	PAID ALLOCATED LOSS ADJUSTMENT EXPENSES	OUTSTANDING LOSSES	NUMBER OF OUTSTANDING CLAIMS
MO	24							
MT	25							
NE	26							
NV	27							
NH	28							
NJ	29							
NM	30							
NY	31							
NC	32							
ND	33							
OH	34							
OK	35							
OR	36							
PA	37							
RI	38							
SC	39							
SD	40							
TN	41							
TX	42							
UT	43							
VT	44							
VA	45							
WA	46							
WV	47							
WI	48							
WY	49							
HI	52							
AK	54							
PR	58							
ALL STATES								



**NATIONAL
INDEPENDENT
STATISTICAL
SERVICE**

The _____
(Company Name) (Company Number)

herewith submits experience for the 2019 Commercial Lines Statistical Plan Call.
(Call Year)

**Commercial Lines Statistical Plan Call - Letter of Transmittal
Module 03 - Inland Marine**

STATE & NUMBER	WRITTEN EXPOSURE	WRITTEN PREMIUM	PAID LOSSES	NUMBER OF PAID CLAIMS	PAID ALLOCATED LOSS ADJUSTMENT EXPENSES	OUTSTANDING LOSSES	NUMBER OF OUTSTANDING CLAIMS
AL 01							
AZ 02							
AR 03							
CA 04							
CO 05							
CT 06							
DE 07							
DC 08							
FL 09							
GA 10							
ID 11							
IL 12							
IN 13							
IA 14							
KS 15							
KY 16							
LA 17							
ME 18							
MD 19							
MA 20							
MI 21							
MN 22							
MS 23							

STATE & NUMBER		WRITTEN EXPOSURE	WRITTEN PREMIUM	PAID LOSSES	NUMBER OF PAID CLAIMS	PAID ALLOCATED LOSS ADJUSTMENT EXPENSES	OUTSTANDING LOSSES	NUMBER OF OUTSTANDING CLAIMS
MO	24							
MT	25							
NE	26							
NV	27							
NH	28							
NJ	29							
NM	30							
NY	31							
NC	32							
ND	33							
OH	34							
OK	35							
OR	36							
PA	37							
RI	38							
SC	39							
SD	40							
TN	41							
TX	42							
UT	43							
VT	44							
VA	45							
WA	46							
WV	47							
WI	48							
WY	49							
HI	52							
AK	54							
PR	58							
ALL STATES								



**NATIONAL
INDEPENDENT
STATISTICAL
SERVICE**

The _____
(Company Name) (Company Number)

herewith submits experience for the 2019 Commercial Lines Statistical Plan Call.
(Call Year)

**Commercial Lines Statistical Plan Call - Letter of Transmittal
Module 04 - Medical Professional Liability**

STATE & NUMBER	WRITTEN EXPOSURE	WRITTEN PREMIUM	PAID LOSSES	NUMBER OF PAID CLAIMS	PAID ALLOCATED LOSS ADJUSTMENT EXPENSES	OUTSTANDING LOSSES INCLUDING ALAE	NUMBER OF OUTSTANDING CLAIMS
AL 01							
AZ 02							
AR 03							
CA 04							
CO 05							
CT 06							
DE 07							
DC 08							
FL 09							
GA 10							
ID 11							
IL 12							
IN 13							
IA 14							
KS 15							
KY 16							
LA 17							
ME 18							
MD 19							
MA 20							
MI 21							
MN 22							
MS 23							

STATE & NUMBER		WRITTEN EXPOSURE	WRITTEN PREMIUM	PAID LOSSES	NUMBER OF PAID CLAIMS	PAID ALLOCATED LOSS ADJUSTMENT EXPENSES	OUTSTANDING LOSSES INCLUDING ALAE	NUMBER OF OUTSTANDING CLAIMS
MO	24							
MT	25							
NE	26							
NV	27							
NH	28							
NJ	29							
NM	30							
NY	31							
NC	32							
ND	33							
OH	34							
OK	35							
OR	36							
PA	37							
RI	38							
SC	39							
SD	40							
TN	41							
TX	42							
UT	43							
VT	44							
VA	45							
WA	46							
WV	47							
WI	48							
WY	49							
HI	52							
AK	54							
PR	58							
ALL STATES								



