

# COMMONWEALTH OF VIRGINIA



STEVEN T. FOSTER  
COMMISSIONER OF INSURANCE

Box 1157  
RICHMOND, VA 23209  
TELEPHONE: (804) 786-3741

## STATE CORPORATION COMMISSION BUREAU OF INSURANCE

February 16, 1989

**TO:** All Companies Licensed to Write Commercial Liability Insurance

**RE:** Administrative Letter 1989-1  
Supplemental Report for Certain Lines and Subclassifications of Liability Insurance as Required by Virginia Code Section 38.2-1905.2

Administrative Letter 1989-1, dated February 1, 1989, was mailed to all companies licensed to write commercial liability insurance. This letter outlined the data reporting requirements pursuant to Section 38.2-1905.1 of the Code of Virginia.

Item 3 of Exhibit 1 (Supplemental Report Instructions) incorrectly referenced Exhibit 33 for use in filing zero reports (lines of insurance where the insurer had no written premium). The instruction should have referenced Exhibit 34. Please make note of this change.

In addition, Item 7 of Exhibit 1 (Supplemental Report Instructions) incorrectly referenced Items 4 C, D, and E as not including incurred but not reported losses. The instruction should have referenced Items 4 B and C only. Please make note of this change also.

Sincerely,

Robert A. Miller, CPCU  
Deputy Commissioner

RAM:km

EXHIBIT 14

SUPPLEMENTAL REPORT REQUIRED BY VIRGINIA CODE SECTION 38.2-1905.2  
FOR CERTAIN LINES OR SUBCLASSIFICATIONS OF LIABILITY INSURANCE

BY ORDER OF THE STATE CORPORATION COMMISSION THIS REPORT IS DUE ON OR BEFORE MAY 1, 1989, AT THE STATE CORPORATION COMMISSION BUREAU OF INSURANCE, P. O. BOX 1157, RICHMOND, VIRGINIA 23209.

All insurers licensed to write the classes of insurance defined in Section 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) shall file a report showing their direct experience in the Commonwealth attributable to the line or subclassification of liability insurance below which has been designated by the Commission in accordance with subsection B of Section 38.2-1905.1.

For the line or subclassification designated, provide the information requested:

Line or Subclassification: Law Enforcement Agencies Liability

Insurer: \_\_\_\_\_

Market Definition Number 00012 NAIC# \_\_\_\_\_ (Each insurer must report separately,  
group reports are not permitted)

CSP Code(s) See Attached

	Calendar Year				
	1984	1985	1986	1987	1988
1. Number of policies written	_____	_____	_____	_____	_____
2. Direct premium written	_____	_____	_____	_____	_____
3. Direct premium earned	_____	_____	_____	_____	_____
4. Direct losses incurred					
A. Direct losses paid during the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
B. Reserves for reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
C. Reserves for reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
D. Reserves for incurred but not reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
E. Reserves for incurred but not reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
F. Accident year incurred losses [ A(1) + B(1) + D(1) ]	_____	_____	_____	_____	_____

# COMMONWEALTH OF VIRGINIA



STEVEN T. FOSTER  
COMMISSIONER OF INSURANCE

Box 1157  
RICHMOND, VA 23209  
TELEPHONE: (804) 786-3741

## STATE CORPORATION COMMISSION BUREAU OF INSURANCE

February 1, 1989

### ADMINISTRATIVE LETTER 1989 - 1

**TO:** All Companies Licensed to Write Commercial  
Liability Insurance

**RE:** Supplemental Report for Certain Lines and Subclassifications  
of Liability Insurance as Required by Virginia Code Section  
38.2-1905.2

Virginia Code Section 38.2-1905.1 requires the State Corporation Commission (SCC) to designate lines and subclassifications of insurance where it believes competition may not be an effective regulator of rates. Virginia Code Section 38.2-1905.2 provides that all insurers licensed to write the classes of insurance defined in Sections 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) shall file a report showing their direct experience in the Commonwealth attributable to all lines and subclassifications of liability insurance designated by the SCC in accordance with subsection B of Section 38.2-1905.1.

The lines and subclassifications where the SCC has cause to believe that competition may not be an effective regulator of rates have been designated in the SCC's report, "The Level of Competition, Availability and Affordability in the Commercial Liability Insurance Industry", submitted to the General Assembly in December, 1988. Copies of this report (House Document No. 25) may be obtained from Legislative Services at (804) 786-6530. A listing of the designated lines and subclassifications is attached.

To collect the data required by Virginia Code Section 38.2-1905.2, the SCC has adopted the attached supplemental reports format (see Exhibits 3-33) that each insurer is required to complete for the designated lines and subclassifications. The attached supplemental reports request information in a different manner but have not been substantially changed from the

G. Calendar year incurred losses  
[ A(1) + A(2) + B(1) + B(2) -  
C + D(1) + D(2) - E ]

\_\_\_\_\_

5. Number of claims closed with payment during the calendar year

\_\_\_\_\_

6. Number of open claims at the end of the calendar year

\_\_\_\_\_

7. Investment income allocated to this line or subclassification (in dollars)

\_\_\_\_\_

8. Have you sought to write or obtain new business within this line or subclassification within the past year?

Yes \_\_\_\_\_ No \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

- Note:
1. All figures are to be reported in whole numbers or dollars. Do not include dollar signs, decimal points, or commas.
  2. Losses exclude all loss adjustment expenses.
  3. For Item 1, policies written for other than a 12 month term should be adjusted to an annual basis.

Administrative Letter 1989-1  
February 1, 1989  
Page 2

supplemental report adopted by the SCC in 1988. A separate report is required of each insurer having written premium in 1988 for each of the lines or subclassifications described in the attached market definitions (see Exhibit 2). The market definitions provided are to be used as a guide in defining specific markets which are required to be reported. Companies should also report the required information for policies written under any comparable classification in use by the individual company.

Pursuant to the Commission's order of January 31, 1989, which is attached, the report is due May 1, 1989. Insurers shall report data in the detail prescribed by the report format. If some information is not available, insurers should estimate appropriate figures to complete the form.

If you have any questions regarding the form, please contact our staff actuary at the following address:

Anthony J. Pipia  
Actuarial Analyst  
Property and Casualty Division  
Bureau of Insurance  
Box 1157  
Richmond, Virginia 23209  
(804) 786-0333

Virginia Code Section 38.2-218 provides that any person who knowingly or willfully violates any provision of the insurance laws shall be punished for each violation by a penalty of not more than \$5,000. Failure to file a substantially complete and accurate supplemental report by the due date will be considered a willful violation and an appropriate penalty will be assessed.

Attached is a sheet of additional instructions (see Exhibit 1) to facilitate accurate completion of the supplemental reports.

Sincerely,



Steven T. Foster  
Commissioner of Insurance

STF:dw  
Attachments

EXHIBIT 13

SUPPLEMENTAL REPORT REQUIRED BY VIRGINIA CODE SECTION 38.2-1905.2  
FOR CERTAIN LINES OR SUBCLASSIFICATIONS OF LIABILITY INSURANCE

BY ORDER OF THE STATE CORPORATION COMMISSION THIS REPORT IS DUE ON OR BEFORE MAY 1, 1989, AT THE STATE CORPORATION COMMISSION BUREAU OF INSURANCE, P. O. BOX 1157, RICHMOND, VIRGINIA 23209.

All insurers licensed to write the classes of insurance defined in Section 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) shall file a report showing their direct experience in the Commonwealth attributable to the line or subclassification of liability insurance below which has been designated by the Commission in accordance with subsection B of Section 38.2-1905.1.

For the line or subclassification designated, provide the information requested:

Line or Subclassification: Landfill Liability

Insurer: \_\_\_\_\_

Market Definition Number 00011 NAIC# \_\_\_\_\_ (Each insurer must report separately,  
group reports are not permitted)

CSP Code(s) All Classes

	Calendar Year				
	1984	1985	1986	1987	1988
1. Number of policies written	_____	_____	_____	_____	_____
2. Direct premium written	_____	_____	_____	_____	_____
3. Direct premium earned	_____	_____	_____	_____	_____
4. Direct losses incurred					
A. Direct losses paid during the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
B. Reserves for reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
C. Reserves for reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
D. Reserves for incurred but not reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
E. Reserves for incurred but not reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
F. Accident year incurred losses [ A(1) + B(1) + D(1) ]	_____	_____	_____	_____	_____

DOCUMENT CONTROL CENTER STATE CORPORATION COMMISSION

1989 JAN 31 PM 3:37

AT RICHMOND, JANUARY 31, 1989

COMMONWEALTH OF VIRGINIA

At the relation of the

STATE CORPORATION COMMISSION

EX PARTE in re: Adoption of amended supplemental report form pursuant to Virginia Code § 38.2-1905.2.B.

CASE NO. INS890002

ORDER ADOPTING SUPPLEMENTAL REPORT FORM

WHEREAS by order entered herein January 9, 1989, the Commission provided an opportunity for the Attorney General and insurers licensed in the Commonwealth to transact the business of property and casualty insurance to comment on a proposed supplemental report form for 1989 reporting purposes as required by Virginia Code § 38.2-1905.2.B.;

WHEREAS, the Commission has reviewed the responses filed with the Clerk of the Commission by the Office of Attorney General and certain insurers,

IT IS ORDERED that the supplemental report form, which is attached hereto and made a part hereof be, and it is hereby, ADOPTED for filing with the Commission in accordance with Chapter 19 of Title 38.2 of the Code of Virginia on or before May 1, 1989.

AN ATTESTED COPY hereof shall be sent by the Clerk of the Commission to the Honorable Mary Sue Terry, Attorney General of Virginia, Division of Consumer Counsel, 101 North 8th Street, 6th Floor, Richmond, Virginia 23219; and Robert A. Miller, Deputy Commissioner, Bureau of Insurance who shall cause a copy of this order to be sent to each insurer licensed to transact the business of property and casualty insurance in the Commonwealth of Virginia.

A True Copy Teste: George W. Bryant Jr.

Clerk of the State Corporation Commission

G. Calendar year incurred losses  
[ A(1) + A(2) + B(1) + B(2) -  
C + D(1) + D(2) - E ]

\_\_\_\_\_

5. Number of claims closed with payment during the calendar year

\_\_\_\_\_

6. Number of open claims at the end of the calendar year

\_\_\_\_\_

7. Investment income allocated to this line or subclassification (in dollars)

\_\_\_\_\_

8. Have you sought to write or obtain new business within this line or subclassification within the past year?

Yes \_\_\_\_\_

No \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

- Note:
1. All figures are to be reported in whole numbers or dollars. Do not include dollar signs, decimal points, or commas.
  2. Losses exclude all loss adjustment expenses.
  3. For Item 1, policies written for other than a 12 month term should be adjusted to an annual basis.

SUPPLEMENTAL REPORT REQUIRED BY VIRGINIA CODE SECTION 38.2-1905.2  
FOR CERTAIN LINES OR SUBCLASSIFICATIONS OF LIABILITY INSURANCE

BY ORDER OF THE STATE CORPORATION COMMISSION THIS REPORT IS DUE ON OR BEFORE MAY 1, 1989, AT THE STATE CORPORATION COMMISSION BUREAU OF INSURANCE, P. O. BOX 1157, RICHMOND, VIRGINIA 23209.

All insurers licensed to write the classes of insurance defined in Section 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) shall file a report showing their direct experience in the Commonwealth attributable to the line or subclassification of liability insurance below which has been designated by the Commission in accordance with subsection 8 of Section 38.2-1905.1.

For the line or subclassification designated, provide the information requested:

Line or Subclassification \_\_\_\_\_ Insurer \_\_\_\_\_

Market Definition Number \_\_\_\_\_ NAIC# \_\_\_\_\_ (Each insurer must report separately, group reports are not permitted)

CSP Code(s) \_\_\_\_\_

	Calendar Year				
	1984	1985	1986	1987	1988
1. Number of policies written	_____	_____	_____	_____	_____
2. Direct premium written	_____	_____	_____	_____	_____
3. Direct premium earned	_____	_____	_____	_____	_____
4. Direct losses incurred					
A. Direct losses paid during the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
B. Reserves for reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
C. Reserves for reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
D. Reserves for incurred but not reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
E. Reserves for incurred but not reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____

EXHIBIT 12

SUPPLEMENTAL REPORT REQUIRED BY VIRGINIA CODE SECTION 38.2-1905.2  
FOR CERTAIN LINES OR SUBCLASSIFICATIONS OF LIABILITY INSURANCE

BY ORDER OF THE STATE CORPORATION COMMISSION THIS REPORT IS DUE ON OR BEFORE MAY 1, 1989, AT THE STATE CORPORATION COMMISSION BUREAU OF INSURANCE, P. O. BOX 1157, RICHMOND, VIRGINIA 23209.

All insurers licensed to write the classes of insurance defined in Section 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) shall file a report showing their direct experience in the Commonwealth attributable to the line or subclassification of liability insurance below which has been designated by the Commission in accordance with subsection B of Section 38.2-1905.1.

For the line or subclassification designated, provide the information requested:

Line or Subclassification: Insurance Agents Professional Liability

Insurer: \_\_\_\_\_

Market Definition Number 00010 NAIC# \_\_\_\_\_ (Each insurer must report separately,  
group reports are not permitted)

CSP Code(s) 73123

	Calendar Year				
	1984	1985	1986	1987	1988
1. Number of policies written	_____	_____	_____	_____	_____
2. Direct premium written	_____	_____	_____	_____	_____
3. Direct premium earned	_____	_____	_____	_____	_____
4. Direct losses incurred					
A. Direct losses paid during the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
B. Reserves for reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
C. Reserves for reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
D. Reserves for incurred but not reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
E. Reserves for incurred but not reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
F. Accident year incurred losses [ A(1) + B(1) + D(1) ]	_____	_____	_____	_____	_____

F. Accident year incurred losses  
[ A(1) + B(1) + D(1) ]

\_\_\_\_\_

G. Calendar year incurred losses  
[ A(1) + A(2) + B(1) + B(2) -  
C + D(1) + D(2) - E ]

\_\_\_\_\_

5. Number of claims closed with payment  
during the calendar year

\_\_\_\_\_

6. Number of open claims at the end of the  
calendar year

\_\_\_\_\_

7. Investment income allocated to this line  
or subclassification (in dollars)

\_\_\_\_\_

8. Have you sought to write or obtain new business within this line or subclassification  
within the past year?

Yes \_\_\_\_\_ No \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Note: 1. All figures are to be reported in whole numbers or dollars. Do not include dollar signs,  
decimal points, or commas.

2. Losses exclude all loss adjustment expenses.

3. For Item 1, policies written for other than a 12 month term should be adjusted to an annual  
basis.

EXHIBIT 11

GAS COMPANIES LIABILITY

<u>Subline</u>	<u>Class Code</u>		<u>Description</u>
	<u>Old</u>	<u>New</u>	
313	49221		Gas Companies - natural gas - local distribution
334		95306	

Below is a listing of additional questions for specific market definitions which will be incorporated as part of the supplemental report.

Commercial Contractors Liability, Day Care Liability, Detective and Investigative Agencies Liability, Gas Companies Liability, Lawyers Professional Liability, Medical Professional Liability, Municipal Liability, Pest Control Liability, Products and Completed Operations Liability, Recreational Liability, School Divisions Liability, Security and Alarm Systems Installation Liability, Security Guards Liability, Sewage Treatment Plants Liability, Volunteer Fire Departments and Rescue Squads Liability and Water Treatment Plants Liability

9. A. Are rates for this line or subclassification filed on your behalf by a rate service organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

- B. If yes, indicate:

1. Name of Organization: ISO \_\_\_\_\_ AAIS \_\_\_\_\_

2. Edition dates(s) of rates in use as of December 31, 1988 (indicate month and year) \_\_\_\_\_.

3. Applicable deviation in effect as of December 31, 1988 \_\_\_\_\_ (indicate whether deviation is downward or upward, using " - " or " + ").

4. What percentage of 1988 written premium is based on:

Rate Service Organization Rates	_____%
Independent Rates	_____%
Total	<u>100%</u>

10. A. Do you apply schedule, expense, experience, and/or package modifications to eligible risks?

1. Schedule	Yes _____	No _____
2. Expense	Yes _____	No _____
3. Experience	Yes _____	No _____
4. Package Modification	Yes _____	No _____

- B. If yes, indicate:

1. The maximum schedule credits and/or debits allowed (+) \_\_\_\_\_% to (-) \_\_\_\_\_%

2. The maximum expense credits allowed (-) \_\_\_\_\_%

3. The package modification factor \_\_\_\_\_ (show as a multiplier, such as .90, .85, or 1.00)

B. If yes, indicate:

1. The maximum schedule credits and/or debits allowed  
(+)\_\_\_\_% to (-) \_\_\_\_%
2. The maximum expense credits allowed  
(-)\_\_\_\_%
3. The package modification factor \_\_\_\_\_ (show as a multiplier,  
such as .90, .85, or  
1.00)

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

- Note:
1. All figures are to be reported in whole numbers or dollars. Do not include dollar signs, decimal points, or commas.
  2. Losses exclude all loss adjustment expenses.
  3. For Item 1, policies written for other than a 12 month term should be adjusted to an annual basis.

11. Please list (by class code) any specific subclassifications within this line that you generally decline to write:

\_\_\_\_\_

\_\_\_\_\_

**Commercial Contractors Liability Products and Completed Operations Liability and Recreational Liability**

11. Please list (by class code) any specific subclassifications within this line that you generally decline to write:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Day Care Liability**

11. A. Do you provide day care liability coverage as a part of Homeowners policies?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If so, what is the maximum number of children an insured may care for and remain eligible for this coverage?

\_\_\_\_\_ (please enter a specific number)

**Municipal Liability**

11. Do you generally exclude any of the following exposures when writing municipal liability?

<u>Exposure</u>	<u>Generally Exclude?</u>	
A. Dams	Yes _____	No _____
B. Gas Companies	Yes _____	No _____
C. Landfills	Yes _____	No _____
D. Law Enforcement	Yes _____	No _____
E. Public Housing	Yes _____	No _____
F. School Divisions	Yes _____	No _____
G. Sewage Treatment	Yes _____	No _____
H. Water Treatment	Yes _____	No _____

G. Calendar year incurred losses

[ A(1) + A(2) + B(1) + B(2) -  
C + D(1) + D(2) - E ]

\_\_\_\_\_

5. Number of claims closed with payment during the calendar year

\_\_\_\_\_

6. Number of open claims at the end of the calendar year

\_\_\_\_\_

7. Investment income allocated to this line or subclassification (in dollars)

\_\_\_\_\_

8. Have you sought to write or obtain new business within this line or subclassification within the past year?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. A. Are rates for this line or subclassification filed on your behalf by a rate service organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, indicate:

1. Name of Organization: ISO \_\_\_\_\_ AAIS \_\_\_\_\_

2. Edition dates(s) of rates in use as of December 31, 1988 (indicate month and year)\_\_\_\_\_.

3. Applicable deviation in effect as of December 31, 1988 \_\_\_\_\_ (indicate whether deviation is downward or upward, using " - " or " + ").

