1. INSURER NAME__________________________________________________________

ADDRESS_________________________________________________________________

________________________________________________________________________

PERSON RESPONSIBLE FOR FILING_________________________________________

TITLE ________________________________ TELEPHONE # _________________

2. INSURER NAIC # ____________ NAIC GROUP # _________________

3. LINE OF INSURANCE__________________________________________________

4. ADVISORY ORGANIZATION____________________________________________

5. ADVISORY ORGANIZATION REFERENCE FILING # _________________________

6. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory
organization for this line of insurance. The insurer hereby files to be deemed to have independently submitted
as its own filing the prospective loss costs in the captioned Reference Filing.

The insurer’s rates will be the combination of the prospective loss costs and the loss cost multipliers
and, if utilized, the expense constants specified in the attachments.

7. PROPOSED RATE LEVEL CHANGE ____________% EFFECTIVE DATE ____________

8. PRIOR RATE LEVEL CHANGE ____________% EFFECTIVE DATE ____________

9. CHECK ONE OF THE FOLLOWING:
   o The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to
     future revisions of the advisory organization’s prospective loss costs for this line of insurance. The insurer’s
     rates will be the combination of the advisory organization’s prospective loss costs and the insurer’s loss cost
     multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies
     written on or after the effective date of the advisory organization’s prospective loss costs. This authorization
     is effective until disapproved by the Commissioner, or amended or withdrawn by the insurer.

   o The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable
     only to the above Advisory Organization Reference Filing.

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Calculation of Company Loss Costs Multiplier

1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies:

________________________________________________________________________

2. Loss Cost Modification:
   A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
      (CHECK ONE)
      o Without modification. (factor = 1.000)
      o With the following modification(s). (Cite the nature of the percent modification, and attach
         supporting data and/or rationale for the modification.)

________________________________________________________________________

B. Loss Cost Modification Expressed as a Factor: (See examples below.) 2B=________________

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH “EXPENSE CONSTANT SUPPLEMENT”
OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEM 3 - 7 BELOW.

3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other
   supporting information.)

   A. Total Production Expense  
   B. General Expenses  
   C. Taxes, Licenses & Fees  
   D. Profit & Contingencies  
   E. Other (explain)  
   F. TOTAL 3F=________________

   Selected provisions
   %

4A Expected Loss Ratio: ELR = 100% - 3F  
4B ELR in decimal form =  

5. Company Formula Loss Cost Multiplier: (2B 4B) =

6. Company Selected Loss Cost Multiplier =
   Explain any differences between 5 and 6.

________________________________________________________________________

7. Rate level change for the coverages to which this page applies  

________________________________________________________________________

Example 1: Loss Cost modification factor: If your company’s loss cost modification is - 10%, a  factor of .90 (1.000 -.100) should be used.
Example 2: Loss Cost modification factor: If your company’s loss cost modification is +15%, a  factor of 1.15 (1.000 + .150) should be used.

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## EXPENSE CONSTANT SUPPLEMENT

### CALCULATION OF COMPANY LOSS COST MULTIPLIER WITH EXPENSE CONSTANTS

3. **Development of Expected Loss Ratio.** (Attach exhibit detailing insurer expense data and/or other supporting information.)

<table>
<thead>
<tr>
<th>Selected Provisions</th>
<th>Overall</th>
<th>Variable</th>
<th>Fixed</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Total Production Expense</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>B. General Expense</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>C. Taxes, Licenses &amp; Fees</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>D. Underwriting, Profit &amp; Contingencies</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>E. Other (explain)</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>F. TOTAL</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
</tbody>
</table>

4. **A. Expected Loss Ratio:**
   - ELR = 100% - Overall 3F = _______
   - ELR expressed in decimal form = _______
   - VELR = 100% - Variable 3F = _______
   - VELR in decimal form = _______

5. **Formula Expense Constant:**
   - \([1.00 \times 4B) - (1.00 \times 4D)] x\)
   - Average Underlying Loss Cost = _______
   - Formula Variable Loss Cost Multiplier: \((2B \times 4D)\) = _______

6. **Selected Expense Constant** = _______
   - Selected Variable Loss Cost Multiplier = _______

7. **Explain any differences between 5 and 6:**
   
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

8. **Rate level change for the coverages to which this page applies** = ________%