**NATIONAL
INDEPENDENT
STATISTICAL
SERVICE**

The _____
(Company Name) (Company Number)

herewith submits experience for the 2019 Commercial Lines Statistical Plan Call.
(Call Year)

**Commercial Lines Statistical Plan Call - Letter of Transmittal
Module 05 - General Liability**

STATE & NUMBER	WRITTEN EXPOSURE	WRITTEN PREMIUM	PAID LOSSES	NUMBER OF PAID CLAIMS	PAID ALLOCATED LOSS ADJUSTMENT EXPENSES	OUTSTANDING LOSSES INCLUDING ALAE	NUMBER OF OUTSTANDING CLAIMS
AL 01							
AZ 02							
AR 03							
CA 04							
CO 05							
CT 06							
DE 07							
DC 08							
FL 09							
GA 10							
ID 11							
IL 12							
IN 13							
IA 14							
KS 15							
KY 16							
LA 17							
ME 18							
MD 19							
MA 20							
MI 21							
MN 22							
MS 23							

STATE & NUMBER		WRITTEN EXPOSURE	WRITTEN PREMIUM	PAID LOSSES	NUMBER OF PAID CLAIMS	PAID ALLOCATED LOSS ADJUSTMENT EXPENSES	OUTSTANDING LOSSES INCLUDING ALAE	NUMBER OF OUTSTANDING CLAIMS
MO	24							
MT	25							
NE	26							
NV	27							
NH	28							
NJ	29							
NM	30							
NY	31							
NC	32							
ND	33							
OH	34							
OK	35							
OR	36							
PA	37							
RI	38							
SC	39							
SD	40							
TN	41							
TX	42							
UT	43							
VT	44							
VA	45							
WA	46							
WV	47							
WI	48							
WY	49							
HI	52							
AK	54							
PR	58							
ALL STATES								



**NATIONAL
INDEPENDENT
STATISTICAL
SERVICE**

The _____
(Company Name) _____ (Company Number)

herewith submits experience for the 2019 Commercial Lines Statistical Plan Call.
(Call Year)

**Commercial Lines Statistical Plan Call - Letter of Transmittal
Module 06 - Fidelity & Forgery**

STATE & NUMBER	WRITTEN EXPOSURE	WRITTEN PREMIUM	PAID LOSSES	NUMBER OF PAID CLAIMS	PAID ALLOCATED LOSS ADJUSTMENT EXPENSES	OUTSTANDING LOSSES	NUMBER OF OUTSTANDING CLAIMS
AL 01							
AZ 02							
AR 03							
CA 04							
CO 05							
CT 06							
DE 07							
DC 08							
FL 09							
GA 10							
ID 11							
IL 12							
IN 13							
IA 14							
KS 15							
KY 16							
LA 17							
ME 18							
MD 19							
MA 20							
MI 21							
MN 22							
MS 23							

STATE & NUMBER		WRITTEN EXPOSURE	WRITTEN PREMIUM	PAID LOSSES	NUMBER OF PAID CLAIMS	PAID ALLOCATED LOSS ADJUSTMENT EXPENSES	OUTSTANDING LOSSES	NUMBER OF OUTSTANDING CLAIMS
MO	24							
MT	25							
NE	26							
NV	27							
NH	28							
NJ	29							
NM	30							
NY	31							
NC	32							
ND	33							
OH	34							
OK	35							
OR	36							
PA	37							
RI	38							
SC	39							
SD	40							
TN	41							
TX	42							
UT	43							
VT	44							
VA	45							
WA	46							
WV	47							
WI	48							
WY	49							
HI	52							
AK	54							
PR	58							
ALL STATES								



**NATIONAL
INDEPENDENT
STATISTICAL
SERVICE**

The _____
(Company Name) (Company Number)

herewith submits experience for the 2019 Commercial Lines Statistical Plan Call.
(Call Year)