4. What percentage of 1988 written premium is based on:

Rate Service Organization Rates \_\_\_\_\_%

Independent Rates \_\_\_\_\_

Total 100%

10. A. Do you apply schedule, expense, experience, and/or package modifications to eligible risks?

1. Schedule Yes \_\_\_\_\_ No \_\_\_\_\_

2. Expense Yes \_\_\_\_\_ No \_\_\_\_\_

3. Experience Yes \_\_\_\_\_ No \_\_\_\_\_

4. Package Modification Yes \_\_\_\_\_ No \_\_\_\_\_

12. Please indicate whether you will generally write the following:

A. Municipalities with populations of under 2,500.

Yes \_\_\_\_\_ No \_\_\_\_\_

B. Municipalities with populations of 2,501 - 10,000

Yes \_\_\_\_\_ No \_\_\_\_\_

C. Municipalities with populations of 10,000 - 25,000

Yes \_\_\_\_\_ No \_\_\_\_\_

D. Municipalities with populations of 25,001 - 50,000

Yes \_\_\_\_\_ No \_\_\_\_\_

E. Municipalities with populations of 50,001 - 100,000

Yes \_\_\_\_\_ No \_\_\_\_\_

F. Municipalities with populations of 100,001 - 250,000

Yes \_\_\_\_\_ No \_\_\_\_\_

G. Municipalities with populations over 250,000

Yes \_\_\_\_\_ No \_\_\_\_\_

13. Do you consider the bid process a deterrent to writing municipal business?

Yes \_\_\_\_\_ No \_\_\_\_\_

14. Do you consider the special broadenings of coverage often included in municipal specifications a deterrent to writing this business?

Yes \_\_\_\_\_ No \_\_\_\_\_

EXHIBIT 11

SUPPLEMENTAL REPORT REQUIRED BY VIRGINIA CODE SECTION 38.2-1905.2  
FOR CERTAIN LINES OR SUBCLASSIFICATIONS OF LIABILITY INSURANCE

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All insurers licensed to write the classes of insurance defined in Section 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) shall file a report showing their direct experience in the Commonwealth attributable to the line or subclassification of liability insurance below which has been designated by the Commission in accordance with subsection B of Section 38.2-1905.1.

For the line or subclassification designated, provide the information requested:

Line or Subclassification: Gas Companies Liability

Insurer: \_\_\_\_\_

Market Definition Number 00009 NAIC# \_\_\_\_\_ (Each insurer must report separately, group reports are not permitted)

CSP Code(s) See Attached

	Calendar Year				
	1984	1985	1986	1987	1988
1. Number of policies written	_____	_____	_____	_____	_____
2. Direct premium written	_____	_____	_____	_____	_____
3. Direct premium earned	_____	_____	_____	_____	_____
4. Direct losses incurred					
A. Direct losses paid during the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
B. Reserves for reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
C. Reserves for reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
D. Reserves for incurred but not reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
E. Reserves for incurred but not reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
F. Accident year incurred losses [ A(1) + B(1) + D(1) ]	_____	_____	_____	_____	_____

## EXHIBIT 1

### SUPPLEMENTAL REPORT INSTRUCTIONS

The following should be utilized to assure the proper completion of a supplemental report.

1. Do not change the format of the supplemental report or reprint the report on any other medium.
2. Submit only one supplemental report per market definition. For example, all contractors are considered one market definition and separate reports should not be submitted for the various subclassifications.
3. In the event you had no written premium in 1988 for a specified market definition(s), complete Exhibit 33. Do not complete a supplemental report for a market definition where you had no written premium in 1988.
4. Use whole dollars or numbers in completing the supplemental report. **DO NOT OMIT 000'S.** Do not use dashes, N/A or leave blanks within the report.
5. Each supplemental report must contain the individual company name and NAIC#. **DO NOT FILE REPORTS UNDER A GROUP NAME OR GROUP NAIC#.**
6. Items 1, 2, 3, 5, 6 and 7 of the supplemental report shall be reported on a calendar year basis. The subparts of item 4 shall be reported on a calendar or accident year basis as required.
7. Items 4 C, D, and E do not include incurred but not reported losses (IBNR).
8. All supplemental reports must be typed. Handwritten reports will not be accepted.

EXHIBIT 10

ENVIRONMENTAL IMPAIRMENT LIABILITY

Class Code

<u>Subline</u>	<u>Old</u>	<u>New</u>	<u>Description</u>
325	90000		Pollution Liability
350		90100	Pollution Liability Form - Including Clean-up Costs Coverage
350		90105	Pollution Liability Form - Excluding Clean-up Costs Coverage
350		90110	CGL Coverage Form - Pollution Extension Endorsement (Excludes Clean-up Costs Coverage)

EXHIBIT 2

SUPPLEMENTAL REPORT FOR CERTAIN LINES OR SUBCLASSIFICATIONS OF  
LIABILITY INSURANCE AS REQUIRED BY VIRGINIA CODE §38.2-1905.2

Market Definitions

Market	Commercial Statistical Plan (CSP) Classes
1. Architects and Engineers Professional Liability	73908, 73909, 73910
2. Asbestos Abatement Contractors Liability	95630
3. Commercial Contractors Liability	See Exhibit 5
4. Dams (existence hazard) Liability	41700
5. Day Care Liability	See Exhibit 7
6. Detective or Investigative Agencies Liability (private)	See Exhibit 8
7. Directors and Officers Liability	73140
8. Environmental Impairment Liability	See Exhibit 10
9. Gas Companies Liability	See Exhibit 11
10. Insurance Agents Professional Liability	73123
11. Landfill Liability	All Classes*
12. Law Enforcement Agencies Liability	See Exhibit 14
13. Lawyers Professional Liability	81113, 81114, 81220, 81330, 81400, 81420
14. Liquor Liability	See Exhibit 16
15. Medical Professional Liability	All subline 210, 220, 230 and 240 classes
16. Municipal Liability	See Exhibit 18
17. Pest Control Liability	See Exhibit 19
18. Products and Completed Operations Liability	All subline 316 and 336 classes
19. Public Housing Liability	See Exhibit 21

G. Calendar year incurred losses

[ A(1) + A(2) + B(1) + B(2) -  
C + D(1) + D(2) - E ]

\_\_\_\_\_

5. Number of claims closed with payment  
during the calendar year

\_\_\_\_\_

6. Number of open claims at the end of the  
calendar year

\_\_\_\_\_

7. Investment income allocated to this line  
or subclassification (in dollars)

\_\_\_\_\_

8. Have you sought to write or obtain new business within this line or subclassification  
within the past year?

Yes \_\_\_\_\_

No \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

- Note:
1. All figures are to be reported in whole numbers or dollars. Do not include dollar signs, decimal points, or commas.
  2. Losses exclude all loss adjustment expenses.
  3. For Item 1, policies written for other than a 12 month term should be adjusted to an annual basis.

## EXHIBIT 2

Page 2

### SUPPLEMENTAL REPORT FOR CERTAIN LINES OR SUBCLASSIFICATIONS OF LIABILITY INSURANCE AS REQUIRED BY VIRGINIA CODE §38.2-1905.2

#### Market Definitions

20. Public Officials Errors and Omissions Liability	73131
21. Real Estate Agents Professional Liability	73127
22. Recreational Liability	See Exhibit 24
23. Rental Stores (machinery or equipment) Liability	See Exhibit 25
24. School Board Errors and Omissions Liability	All Classes*
25. School Divisions Liability	See Exhibit 27
26. Security and Alarm Systems Installation Liability	See Exhibit 28
27. Security Guards Liability	See Exhibit 29
28. Sewage Treatment Plants Liability	See Exhibit 30
29. Underground Tanks Liability	All Classes*
30. Volunteer Fire Departments and Rescue Squads Liability	See Exhibit 32
31. Water Treatment Plants Liability	See Exhibit 33

The above market definitions are to be used as a guide in defining specific markets which are required to be reported. Companies should also report the required information for policies written under any comparable classification in use by the individual company.

\* NOTE: The ISO CSP does not assign specific class codes to these market definitions.

EXHIBIT 10

SUPPLEMENTAL REPORT REQUIRED BY VIRGINIA CODE SECTION 38.2-1905.2  
FOR CERTAIN LINES OR SUBCLASSIFICATIONS OF LIABILITY INSURANCE

BY ORDER OF THE STATE CORPORATION COMMISSION THIS REPORT IS DUE ON OR BEFORE MAY 1, 1989, AT THE STATE CORPORATION COMMISSION BUREAU OF INSURANCE, P. O. BOX 1157, RICHMOND, VIRGINIA 23209.

All insurers licensed to write the classes of insurance defined in Section 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) shall file a report showing their direct experience in the Commonwealth attributable to the line or subclassification of liability insurance below which has been designated by the Commission in accordance with subsection B of Section 38.2-1905.1.

For the line or subclassification designated, provide the information requested:

Line or Subclassification: Environmental Impairment Liability

Insurer: \_\_\_\_\_

Market Definition Number 00008 NAIC# \_\_\_\_\_ (Each insurer must report separately, group reports are not permitted)

CSP Code(s) See Attached

	Calendar Year				
	1984	1985	1986	1987	1988
1. Number of policies written	_____	_____	_____	_____	_____
2. Direct premium written	_____	_____	_____	_____	_____
3. Direct premium earned	_____	_____	_____	_____	_____
4. Direct losses incurred					
A. Direct losses paid during the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
B. Reserves for reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
C. Reserves for reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
D. Reserves for incurred but not reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
E. Reserves for incurred but not reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
F. Accident year incurred losses [ A(1) + B(1) + D(1) ]	_____	_____	_____	_____	_____

**EXHIBIT 3**

**SUPPLEMENTAL REPORT REQUIRED BY VIRGINIA CODE SECTION 38.2-1905.2  
FOR CERTAIN LINES OR SUBCLASSIFICATIONS OF LIABILITY INSURANCE**

**BY ORDER OF THE STATE CORPORATION COMMISSION THIS REPORT IS DUE ON OR BEFORE MAY 1, 1989, AT THE STATE CORPORATION COMMISSION BUREAU OF INSURANCE, P. O. BOX 1157, RICHMOND, VIRGINIA 23209.**

All insurers licensed to write the classes of insurance defined in Section 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) shall file a report showing their direct experience in the Commonwealth attributable to the line or subclassification of liability insurance below which has been designated by the Commission in accordance with subsection B of Section 38.2-1905.1.

For the line or subclassification designated, provide the information requested:

Line or Subclassification: Architects & Engineers Professional Liability

Insurer: \_\_\_\_\_

Market Definition Number 00001 NAIC# \_\_\_\_\_ (Each insurer must report separately, group reports are not permitted)

CSP Code(s) 73908, 73909, 73910

	Calendar Year				
	1984	1985	1986	1987	1988
1. Number of policies written	_____	_____	_____	_____	_____
2. Direct premium written	_____	_____	_____	_____	_____
3. Direct premium earned	_____	_____	_____	_____	_____
4. Direct losses incurred					
A. Direct losses paid during the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
B. Reserves for reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
C. Reserves for reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
D. Reserves for incurred but not reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
E. Reserves for incurred but not reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
F. Accident year incurred losses [ A(1) + B(1) + D(1) ]	_____	_____	_____	_____	_____

G. Calendar year incurred losses  
[ A(1) + A(2) + B(1) + B(2) -  
C + D(1) + D(2) - E ]

\_\_\_\_\_

5. Number of claims closed with payment during the calendar year

\_\_\_\_\_

6. Number of open claims at the end of the calendar year

\_\_\_\_\_

7. Investment income allocated to this line or subclassification (in dollars)

\_\_\_\_\_

8. Have you sought to write or obtain new business within this line or subclassification within the past year?

Yes \_\_\_\_\_

No \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

- Note:
1. All figures are to be reported in whole numbers or dollars. Do not include dollar signs, decimal points, or commas.
  2. Losses exclude all loss adjustment expenses.
  3. For Item 1, policies written for other than a 12 month term should be adjusted to an annual basis.

G. Calendar year incurred losses

[ A(1) + A(2) + B(1) + B(2) -  
C + D(1) + D(2) - E ]

\_\_\_\_\_

5. Number of claims closed with payment  
during the calendar year

\_\_\_\_\_

6. Number of open claims at the end of the  
calendar year

\_\_\_\_\_

7. Investment income allocated to this line  
or subclassification (in dollars)

\_\_\_\_\_

8. Have you sought to write or obtain new business within this line or subclassification  
within the past year?

Yes \_\_\_\_\_

No \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

- Note:
1. All figures are to be reported in whole numbers or dollars. Do not include dollar signs, decimal points, or commas.
  2. Losses exclude all loss adjustment expenses.
  3. For Item 1, policies written for other than a 12 month term should be adjusted to an annual basis.

EXHIBIT 9

SUPPLEMENTAL REPORT REQUIRED BY VIRGINIA CODE SECTION 38.2-1905.2  
FOR CERTAIN LINES OR SUBCLASSIFICATIONS OF LIABILITY INSURANCE

BY ORDER OF THE STATE CORPORATION COMMISSION THIS REPORT IS DUE ON OR BEFORE MAY 1, 1989, AT THE STATE CORPORATION COMMISSION BUREAU OF INSURANCE, P. O. BOX 1157, RICHMOND, VIRGINIA 23209.

All insurers licensed to write the classes of insurance defined in Section 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) shall file a report showing their direct experience in the Commonwealth attributable to the line or subclassification of liability insurance below which has been designated by the Commission in accordance with subsection B of Section 38.2-1905.1.

For the line or subclassification designated, provide the information requested:

Line or Subclassification: Directors and Officers Liability

Insurer: \_\_\_\_\_

Market Definition Number 00007 NAIC# \_\_\_\_\_ (Each insurer must report separately,  
group reports are not permitted)

CSP Code(s) 73140

	Calendar Year				
	1984	1985	1986	1987	1988
1. Number of policies written	_____	_____	_____	_____	_____
2. Direct premium written	_____	_____	_____	_____	_____
3. Direct premium earned	_____	_____	_____	_____	_____
4. Direct losses incurred					
A. Direct losses paid during the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
B. Reserves for reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
C. Reserves for reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
D. Reserves for incurred but not reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
E. Reserves for incurred but not reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
F. Accident year incurred losses [ A(1) + B(1) + D(1) ]	_____	_____	_____	_____	_____

**EXHIBIT 4**

**SUPPLEMENTAL REPORT REQUIRED BY VIRGINIA CODE SECTION 38.2-1905.2  
FOR CERTAIN LINES OR SUBCLASSIFICATIONS OF LIABILITY INSURANCE**

BY ORDER OF THE STATE CORPORATION COMMISSION THIS REPORT IS DUE ON OR BEFORE MAY 1, 1989, AT THE STATE CORPORATION COMMISSION BUREAU OF INSURANCE, P. O. BOX 1157, RICHMOND, VIRGINIA 23209.

All insurers licensed to write the classes of insurance defined in Section 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) shall file a report showing their direct experience in the Commonwealth attributable to the line or subclassification of liability insurance below which has been designated by the Commission in accordance with subsection B of Section 38.2-1905.1.

For the line or subclassification designated, provide the information requested:

Line or Subclassification: Asbestos Abatement Contractors Liability

Insurer: \_\_\_\_\_

Market Definition Number 00002 NAIC# \_\_\_\_\_ (Each insurer must report separately, group reports are not permitted)

CSP Code(s) 95630

	Calendar Year				
	1984	1985	1986	1987	1988
1. Number of policies written	_____	_____	_____	_____	_____
2. Direct premium written	_____	_____	_____	_____	_____
3. Direct premium earned	_____	_____	_____	_____	_____
4. Direct losses incurred					
A. Direct losses paid during the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
B. Reserves for reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
C. Reserves for reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
D. Reserves for incurred but not reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
E. Reserves for incurred but not reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
F. Accident year incurred losses [ A(1) + B(1) + D(1) ]	_____	_____	_____	_____	_____

EXHIBIT 8

DETECTIVE OR INVESTIGATIVE AGENCIES LIABILITY (PRIVATE)

Class Code

<u>Subline</u>	<u>Old</u>	<u>New</u>	<u>Description</u>
313	73902		Detective Agencies
334		91636	Detective or Investigative agencies - private

G. Calendar year incurred losses  
[ A(1) + A(2) + B(1) + B(2) -  
C + D(1) + D(2) - E ]

\_\_\_\_\_

5. Number of claims closed with payment during the calendar year

\_\_\_\_\_

6. Number of open claims at the end of the calendar year

\_\_\_\_\_

7. Investment income allocated to this line or subclassification (in dollars)

\_\_\_\_\_

8. Have you sought to write or obtain new business within this line or subclassification within the past year?

Yes \_\_\_\_\_

No \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

- Note:
1. All figures are to be reported in whole numbers or dollars. Do not include dollar signs, decimal points, or commas.
  2. Losses exclude all loss adjustment expenses.
  3. For Item 1, policies written for other than a 12 month term should be adjusted to an annual basis.

B. If yes, indicate:

1. The maximum schedule credits and/or debits allowed  
(+) \_\_\_\_\_% to (-) \_\_\_\_\_%
2. The maximum expense credits allowed  
(-) \_\_\_\_\_%
3. The package modification factor \_\_\_\_\_ (show as a multiplier,  
such as .90, .85, or  
1.00)

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

- Note:
1. All figures are to be reported in whole numbers or dollars. Do not include dollar signs, decimal points, or commas.
  2. Losses exclude all loss adjustment expenses.
  3. For Item 1, policies written for other than a 12 month term should be adjusted to an annual basis.

EXHIBIT 5

SUPPLEMENTAL REPORT REQUIRED BY VIRGINIA CODE SECTION 38.2-1905.2  
FOR CERTAIN LINES OR SUBCLASSIFICATIONS OF LIABILITY INSURANCE

BY ORDER OF THE STATE CORPORATION COMMISSION THIS REPORT IS DUE ON OR BEFORE MAY 1, 1989, AT THE STATE CORPORATION COMMISSION BUREAU OF INSURANCE, P. O. BOX 1157, RICHMOND, VIRGINIA 23209.

All insurers licensed to write the classes of insurance defined in Section 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) shall file a report showing their direct experience in the Commonwealth attributable to the line or subclassification of liability insurance below which has been designated by the Commission in accordance with subsection B of Section 38.2-1905.1.

