		APPENDIX A				
		Date of filling out form:				
,	Space Reserved for Insurance Department Use	NEW JERSEY INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOST COSTS FILING ADOPTION FORM				
1.	INSURER NAME					
••	ADDRESS					
	PERSON RESPONSIBLE FOR FILING	TELEPHONE #				
2.						
2A	. INSURER COMPANY NAIC#					
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 urer hereby files to be deemed to have independently submitted as its				
	The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers.					
7.	PROPOSED RATE LEVEL CHANGE	% EFFECTIVE DATE				
8.	PRIOR RATE LEVEL CHANGE	% EFFECTIVE DATE				
9.	ATTACH "FILING ADOPTION FORM" FOR IF SELECTED LOSS COST MULTIPLIER IS D					
**	The Filed Loss Cost Level Change Factor for divided by the Deviation which the insurer appl filings, the Ratio Loss Cost Level to Current Los	the initial filing is the Ratio of Revised Loss Costs to Current Rates lied to the Current Rates (expressed as a decimal); and for subsequent as Cost Levels.				



	JAN	AL SERVI			11:4–9 App. A	
Insurer Name:				-	Date of filling out Form:	
NAIC	#: C	iroup:-	Company:-			
			ADOPTION OF	ADVISORY ORGAN PROSPECTIV	URER RATE FILING VIZATION PROSPECTIVE LOSS COSTS VE LOSS COSTS OPTION FORM	
			CALCU	ULATION OF COMPA	ANY LOSS COST MULTIPLIER	
10.	Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies:					
11.		(CHECK OI	hereby files to ad NE)	opt the prospective loss n. (Factor = 1.000)	costs in the captioned reference filing:	
		Wit ratio	th the following to the mode of the second sec	ification.)	e nature and percent modification and attach supporting data and/o	
	B.	Loss Cost M (See example.	odification Expre	essed as a Factor:		
NOTE.	: IF E ING	EXPENSE CO S INFORMAT	ONSTANTS ARE TION, AND DO N	UTILIZED, ATTACH NOT COMPLETE ITEN	"EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORT 15 12–16 BELOW.	
12.	Deve (Atta	elopment of I	Expected Loss Ra tailing insurer expe	atio. ense data and/or other su	pporting information.)	
	В. С. D. Е.	Total Produc General Expo Taxes, Licens Profit & Con Other (explai TOTAL	ses & Fees tingencies*		Selected Provisions % % % % % % % % % % % % % %	
3A. 3B.	Expe ELR	Expected Loss Ratio: ELR = $100\% - 12F = $ % ELR in decimal form = %				
4 A . 4 B .	Com Com	pany Loss Co pany Selected	ost Multiplier: (11 d Loss Cost Multi	IB/13B) = iplier =		
5.	Com	pany Current	Loss Cost Multi	plier (Only on subsequer	nt Loss Cost Filings):	
1	i.e. [(14B/15) x Fil	ed Loss Cost Lev	s to which this page app vel Change Factor – 1.00 ling, Item 15 = 1.000).	0].	
Exampl Exampl		0.9 (1.000 – Loss Cost n	\cdot .100) should be	used. or: If your company's los	ass cost modification is – 10%, a factor of ss cost modification is + 15%, a factor of	

Date of filling out Form:

Selected Provisions

Insurer Name: NAIC #: Group:-Company:-

NEW JERSEY EXPENSE CONSTANT SUPPLEMENT

CALCULATION OF COMPANY LOSS COST MULTIPLIER

17. Development of Expect Loss Ratio.

(Attach exhibit detailing insurer expense data and/or other supporting information).

Fixed Overall Variable % % % **Total Production Expense** A. % % % Β. **General Expense** .% Taxes, Licenses & Fees .% .% C. **Underwriting Profit &** D. % % .% Contingencies % .% % E. Other (explain) % .% .% TOTAL F. Expected Loss Ratio: ELR = 100% - Overall 17F = .% 18A. Β. ELR expressed in decimal form = Variable Expected Loss Ratio VELR = 100% - Variable 17F = _% С. D. VELR in decimal form = 19. Formula Expense Constant: $[(1.00 / 18B) - (1.00 / 18D)]^*$ Average Prospective Loss Cost = Formula Variable Loss Cost Multiplier: (11B / 18D) = Selected Expense Constant = 20. Selected Variable Loss Cost Multiplier = Rate level change for the coverages to which this page applies % 21.

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