**Commercial Lines Statistical Plan Call - Letter of Transmittal
Module 07 - Glass**

STATE & NUMBER		WRITTEN EXPOSURE	WRITTEN PREMIUM	PAID LOSSES	NUMBER OF PAID CLAIMS	PAID ALLOCATED LOSS ADJUSTMENT EXPENSES	OUTSTANDING LOSSES	NUMBER OF OUTSTANDING CLAIMS
AL	01							
AZ	02							
AR	03							
CA	04							
CO	05							
CT	06							
DE	07							
DC	08							
FL	09							
GA	10							
ID	11							
IL	12							
IN	13							
IA	14							
KS	15							
KY	16							
LA	17							
ME	18							
MD	19							
MA	20							
MI	21							
MN	22							
MS	23							

STATE & NUMBER		WRITTEN EXPOSURE	WRITTEN PREMIUM	PAID LOSSES	NUMBER OF PAID CLAIMS	PAID ALLOCATED LOSS ADJUSTMENT EXPENSES	OUTSTANDING LOSSES	NUMBER OF OUTSTANDING CLAIMS
MO	24							
MT	25							
NE	26							
NV	27							
NH	28							
NJ	29							
NM	30							
NY	31							
NC	32							
ND	33							
OH	34							
OK	35							
OR	36							
PA	37							
RI	38							
SC	39							
SD	40							
TN	41							
TX	42							
UT	43							
VT	44							
VA	45							
WA	46							
WV	47							
WI	48							
WY	49							
HI	52							
AK	54							
PR	58							
ALL STATES								



**NATIONAL
INDEPENDENT
STATISTICAL
SERVICE**

The _____
(Company Name) _____ (Company Number)

herewith submits experience for the 2019 Commercial Lines Statistical Plan Call.
(Call Year)

**Commercial Lines Statistical Plan Call - Letter of Transmittal
Module 08 - Burglary & Theft/Crime & Fidelity**

STATE & NUMBER	WRITTEN EXPOSURE	WRITTEN PREMIUM	PAID LOSSES	NUMBER OF PAID CLAIMS	PAID ALLOCATED LOSS ADJUSTMENT EXPENSES	OUTSTANDING LOSSES	NUMBER OF OUTSTANDING CLAIMS
AL 01							
AZ 02							
AR 03							
CA 04							
CO 05							
CT 06							
DE 07							
DC 08							
FL 09							
GA 10							
ID 11							
IL 12							
IN 13							
IA 14							
KS 15							
KY 16							
LA 17							
ME 18							
MD 19							
MA 20							
MI 21							
MN 22							
MS 23							

STATE & NUMBER		WRITTEN EXPOSURE	WRITTEN PREMIUM	PAID LOSSES	NUMBER OF PAID CLAIMS	PAID ALLOCATED LOSS ADJUSTMENT EXPENSES	OUTSTANDING LOSSES	NUMBER OF OUTSTANDING CLAIMS
MO	24							
MT	25							
NE	26							
NV	27							
NH	28							
NJ	29							
NM	30							
NY	31							
NC	32							
ND	33							
OH	34							
OK	35							
OR	36							
PA	37							
RI	38							
SC	39							
SD	40							
TN	41							
TX	42							
UT	43							
VT	44							
VA	45							
WA	46							
WV	47							
WI	48							
WY	49							
HI	52							
AK	54							
PR	58							
ALL STATES								



**NATIONAL
INDEPENDENT
STATISTICAL
SERVICE**

The _____
(Company Name) (Company Number)

herewith submits experience for the 2019 Commercial Lines Statistical Plan Call.
(Call Year)

**Commercial Lines Statistical Plan Call - Letter of Transmittal
Module 09 - Earthquake**

STATE & NUMBER	WRITTEN EXPOSURE	WRITTEN PREMIUM	PAID LOSSES	NUMBER OF PAID CLAIMS	PAID ALLOCATED LOSS ADJUSTMENT EXPENSES	OUTSTANDING LOSSES	NUMBER OF OUTSTANDING CLAIMS
AL 01							
AZ 02							
AR 03							
CA 04							
CO 05							
CT 06							
DE 07							
DC 08							
FL 09							
GA 10							
ID 11							
IL 12							
IN 13							
IA 14							
KS 15							
KY 16							
LA 17							
ME 18							
MD 19							
MA 20							
MI 21							
MN 22							
MS 23							