For the line or subclassification designated, provide the information requested:

Line or Subclassification: Commercial Contractors Liability

Insurer: \_\_\_\_\_

Market Definition Number 00008 NAIC# \_\_\_\_\_ (Each insurer must report separately, group reports are not permitted)

CSP Code(s) See Attached

	Calendar Year				
	1984	1985	1986	1987	1988
1. Number of policies written	_____	_____	_____	_____	_____
2. Direct premium written	_____	_____	_____	_____	_____
3. Direct premium earned	_____	_____	_____	_____	_____
4. Direct losses incurred					
A. Direct losses paid during the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
B. Reserves for reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
C. Reserves for reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
D. Reserves for incurred but not reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
E. Reserves for incurred but not reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
F. Accident year incurred losses [ A(1) + B(1) + D(1) ]	_____	_____	_____	_____	_____

G. Calendar year incurred losses  
 [ A(1) + A(2) + B(1) + B(2) -  
 C + D(1) + D(2) - E ]

\_\_\_\_\_

5. Number of claims closed with payment during the calendar year

\_\_\_\_\_

6. Number of open claims at the end of the calendar year

\_\_\_\_\_

7. Investment income allocated to this line or subclassification (in dollars)

\_\_\_\_\_

8. Have you sought to write or obtain new business within this line or subclassification within the past year?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. A. Are rates for this line or subclassification filed on your behalf by a rate service organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, indicate:

1. Name of Organization: ISO \_\_\_\_\_ AAIS \_\_\_\_\_

2. Edition dates(s) of rates in use as of December 31, 1988 (indicate month and year) \_\_\_\_\_.

3. Applicable deviation in effect as of December 31, 1988 \_\_\_\_\_ (indicate whether deviation is downward or upward, using " - " or " + ").

4. What percentage of 1988 written premium is based on:

Rate Service Organization Rates \_\_\_\_\_%

Independent Rates \_\_\_\_\_

Total 100%

10. A. Do you apply schedule, expense, experience, and/or package modifications to eligible risks?

1. Schedule Yes \_\_\_\_\_ No \_\_\_\_\_

2. Expense Yes \_\_\_\_\_ No \_\_\_\_\_

3. Experience Yes \_\_\_\_\_ No \_\_\_\_\_

4. Package Modification Yes \_\_\_\_\_ No \_\_\_\_\_

G. Calendar year incurred losses

[ A(1) + A(2) + B(1) + B(2) -  
C + D(1) + D(2) - E ]

\_\_\_\_\_

5. Number of claims closed with payment during the calendar year

\_\_\_\_\_

6. Number of open claims at the end of the calendar year

\_\_\_\_\_

7. Investment income allocated to this line or subclassification (in dollars)

\_\_\_\_\_

8. Have you sought to write or obtain new business within this line or subclassification within the past year?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. A. Are rates for this line or subclassification filed on your behalf by a rate service organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, indicate:

1. Name of Organization: ISO \_\_\_\_\_ AAIS \_\_\_\_\_

2. Edition date(s) of rates in use as of December 31, 1988 (indicate month and year) \_\_\_\_\_.

3. Applicable deviation in effect as of December 31, 1988 \_\_\_\_\_ (indicate whether deviation is downward or upward, using " - " or " + ").

4. What percentage of 1988 written premium is based on:  
Rate Service Organization Rates \_\_\_\_\_%  
Independent Rates \_\_\_\_\_%

Total 100%

10. A. Do you apply schedule, expense, experience, and/or package modifications to eligible risks?

1. Schedule Yes \_\_\_\_\_ No \_\_\_\_\_  
2. Expense Yes \_\_\_\_\_ No \_\_\_\_\_  
3. Experience Yes \_\_\_\_\_ No \_\_\_\_\_  
4. Package Modification Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, indicate:

1. The maximum schedule credits and/or debits allowed (+) \_\_\_\_\_% to (-) \_\_\_\_\_%

2. The maximum expense credits allowed (-) \_\_\_\_\_%

3. The package modification factor \_\_\_\_\_

EXHIBIT 8

SUPPLEMENTAL REPORT REQUIRED BY VIRGINIA CODE SECTION 38.2-1905.2  
FOR CERTAIN LINES OR SUBCLASSIFICATIONS OF LIABILITY INSURANCE

BY ORDER OF THE STATE CORPORATION COMMISSION THIS REPORT IS DUE ON OR BEFORE MAY 1, 1989, AT THE STATE CORPORATION COMMISSION BUREAU OF INSURANCE, P. O. BOX 1157, RICHMOND, VIRGINIA 23209.

All insurers licensed to write the classes of insurance defined in Section 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) shall file a report showing their direct experience in the Commonwealth attributable to the line or subclassification of liability insurance below which has been designated by the Commission in accordance with subsection B of Section 38.2-1905.1.

For the line or subclassification designated, provide the information requested:

Line or Subclassification: Detective or Investigative Agencies Liability (private)

Insurer: \_\_\_\_\_

Market Definition Number 00006 NAIC# \_\_\_\_\_ (Each insurer must report separately, group reports are not permitted)

CSP Code(s) See Attached

	Calendar Year				
	1984	1985	1986	1987	1988
1. Number of policies written	_____	_____	_____	_____	_____
2. Direct premium written	_____	_____	_____	_____	_____
3. Direct premium earned	_____	_____	_____	_____	_____
4. Direct losses incurred					
A. Direct losses paid during the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
B. Reserves for reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
C. Reserves for reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
D. Reserves for incurred but not reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
E. Reserves for incurred but not reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
F. Accident year incurred losses [ A(1) + B(1) + D(1) ]	_____	_____	_____	_____	_____

11. Please list (by class code) any specific subclassifications within this line that you generally decline to write:

_____	_____
_____	_____
_____	_____
_____	_____

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

- Note:
1. All figures are to be reported in whole numbers or dollars. Do not include dollar signs, decimal points, or commas.
  2. Losses exclude all loss adjustment expenses.
  3. For Item 1, policies written for other than a 12 month term should be adjusted to an annual basis.

EXHIBIT 7

DAY CARE LIABILITY

<u>Subline</u>	<u>Class Code</u> <u>Old</u>	<u>New</u>	<u>Description</u>
314	82115		Day Nurseries
334		41714	Day Care Centers
334		41712	Day Care Centers (different exposure base)

EXHIBIT 5

COMMERCIAL CONTRACTORS LIABILITY

<u>Subline</u>	<u>Class Code</u>		<u>Description</u>
	<u>Old</u>	<u>New</u>	
313	17140Ø		Air Conditioning, Heating, or Refrigeration Systems or Combined Heating and Air Conditioning Systems - installation, servicing and repair - including shop and retail stores or display rooms  Ø Code 17140 includes "Gas Appliances or Equipment - household type - installation, servicing or repair"
334		91111	Air Conditioning Systems or Equipment - Dealers or distributors and installation, servicing or repair
334		95647	Heating or Combined Heating and Air Conditioning System or Equipment - dealers or distributors and installation, servicing or repair - no liquified petroleum gas (LPG) equipment sales or work
334		95648	Heating or Combined Heating and Air Conditioning Systems or Equipment - dealers or distributors and installation, servicing or repair - Not Otherwise Classified
313	16135		Airport Runway or Warming Apron Construction, Paving or Repaving
334		91125	Airport Runway or Warming Apron - paving or repaving, surfacing, resurfacing or scraping
313	76992		Boiler Inspecting or Scaling

11. A. Do you provide day care liability coverage as a part of Homeowners policies?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If so, what is the maximum number of children an insured may care for and remain eligible for this coverage?

\_\_\_\_\_ (please enter a specific number)

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

- Note:
1. All figures are to be reported in whole numbers or dollars. Do not include dollar signs, decimal points, or commas.
  2. Losses exclude all loss adjustment expenses.
  3. For Item 1, policies written for other than a 12 month term should be adjusted to an annual basis.

## EXHIBIT 5

Page 2

## COMMERCIAL CONTRACTORS LIABILITY

<u>Class Code</u>			
<u>Subline</u>	<u>Old</u>	<u>New</u>	<u>Description</u>
313	17145Ø		Boiler Installation or repair - steam  ØCode 17145 also includes "Tank Erection or Repair - metal - within buildings exclusively"
334		91250	Boiler Inspection, Installation, Cleaning or Repair
334		99572	Tank Construction, Installation, Erection or Repair - metal - not pressurized - within buildings exclusively
334		99573	Tank Construction, Installation, Erection or Repair - metal - pressurized - within buildings exclusively
313	16275Ø		Bridge or Elevated Highway Construction  ØCode 16275 also includes "Iron or Steel Erection - bridges"
334		91265	Bridge or Elevated Highway Construction - iron or steel
334		91266	Bridge or Elevated Highway Construction - concrete
313	17835		Building Equipment Installation, Erection, Servicing or Repair - Not Otherwise Classified
313	17885Ø		Building or Structure Raising, Moving or Underpinning - including incidental shoring  ØCode 17885 includes "Salvage Operations" and "Underpinning Buildings or Structures"
334		91280	Building Structure - raising or moving

G. Calendar year incurred losses

[ A(1) + A(2) + B(1) + B(2) -  
C + D(1) + D(2) - E ]

\_\_\_\_\_

5. Number of claims closed with payment during the calendar year

\_\_\_\_\_

6. Number of open claims at the end of the calendar year

\_\_\_\_\_

7. Investment income allocated to this line or subclassification (in dollars)

\_\_\_\_\_

8. Have you sought to write or obtain new business within this line or subclassification within the past year?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. A. Are rates for this line or subclassification filed on your behalf by a rate service organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, indicate:

1. Name of Organization: ISO \_\_\_\_\_ AAIS \_\_\_\_\_

2. Edition dates(s) of rates in use as of December 31, 1988 (indicate month and year) \_\_\_\_\_.

3. Applicable deviation in effect as of December 31, 1988 \_\_\_\_\_ (indicate whether deviation is downward or upward, using " - " or " + ").

4. What percentage of 1988 written premium is based on:  
Rate Service Organization Rates \_\_\_\_\_%  
Independent Rates \_\_\_\_\_%

Total 100%

10. A. Do you apply schedule, expense, experience, and/or package modifications to eligible risks?

1. Schedule Yes \_\_\_\_\_ No \_\_\_\_\_  
2. Expense Yes \_\_\_\_\_ No \_\_\_\_\_  
3. Experience Yes \_\_\_\_\_ No \_\_\_\_\_  
4. Package Modification Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, indicate:

1. The maximum schedule credits and/or debits allowed (+) \_\_\_\_\_% to (-) \_\_\_\_\_%

2. The maximum expense credits allowed (-) \_\_\_\_\_%

3. The package modification factor \_\_\_\_\_

## EXHIBIT 5

Page 3

## COMMERCIAL CONTRACTORS LIABILITY

<u>Class Code</u>			
<u>Subline</u>	<u>Old</u>	<u>New</u>	<u>Description</u>
334		98698	Salvage Operations - Not Otherwise Classified
334		99803	Underpinning Buildings or Structures
313	17314		Cable Installation in Conduits or Subways
334		91302	Cable Installation in Conduits or Subways
334		91324	Caisson or Cofferdam Work - Foundations for buildings
334	16235Ø		Caisson Work - not foundations for buildings  ØCode 16235 also includes "Cofferdam Work," "Shaft Sinking" and "Tunneling"
334		91325	Caisson or Cofferdam work - not foundations for buildings
334		98871	Shaft Sinking
334		99798	Tunneling
313	17535Ø		Carpentry - Not Otherwise Classified  ØCode 17535 also includes "Ceiling or Wall Installation - not plastering", "Modular Units - building erection", "Prefabricated Building Erection"

EXHIBIT 7

SUPPLEMENTAL REPORT REQUIRED BY VIRGINIA CODE SECTION 38.2-1905.2  
FOR CERTAIN LINES OR SUBCLASSIFICATIONS OF LIABILITY INSURANCE

BY ORDER OF THE STATE CORPORATION COMMISSION THIS REPORT IS DUE ON OR BEFORE MAY 1, 1989, AT THE STATE CORPORATION COMMISSION BUREAU OF INSURANCE, P. O. BOX 1157, RICHMOND, VIRGINIA 23209.

All insurers licensed to write the classes of insurance defined in Section 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) shall file a report showing their direct experience in the Commonwealth attributable to the line or subclassification of liability insurance below which has been designated by the Commission in accordance with subsection B of Section 38.2-1905.1.

For the line or subclassification designated, provide the information requested:

Line or Subclassification: Day Care Liability

Insurer: \_\_\_\_\_

Market Definition Number 00005 NAIC# \_\_\_\_\_ (Each insurer must report separately, group reports are not permitted)

CSP Code(s) See Attached

	Calendar Year				
	1984	1985	1986	1987	1988
1. Number of policies written	_____	_____	_____	_____	_____
2. Direct premium written	_____	_____	_____	_____	_____
3. Direct premium earned	_____	_____	_____	_____	_____
4. Direct losses incurred					
A. Direct losses paid during the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
B. Reserves for reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
C. Reserves for reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
D. Reserves for incurred but not reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
E. Reserves for incurred but not reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
F. Accident year incurred losses [ A(1) + B(1) + D(1) ]	_____	_____	_____	_____	_____

EXHIBIT 5

Page 4

COMMERCIAL CONTRACTORS LIABILITY

<u>Class Code</u>			
<u>Subline</u>	<u>Old</u>	<u>New</u>	<u>Description</u>
334		91342	Carpentry - Not Otherwise Classified
334		98502	Prefabricated Building Erection
313	17621		Ceiling or Wall Installation - metal
334		91436	Ceiling or Wall Installation - metal
313	17745Ø		Cement, Concrete or Granolithic Floor Construction, Finishing or Surfacing
			ØCode 17745 also includes "Concrete Construction - Not Otherwise Classified"
334		91560	Concrete Construction
313	17425Ø		Chimney Construction
			ØCode 17425 also includes "Masonry - Not Otherwise Classified"
334		91481	Chimney Cleaning
334		97447	Masonry
313	17965		Cleaning or Renovating - outside Surfaces of Buildings
334		91522	Cleaning or Renovating - outside Surfaces of Buildings
313	17741		Concrete Block Construction - buildings

G. Calendar year incurred losses  
[ A(1) + A(2) + B(1) + B(2) -  
C + D(1) + D(2) - E ]

\_\_\_\_\_

5. Number of claims closed with payment  
during the calendar year

\_\_\_\_\_

6. Number of open claims at the end of the  
calendar year

\_\_\_\_\_

7. Investment income allocated to this line  
or subclassification (in dollars)

\_\_\_\_\_

8. Have you sought to write or obtain new business within this line or subclassification  
within the past year?

Yes \_\_\_\_\_

No \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

- Note:
1. All figures are to be reported in whole numbers or dollars. Do not include dollar signs, decimal points, or commas.
  2. Losses exclude all loss adjustment expenses.
  3. For Item 1, policies written for other than a 12 month term should be adjusted to an annual basis.

## EXHIBIT 5

Page 5

## COMMERCIAL CONTRACTORS LIABILITY

<u>Class Code</u>			
<u>Subline</u>	<u>Old</u>	<u>New</u>	<u>Description</u>
313	16285		Conduit Construction
334		91577	Conduit Construction for Cables or Wires
313	42264		Contractors Permanent yards - maintenance or storage of equipment or material
334		91590	Contractors Permanent Yards - maintenance or storage of equipment or material
313	17755Ø		Core Drilling - Not Otherwise classified  ØCode 17755 also includes: "Drilling - Not Otherwise classified"
334		92101	Drilling - Not Otherwise classified
334		92102	Drilling - Water
313	16232		Dam or Reservoir Construction
334		91618	Dam or Reservoir Construction
313	16295Ø		Dike or Revetment Construction - river work only  ØCode 16295 also includes: "Jetty or Breakwater Construction" and "Levee Construction"
334		91641	Dike, Levee or Revetment Construction
334		96872	Jetty or Breakwater Construction
313	17511		Door, Window or Assembled Millwork Erection - metal or metal covered

**EXHIBIT 6**

**SUPPLEMENTAL REPORT REQUIRED BY VIRGINIA CODE SECTION 38.2-1905.2  
FOR CERTAIN LINES OR SUBCLASSIFICATIONS OF LIABILITY INSURANCE**

**BY ORDER OF THE STATE CORPORATION COMMISSION THIS REPORT IS DUE ON OR BEFORE MAY 1, 1989, AT THE STATE CORPORATION COMMISSION BUREAU OF INSURANCE, P. O. BOX 1157, RICHMOND, VIRGINIA 23209.**

All insurers licensed to write the classes of insurance defined in Section 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) shall file a report showing their direct experience in the Commonwealth attributable to the line or subclassification of liability insurance below which has been designated by the Commission in accordance with subsection B of Section 38.2-1905.1.