STATE & NUMBER		WRITTEN EXPOSURE	WRITTEN PREMIUM	PAID LOSSES	NUMBER OF PAID CLAIMS	PAID ALLOCATED LOSS ADJUSTMENT EXPENSES	OUTSTANDING LOSSES	NUMBER OF OUTSTANDING CLAIMS
MO	24							
MT	25							
NE	26							
NV	27							
NH	28							
NJ	29							
NM	30							
NY	31							
NC	32							
ND	33							
OH	34							
OK	35							
OR	36							
PA	37							
RI	38							
SC	39							
SD	40							
TN	41							
TX	42							
UT	43							
VT	44							
VA	45							
WA	46							
WV	47							
WI	48							
WY	49							
HI	52							
AK	54							
PR	58							
ALL STATES								



**NATIONAL
INDEPENDENT
STATISTICAL
SERVICE**

The _____
(Company Name) (Company Number)

herewith submits experience for the 2019 Commercial Lines Statistical Plan Call.
(Call Year)

**Commercial Lines Statistical Plan Call - Letter of Transmittal
Module 10 - Businessowners**

STATE & NUMBER	WRITTEN EXPOSURE	WRITTEN PREMIUM	PAID LOSSES	NUMBER OF PAID CLAIMS	PAID ALLOCATED LOSS ADJUSTMENT EXPENSES	OUTSTANDING LOSSES INCLUDING ALAE	NUMBER OF OUTSTANDING CLAIMS
AL 01							
AZ 02							
AR 03							
CA 04							
CO 05							
CT 06							
DE 07							
DC 08							
FL 09							
GA 10							
ID 11							
IL 12							
IN 13							
IA 14							
KS 15							
KY 16							
LA 17							
ME 18							
MD 19							
MA 20							
MI 21							
MN 22							
MS 23							

STATE & NUMBER		WRITTEN EXPOSURE	WRITTEN PREMIUM	PAID LOSSES	NUMBER OF PAID CLAIMS	PAID ALLOCATED LOSS ADJUSTMENT EXPENSES	OUTSTANDING LOSSES INCLUDING ALAE	NUMBER OF OUTSTANDING CLAIMS
MO	24							
MT	25							
NE	26							
NV	27							
NH	28							
NJ	29							
NM	30							
NY	31							
NC	32							
ND	33							
OH	34							
OK	35							
OR	36							
PA	37							
RI	38							
SC	39							
SD	40							
TN	41							
TX	42							
UT	43							
VT	44							
VA	45							
WA	46							
WV	47							
WI	48							
WY	49							
HI	52							
AK	54							
PR	58							
ALL STATES								



**NATIONAL
INDEPENDENT
STATISTICAL
SERVICE**

The _____
(Company Name) _____ (Company Number)

herewith submits experience for the 2019 Commercial Lines Statistical Plan Call.
(Call Year)

**Commercial Lines Statistical Plan Call - Letter of Transmittal
Module 11 - Boiler & Machinery**

STATE & NUMBER	WRITTEN EXPOSURE	WRITTEN PREMIUM	PAID LOSSES	NUMBER OF PAID CLAIMS	PAID ALLOCATED LOSS ADJUSTMENT EXPENSES	OUTSTANDING LOSSES	NUMBER OF OUTSTANDING CLAIMS
AL 01							
AZ 02							
AR 03							
CA 04							
CO 05							
CT 06							
DE 07							
DC 08							
FL 09							
GA 10							
ID 11							
IL 12							
IN 13							
IA 14							
KS 15							
KY 16							
LA 17							
ME 18							
MD 19							
MA 20							
MI 21							
MN 22							
MS 23							

STATE & NUMBER		WRITTEN EXPOSURE	WRITTEN PREMIUM	PAID LOSSES	NUMBER OF PAID CLAIMS	PAID ALLOCATED LOSS ADJUSTMENT EXPENSES	OUTSTANDING LOSSES	NUMBER OF OUTSTANDING CLAIMS
MO	24							
MT	25							
NE	26							
NV	27							
NH	28							
NJ	29							
NM	30							
NY	31							
NC	32							
ND	33							
OH	34							
OK	35							
OR	36							
PA	37							
RI	38							
SC	39							
SD	40							
TN	41							
TX	42							
UT	43							
VT	44							
VA	45							
WA	46							
WV	47							
WI	48							
WY	49							
HI	52							
AK	54							
PR	58							
ALL STATES								



The _____
 (Company Name) _____ (Company Number)

herewith submits experience for the Commercial Lines Statistical Plan Call.