For the line or subclassification designated, provide the information requested:

Line or Subclassification: Dams (existence hazard) Liability

Insurer: \_\_\_\_\_

Market Definition Number 00004 NAIC# \_\_\_\_\_ (Each insurer must report separately,  
group reports are not permitted)

CSP Code(s) 41700

	Calendar Year				
	1984	1985	1986	1987	1988
1. Number of policies written	_____	_____	_____	_____	_____
2. Direct premium written	_____	_____	_____	_____	_____
3. Direct premium earned	_____	_____	_____	_____	_____
4. Direct losses incurred					
A. Direct losses paid during the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
B. Reserves for reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
C. Reserves for reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
D. Reserves for incurred but not reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
E. Reserves for incurred but not reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
F. Accident year incurred losses [ A(1) + B(1) + D(1) ]	_____	_____	_____	_____	_____

EXHIBIT 5

Page 6

COMMERCIAL CONTRACTORS LIABILITY

<u>Class Code</u>			
<u>Subline</u>	<u>Old</u>	<u>New</u>	<u>Description</u>
334		91746	Door, Window or Assembled Millwork - installation - metal
313	16293		Dredging - except gold dredging
334		92055	Dredging - Not Otherwise Classified
313	16144		Driveway, Parking Area or Sidewalk Construction, Paving or Repaving
334		92215	Driveway, Parking Area or Sidewalk - paving or repaving
313	17946		Dry Wall or Wallboard Installation
334		92338	Dry Wall or Wallboard Installation
313	16242		Electric Light or Power Line Construction - Rural Electrification Administration Projects only
334		92447	Electric Light or Power Line Construction - Rural Electrification Administration Projects only
313	16245Ø		Electric Light or Power Line Construction - Not Otherwise Classified  Ø Code 16245 also includes: "Telephone, Telegraph or Fire Alarm Line Construction"
334		92446	Electric Light or Power Line Construction - Not Otherwise Classified
334		99613	Telephone, Telegraph or Cable Television Line Construction



## EXHIBIT 5

Page 7

## COMMERCIAL CONTRACTORS LIABILITY

<u>Class Code</u>			
<u>Subline</u>	<u>Old</u>	<u>New</u>	<u>Description</u>
313	17315		Electrical Wiring - within buildings - including installation or repair of fixtures or appliances
334		91127	Alarm and Alarm Systems - installation, servicing or repair
334		92451	Electrical Apparatus - installation, servicing or repair - Not Otherwise Classified
334		92478	Electrical Work - within building
313	17845		Elevator, Escalator or moving Sidewalk Installation, Service or Repair
334		92593	Elevator or Escalator Inspecting, Installation, Servicing or Repair
313	15111		Excavation - Not Otherwise Classified
334		94007	Excavation
313	17985		Fence Erection - metal
334		94276	Fence Erection Contractors
313	15161Ø		Fireproofing - structures  Ø Code 15161 also includes "Insulation Work - installation or application of acoustical or thermal insulating materials in buildings or within building walls - Not Otherwise Classified"
334		94404	Fireproofing - structures
334		96408	Insulation Work - plastic - Not Otherwise Classified



EXHIBIT 5

Page 8

COMMERCIAL CONTRACTORS LIABILITY

<u>Class Code</u>			
<u>Subline</u>	<u>Old</u>	<u>New</u>	<u>Description</u>
334		96409	Insulation Work - organic or plastic in solid state
334		96410	Insulation Work - mineral
313	49531Ø		Garbage, Ashes or Refuse Collecting  Ø Code 49531 also includes: "Street Cleaning - including snow removal from street and highways"
334		95233	Garbage, Ash or Refuse Collecting
334		99303	Street Cleaning
313	16225		Gas, Sewer, Steam or Water Mains or Connections Construction - including tunneling at street crossings
334		95310	Gas Mains or Connections Construction
334		98820	Sewer Mains or Connections Construction
334		99163	Steam Mains or Connections Construction
334		99946	Water Main or Connections Construction
313	07313		Grading of Land - Not Otherwise Classified
334		95410	Grading of Land
313	17765		Iron or Steel Erection - frame structures, iron work on outside of buildings including erecting or repairing balconies, fire escapes, railings, staircases, coal chutes or fireproof shutters

## EXHIBIT 5

Page 9

## COMMERCIAL CONTRACTORS LIABILITY

<u>Class Code</u>			
<u>Subline</u>	<u>Old</u>	<u>New</u>	<u>Description</u>
334		97 65 1	Metal erection - frame structures - iron work on outside of buildings
313	15121		Iron or Steel Erection in the construction of dwellings not exceeding two stories in height
334		97 65 2	Metal Erection - in the construction of dwellings not exceeding two stories in height
313	15122		Iron or Steel Erection - steel lock gates, gas holders, standpipes, water towers, smoke stacks, tanks, silos, prison cells or fire or burglar proof vaults
334		97 65 4	Metal Erection - steel lock gates gas holders, standpipes, water tower, smokestacks, tanks, silos, prison cells, fire or burglar proof vaults
313	15125		Iron or Steel Erection - Not Otherwise Classified
334		97 65 5	Metal Erection - structural - Not Otherwise Classified
313	16255		Irrigation or Drainage System Construction - including pile driving or dredging
334		96 70 2	Irrigation or Drainage System Construction
313	15142		Military Reservation Construction - Carpentry
313	17762		Military Reservation Construction - iron or steel erection - not over two stories in height

## EXHIBIT 5

Page 10

## COMMERCIAL CONTRACTORS LIABILITY

<u>Class Code</u>			
<u>Subline</u>	<u>Old</u>	<u>New</u>	<u>Description</u>
313	16365Ø		Oil or Gas Pipe Construction - including pile driving and dredging  Ø Code 16365 also includes "Pipe Line Construction - including pile driving or dredging"
334		98423	Pipeline Construction - gas
334		98424	Pipeline Construction - Not Otherwise Classified
334		98425	Pipeline Construction - Oil
334		98426	Pipeline Construction - slurry - nonflammable mixtures
313	17235Ø		Painting - oil or gasoline tanks - including shop operations  Ø Code 17235 also includes "Painting, Decorating or Paper Hanging - Not Otherwise Classified - including shop operations", "Paperhanging" and "Sign Painting or Lettering - on buildings or structures - including operations"
334		98304	Painting - exterior - buildings or structures - three stories or less in height - Not Otherwise Classified
334		98305	Painting - interior buildings or structures
334		98306	Painting - Oil or gasoline tanks
334		98344	Paperhanging
334		99004	Sign Painting or Lettering on Buildings or Structures
313	17215		Painting - ship hulls
334		98307	Painting - ship hulls

## EXHIBIT 5

Page 11

## COMMERCIAL CONTRACTORS LIABILITY

<u>Class Code</u>			
<u>Subline</u>	<u>Old</u>	<u>New</u>	<u>Description</u>
313	17225		Painting - steel structures or bridges
334		98303	Painting - exterior - buildings or structures - exceeding three stories in height - Not Otherwise Classified
313	17805		Pile Driving - building foundations only
334		98413	Pile Driving - building foundations only
313	16296		Pile Driving - sonic method
334		98415	Pile Driving - sonic method
313	16294		Pile Driving - including timber wharf building - Not Otherwise Classified
334		98414	Pile Driving - Not Otherwise Classified
313	17185		Plumbing - Not Otherwise Classified
334		98482	Plumbing commercial and industrial
334		98483	Plumbing - residential or domestic
334		99080	Solar Energy Contractors
334		99948	Water Softening Equipment - installation, servicing or repair
334		98636	Refrigeration Systems or Equipment - dealers and distributors and installation, servicing or repair - commercial
313	17625		Roofing - all kinds - including yard employees
334		98677	Roofing - commercial

EXHIBIT 5

Page 12

COMMERCIAL CONTRACTORS LIABILITY

<u>Class Code</u>			
<u>Subline</u>	<u>Old</u>	<u>New</u>	<u>Description</u>
334		98678	Roofing - residential
334		98705	Sandblasting
313	17615Ø		Sheet Metal Work Erection Installation or Repair - Not Otherwise Classified
			Ø Code 17615 also includes "Siding Installation - not wood"
313	73122		Sign Erection or Repair - not outdoor advertising companies - including shop operations
334		98884	Sheet Metal Work - shop and outside
334		98967	Siding Installation
334		98993	Sign Erection, Installation or Repair
313	17141		Steam Pipe or Boiler Insulation
334		99165	Steam Pipe or Boiler Insulation
313	16115		Street or Road Construction or Reconstruction
334		99315	Street or Road Construction or Reconstruction
313	16125		Street or Road Paving or Repaving, Surfacing or Resurfacing or Scraping
334		99321	Street or Road Paving or Repaving, Surfacing or Resurfacing or Scraping
313	16205		Subway Construction
334		99445	Subway Construction

## EXHIBIT 5

Page 13

## COMMERCIAL CONTRACTORS LIABILITY

<u>Class Code</u>			
<u>Subline</u>	<u>Old</u>	<u>New</u>	<u>Description</u>
313	17802		Swimming Pools - below ground - installation, service or repair
334		99507	Swimming Pools - installation, servicing or repair - below ground
313	17906		Swimming Pools - above ground - installation, service or repair
334		99506	Swimming Pools - above ground - installation, service or repair
334		99570	Tank Construction, Installation, Erection or Repair - metal - not pressurized - Not Otherwise Classified
334		99571	Tank Construction, Installation, Erection or Repair - metal - pressurized - Not Otherwise Classified
313	17821		Wrecking - marine- including salvage operations
334		99988	Wrecking - marine
313	17822		Wrecking Buildings or Structures - not marine - Not Otherwise Classified
334		99986	Wrecking - buildings or structures - Not Otherwise Classified

G. Calendar year incurred losses

[ A(1) + A(2) + B(1) + B(2) -  
C + D(1) + D(2) - E ]

5. Number of claims closed with payment  
during the calendar year

6. Number of open claims at the end of the  
calendar year

7. Investment income allocated to this line  
or subclassification (in dollars)

8. Have you sought to write or obtain new business within this line or subclassification  
within the past year?

Yes \_\_\_\_\_ No \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

- Note:
1. All figures are to be reported in whole numbers or dollars. Do not include dollar signs, decimal points, or commas.
  2. Losses exclude all loss adjustment expenses.
  3. For Item 1, policies written for other than a 12 month term should be adjusted to an annual basis.

## EXHIBIT 14

### LAW ENFORCEMENT AGENCIES LIABILITY

All classes, including, but not limited to the following:

Agencies whose employees deal directly with the public and exercise general powers of arrest such as:

- (a) County Sheriff/Police Chief
- (b) Peace Officers

Agencies whose employees do not deal directly with the public and exercise limited power of arrest such as:

- (a) Jailers
- (b) Matrons
- (c) County Security
- (d) Civil Process Officers

Agencies who do not exercise power of arrest and whose duties are administrative such as:

- (a) County Commissioners
- (b) City Council
- (c) Mayors or City Managers
- (d) Auxiliary or Reserve Police
- (e) Coroner
- (f) School Crossing Guards, Humane Officers, Crime Prevention Officers

Agencies whose employees whose ordinary duties are only indirectly related to enforcement of criminal laws such as:

- (a) Clerical Staff/Fingerprinting/License Examination
- (b) Stenographic Personnel/Food Service/Photographic
- (c) Dispatcher/Record Keeping

EXHIBIT 15

SUPPLEMENTAL REPORT REQUIRED BY VIRGINIA CODE SECTION 38.2-1905.2  
FOR CERTAIN LINES OR SUBCLASSIFICATIONS OF LIABILITY INSURANCE

BY ORDER OF THE STATE CORPORATION COMMISSION THIS REPORT IS DUE ON OR BEFORE MAY 1, 1989, AT THE STATE CORPORATION COMMISSION BUREAU OF INSURANCE, P. O. BOX 1157, RICHMOND, VIRGINIA 23209.

All insurers licensed to write the classes of insurance defined in Section 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) shall file a report showing their direct experience in the Commonwealth attributable to the line or subclassification of liability insurance below which has been designated by the Commission in accordance with subsection B of Section 38.2-1905.1.

For the line or subclassification designated, provide the information requested:

Line or Subclassification: Lawyers Professional Liability

Insurer: \_\_\_\_\_

Market Definition Number 00013 NAIC# \_\_\_\_\_ (Each insurer must report separately,  
group reports are not permitted)

CSP Code(s) 81113, 81114, 81220, 81330, 81400, 81420

	Calendar Year				
	1984	1985	1986	1987	1988
1. Number of policies written	_____	_____	_____	_____	_____
2. Direct premium written	_____	_____	_____	_____	_____
3. Direct premium earned	_____	_____	_____	_____	_____
4. Direct losses incurred					
A. Direct losses paid during the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
B. Reserves for reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
C. Reserves for reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
D. Reserves for incurred but not reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
E. Reserves for incurred but not reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
F. Accident year incurred losses [ A(1) + B(1) + D(1) ]	_____	_____	_____	_____	_____

G. Calendar year incurred losses  
 [ A(1) + A(2) + B(1) + B(2) -  
 C + D(1) + D(2) - E ]

\_\_\_\_\_

5. Number of claims closed with payment during the calendar year

\_\_\_\_\_

6. Number of open claims at the end of the calendar year

\_\_\_\_\_

7. Investment income allocated to this line or subclassification (in dollars)

\_\_\_\_\_

8. Have you sought to write or obtain new business within this line or subclassification within the past year?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. A. Are rates for this line or subclassification filed on your behalf by a rate service organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, indicate:

1. Name of Organization: ISO \_\_\_\_\_ AAIS \_\_\_\_\_

2. Edition dates(s) of rates in use as of December 31, 1988 (indicate month and year) \_\_\_\_\_.

3. Applicable deviation in effect as of December 31, 1988 \_\_\_\_\_ (indicate whether deviation is downward or upward, using " - " or " + ").

4. What percentage of 1988 written premium is based on:

Rate Service Organization Rates \_\_\_\_\_%

Independent Rates \_\_\_\_\_

Total 100%

10. A. Do you apply schedule, expense, experience, and/or package modifications to eligible risks?

1. Schedule Yes \_\_\_\_\_ No \_\_\_\_\_

2. Expense Yes \_\_\_\_\_ No \_\_\_\_\_

3. Experience Yes \_\_\_\_\_ No \_\_\_\_\_

4. Package Modification Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, indicate:

1. The maximum schedule credits and/or debits allowed  
(+)\_\_\_\_% to (-) \_\_\_\_%
2. The maximum expense credits allowed  
(-)\_\_\_\_%
3. The package modification factor \_\_\_\_\_ (show as a multiplier,  
such as .90, .85, or  
1.00)

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

- Note:
1. All figures are to be reported in whole numbers or dollars. Do not include dollar signs, decimal points, or commas.
  2. Losses exclude all loss adjustment expenses.
  3. For Item 1, policies written for other than a 12 month term should be adjusted to an annual basis.

EXHIBIT 16

SUPPLEMENTAL REPORT REQUIRED BY VIRGINIA CODE SECTION 38.2-1905.2  
FOR CERTAIN LINES OR SUBCLASSIFICATIONS OF LIABILITY INSURANCE

BY ORDER OF THE STATE CORPORATION COMMISSION THIS REPORT IS DUE ON OR BEFORE MAY 1, 1989, AT THE STATE CORPORATION COMMISSION BUREAU OF INSURANCE, P. O. BOX 1157, RICHMOND, VIRGINIA 23209.

All insurers licensed to write the classes of insurance defined in Section 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) shall file a report showing their direct experience in the Commonwealth attributable to the line or subclassification of liability insurance below which has been designated by the Commission in accordance with subsection B of Section 38.2-1905.1.

For the line or subclassification designated, provide the information requested:

Line or Subclassification: Liquor Liability

Insurer: \_\_\_\_\_

Market Definition Number 00014 NAIC# \_\_\_\_\_ (Each insurer must report separately, group reports are not permitted)

CSP Code(s) See Attached

	Calendar Year				
	1984	1985	1986	1987	1988
1. Number of policies written	_____	_____	_____	_____	_____
2. Direct premium written	_____	_____	_____	_____	_____
3. Direct premium earned	_____	_____	_____	_____	_____
4. Direct losses incurred					
A. Direct losses paid during the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
B. Reserves for reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
C. Reserves for reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
D. Reserves for incurred but not reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
E. Reserves for incurred but not reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
F. Accident year incurred losses [ A(1) + B(1) + D(1) ]	_____	_____	_____	_____	_____

G. Calendar year incurred losses

$$[ A(1) + A(2) + B(1) + B(2) - C + D(1) + D(2) - E ]$$

\_\_\_\_\_

5. Number of claims closed with payment during the calendar year

\_\_\_\_\_

6. Number of open claims at the end of the calendar year

\_\_\_\_\_

7. Investment income allocated to this line or subclassification (in dollars)

\_\_\_\_\_

8. Have you sought to write or obtain new business within this line or subclassification within the past year?

Yes \_\_\_\_\_

No \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

- Note:
1. All figures are to be reported in whole numbers or dollars. Do not include dollar signs, decimal points, or commas.
  2. Losses exclude all loss adjustment expenses.
  3. For Item 1, policies written for other than a 12 month term should be adjusted to an annual basis.

EXHIBIT 16

LIQUOR LIABILITY

<u>Subline</u>	<u>Class Code</u>		<u>Description</u>
	<u>Old</u>	<u>New</u>	
312	70416		States Where No Liquor Liability is Imposed by Statute or Under Common Law Practice
332		70416	

EXHIBIT 17

SUPPLEMENTAL REPORT REQUIRED BY VIRGINIA CODE SECTION 38.2-1905.2  
FOR CERTAIN LINES OR SUBCLASSIFICATIONS OF LIABILITY INSURANCE

BY ORDER OF THE STATE CORPORATION COMMISSION THIS REPORT IS DUE ON OR BEFORE MAY 1, 1989, AT THE STATE CORPORATION COMMISSION BUREAU OF INSURANCE, P. O. BOX 1157, RICHMOND, VIRGINIA 23209.

All insurers licensed to write the classes of insurance defined in Section 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) shall file a report showing their direct experience in the Commonwealth attributable to the line or subclassification of liability insurance below which has been designated by the Commission in accordance with subsection B of Section 38.2-1905.1.

For the line or subclassification designated, provide the information requested:

Line or Subclassification: Medical Professional Liability

Insurer: \_\_\_\_\_

Market Definition Number 00015 NAIC# \_\_\_\_\_ (Each insurer must report separately, group reports are not permitted)

CSP Code(s) All Subline 210, 220, 230 and 240 classes

	Calendar Year				
	1984	1985	1986	1987	1988
1. Number of policies written	_____	_____	_____	_____	_____
2. Direct premium written	_____	_____	_____	_____	_____
3. Direct premium earned	_____	_____	_____	_____	_____
4. Direct losses incurred					
A. Direct losses paid during the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
B. Reserves for reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
C. Reserves for reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
D. Reserves for incurred but not reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
E. Reserves for incurred but not reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
F. Accident year incurred losses [ A(1) + B(1) + D(1) ]	_____	_____	_____	_____	_____

G. Calendar year incurred losses

[ A(1) + A(2) + B(1) + B(2) -  
C + D(1) + D(2) - E ]

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Number of claims closed with payment during the calendar year

6. Number of open claims at the end of the calendar year

7. Investment income allocated to this line or subclassification (in dollars)

8. Have you sought to write or obtain new business within this line or subclassification within the past year?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. A. Are rates for this line or subclassification filed on your behalf by a rate service organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, indicate:

1. Name of Organization: ISO \_\_\_\_\_ AAIS \_\_\_\_\_

2. Edition dates(s) of rates in use as of December 31, 1988 (indicate month and year) \_\_\_\_\_.

3. Applicable deviation in effect as of December 31, 1988 \_\_\_\_\_ (indicate whether deviation is downward or upward, using " - " or " + ").

4. What percentage of 1988 written premium is based on:  
Rate Service Organization Rates \_\_\_\_\_%  
Independent Rates \_\_\_\_\_

Total 100%

10. A. Do you apply schedule, expense, experience, and/or package modifications to eligible risks?

1. Schedule	Yes _____	No _____
2. Expense	Yes _____	No _____
3. Experience	Yes _____	No _____
4. Package Modification	Yes _____	No _____

B. If yes, indicate:

1. The maximum schedule credits and/or debits allowed  
(+)\_\_\_\_% to (-) \_\_\_\_%
2. The maximum expense credits allowed  
(-)\_\_\_\_%
3. The package modification factor \_\_\_\_\_ (show as a multiplier,  
such as .90, .85, or  
1.00)

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

- Note:
1. All figures are to be reported in whole numbers or dollars. Do not include dollar signs, decimal points, or commas.
  2. Losses exclude all loss adjustment expenses.
  3. For Item 1, policies written for other than a 12 month term should be adjusted to an annual basis.