Calendar Year 2018 Call Year 2019

**Commercial Lines Statistical Plan Call - Letter of Transmittal
 Totals**

MODULE		WRITTEN EXPOSURE	WRITTEN PREMIUM	PAID LOSSES	NUMBER OF PAID CLAIMS	PAID ALLOCATED LOSS ADJUSTMENT EXPENSES	OUTSTANDING LOSSES * INCLUDING ALAE	NO. OF O/S CLAIMS
01	Commercial Fire & Allied Lines							
02	Farmowners - Ranchowners							
03	Inland Marine							
04	Medical Professional Liability							
05	General Liability							
06	Fidelity & Forgery							
07	Glass							
08	Burglary & Theft/Crime & Fidelity							
09	Earthquake							
10	Businessowners							
11	Boiler & Machinery							
TOTAL								

* Outstanding ALAE should only be included on modules: 04 - Medical Professional Liability, 05 - General Liability, and 10 - Businessowners.



**NATIONAL
INDEPENDENT
STATISTICAL
SERVICE**

Annual Statement Reconciliation Worksheet - Key

A/S Line of Business

010 Fire
021 Allied Lines Including Glass
025 Private Flood
030 Farmowners
040 Homeowners
051 Commercial Multiple Peril (Non-Liability Portion)
052 Commercial Multiple Peril (Liability Portion)
090 Inland Marine
110 Medical Malpractice
120 Earthquake
171 Other Liability-Occurrence (excluding Excess WC)
172 Other Liability-Claims Made (excluding Excess WC)
180 Products Liability
191 Private Passenger Auto No-Fault
192 Other Private Passenger Auto Liability
193 Commercial Automobile No-Fault
194 Other Commercial Automobile Liability
211 Private Passenger Auto Physical Damage
212 Commercial Automobile Physical Damage
230 Fidelity
240 Surety
260 Burglary and Theft
270 Boiler and Machinery
300 Warranty
340 Aggregate Write-ins for Other Lines of Business

Calls

A Automobile
AQR North Carolina Automobile - Quarterly
ARP Assigned Risk Automobile - Quarterly
BR Burglary and Theft
CLSP Commercial Lines Statistical Plan
FO Farmowners
FS Fidelity, Forgery and Surety
GL Annual General Liability
HO Homeowners, Dwellings, and Mobilehomes
IM Inland Marine
SAR Special Annual Report

Reason Codes

1 Written Premiums and Paid Losses reported to another stat agent
2 Written Premiums and Paid Losses reported as Private Passenger Auto on Statutory Page 14, but reported to NISS as Commercial Auto
3 Written Premiums and Paid Losses reported as Commercial Auto on Statutory Page 14, but reported to NISS as Private Passenger Auto
4 Written Premiums and Paid Losses reported as Homeowners on Statutory Page 14, but reported to NISS as Inland Marine
5 Written Premiums and Paid Losses which are assumed from pools or JUA's and not included in the company's submission to NISS
6 Written Premiums and Paid Losses for independent programs not reported to NISS
7 Written Premiums and Paid Losses for Prior Years not reported to NISS
8 Rounding
9 Other Reconciling items (Please explain in comments or attach additional sheet)



**NATIONAL
INDEPENDENT
STATISTICAL
SERVICE**

Annual Statement Reconciliation Worksheet - Key

A/S Line of Business

010 Fire
021 Allied Lines Including Glass
025 Private Flood
030 Farmowners
040 Homeowners
051 Commercial Multiple Peril (Non-Liability Portion)
052 Commercial Multiple Peril (Liability Portion)
090 Inland Marine
110 Medical Malpractice
120 Earthquake
171 Other Liability-Occurrence (excluding Excess WC)
172 Other Liability-Claims Made (excluding Excess WC)
180 Products Liability
191 Private Passenger Auto No-Fault
192 Other Private Passenger Auto Liability
193 Commercial Automobile No-Fault
194 Other Commercial Automobile Liability
211 Private Passenger Auto Physical Damage
212 Commercial Automobile Physical Damage
230 Fidelity
240 Surety
260 Burglary and Theft
270 Boiler and Machinery
300 Warranty
340 Aggregate Write-ins for Other Lines of Business

Calls

A Automobile
AQR North Carolina Automobile - Quarterly
ARP Assigned Risk Automobile - Quarterly
BR Burglary and Theft
CLSP Commercial Lines Statistical Plan
FO Farmowners
FS Fidelity, Forgery and Surety
GL Annual General Liability
HO Homeowners, Dwellings, and Mobilehomes
IM Inland Marine
SAR Special Annual Report

Reason Codes

1 Written Premiums and Paid Losses reported to another stat agent
2 Written Premiums and Paid Losses reported as Private Passenger Auto on Statutory Page 14, but reported to NISS as Commercial Auto
3 Written Premiums and Paid Losses reported as Commercial Auto on Statutory Page 14, but reported to NISS as Private Passenger Auto
4 Written Premiums and Paid Losses reported as Homeowners on Statutory Page 14, but reported to NISS as Inland Marine
5 Written Premiums and Paid Losses which are assumed from pools or JUA's and not included in the company's submission to NISS
6 Written Premiums and Paid Losses for independent programs not reported to NISS
7 Written Premiums and Paid Losses for Prior Years not reported to NISS
8 Rounding
9 Other Reconciling items (Please explain in comments or attach additional sheet)



**NATIONAL
INDEPENDENT
STATISTICAL
SERVICE**

Company Name _____ Co. No. _____

(2-4)

Calendar Year 18
(7-8)

Call Year 19
(9-10)

State Code _____
(11-12)

**Commercial Lines Statistical Plan - Experience Summary Sheet -
Written Exposure and Written Premium**

Policy Year (20-21)	Subline (23-25)	A/S Line (27-29)	Territory Code (31-33)	Type of Policy Code (43-44)	Class (1) (46-51)	Terr- orism Cov. Code (53)	Cov. (2) (56-57)	Form/ Policy Form (3) (59-61)	Const. Code (64)	Protec- tion Code (65-66)	Type of Policy Contract (67)	Claims Made Entry Year (68-69)	Deduc- tible Code (70-71)	Limits ID (74)	Type of Equipment Code (4) (78-79)	Liability /Policy Limits (81-85)	Rating ID (88)	Deduc- tible In- dicator Code (95)	Deduc- tible Size Code (96-102)	Written Exposure (104-111)	Written Premium (112-119)
<p>SAMPLE</p> <p>PLEASE SEE</p> <p>www.niss-stat.org/Data Submissions & Filings/Calls:2019/Other Call Forms/2019CLSP-K.xls</p> <p>FOR ELECTRONIC COPY</p>																					

NOTES:

- 1) Left justify; fill with following zeros.
- 2) Report two digit coverage code for Boiler & Machinery, Businessowners and General Liability. Report one digit coverage code for Fire & Allied Lines in Position 57 and leave position 56 blank.
- 3) Report three digit Crime and Fidelity policy form code. Report two digit Burglary and Theft Policy form code in positions 60-61 and leave position 59 blank. Report a one digit Farmowners/ Ranch-owners form code in position 61 and leave positions 59-60 blank.
- 4) Boiler & Machinery only.



Company Name _____

Co. No. _____

Calendar Year 18
(7-8)

Call Year 19
(9-10)

State Code _____
(11-12)

**Commercial Lines Statistical Plan - Experience Summary Sheet -
Paid Losses and Paid Allocated Loss Adjustment Expenses**