EXHIBIT 18

SUPPLEMENTAL REPORT REQUIRED BY VIRGINIA CODE SECTION 38.2-1905.2  
FOR CERTAIN LINES OR SUBCLASSIFICATIONS OF LIABILITY INSURANCE

BY ORDER OF THE STATE CORPORATION COMMISSION THIS REPORT IS DUE ON OR BEFORE MAY 1, 1989, AT THE STATE CORPORATION COMMISSION BUREAU OF INSURANCE, P. O. BOX 1157, RICHMOND, VIRGINIA 23209.

All insurers licensed to write the classes of insurance defined in Section 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) shall file a report showing their direct experience in the Commonwealth attributable to the line or subclassification of liability insurance below which has been designated by the Commission in accordance with subsection B of Section 38.2-1905.1.

For the line or subclassification designated, provide the information requested:

Line or Subclassification: Municipal Liability

Insurer: \_\_\_\_\_

Market Definition Number 00016 NAIC# \_\_\_\_\_ (Each insurer must report separately,  
group reports are not permitted)

CSP Code(s) See Attached

	Calendar Year				
	1984	1985	1986	1987	1988
1. Number of policies written	_____	_____	_____	_____	_____
2. Direct premium written	_____	_____	_____	_____	_____
3. Direct premium earned	_____	_____	_____	_____	_____
4. Direct losses incurred					
A. Direct losses paid during the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
B. Reserves for reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
C. Reserves for reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
D. Reserves for incurred but not reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
E. Reserves for incurred but not reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
F. Accident year incurred losses [ A(1) + B(1) + D(1) ]	_____	_____	_____	_____	_____

G. Calendar year incurred losses

[ A(1) + A(2) + B(1) + B(2) -  
C + D(1) + D(2) - E ]

\_\_\_\_\_

5. Number of claims closed with payment during the calendar year

\_\_\_\_\_

6. Number of open claims at the end of the calendar year

\_\_\_\_\_

7. Investment income allocated to this line or subclassification (in dollars)

\_\_\_\_\_

8. Have you sought to write or obtain new business within this line or subclassification within the past year?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. A. Are rates for this line or subclassification filed on your behalf by a rate service organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, indicate:

1. Name of Organization: ISO \_\_\_\_\_ AAIS \_\_\_\_\_

2. Edition date(s) of rates in use as of December 31, 1988 (indicate month and year) \_\_\_\_\_.

3. Applicable deviation in effect as of December 31, 1988 \_\_\_\_\_ (indicate whether deviation is downward or upward, using " - " or " + ").

4. What percentage of 1988 written premium is based on:  
Rate Service Organization Rates \_\_\_\_\_%  
Independent Rates \_\_\_\_\_%

Total 100%

10. A. Do you apply schedule, expense, experience, and/or package modifications to eligible risks?

1. Schedule Yes \_\_\_\_\_ No \_\_\_\_\_  
2. Expense Yes \_\_\_\_\_ No \_\_\_\_\_  
3. Experience Yes \_\_\_\_\_ No \_\_\_\_\_  
4. Package Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, indicate:

1. The maximum schedule credits and/or debits allowed (+) \_\_\_\_\_% to (-) \_\_\_\_\_%

2. The maximum expense credit allowed (-) \_\_\_\_\_%

3. The package modification factor \_\_\_\_\_ (show as a multiplier, such as .90, .85, or 1.00)

11. Do you generally exclude any of the following exposures when writing municipal liability?

<u>Exposure</u>	<u>Generally Exclude?</u>	
A. Dams	Yes _____	No _____
B. Gas Companies	Yes _____	No _____
C. Landfills	Yes _____	No _____
D. Law Enforcement	Yes _____	No _____
E. Public Housing	Yes _____	No _____
F. School Divisions	Yes _____	No _____
G. Sewage Treatment	Yes _____	No _____
H. Water Treatment	Yes _____	No _____

12. Please indicate whether you will generally write the following:

A. Municipalities with populations of under 2,500.

Yes \_\_\_\_\_ No \_\_\_\_\_

B. Municipalities with populations of 2501 - 10,000

Yes \_\_\_\_\_ No \_\_\_\_\_

C. Municipalities with populations of 10,000 - 25,000

Yes \_\_\_\_\_ No \_\_\_\_\_

D. Municipalities with populations of 25,001 - 50,000

Yes \_\_\_\_\_ No \_\_\_\_\_

E. Municipalities with populations of 50,001 - 100,000

Yes \_\_\_\_\_ No \_\_\_\_\_

F. Municipalities with populations of 100,001 - 250,000

Yes \_\_\_\_\_ No \_\_\_\_\_

G. Municipalities with populations over 250,000

Yes \_\_\_\_\_ No \_\_\_\_\_

13. Do you consider the bid process a deterrent to writing municipal business?

Yes \_\_\_\_\_ No \_\_\_\_\_

14. Do you consider the special broadenings of coverage often included in municipal specifications a deterrent to writing this business?

Yes \_\_\_\_\_ No \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

- Note:
1. All figures are to be reported in whole numbers or dollars. Do not include dollar signs, decimal points, or commas.
  2. Losses exclude all loss adjustment expenses.
  3. For Item 1, policies written for other than a 12 month term should be adjusted to an annual basis.

EXHIBIT 18

MUNICIPAL LIABILITY

GOVERNMENTAL SUBDIVISION - NOT STATE OR FEDERAL

Municipalities (including boroughs, cities, towns, townships, etc.)

<u>Subline*</u>	<u>Class Code</u>		<u>Population</u>
	<u>Old</u>	<u>New</u>	
	91250	44100	Under 2,500
	91251	44101	2,501 - 10,000
	91252	44102	10,001 - 25,000
	91253	44103	25,001 - 50,000
	91254	44104	50,001 - 100,000
	91255	44105	100,001 - 250,000
	91256	44106	Over 250,000
	91263	Included	Personal Injury Coverage

Counties or Parishes

	91257	44108	Under 10,000
	91258	44109	10,001 - 25,000
	91259	44110	25,001 - 50,000
	91260	44111	50,001 - 100,000
	91261	44112	100,001 - 250,000
	91262	44113	Over 250,000
	91263	Included	Personal Injury Coverage
	93050	93050	Governmental Composite Rate Risks

Class Code

<u>Old</u>	<u>New</u>	<u>Description</u>
93111		Government Employees - municipal, township, county or state . . . .
		This classification includes employees engaged in laboratory work, inspectors of the Board of Health, electrical inspectors, building inspectors and similar occupations. Workmen, mechanics or others engaged in manual labor or supervisors of construction work to be separately rated.

EXHIBIT 18

Page 2

MUNICIPAL LIABILITY

GOVERNMENTAL SUBDIVISION - NOT STATE OR FEDERAL

Municipalities (including boroughs, cities, towns, townships, etc.)  
Streets, Roads, Highways or Bridges

Class Code

<u>Old</u>	<u>New</u>	<u>Description</u>
93151		Streets, Roads or Highways - with or without sidewalks - including bridges and culverts but excluding toll bridges and drawbridges - existence hazard only (excluding New York)
	48727	Streets, Roads, Highways or Bridges - existence and maintenance hazard only

\* NOTE: All old classes are subline 314 - all new classes are  
subline 334

EXHIBIT 19

SUPPLEMENTAL REPORT REQUIRED BY VIRGINIA CODE SECTION 38.2-1905.2  
FOR CERTAIN LINES OR SUBCLASSIFICATIONS OF LIABILITY INSURANCE

BY ORDER OF THE STATE CORPORATION COMMISSION THIS REPORT IS DUE ON OR BEFORE MAY 1, 1989, AT THE STATE CORPORATION COMMISSION BUREAU OF INSURANCE, P. O. BOX 1157, RICHMOND, VIRGINIA 23209.

All insurers licensed to write the classes of insurance defined in Section 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) shall file a report showing their direct experience in the Commonwealth attributable to the line or subclassification of liability insurance below which has been designated by the Commission in accordance with subsection B of Section 38.2-1905.1.

For the line or subclassification designated, provide the information requested:

Line or Subclassification: Pest Control Liability

Insurer: \_\_\_\_\_

Market Definition Number 00017 NAIC# \_\_\_\_\_ (Each insurer must report separately, group reports are not permitted)

CSP Code(s) See Attached

	Calendar Year				
	1984	1985	1986	1987	1988
1. Number of policies written	_____	_____	_____	_____	_____
2. Direct premium written	_____	_____	_____	_____	_____
3. Direct premium earned	_____	_____	_____	_____	_____
4. Direct losses incurred					
A. Direct losses paid during the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
B. Reserves for reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
C. Reserves for reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
D. Reserves for incurred but not reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
E. Reserves for incurred but not reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
F. Accident year incurred losses [ A(1) + B(1) + D(1) ]	_____	_____	_____	_____	_____

G. Calendar year incurred losses

[ A(1) + A(2) + B(1) + B(2) -  
C + D(1) + D(2) - E ]

\_\_\_\_\_

5. Number of claims closed with payment during the calendar year

\_\_\_\_\_

6. Number of open claims at the end of the calendar year

\_\_\_\_\_

7. Investment income allocated to this line or subclassification (in dollars)

\_\_\_\_\_

8. Have you sought to write or obtain new business within this line or subclassification within the past year?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. A. Are rates for this line or subclassification filed on your behalf by a rate service organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, indicate:

1. Name of Organization: ISO \_\_\_\_\_ AAIS \_\_\_\_\_

2. Edition date(s) of rates in use as of December 31, 1988 (indicate month and year)\_\_\_\_\_.

3. Applicable deviation in effect as of December 31, 1988 \_\_\_\_\_ (indicate whether deviation is downward or upward, using " - " or " + ").

4. What percentage of 1988 written premium is based

on: Rate Service Organization Rates \_\_\_\_\_%

Independent Rates \_\_\_\_\_

Total 100%

10. A. Do you apply schedule, expense, experience, and/or package modifications to eligible risks?

1. Schedule Yes \_\_\_\_\_ No \_\_\_\_\_

2. Expense Yes \_\_\_\_\_ No \_\_\_\_\_

3. Experience Yes \_\_\_\_\_ No \_\_\_\_\_

4. Package Modification Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, indicate:

1. The maximum schedule credits and/or debits allowed  
(+)\_\_\_\_% to (-) \_\_\_\_%
2. The maximum expense credits allowed  
(-)\_\_\_\_%
3. The package modification factor \_\_\_\_\_ (show as a multiplier,  
such as .90, .85, or  
1.00)

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

- Note:
1. All figures are to be reported in whole numbers or dollars. Do not include dollar signs, decimal points, or commas.
  2. Losses exclude all loss adjustment expenses.
  3. For Item 1, policies written for other than a 12 month term should be adjusted to an annual basis.

EXHIBIT 19

PEST CONTROL LIABILITY

<u>Subline</u>	<u>Class Code</u> <u>Old</u>	<u>New</u>	<u>Description</u>
313	73420		Exterminators including Pest Control - excluding the use of gas
334		43470	Exterminators
313	07315		Crop Spraying
334		91606	
313	73421		Fumigating
334		43860	Fumigating

EXHIBIT 20

SUPPLEMENTAL REPORT REQUIRED BY VIRGINIA CODE SECTION 38.2-1905.2  
FOR CERTAIN LINES OR SUBCLASSIFICATIONS OF LIABILITY INSURANCE

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All insurers licensed to write the classes of insurance defined in Section 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) shall file a report showing their direct experience in the Commonwealth attributable to the line or subclassification of liability insurance below which has been designated by the Commission in accordance with subsection B of Section 38.2-1905.1.

For the line or subclassification designated, provide the information requested:

Line or Subclassification: Products and Completed Operations Liability

Insurer: \_\_\_\_\_

Market Definition Number 00018 NAIC# \_\_\_\_\_ (Each insurer must report separately, group reports are not permitted)

CSP Code(s) All subline 316 and 336 classes

	Calendar Year				
	1984	1985	1986	1987	1988
1. Number of policies written	_____	_____	_____	_____	_____
2. Direct premium written	_____	_____	_____	_____	_____
3. Direct premium earned	_____	_____	_____	_____	_____
4. Direct losses incurred					
A. Direct losses paid during the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
B. Reserves for reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
C. Reserves for reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
D. Reserves for incurred but not reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
E. Reserves for incurred but not reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
F. Accident year incurred losses [ A(1) + B(1) + D(1) ]	_____	_____	_____	_____	_____

EXHIBIT 21

SUPPLEMENTAL REPORT REQUIRED BY VIRGINIA CODE SECTION 38.2-1905.2  
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All insurers licensed to write the classes of insurance defined in Section 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) shall file a report showing their direct experience in the Commonwealth attributable to the line or subclassification of liability insurance below which has been designated by the Commission in accordance with subsection B of Section 38.2-1905.1.

For the line or subclassification designated, provide the information requested:

Line or Subclassification: Public Housing Liability

Insurer: \_\_\_\_\_

Market Definition Number 00019 NAIC# \_\_\_\_\_ (Each insurer must report separately,  
group reports are not permitted)

CSP Code(s) See Attached

	Calendar Year				
	1984	1985	1986	1987	1988
1. Number of policies written	_____	_____	_____	_____	_____
2. Direct premium written	_____	_____	_____	_____	_____
3. Direct premium earned	_____	_____	_____	_____	_____
4. Direct losses incurred					
A. Direct losses paid during the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
B. Reserves for reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
C. Reserves for reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
D. Reserves for incurred but not reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
E. Reserves for incurred but not reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
F. Accident year incurred losses [ A(1) + B(1) + D(1) ]	_____	_____	_____	_____	_____

G. Calendar year incurred losses  
[ A(1) + A(2) + B(1) + B(2) -  
C + D(1) + D(2) - E ]

\_\_\_\_\_

5. Number of claims closed with payment during the calendar year

\_\_\_\_\_

6. Number of open claims at the end of the calendar year

\_\_\_\_\_

7. Investment income allocated to this line or subclassification (in dollars)

\_\_\_\_\_

8. Have you sought to write or obtain new business within this line or subclassification within the past year?

Yes \_\_\_\_\_

No \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

- Note:
1. All figures are to be reported in whole numbers or dollars. Do not include dollar signs, decimal points, or commas.
  2. Losses exclude all loss adjustment expenses.
  3. For Item 1, policies written for other than a 12 month term should be adjusted to an annual basis.

EXHIBIT 21

PUBLIC HOUSING LIABILITY

<u>Subline</u>	<u>Class Code</u>		<u>Description</u>
	<u>Old</u>	<u>New</u>	
314	93181		Housing Projects - Federal, State, Local - Apartment Houses - not three or four family dwellings
314	93182		Housing Projects - Federal, State, Local - Dwellings - four family
314	93183		Housing Projects - Federal, State, Local - Dwellings - three family
314	93184		Housing Project - Federal, State, Local - Dwellings - two family
314	93185		Housing Projects - Federal, State, Local - Private Residences
334		64500	Housing Projects - Federal, State, Local

EXHIBIT 22

SUPPLEMENTAL REPORT REQUIRED BY VIRGINIA CODE SECTION 38.2-1905.2  
FOR CERTAIN LINES OR SUBCLASSIFICATIONS OF LIABILITY INSURANCE

BY ORDER OF THE STATE CORPORATION COMMISSION THIS REPORT IS DUE ON OR BEFORE MAY 1, 1989, AT THE STATE CORPORATION COMMISSION BUREAU OF INSURANCE, P. O. BOX 1157, RICHMOND, VIRGINIA 23209.

All insurers licensed to write the classes of insurance defined in Section 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) shall file a report showing their direct experience in the Commonwealth attributable to the line or subclassification of liability insurance below which has been designated by the Commission in accordance with subsection B of Section 38.2-1905.1.

For the line or subclassification designated, provide the information requested:

Line or Subclassification: Public Officials Errors and Omissions Liability

Insurer: \_\_\_\_\_

Market Definition Number 00020 NAIC# \_\_\_\_\_ (Each insurer must report separately,  
group reports are not permitted)

CSP Code(s) 73131

	Calendar Year				
	1984	1985	1986	1987	1988
1. Number of policies written	_____	_____	_____	_____	_____
2. Direct premium written	_____	_____	_____	_____	_____
3. Direct premium earned	_____	_____	_____	_____	_____
4. Direct losses incurred					
A. Direct losses paid during the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
B. Reserves for reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
C. Reserves for reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
D. Reserves for incurred but not reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
E. Reserves for incurred but not reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
F. Accident year incurred losses [ A(1) + B(1) + D(1) ]	_____	_____	_____	_____	_____

G. Calendar year incurred losses  
[ A(1) + A(2) + B(1) + B(2) -  
C + D(1) + D(2) - E ]

\_\_\_\_\_

5. Number of claims closed with payment during the calendar year

\_\_\_\_\_

6. Number of open claims at the end of the calendar year

\_\_\_\_\_

7. Investment income allocated to this line or subclassification (in dollars)

\_\_\_\_\_

8. Have you sought to write or obtain new business within this line or subclassification within the past year?

Yes \_\_\_\_\_ No \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

- Note:
1. All figures are to be reported in whole numbers or dollars. Do not include dollar signs, decimal points, or commas.
  2. Losses exclude all loss adjustment expenses.
  3. For Item 1, policies written for other than a 12 month term should be adjusted to an annual basis.

**EXHIBIT 23**

**SUPPLEMENTAL REPORT REQUIRED BY VIRGINIA CODE SECTION 38.2-1905.2  
FOR CERTAIN LINES OR SUBCLASSIFICATIONS OF LIABILITY INSURANCE**

BY ORDER OF THE STATE CORPORATION COMMISSION THIS REPORT IS DUE ON OR BEFORE MAY 1, 1989, AT THE STATE CORPORATION COMMISSION BUREAU OF INSURANCE, P. O. BOX 1157, RICHMOND, VIRGINIA 23209.

All insurers licensed to write the classes of insurance defined in Section 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) shall file a report showing their direct experience in the Commonwealth attributable to the line or subclassification of liability insurance below which has been designated by the Commission in accordance with subsection B of Section 38.2-1905.1.

For the line or subclassification designated, provide the information requested:

Line or Subclassification: Real Estate Agents Professional Liability

Insurer: \_\_\_\_\_

Market Definition Number 00021 NAIC# \_\_\_\_\_ (Each insurer must report separately, group reports are not permitted)

CSP Code(s) 73127

	Calendar Year				
	1984	1985	1986	1987	1988
1. Number of policies written	_____	_____	_____	_____	_____
2. Direct premium written	_____	_____	_____	_____	_____
3. Direct premium earned	_____	_____	_____	_____	_____
4. Direct losses incurred					
A. Direct losses paid during the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
B. Reserves for reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
C. Reserves for reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
D. Reserves for incurred but not reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
E. Reserves for incurred but not reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
F. Accident year incurred losses [ A(1) + B(1) + D(1) ]	_____	_____	_____	_____	_____

G. Calendar year incurred losses

[ A(1) + A(2) + B(1) + B(2) -  
C + D(1) + D(2) - E ]

5. Number of claims closed with payment  
during the calendar year

6. Number of open claims at the end of the  
calendar year

7. Investment income allocated to this line  
or subclassification (in dollars)

8. Have you sought to write or obtain new business within this line or subclassification  
within the past year?

Yes \_\_\_\_\_

No \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

- Note:
1. All figures are to be reported in whole numbers or dollars. Do not include dollar signs, decimal points, or commas.
  2. Losses exclude all loss adjustment expenses.
  3. For Item 1, policies written for other than a 12 month term should be adjusted to an annual basis.