Acci- dent Year (16-17)	Experi- ence Period Month (18-19)	Policy Year (20-21)	Subline (23-25)	A/S Line (27-29)	Terr. Code (31-33)	Report Year (35-36)	Report Month (37-38)	Closed Claim Year (39-40)	Closed Claim Month (41-42)	Type of Policy Code (43-44)	Class (1) (46-51)	Terr- orism Cov. Code (53)	Cov. (2) (56-57)	Claim. Level Ind. (58)	Form/ Policy form (3) (59-61)	Inci- dent Loca- tion Code (62-63)	Const. Code (64)	Protec- tion Code (65-66)	Type of Policy Contract (67)	Claims Made Entry Year (68-69)	Deduc- tible Code (70-71)	Limits ID (74)	Type of Loss Code (76-77)	Type of Equipment Code (4) (78-79)	State Ex- ception Code (80)	Liability /Policy Limits (81-85)	Rating ID (88)	Act or Omi- sion Code (90-92)	Medi- cal Out- come Code (93-94)	Deduc- tible Indi- cator Code (95)	Deduc- tible Size Code (96-102)	Paid Losses (120-127)	Paid Allocated Loss Adjustment Expenses (128-135)	No. of Paid Claims (144-148)	Claim Number (162-177)	Claimant Number (178-180)
<p>SAMPLE</p> <p>PLEASE SEE</p> <p>www.niss-stat.org/Data Submissions & Filings/Calls:2019/Other Call Forms/2019CLSP-K.xls</p> <p>FOR ELECTRONIC COPY</p>																																				

NOTES:
 1) Left justify; fill with following zeros.
 2) Report two digit coverage code for Boiler & Machinery, Businessowners and General Liability. Report one digit coverage code for Fire & Allied Lines in position 57 and leave position 56 blank.
 3) Report three digit Crime and Fidelity policy form code. Report two digit Burglary and Theft Policy form code in positions 60-61 and leave position 59 blank. Report a one digit Farmowners/
 Ranch-owners form code in position 61 and leave positions 59-60 blank.
 4) Boiler & Machinery only.
 Form 2019CLSP-K-PL



Company Name _____

Co. No. _____

Calendar Year 18
(7-8)

Call Year 19
(9-10)

State Code _____
(11-12)

**Commercial Lines Statistical Plan - Experience Summary Sheet -
Outstanding Losses Including ALAE**

Acci- dent Year (16-17)	Expe- rience Period Month (18-19)	Policy Year (20-21)	Subline (23-25)	A/S Line (27-29)	Terr. Code (31-33)	Report Year (35-36)	Report Month (37-38)	Closed Claim Year (39-40)	Closed Claim Month (41-42)	Type of Policy Code (43-44)	Class (1) (46-51)	Terr- orism Cov. Code (53)	Cov. (2) (56-57)	Claim Level Ind. (58)	Form/ Policy form (3) (59-61)	Incident Locati- on Code (62-63)	Const. Code (64)	Protec- tion Code (65-66)	Type of Policy Contract (67)	Claims Made Entry Year (68-69)	Deduc- tible Code (70-71)	Limits ID (74)	Type of Loss Code (76-77)	Type of Equipment Code (4) (78-79)	State Except- ion Code (80)	Liability /Policy Limits (81-85)	Rating ID (88)	Act or Omi- sion Code (90-92)	Medical Out- come Code (93-94)	Deducti- ble Indica- tor Code (95)	Deduc- tible Size Code (96-102)	O/S Losses Including ALAE (5) (136-143)	Number of O/S Claims (149-153)	Claim Number (162-177)	Claimant Number (178-180)
<p>SAMPLE</p> <p>PLEASE SEE</p> <p>www.niss-stat.org/Data Submissions & Filings/Calls:2019/Other Call Forms/2019CLSP-K.xls</p> <p>FOR ELECTRONIC COPY</p>																																			

NOTES:
 1) Left justify; fill with following zeros.
 2) Report two digit coverage code for Boiler & Machinery, Businessowners and General Liability. Report one digit coverage code for Fire & Allied Lines in position 57 and leave position 56 blank.
 3) Report three digit Crime and Fidelity policy form code. Report two digit Burglary and Theft Policy form code in positions 60-61 and leave position 59 blank. Report a one digit Farmowners/
 Ranch-owners form code in position 61 and leave positions 59-60 blank.
 4) Boiler & Machinery only.
 5) Outstanding ALAE should only be included on modules: 04 - Medical Professional Liability, 05 - General Liability, and 10 - Businessowners.
 Form 2019CLSP-K-OS