EXHIBIT 24

SUPPLEMENTAL REPORT REQUIRED BY VIRGINIA CODE SECTION 38.2-1905.2  
FOR CERTAIN LINES OR SUBCLASSIFICATIONS OF LIABILITY INSURANCE

BY ORDER OF THE STATE CORPORATION COMMISSION THIS REPORT IS DUE ON OR BEFORE MAY 1, 1989, AT THE STATE CORPORATION COMMISSION BUREAU OF INSURANCE, P. O. BOX 1157, RICHMOND, VIRGINIA 23209.

All insurers licensed to write the classes of insurance defined in Section 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) shall file a report showing their direct experience in the Commonwealth attributable to the line or subclassification of liability insurance below which has been designated by the Commission in accordance with subsection B of Section 38.2-1905.1.

For the line or subclassification designated, provide the information requested:

Line or Subclassification: Recreational Liability

Insurer: \_\_\_\_\_

Market Definition Number 00022 NAIC# \_\_\_\_\_ (Each insurer must report separately,  
group reports are not permitted)

CSP Code(s) See Attached

	Calendar Year				
	1984	1985	1986	1987	1988
1. Number of policies written	_____	_____	_____	_____	_____
2. Direct premium written	_____	_____	_____	_____	_____
3. Direct premium earned	_____	_____	_____	_____	_____
4. Direct losses incurred					
A. Direct losses paid during the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
B. Reserves for reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
C. Reserves for reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
D. Reserves for incurred but not reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
E. Reserves for incurred but not reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
F. Accident year incurred losses [ A(1) + B(1) + D(1) ]	_____	_____	_____	_____	_____

G. Calendar year incurred losses

$$[ A(1) + A(2) + B(1) + B(2) - C + D(1) + D(2) - E ]$$

\_\_\_\_\_

5. Number of claims closed with payment during the calendar year

\_\_\_\_\_

6. Number of open claims at the end of the calendar year

\_\_\_\_\_

7. Investment income allocated to this line or subclassification (in dollars)

\_\_\_\_\_

8. Have you sought to write or obtain new business within this line or subclassification within the past year?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. A. Are rates for this line or subclassification filed on your behalf by a rate service organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, indicate:

1. Name of Organization: ISO \_\_\_\_\_ AAIS \_\_\_\_\_

2. Edition dates(s) of rates in use as of December 31, 1988 (indicate month and year) \_\_\_\_\_.

3. Applicable deviation in effect as of December 31, 1988 \_\_\_\_\_ (indicate whether deviation is downward or upward, using " - " or " + " ).

4. What percentage of 1988 written premium is based on:

Rate Service Organization Rates \_\_\_\_\_%

Independent Rates \_\_\_\_\_

Total 100%

10. A. Do you apply schedule, expense, experience, and/or package modifications to eligible risks?

1. Schedule Yes \_\_\_\_\_ No \_\_\_\_\_

2. Expense Yes \_\_\_\_\_ No \_\_\_\_\_

3. Experience Yes \_\_\_\_\_ No \_\_\_\_\_

4. Package Modification Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, indicate:

1. The maximum schedule credits and/or debits allowed  
(+)\_\_\_\_% to (-) \_\_\_\_%
2. The maximum expense credits allowed  
(-)\_\_\_\_%
3. The package modification factor \_\_\_\_ (show as a multiplier,  
such as .90, .85, or  
1.00)

11. Please list (by class code) any specific subclassifications  
within this line that you generally decline to write:

_____	_____	_____	_____
_____	_____	_____	_____

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

- Note:
1. All figures are to be reported in whole numbers or dollars. Do not include dollar signs, decimal points, or commas.
  2. Losses exclude all loss adjustment expenses.
  3. For Item 1, policies written for other than a 12 month term should be adjusted to an annual basis.

G. Calendar year incurred losses  
 [ A(1) + A(2) + B(1) + B(2) -  
 C + D(1) + D(2) - E ]

\_\_\_\_\_

5. Number of claims closed with payment during the calendar year

\_\_\_\_\_

6. Number of open claims at the end of the calendar year

\_\_\_\_\_

7. Investment income allocated to this line or subclassification (in dollars)

\_\_\_\_\_

8. Have you sought to write or obtain new business within this line or subclassification within the past year?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. A. Are rates for this line or subclassification filed on your behalf by a rate service organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, indicate:

1. Name of Organization: ISO \_\_\_\_\_ AAIS \_\_\_\_\_

2. Edition dates(s) of rates in use as of December 31, 1988 (indicate month and year) \_\_\_\_\_.

3. Applicable deviation in effect as of December 31, 1988 \_\_\_\_\_ (indicate whether deviation is downward or upward, using " - " or " + ").

4. What percentage of 1988 written premium is based on:

Rate Service Organization Rates \_\_\_\_\_%

Independent Rates \_\_\_\_\_

Total 100%

\_\_\_\_\_

10. A. Do you apply schedule, expense, experience, and/or package modifications to eligible risks?

1. Schedule Yes \_\_\_\_\_ No \_\_\_\_\_

2. Expense Yes \_\_\_\_\_ No \_\_\_\_\_

3. Experience Yes \_\_\_\_\_ No \_\_\_\_\_

4. Package Modification Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, indicate:

1. The maximum schedule credits and/or debits allowed  
(+)\_\_\_\_% to (-) \_\_\_\_%
2. The maximum expense credits allowed  
(-)\_\_\_\_%
3. The package modification factor \_\_\_\_ (show as a multiplier,  
such as .90, .85, or  
1.00)

11. Please list (by class code) any specific subclassifications  
within this line that you generally decline to write:

_____	_____	_____	_____
_____	_____	_____	_____

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

- Note:
1. All figures are to be reported in whole numbers or dollars. Do not include dollar signs, decimal points, or commas.
  2. Losses exclude all loss adjustment expenses.
  3. For Item 1, policies written for other than a 12 month term should be adjusted to an annual basis.

EXHIBIT 24

RECREATIONAL LIABILITY

Class Code

<u>Subline</u>	<u>Old</u>	<u>New</u>	<u>Description</u>
<u>Amusement Parks, Center, Devices, etc.</u>			
314	77110-135		Various Amusement Devices, Stands, Shows, etc.
314	77139		General Park Operations - Ground Hazard
314	77199		Amusement Parks, Centers Devices, etc. - Contingent Liability
314	79431		Penny Arcades and Shooting Galleries
314	79439		Hobby Horses or Rocket Ships - not on premises of insured or in amusement parks - coin operated
334		40039	Amusement Devices - operated in connection with carnivals or fairs
334		40040	Amusement Devices - Not Otherwise Classified
334		10020	Amusement Parks
334		10015	Amusement Centers
<u>Animals</u>			
314	47891		Animals - not saddle
314	79434		Animals - saddle - for hire
314	47893		Animals - saddle - private
334		40046	Animals - saddle - for rent
334		40047	Animals - saddle - private

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EXHIBIT 24

Page 2

RECREATIONAL LIABILITY

<u>Subline</u>	<u>Class Code</u>		<u>Description</u>
	<u>Old</u>	<u>New</u>	
314	79492Ø		Archery Ranges  Ø Code 79492 also includes: "Golf Driving Ranges" and "Tennis, Handball or Shuffleboard Courts - operated for commercial purpose - not private or municipal"
334		10052	Archery Ranges - Indoor
334		10054	Archery Ranges - Not Otherwise Classified

Athletic Games, Teams, Programs, etc.

314	79422		Athletic Games Sponsored by the Insured - no admission other than for charitable purpose
314	79495Ø		Athletic Games or Sports Contests - in buildings  Ø Code 79495 also includes: "Automobile Shows - in buildings", "Caves" and "Exhibitions in buildings"
314	79429Ø		Athletic Teams - games away from premises operated by insured  Ø Code 79429 also includes: "Baseball Programs - Little League, Pony League, etc."
334		40060	Athletic Games Sponsored by the Insured
334		40062	Athletic Games or Sports Contests - in buildings - lessees

EXHIBIT 24

Page 3

RECREATIONAL LIABILITY

<u>Class Code</u>			
<u>Subline</u>	<u>Old</u>	<u>New</u>	<u>Description</u>
334		40065	Athletic Programs - amateur
334		40069	Athletic Teams - professional or semi-professional
314	72992Ø		Awnings or Canopies - loaned or rented to others  ØCode 72992 also includes: also includes: "Chairs Not Rolling Chairs - rented to others" and "Beach Chairs and Umbrellas - rented to others"
314	79411		Baseball Parks - operated by insured
314	79436Ø		Baseball Parks - operated by insured  ØCode 79436 also includes: "Exhibition or Convention Buildings or Armories" and "Schools - Stadiums or Outdoor Grandstands or Bleachers"
314	79401		Sports Programs - youth - Not Otherwise Classified
314	47894		Teams - Not Otherwise Classified
<hr/>			
314	79426		Bazaars - operated by the insured
334		10131	Bazaars - operated by the insured

## EXHIBIT 24

Page 4

## RECREATIONAL LIABILITY

<u>Class Code</u>			
<u>Subline</u>	<u>Old</u>	<u>New</u>	<u>Description</u>
<u>Beaches, Baths, Swimming Pools, etc.</u>			
314	79493		Bathhouses or Bathing Pavilions
334		10120	Bathhouses or Bathing Pavilions
314	80927		Baths - Not Otherwise Classified
334		47420	Saunas & Baths - public
334		10133	Beach Chairs and Umbrellas - rented to others
314	79306		Private Beaches - not swimming clubs
334		40072	Beaches - bathing - not commercially operated
314	79307		Public beaches - commercially operated
334		10135	Beaches - bathing - commercially operated
314	72993		Chairs - rolling operations
314	79416		Swimming Pools - commercially operated in connection with hotels or apartment hotels (operator or owned)
334		48924	Swimming Pools - commercially operated
314	79417		Swimming Pools - Not Otherwise Classified
334		48925	Swimming Pools - Not Otherwise Classified

EXHIBIT 24

Page 5

RECREATIONAL LIABILITY

<u>Class Code</u>			
<u>Subline</u>	<u>Old</u>	<u>New</u>	<u>Description</u>
314	72997Ø		Swimming Pools - in parks -not amusement parks - no admission charge
			Ø Code 72997 also includes: "Apartment, Tenement, Boarding or Rooming Houses - Not Otherwise Classified and Apartment Hotels - Swimming Pools or Bathing Beaches (not commercial)," "Mobile Home Parks or Courts - Swimming Pools or Bathing Beaches (not commercial)" and "Clubs - Swimming Pools or Bathing Beaches (not commercial)"
314	79428		Bicycles - rented to others
334		10151	Bicycles - rented to others
314	79300		Billiard or Pool Halls and Bowling Alleys
334		10160	Billiard or Pool Halls
334		10220	Bowling Lanes
314	79415Ø		Bleachers or Grandstands in Connection with Baseball Programs (on any premises)
			Ø Code 79415 also includes: "Grandstands or Bleachers - Not Otherwise Classified"
314	79424		Bingo Games - in public halls or theaters - commercially operated
334		40075	Bingo Games - in public halls or theaters - commercially operated

## EXHIBIT 24

Page 6

## RECREATIONAL LIABILITY

<u>Subline</u>	<u>Class Code</u>	<u>New</u>	<u>Description</u>
334		10107	Boat yards or marinas - public
314	44693Ø		Canoes or Rowboats - for hire - not equipped with motor  Ø Code 44693 also includes "Motorboats or Sailboats - for hire - not operated by the insured - Not Otherwise Classified"
334		10110	Canoes or Rowboats - for rent - not equipped with motors
314	44696		Canoes or Rowboats - private - with or without sails - no motors
334		40111	Canoes or Rowboats - not for rent - not equipped with motors
314	44598		Camps, Clubs, Hotels etc. - Motorboats and Sailboats - Not Otherwise Classified
314	44617		Houseboats
334		10119	Boats - Not Otherwise Classified - rented to others
334		10117	Boats - motor or sail - rented to others
334		40117	Boats - Not Otherwise Classified - not for rent

EXHIBIT 24

Page 7

RECREATIONAL LIABILITY

<u>Subline</u>	<u>Class Code</u>		<u>Description</u>
	<u>Old</u>	<u>New</u>	
314	44613		Boats - private passenger - motor or sail - stored out of water or tied to buoys or docks for storage purposes away from insured's premises
334		40115	Boats - motor or sail - not for rent
314	44607		Boats - inboard motor - not exceeding 10 horsepower
314	44615		Boats - outboard motor - not for hire- 25 horsepower or more
314	44614		Boats - not for hire - with outboard motors less than 25 horsepower
314	44616		Boats - private passenger - motor or sail - non-owned
334		40140	Boats - non-owned over 26 feet
314	44507		Inboard Motorboats and Sail- boats (not equipped with auxiliary power) - Private Passenger - not applicable to Camps, Clubs or Hotels
314	44517		
314	44557		
314	44567		
314	44577		
314	44587		
314	44597		
314	44598		
314	70322		Camps - Boy or Girl - Not Otherwise Classified
334		41421	Camps - for profit
334		10330	Campgrounds

## EXHIBIT 24

Page 8

## RECREATIONAL LIABILITY

<u>Class Code</u>			
<u>Subline</u>	<u>Old</u>	<u>New</u>	<u>Description</u>
314	70321		Camps - Boy or Girl - non-profit
334		41422	Camps - not for profit
314	80998		Camps - first aid to campers
<u>Carnivals and Circuses</u>			
314	79221		Carnivals or Circus Companies -excluding mechanical amusement devices
334		10375	Carnival or Circus Companies
334		10377	Carnival or Circuses - in tents (sponsor's risk only)
334		10376	Carnival - outside (sponsor's risk only)
314	79421		Carnival - outside (sponsor's risk only)
314	79464		Circuses - in tents (sponsor's risk only)
314	79498		Clubs - athletic sports, games or contests away from club premises
314	79472		Clubs - country, golf, polo or tennis
334		11138	Clubs - country or golf
314	704110		Clubs - Not Otherwise Classified (including lodges, fraternal orders and sororities)

EXHIBIT 24

Page 9

RECREATIONAL LIABILITY

<u>Subline</u>	<u>Class Code</u>		<u>Description</u>
	<u>Old</u>	<u>New</u>	
			Ø Code 70411 also includes: "Clubs - riding - private without riding rings, etc. - not commercial (not riding academies)"
314	79496Ø		Clubs - riding - private, with riding rings - not commercial (not riding academies)
			Ø Code 79496 also includes: "Riding Academies - with riding rings, etc.
334		41664	Clubs - horseback riding - no commercial riding instructions
314	86990		Clubs - swimming (not commercial)
334		41666	Clubs - swimming
334		41665	Clubs - racquet sports and Handball
314	86110		Conventions
334		41671	Conventions (sponsor's risk)
314	79112		Dance Halls - no admission charge
314	79301		Dance Halls - no admission charge
334		11270	Dance Halls or Ballrooms

EXHIBIT 24

Page 10

RECREATIONAL LIABILITY

<u>Class Code</u>			
<u>Subline</u>	<u>Old</u>	<u>New</u>	<u>Description</u>
314	86414Ø		Day Camps and Youth Recreation Programs
			Ø Code 86414 also includes: "Fair Grounds - non operating season" and "Parks or Play Grounds - Not Otherwise Classified"
314	79467		Dog Shows - outside
314	70323		Dude Ranches
334		43117	Dude Ranches
314	80996		Exercise or Health Institutes
334		44311	Exercise or Health Clubs
<u>Exhibitions</u>			
314	79435		Exhibitions or Convention Buildings or Armories
334		63212	Exhibition or Convention Buildings
334		63213	Exhibitions in Buildings - Not Otherwise Classified
314	79499		Exhibition - in Buildings - trade or educational exhibi- tions - no admission charge
334		63214	Exhibitions - in Buildings - no admission charge
314	79418		Exhibitions - Not Otherwise Classified - outside - no stadiums or grandstands

EXHIBIT 24

Page 11

RECREATIONAL LIABILITY

<u>Class Code</u>			
<u>Subline</u>	<u>Old</u>	<u>New</u>	<u>Description</u>
314	79462		Exhibitions - Not Otherwise Classified - outside - in stadiums or on premises having grandstands - ushers not provided by insured
334		43421	Exhibitions - outside - in stadiums or on premises having grandstands not erected by or for insured - ushers not provided by insured
314	79413Ø		Exhibitions - Not Otherwise Classified - outside - in stadiums or grandstands - ushers provided by insured  ØCode 79413 also includes: "Stadiums - Not Otherwise Classified - operated by insured"
334		43424	Exhibitions - outside - no stadiums or grandstands
334		43422	Exhibitions - outside - in stadiums or on premises having grandstands - ushers provided by insured
334		43517	Fair Grounds - non operating season
314	79465		Fairs - outside
334		43518	Fairs - outside (operator's risk only)
314	79463		Fireworks exhibitions - contractor's risk only

EXHIBIT 24

Page 12

RECREATIONAL LIABILITY

<u>Class Code</u>			
<u>Subline</u>	<u>Old</u>	<u>New</u>	<u>Description</u>
334		43626	Fireworks exhibitions - contractor's risk only
314	79461		Fireworks exhibition - sponsor's risk only
334		43627	Fireworks exhibition - sponsor's risk only
314	79407		Firing ranges - indoor - not amusement parks or shooting galleries
<u>Fishing</u>			
314	44637		Fishing Piers - commercially operated - no boats rented by insured
334		43754	Fishing Piers
314	79478		Fishing Ponds or Lakes - commercially operated - includes boats rented
334		43760	Fishing Ponds or Lakes - commercially operated
314	44636		Fishing Ponds or Lakes - commercially operated - no boats rented by insured
<u>Golf</u>			
334		44071	Golf Driving Ranges
314	79497		Golf Courses - miniature
334		44069	Golf Courses - miniature
314	79420		Golf Courses - municipal or public - not golf or country club

EXHIBIT 24

Page 13

RECREATIONAL LIABILITY

<u>Class Code</u>			
<u>Subline</u>	<u>Old</u>	<u>New</u>	<u>Description</u>
334		44070	Golf Courses - municipal or public - not golf or country club
314	79410		Golfmobiles - loaned or rented to others
334		44072	Golfmobiles - loaned or rented to others
314	79433		Additional Charge Class under Golf Courses: "Golfmobiles loaned or rented to others"
<hr/>			
334		44192	Grandstands or Bleachers
314	93120		Halls - Not Otherwise Classified
334		44275	Halls
314	79466		Horse shows - outside
314	07410		Hunting on insured premises for a charge
334		45223	Hunting preserves
334		45522	Lakes or reservoirs - existence hazard only
314	82310Ø		Libraries Ø Code 82310 also includes: "Museums" and "Mausoleums"
334		66309	Libraries
314	79302		Model Airplane Contests

## EXHIBIT 24

Page 14

## RECREATIONAL LIABILITY

<u>Class Code</u>			
<u>Subline</u>	<u>Old</u>	<u>New</u>	<u>Description</u>
334		46425	Museums
334		15655	Nightclubs, cabarets and discotheques
314	79303		Parades
334		46590	Parades (Note: does <u>not</u> apply to parades organized or sponsored by a governmental body)
334		46671	Parks or Playgrounds (Note: does <u>not</u> apply to parks or playgrounds owned by a governmental body)
314	79305		Picnic Grounds - commercially operated
334		46773	Picnic Grounds - commercially operated
<u>Racing: Auto, horse, dog, etc.</u>			
314	79483		Horse racing, dog racing, race tracks
334		46911	Race tracks - motorized vehicles - operators
314	79482		Auto racing - midget and not midget; Motorcycle Racing
334		46912	Race Tracks - Not Otherwise Classified - operators
334		46913	Race tracks - motorized vehicles (lessor's risk only)
334		46914	Racing - Not Otherwise Classified (lessor's risk only)

## EXHIBIT 24

Page 15

## RECREATIONAL LIABILITY

Class Code

<u>Subline</u>	<u>Old</u>	<u>New</u>	<u>Description</u>
334		46915	Race Tracks - motorized vehicles (sponsor's risk only)
334		46916	Racing - Not Otherwise Classified (sponsor's risk only)
334		47221	Riding academies
314	86411Ø		Recreation Centers Ø Code 86411 includes: "YMCA and YWCA Institutions"
314	79255		Rifle Ranges - indoor - not on insured premises
334		47253	Rifle or Pistol Ranges - indoor
314	79308		Rifle Ranges - open air - private - away from other premises - owned or operated by the insured
334		47254	Rifle or Pistol Ranges - Not Otherwise Classified
314	79468		Rodeos - includes parades
334		47318	Rodeos
314	79451		Skating Rinks - ice
334		48177	Skating Rinks - ice
314	79452		Skating Rinks - roller
334		48178	Skating Rinks - roller
314	79444		Skeet shooting or trap shooting ranges
334		48206	Skeet shooting or trap shooting ranges

G. Calendar year incurred losses  
 [ A(1) + A(2) + B(1) + B(2) -  
 C + D(1) + D(2) - E ]

\_\_\_\_\_

5. Number of claims closed with payment during the calendar year

\_\_\_\_\_

6. Number of open claims at the end of the calendar year

\_\_\_\_\_

7. Investment income allocated to this line or subclassification (in dollars)

\_\_\_\_\_

8. Have you sought to write or obtain new business within this line or subclassification within the past year?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. A. Are rates for this line or subclassification filed on your behalf by a rate service organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, indicate:

1. Name of Organization: ISO \_\_\_\_\_ AAIS \_\_\_\_\_

2. Edition dates(s) of rates in use as of December 31, 1988 (indicate month and year) \_\_\_\_\_.

3. Applicable deviation in effect as of December 31, 1988 \_\_\_\_\_ (indicate whether deviation is downward or upward, using " - " or " + ").

4. What percentage of 1988 written premium is based on:

Rate Service Organization Rates	_____%
Independent Rates	_____
Total	<u>100%</u>

10. A. Do you apply schedule, expense, experience, and/or package modifications to eligible risks?

1. Schedule	Yes _____	No _____
2. Expense	Yes _____	No _____
3. Experience	Yes _____	No _____
4. Package Modification	Yes _____	No _____

## EXHIBIT 24

Page 16

## RECREATIONAL LIABILITY

<u>Class Code</u>			
<u>Subline</u>	<u>Old</u>	<u>New</u>	<u>Description</u>
314	41191		Ski lifts or tows - including ski runs - commercially operated
334		48252	Ski lifts, Tows or Runs
314	70324		Ski lifts or Tows - not commercial
314	79481		Soap box derbies - without seating arrangements for spectators
334		48441	Soap Box Derbies
314	79111		Social Gatherings and Meetings - on premises not owned or operated by the insured
334		48556	Social Gatherings and Meetings - on premises not owned or operated by the insured
334		99111	Stables - boarding, livery, acing
314	79413		Stadiums - Not Otherwise Classified - operated by insured
314	79414		Stadiums - Not Otherwise Classified - operated by insured
334		48634	Stadiums - operated by insured
334		48808	Sun Tanning Salons
314	72995		Tents - loaned or rented to others

EXHIBIT 24

Page 17

RECREATIONAL LIABILITY

<u>Class Code</u>			
<u>Subline</u>	<u>Old</u>	<u>New</u>	<u>Description</u>
334		49111	Tents or Canopies - loaned or rented to others
<u>Theaters</u>			
314	78821		Theaters - Not Otherwise Classified
334		49182	Theaters - Not Otherwise Classified
314	78330		Theaters - drive-in - admissions
334		49181	Theaters - drive-in - admissions
314	78331		Theaters - drive-in - receipts
334		49183	Theaters - motion picture
314	78329		Theaters (not drive-in) - Halls or Auditoriums - not operated by insured (lessor's risk only)
314	78320		Theaters - motion picture
<hr/>			
334		99718	Theatrical Companies - traveling
314	70324		Toboggan Slides - not commercial
334		49333	Travel Agency Tours
314	70329		Vacation Farms

EXHIBIT 24

Page 18

RECREATIONAL LIABILITY

<u>Subline</u>	<u>Class Code</u>	<u>Old</u>	<u>New</u>	<u>Description</u>
334			49870	YMCA, YWCA or similar institutions
334			49889	Youth Recreation Programs
314	07292			Additional Charge Class under Parks or Playgrounds - Not Otherwise Classified: "Zoos"
334			49901	Zoos

**EXHIBIT 25**

**SUPPLEMENTAL REPORT REQUIRED BY VIRGINIA CODE SECTION 38.2-1905.2  
FOR CERTAIN LINES OR SUBCLASSIFICATIONS OF LIABILITY INSURANCE**

BY ORDER OF THE STATE CORPORATION COMMISSION THIS REPORT IS DUE ON OR BEFORE MAY 1, 1989, AT THE STATE CORPORATION COMMISSION BUREAU OF INSURANCE, P. O. BOX 1157, RICHMOND, VIRGINIA 23209.

All insurers licensed to write the classes of insurance defined in Section 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) shall file a report showing their direct experience in the Commonwealth attributable to the line or subclassification of liability insurance below which has been designated by the Commission in accordance with subsection B of Section 38.2-1905.1.

For the line or subclassification designated, provide the information requested:

Line or Subclassification: Rental Stores (machinery or equipment) Liability

Insurer: \_\_\_\_\_

Market Definition Number 00023 NAIC# \_\_\_\_\_ (Each insurer must report separately, group reports are not permitted)

CSP Code(s) See Attached

	Calendar Year				
	1984	1985	1986	1987	1988
1. Number of policies written	_____	_____	_____	_____	_____
2. Direct premium written	_____	_____	_____	_____	_____
3. Direct premium earned	_____	_____	_____	_____	_____
4. Direct losses incurred					
A. Direct losses paid during the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
B. Reserves for reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
C. Reserves for reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
D. Reserves for incurred but not reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
E. Reserves for incurred but not reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
F. Accident year incurred losses [ A(1) + B(1) + D(1) ]	_____	_____	_____	_____	_____

G. Calendar year incurred losses

[ A(1) + A(2) + B(1) + B(2) -  
C + D(1) + D(2) - E ]

5. Number of claims closed with payment during the calendar year

6. Number of open claims at the end of the calendar year

7. Investment income allocated to this line or subclassification (in dollars)

8. Have you sought to write or obtain new business within this line or subclassification within the past year?

Yes \_\_\_\_\_ No \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

- Note:
1. All figures are to be reported in whole numbers or dollars. Do not include dollar signs, decimal points, or commas.
  2. Losses exclude all loss adjustment expenses.
  3. For Item 1, policies written for other than a 12 month term should be adjusted to an annual basis.

EXHIBIT 25

RENTAL STORES (machinery or equipment) LIABILITY

Class Code

<u>Subline</u>	<u>Old</u>	<u>New</u>	<u>Description</u>
334		16722	Rental Stores
334		16723	Rental Stores - machinery or equipment - rented to others on a long-term basis
314	73918		Machinery or Equipment rented to others on a long term basis

**EXHIBIT 26**

**SUPPLEMENTAL REPORT REQUIRED BY VIRGINIA CODE SECTION 38.2-1905.2  
FOR CERTAIN LINES OR SUBCLASSIFICATIONS OF LIABILITY INSURANCE**

BY ORDER OF THE STATE CORPORATION COMMISSION THIS REPORT IS DUE ON OR BEFORE MAY 1, 1989, AT THE STATE CORPORATION COMMISSION BUREAU OF INSURANCE, P. O. BOX 1157, RICHMOND, VIRGINIA 23209.

All insurers licensed to write the classes of insurance defined in Section 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) shall file a report showing their direct experience in the Commonwealth attributable to the line or subclassification of liability insurance below which has been designated by the Commission in accordance with subsection B of Section 38.2-1905.1.

For the line or subclassification designated, provide the information requested:

Line or Subclassification: School Board Errors and Omissions Liability

Insurer: \_\_\_\_\_

Market Definition Number 00024 NAIC# \_\_\_\_\_ (Each insurer must report separately, group reports are not permitted)

CSP Code(s) All Classes

	Calendar Year				
	1984	1985	1986	1987	1988
1. Number of policies written	_____	_____	_____	_____	_____
2. Direct premium written	_____	_____	_____	_____	_____
3. Direct premium earned	_____	_____	_____	_____	_____
4. Direct losses incurred					
A. Direct losses paid during the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
B. Reserves for reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
C. Reserves for reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
D. Reserves for incurred but not reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
E. Reserves for incurred but not reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
F. Accident year incurred losses [ A(1) + B(1) + D(1) ]	_____	_____	_____	_____	_____

G. Calendar year incurred losses  
[ A(1) + A(2) + B(1) + B(2) -  
C + D(1) + D(2) - E ]

\_\_\_\_\_

5. Number of claims closed with payment during the calendar year

\_\_\_\_\_

6. Number of open claims at the end of the calendar year

\_\_\_\_\_

7. Investment income allocated to this line or subclassification (in dollars)

\_\_\_\_\_

8. Have you sought to write or obtain new business within this line or subclassification within the past year?

Yes \_\_\_\_\_ No \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

- Note:
1. All figures are to be reported in whole numbers or dollars. Do not include dollar signs, decimal points, or commas.
  2. Losses exclude all loss adjustment expenses.
  3. For Item 1, policies written for other than a 12 month term should be adjusted to an annual basis.

**EXHIBIT 27**

**SUPPLEMENTAL REPORT REQUIRED BY VIRGINIA CODE SECTION 38.2-1905.2  
FOR CERTAIN LINES OR SUBCLASSIFICATIONS OF LIABILITY INSURANCE**

**BY ORDER OF THE STATE CORPORATION COMMISSION THIS REPORT IS DUE ON OR BEFORE MAY 1, 1989, AT THE STATE CORPORATION COMMISSION BUREAU OF INSURANCE, P. O. BOX 1157, RICHMOND, VIRGINIA 23209.**

All insurers licensed to write the classes of insurance defined in Section 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) shall file a report showing their direct experience in the Commonwealth attributable to the line or subclassification of liability insurance below which has been designated by the Commission in accordance with subsection B of Section 38.2-1905.1.

For the line or subclassification designated, provide the information requested:

Line or Subclassification: School Divisions Liability

Insurer: \_\_\_\_\_

Market Definition Number 00025 NAIC# \_\_\_\_\_ (Each insurer must report separately, group reports are not permitted)

CSP Code(s) See Attached

	Calendar Year				
	1984	1985	1986	1987	1988
1. Number of policies written	_____	_____	_____	_____	_____
2. Direct premium written	_____	_____	_____	_____	_____
3. Direct premium earned	_____	_____	_____	_____	_____
4. Direct losses incurred					
A. Direct losses paid during the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
B. Reserves for reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
C. Reserves for reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
D. Reserves for incurred but not reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
E. Reserves for incurred but not reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
F. Accident year incurred losses [ A(1) + B(1) + D(1) ]	_____	_____	_____	_____	_____

G. Calendar year incurred losses  
 [ A(1) + A(2) + B(1) + B(2) -  
 C + D(1) + D(2) - E ]

\_\_\_\_\_

5. Number of claims closed with payment during the calendar year

\_\_\_\_\_

6. Number of open claims at the end of the calendar year

\_\_\_\_\_

7. Investment income allocated to this line or subclassification (in dollars)

\_\_\_\_\_

8. Have you sought to write or obtain new business within this line or subclassification within the past year?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. A. Are rates for this line or subclassification filed on your behalf by a rate service organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, indicate:

1. Name of Organization: ISO \_\_\_\_\_ AAIS \_\_\_\_\_

2. Edition dates(s) of rates in use as of December 31, 1988 (indicate month and year)\_\_\_\_\_.

3. Applicable deviation in effect as of December 31, 1988 \_\_\_\_\_ (indicate whether deviation is downward or upward, using " - " or " + ").

4. What percentage of 1988 written premium is based on:

Rate Service Organization Rates \_\_\_\_\_%

Independent Rates \_\_\_\_\_

Total 100%

10. A. Do you apply schedule, expense, experience, and/or package modifications to eligible risks?

1. Schedule Yes \_\_\_\_\_ No \_\_\_\_\_

2. Expense Yes \_\_\_\_\_ No \_\_\_\_\_

3. Experience Yes \_\_\_\_\_ No \_\_\_\_\_

4. Package Modification Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, indicate:

1. The maximum schedule credits and/or debits allowed  
(+)\_\_\_\_% to (-) \_\_\_\_%
2. The maximum expense credits allowed  
(-)\_\_\_\_%
3. The package modification factor \_\_\_\_\_ (show as a multiplier,  
such as .90, .85, or  
1.00)

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

- Note:
1. All figures are to be reported in whole numbers or dollars. Do not include dollar signs, decimal points, or commas.
  2. Losses exclude all loss adjustment expenses.
  3. For Item 1, policies written for other than a 12 month term should be adjusted to an annual basis.

EXHIBIT 27

SCHOOL DIVISIONS LIABILITY

<u>Class Code</u>			
<u>Subline</u>	<u>Old</u>	<u>New</u>	<u>Description</u>
314	82113		Schools - high or junior colleges - public - Not Otherwise Classified
334		47473	Schools - public - high
314	93221		Schools - elementary, kindergarten, junior high - public
334		47471	Schools - public - elementary, kindergarten, junior high
314	82420		Schools - manual training, trade, vocational - public or private
334		47474	Schools - trade or vocational
314	82116		Schools - Not Otherwise Classified
334		67507	Schools - Not Otherwise Classified
314	82210		Schools - colleges, universities or college preparatory
334		67505	Schools - colleges, universities, junior colleges, or college preparatory

EXHIBIT 28

SUPPLEMENTAL REPORT REQUIRED BY VIRGINIA CODE SECTION 38.2-1905.2  
FOR CERTAIN LINES OR SUBCLASSIFICATIONS OF LIABILITY INSURANCE

BY ORDER OF THE STATE CORPORATION COMMISSION THIS REPORT IS DUE ON OR BEFORE MAY 1, 1989, AT THE STATE CORPORATION COMMISSION BUREAU OF INSURANCE, P. O. BOX 1157, RICHMOND, VIRGINIA 23209.

All insurers licensed to write the classes of insurance defined in Section 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) shall file a report showing their direct experience in the Commonwealth attributable to the line or subclassification of liability insurance below which has been designated by the Commission in accordance with subsection B of Section 38.2-1905.1.

For the line or subclassification designated, provide the information requested:

Line or Subclassification: Security and Alarm Systems Liability

Insurer: \_\_\_\_\_

Market Definition Number 00026 NAIC# \_\_\_\_\_ (Each insurer must report separately, group reports are not permitted)

CSP Code(s) See Attached

	Calendar Year				
	1984	1985	1986	1987	1988
1. Number of policies written	_____	_____	_____	_____	_____
2. Direct premium written	_____	_____	_____	_____	_____
3. Direct premium earned	_____	_____	_____	_____	_____
4. Direct losses incurred					
A. Direct losses paid during the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
B. Reserves for reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
C. Reserves for reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
D. Reserves for incurred but not reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
E. Reserves for incurred but not reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
F. Accident year incurred losses [ A(1) + B(1) + D(1) ]	_____	_____	_____	_____	_____

G. Calendar year incurred losses  
 [ A(1) + A(2) + B(1) + B(2) -  
 C + D(1) + D(2) - E ]

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Number of claims closed with payment during the calendar year

6. Number of open claims at the end of the calendar year

7. Investment income allocated to this line or subclassification (in dollars)

8. Have you sought to write or obtain new business within this line or subclassification within the past year?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. A. Are rates for this line or subclassification filed on your behalf by a rate service organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, indicate:

1. Name of Organization: ISO \_\_\_\_\_ AAIS \_\_\_\_\_

2. Edition date(s) of rates in use as of December 31, 1988 (indicate month and year) \_\_\_\_\_.

3. Applicable deviation in effect as of December 31, 1988 \_\_\_\_\_ (indicate whether deviation is downward or upward, using " - " or " + ").

4. What percentage of 1988 written premium is based on:  
 Rate Service Organization Rates \_\_\_\_\_%  
 Independent Rates \_\_\_\_\_%

Total 100%

10. A. Do you apply schedule, expense, experience, and/or package modifications to eligible risks?

1. Schedule	Yes _____	No _____
2. Expense	Yes _____	No _____
3. Experience	Yes _____	No _____
4. Package Modification	Yes _____	No _____

B. If yes, indicate:

1. The maximum schedule credits and/or debits allowed  
(+) \_\_\_\_\_% to (-) \_\_\_\_\_%
2. The maximum expense credits allowed  
(-) \_\_\_\_\_%
3. The package modification factor \_\_\_\_\_ (show as a multiplier,  
such as .90, .85, or  
1.00)

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

- Note:
1. All figures are to be reported in whole numbers or dollars. Do not include dollar signs, decimal points, or commas.
  2. Losses exclude all loss adjustment expenses.
  3. For Item 1, policies written for other than a 12 month term should be adjusted to an annual basis.

EXHIBIT 28

SECURITY AND ALARM SYSTEMS INSTALLATION LIABILITY

Class Code

<u>Subline</u>	<u>Old</u>	<u>New</u>	<u>Description</u>
334		91127	Alarms and Alarm Systems - installation, servicing or repair
334		94381	Fire Suppression Systems - installation, servicing or repair
313	17165		Fire Protection Systems - installation, servicing or repair (Fire Extinguishers- servicing, refilling or testing - not sales)

EXHIBIT 29

SUPPLEMENTAL REPORT REQUIRED BY VIRGINIA CODE SECTION 38.2-1905.2  
FOR CERTAIN LINES OR SUBCLASSIFICATIONS OF LIABILITY INSURANCE

BY ORDER OF THE STATE CORPORATION COMMISSION THIS REPORT IS DUE ON OR BEFORE MAY 1, 1989, AT THE STATE CORPORATION COMMISSION BUREAU OF INSURANCE, P. O. BOX 1157, RICHMOND, VIRGINIA 23209.

All insurers licensed to write the classes of insurance defined in Section 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) shall file a report showing their direct experience in the Commonwealth attributable to the line or subclassification of liability insurance below which has been designated by the Commission in accordance with subsection B of Section 38.2-1905.1.

For the line or subclassification designated, provide the information requested:

Line or Subclassification: Security Guards Liability

Insurer: \_\_\_\_\_

Market Definition Number 00027 NAIC# \_\_\_\_\_ (Each insurer must report separately, group reports are not permitted)

CSP Code(s) See Attached

	Calendar Year				
	1984	1985	1986	1987	1988
1. Number of policies written	_____	_____	_____	_____	_____
2. Direct premium written	_____	_____	_____	_____	_____
3. Direct premium earned	_____	_____	_____	_____	_____
4. Direct losses incurred					
A. Direct losses paid during the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
B. Reserves for reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
C. Reserves for reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
D. Reserves for incurred but not reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
E. Reserves for incurred but not reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
F. Accident year incurred losses [ A(1) + B(1) + D(1) ]	_____	_____	_____	_____	_____

G. Calendar year incurred losses

[ A(1) + A(2) + B(1) + B(2) -  
C + D(1) + D(2) - E ]

\_\_\_\_\_

5. Number of claims closed with payment during the calendar year

\_\_\_\_\_

6. Number of open claims at the end of the calendar year

\_\_\_\_\_

7. Investment income allocated to this line or subclassification (in dollars)

\_\_\_\_\_

8. Have you sought to write or obtain new business within this line or subclassification within the past year?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. A. Are rates for this line or subclassification filed on your behalf by a rate service organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, indicate:

1. Name of Organization: ISO \_\_\_\_\_ AAIS \_\_\_\_\_

2. Edition dates(s) of rates in use as of December 31, 1988 (indicate month and year) \_\_\_\_\_.

3. Applicable deviation in effect as of December 31, 1988 \_\_\_\_\_ (indicate whether deviation is downward or upward, using " - " or " + ").

4. What percentage of 1988 written premium is based on:

Rate Service Organization Rates \_\_\_\_\_%

Independent Rates \_\_\_\_\_

Total 100%

10. A. Do you apply schedule, expense, experience, and/or package modifications to eligible risks?

1. Schedule Yes \_\_\_\_\_ No \_\_\_\_\_

2. Expense Yes \_\_\_\_\_ No \_\_\_\_\_

3. Experience Yes \_\_\_\_\_ No \_\_\_\_\_

4. Package Modification Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, indicate:

1. The maximum schedule credits and/or debits allowed  
(+) \_\_\_\_\_% to (-) \_\_\_\_\_%
2. The maximum expense credits allowed  
(-) \_\_\_\_\_%
3. The package modification factor \_\_\_\_\_ (show as a multiplier,  
such as .90, .85, or  
1.00)

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

- Note:
1. All figures are to be reported in whole numbers or dollars. Do not include dollar signs, decimal points, or commas.
  2. Losses exclude all loss adjustment expenses.
  3. For Item 1, policies written for other than a 12 month term should be adjusted to an annual basis.

EXHIBIT 29

SECURITY GUARDS LIABILITY

<u>Subline</u>	<u>Class Code</u>	<u>Old</u>	<u>New</u>	<u>Description</u>
313		73902		Patrol Agencies
334			98751	Security and Patrol agencies

EXHIBIT 30

SUPPLEMENTAL REPORT REQUIRED BY VIRGINIA CODE SECTION 38.2-1905.2  
FOR CERTAIN LINES OR SUBCLASSIFICATIONS OF LIABILITY INSURANCE

BY ORDER OF THE STATE CORPORATION COMMISSION THIS REPORT IS DUE ON OR BEFORE MAY 1, 1989, AT THE STATE CORPORATION COMMISSION BUREAU OF INSURANCE, P. O. BOX 1157, RICHMOND, VIRGINIA 23209.

All insurers licensed to write the classes of insurance defined in Section 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) shall file a report showing their direct experience in the Commonwealth attributable to the line or subclassification of liability insurance below which has been designated by the Commission in accordance with subsection B of Section 38.2-1905.1.

For the line or subclassification designated, provide the information requested:

Line or Subclassification: Sewage Treatment Plants Liability

Insurer: \_\_\_\_\_

Market Definition Number 00028 NAIC# \_\_\_\_\_ (Each insurer must report separately, group reports are not permitted)

CSP Code(s) See Attached

	Calendar Year				
	1984	1985	1986	1987	1988
1. Number of policies written	_____	_____	_____	_____	_____
2. Direct premium written	_____	_____	_____	_____	_____
3. Direct premium earned	_____	_____	_____	_____	_____
4. Direct losses incurred					
A. Direct losses paid during the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
B. Reserves for reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
C. Reserves for reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
D. Reserves for incurred but not reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
E. Reserves for incurred but not reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
F. Accident year incurred losses [ A(1) + B(1) + D(1) ]	_____	_____	_____	_____	_____

G. Calendar year incurred losses  
 [ A(1) + A(2) + B(1) + B(2) -  
 C + D(1) + D(2) - E ]

\_\_\_\_\_

5. Number of claims closed with payment during the calendar year

\_\_\_\_\_

6. Number of open claims at the end of the calendar year

\_\_\_\_\_

7. Investment income allocated to this line or subclassification (in dollars)

\_\_\_\_\_

8. Have you sought to write or obtain new business within this line or subclassification within the past year?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. A. Are rates for this line or subclassification filed on your behalf by a rate service organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, indicate:

1. Name of Organization: ISO \_\_\_\_\_ AAIS \_\_\_\_\_

2. Edition dates(s) of rates in use as of December 31, 1988 (indicate month and year)\_\_\_\_\_.

3. Applicable deviation in effect as of December 31, 1988 \_\_\_\_\_ (indicate whether deviation is downward or upward, using " - " or " + ").

4. What percentage of 1988 written premium is based on:  
 Rate Service Organization Rates \_\_\_\_\_%  
 Independent Rates \_\_\_\_\_%  
 Total 100%

10. A. Do you apply schedule, expense, experience, and/or package modifications to eligible risks?

1. Schedule Yes \_\_\_\_\_ No \_\_\_\_\_  
 2. Expense Yes \_\_\_\_\_ No \_\_\_\_\_  
 3. Experience Yes \_\_\_\_\_ No \_\_\_\_\_  
 4. Package Modification Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, indicate:

1. The maximum schedule credits and/or debits allowed  
(+) \_\_\_\_\_% to (-) \_\_\_\_\_%
2. The maximum expense credits allowed  
(-) \_\_\_\_\_%
3. The package modification factor \_\_\_\_\_ (show as a multiplier,  
such as .90, .85, or  
1.00)

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

- Note:
1. All figures are to be reported in whole numbers or dollars. Do not include dollar signs, decimal points, or commas.
  2. Losses exclude all loss adjustment expenses.
  3. For Item 1, policies written for other than a 12 month term should be adjusted to an annual basis.

EXHIBIT 30

SEWAGE TREATMENT PLANTS LIABILITY

Class Code

<u>Subline</u>	<u>Old</u>	<u>New</u>	<u>Description</u>
313	49521		Sewage Disposal - plant operation
334		98810	Sewage Treatment Plants

EXHIBIT 31

SUPPLEMENTAL REPORT REQUIRED BY VIRGINIA CODE SECTION 38.2-1905.2  
FOR CERTAIN LINES OR SUBCLASSIFICATIONS OF LIABILITY INSURANCE

BY ORDER OF THE STATE CORPORATION COMMISSION THIS REPORT IS DUE ON OR BEFORE MAY 1, 1989, AT THE STATE CORPORATION COMMISSION BUREAU OF INSURANCE, P. O. BOX 1157, RICHMOND, VIRGINIA 23209.

All insurers licensed to write the classes of insurance defined in Section 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) shall file a report showing their direct experience in the Commonwealth attributable to the line or subclassification of liability insurance below which has been designated by the Commission in accordance with subsection B of Section 38.2-1905.1.

For the line or subclassification designated, provide the information requested:

Line or Subclassification: Underground Tanks Liability

Insurer: \_\_\_\_\_

Market Definition Number 00029 NAIC# \_\_\_\_\_ (Each insurer must report separately, group reports are not permitted)

CSP Code(s) All Classes

	Calendar Year				
	1984	1985	1986	1987	1988
1. Number of policies written	_____	_____	_____	_____	_____
2. Direct premium written	_____	_____	_____	_____	_____
3. Direct premium earned	_____	_____	_____	_____	_____
4. Direct losses incurred					
A. Direct losses paid during the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
B. Reserves for reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
C. Reserves for reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
D. Reserves for incurred but not reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
E. Reserves for incurred but not reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
F. Accident year incurred losses [ A(1) + B(1) + D(1) ]	_____	_____	_____	_____	_____

G. Calendar year incurred losses  
[ A(1) + A(2) + B(1) + B(2) -  
C + D(1) + D(2) - E ]

\_\_\_\_\_

5. Number of claims closed with payment  
during the calendar year

\_\_\_\_\_

6. Number of open claims at the end of the  
calendar year

\_\_\_\_\_

7. Investment income allocated to this line  
or subclassification (in dollars)

\_\_\_\_\_

8. Have you sought to write or obtain new business within this line or subclassification  
within the past year?

Yes \_\_\_\_\_

No \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

- Note:
1. All figures are to be reported in whole numbers or dollars. Do not include dollar signs, decimal points, or commas.
  2. Losses exclude all loss adjustment expenses.
  3. For Item 1, policies written for other than a 12 month term should be adjusted to an annual basis.

EXHIBIT 32

SUPPLEMENTAL REPORT REQUIRED BY VIRGINIA CODE SECTION 38.2-1905.2  
FOR CERTAIN LINES OR SUBCLASSIFICATIONS OF LIABILITY INSURANCE

BY ORDER OF THE STATE CORPORATION COMMISSION THIS REPORT IS DUE ON OR BEFORE MAY 1, 1989, AT THE STATE CORPORATION COMMISSION BUREAU OF INSURANCE, P. O. BOX 1157, RICHMOND, VIRGINIA 23209.

All insurers licensed to write the classes of insurance defined in Section 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) shall file a report showing their direct experience in the Commonwealth attributable to the line or subclassification of liability insurance below which has been designated by the Commission in accordance with subsection B of Section 38.2-1905.1.

For the line or subclassification designated, provide the information requested:

Line or Subclassification: Volunteer Fire Departments and Rescue Squads Liability

Insurer: \_\_\_\_\_

Market Definition Number 00080 NAIC# \_\_\_\_\_ (Each insurer must report separately, group reports are not permitted)

CSP Code(s) See Attached

	Calendar Year				
	1984	1985	1986	1987	1988
1. Number of policies written	_____	_____	_____	_____	_____
2. Direct premium written	_____	_____	_____	_____	_____
3. Direct premium earned	_____	_____	_____	_____	_____
4. Direct losses incurred					
A. Direct losses paid during the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
B. Reserves for reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
C. Reserves for reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
D. Reserves for incurred but not reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
E. Reserves for incurred but not reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
F. Accident year incurred losses [ A(1) + B(1) + D(1) ]	_____	_____	_____	_____	_____

G. Calendar year incurred losses

[ A(1) + A(2) + B(1) + B(2) -  
C + D(1) + D(2) - E ]

\_\_\_\_\_

5. Number of claims closed with payment during the calendar year

\_\_\_\_\_

6. Number of open claims at the end of the calendar year

\_\_\_\_\_

7. Investment income allocated to this line or subclassification (in dollars)

\_\_\_\_\_

8. Have you sought to write or obtain new business within this line or subclassification within the past year?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. A. Are rates for this line or subclassification filed on your behalf by a rate service organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, indicate:

1. Name of Organization: ISO \_\_\_\_\_ AAIS \_\_\_\_\_

2. Edition date(s) of rates in use as of December 31, 1988 (indicate month and year)\_\_\_\_\_.

3. Applicable deviation in effect as of December 31, 1988 \_\_\_\_\_ (indicate whether deviation is downward or upward, using " - " or " + ").

4. What percentage of 1988 written premium is based on:

Rate Service Organization Rates \_\_\_\_\_%

Independent Rates \_\_\_\_\_

Total 100%

10. A. Do you apply schedule, expense, experience, and/or package modifications to eligible risks?

1. Schedule Yes \_\_\_\_\_ No \_\_\_\_\_

2. Expense Yes \_\_\_\_\_ No \_\_\_\_\_

3. Experience Yes \_\_\_\_\_ No \_\_\_\_\_

4. Package Modification Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, indicate:

1. The maximum schedule credits and/or debits allowed  
(+)\_\_\_\_% to (-) \_\_\_\_%
2. The maximum expense credits allowed  
(-)\_\_\_\_%
3. The package modification factor \_\_\_\_\_ (show as a multiplier,  
such as .90, .85, or  
1.00)

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

- Note:
1. All figures are to be reported in whole numbers or dollars. Do not include dollar signs, decimal points, or commas.
  2. Losses exclude all loss adjustment expenses.
  3. For Item 1, policies written for other than a 12 month term should be adjusted to an annual basis.

EXHIBIT 32

VOLUNTEER FIRE DEPARTMENTS AND RESCUE SQUADS LIABILITY

Class Code

<u>Subline</u>	<u>Old</u>	<u>New</u>	<u>Description</u>
314	93131		Firehouses
314	89970		Volunteer First Aid and Rescue Squads
334		43551	Fire Departments - volunteer
334		40030	Ambulance Service, First Aid or Rescue Squads

EXHIBIT 33

SUPPLEMENTAL REPORT REQUIRED BY VIRGINIA CODE SECTION 38.2-1905.2  
FOR CERTAIN LINES OR SUBCLASSIFICATIONS OF LIABILITY INSURANCE

BY ORDER OF THE STATE CORPORATION COMMISSION THIS REPORT IS DUE ON OR BEFORE MAY 1, 1989, AT THE STATE CORPORATION COMMISSION BUREAU OF INSURANCE, P. O. BOX 1157, RICHMOND, VIRGINIA 23209.

All insurers licensed to write the classes of insurance defined in Section 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) shall file a report showing their direct experience in the Commonwealth attributable to the line or subclassification of liability insurance below which has been designated by the Commission in accordance with subsection B of Section 38.2-1905.1.

For the line or subclassification designated, provide the information requested:

Line or Subclassification: Water Treatment Plants Liability

Insurer: \_\_\_\_\_

Market Definition Number 00031 NAIC# \_\_\_\_\_ (Each insurer must report separately,  
group reports are not permitted)

CSP Code(s) See Attached

	Calendar Year				
	1984	1985	1986	1987	1988
1. Number of policies written	_____	_____	_____	_____	_____
2. Direct premium written	_____	_____	_____	_____	_____
3. Direct premium earned	_____	_____	_____	_____	_____
4. Direct losses incurred					
A. Direct losses paid during the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
B. Reserves for reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
C. Reserves for reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
D. Reserves for incurred but not reported losses at the end of the calendar year					
(1) for the current accident year	_____	_____	_____	_____	_____
(2) for prior accident years	_____	_____	_____	_____	_____
E. Reserves for incurred but not reported losses at the end of the previous calendar year	_____	_____	_____	_____	_____
F. Accident year incurred losses [ A(1) + B(1) + D(1) ]	_____	_____	_____	_____	_____

EXHIBIT 33

WATER TREATMENT PLANTS LIABILITY

Class Code

<u>Subline</u>	<u>Old</u>	<u>New</u>	<u>Description</u>
334		99943	Water Companies
313	49411		Water Works - including outside salesmen, collectors and meter readers

EXHIBIT 34

INSURER \_\_\_\_\_ NAIC # \_\_\_\_\_

Enter a zero beside the lines and/or subclassifications of liability insurance where you have no written premium in 1988.

- 00001 Architects and Engineers Professional Liability \_\_\_\_\_
- 00002 Asbestos Abatement Contractors Liability \_\_\_\_\_
- 00003 Commercial Contractors Liability \_\_\_\_\_
- 00004 Dams (existence hazard) Liability \_\_\_\_\_
- 00005 Day Care Liability \_\_\_\_\_
- 00006 Detective or Investigative Agencies Liability (private) \_\_\_\_\_
- 00007 Directors and Officers Liability \_\_\_\_\_
- 00008 Environmental Impairment Liability \_\_\_\_\_
- 00009 Gas Companies Liability \_\_\_\_\_
- 00010 Insurance Agents Professional Liability \_\_\_\_\_
- 00011 Landfill Liability \_\_\_\_\_
- 00012 Law Enforcement Agencies Liability \_\_\_\_\_
- 00013 Lawyers Professional Liability \_\_\_\_\_
- 00014 Liquor Liability \_\_\_\_\_
- 00015 Medical Professional Liability \_\_\_\_\_
- 00016 Municipal Liability \_\_\_\_\_
- 00017 Pest Control Liability \_\_\_\_\_
- 00018 Products and Completed Operations Liability \_\_\_\_\_
- 00019 Public Housing Liability \_\_\_\_\_
- 00020 Public Officials Errors and Omissions Liability \_\_\_\_\_
- 00021 Real Estate Agents Professional Liability \_\_\_\_\_
- 00022 Recreational Liability \_\_\_\_\_

EXHIBIT 34

Page 2

INSURER \_\_\_\_\_ NAIC # \_\_\_\_\_

00023	Rental Stores (machinery or equipment) Liability	_____
00024	School Board Errors and Omissions Liability	_____
00025	School Divisions Liability	_____
00026	Security and Alarm Systems Installation Liability	_____
00027	Security Guards Liability	_____
00028	Sewage Treatment Plants Liability	_____
00029	Underground Tanks Liability	_____
00030	Volunteer Fire Departments and Rescue Squads Liability	_____
00031	Water Treatment Plants Liability	_____

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_