

**COUNTY COUNCIL of BERKELEY
COUNTY, WEST VIRGINIA**

Request for Proposal (RFP)

For

Worker's Compensation Coverage

April, 2011

**REQUEST FOR PROPOSALS
REGARDING QUALIFICATION AND PRICE PROPOSALS FOR
BERKELEY COUNTY WORKER'S COMPENSATION INSURANCE**

The County Council of Berkeley County, West Virginia (herein referred to as the "County Council" or "Council") is requesting Qualification and Price Proposals from interested parties for Workers' Compensation insurance coverage for all County full and part-time employees.

The County Council (or its designated representatives) will be evaluating submissions to this request and will ultimately select a firm judged to be both responsible and responsive to the request in every way, including having offered the most beneficial, appropriate price proposals. The County Council reserves the right to interview some or all prospective firms to discuss qualifications & Experience/Technical Proposals as well as Price Proposals. The format for submittals, information regarding the scope of work, and selection criteria used by the County Council is available from the County Council Office, 400 W. Stephen Street, Suite 201, Martinsburg, WV 25410, or by telephone at 304-263-1923. Inquiries should be directed to Alan J. Davis, Deputy County Administrator, at (304) 267-5102.

A Pre-Proposal Conference will be held at 10:00 AM on Wednesday, April 20, 2011 in Room 205, Dunn Building, 400 W. Stephen Street, Martinsburg, WV, 25401. Attendance at this conference is not mandatory for those wishing to submit proposals, but it is strongly encouraged.

Three (3) copies of submittals of Qualification & Price information from interested businesses should be enclosed in a sealed opaque envelope marked "**Berkeley County Worker's Compensation Bid**". Proposals must be submitted and time-stamped into the County Council Office, Room 201, 400 W. Stephen Street, Martinsburg, WV, 25401 **no later than 4:00 p.m. on Wednesday; May 11, 2011.** Failure to provide the required information as requested in the RFP for Berkeley County's review may result in disqualification.

Proposals will be opened and entered into public record at 11:00 AM on Thursday, May 12, 2011 in the County Commission Meeting Room, 400 W. Stephen Street, Room 205, Martinsburg, WV, 25401.

Berkeley County shall make positive efforts to utilize Disadvantaged Business Enterprises for its supplies and services and shall allow these sources the maximum feasible opportunity to compete for contracts. Berkeley County does not discriminate on the basis of race, color, national origin, sex, religion, age or disability for the provision of services.

Berkeley County reserves the right to accept or reject any or all proposals, to waive technicalities, and to take whatever action is in the best interest of the Berkeley County Council.

I. INTRODUCTION:

Proposals are being requested from professional service firms to provide worker's compensation insurance to the employees of the County Council of Berkeley County, West Virginia, (hereinafter referred to as "County Council" or "Council"). Only written responses to this RFP shall be considered. All materials submitted shall become part of the proposal.

II. BACKGROUND:

Berkeley County is located in the eastern panhandle of West Virginia. According to 2010 Census information Berkeley County has a population of 104,169, making it the second-most populous county in West Virginia, behind Kanawha. Martinsburg is the County Seat.

The county lies adjacent to the Washington-Baltimore Metropolitan Area and is one of three counties in Hagerstown-Martinsburg, MD-WV Metropolitan Statistical Area.

Partly because of its proximity to Washington, D.C., Berkeley County is the fastest growing county in the State of West Virginia and among the fastest growing in the entire country.

Berkeley County is currently governed by a five (5) member County Council. The annual budget for FY2011 is approximately \$24 million. There are currently two-hundred fifty eight (258) full and part-time employees.

III. COVERAGE DESCRIPTION

The County Council requests that interested parties provide worker's compensation insurance coverage price quotations based on the following information.

Coverage/Amounts:

❖ Part One-Workers Compensation

Provide statutory benefits as required by the State of West Virginia.

❖ Part Two-Employer Liability

\$1,000,000 – Bodily Injury by Accident/Each Accident

\$1,000,000 – Bodily Injury by Disease/Each Employee

\$1,000,000 – Bodily Injury by Disease/Policy Limit

Covers sums which the employer is legally liable to pay as damages arising out of bodily injury sustained by an employee in the course of employment.

❖ Broad Form Liability Endorsement

The Broad Form Liability Endorsement should be included in all proposals. This endorsement covers civil actions permitted under WV Code Section 2(d)(ii), Article 4, Chapter 23 relating to injuries arising out of unsafe working conditions.

Premium Basis:

Code	Classification	Payroll
7710	Firefighters and Drivers	\$240,000
7720	Police Officers & Drivers	\$2,439,300
8810	Clerical Office Employees NOC	\$2,576,400
8820	Attorney-All Employees & Clerical, Messengers, Drivers	\$1,061,900
9015	Building-Operation by Owner, Lessee or Real Estate Management Firm: All Other Employees	\$275,900
9410	Municipal, Township, County or State Employee NOC	\$1,649,500

Current Experience Modification : .96

Current Deductible: 0

Optional Deductible: \$1,000 deductible (medical only)

IV. Q&E / TECHNICAL PROPOSAL:

Respondent shall respond to and reference each section and subsection for portion(s) of RFP proposal. *At a minimum, your Qualifications and Experience Proposal shall include the following information. Failure to discuss each item may deem the submittal non-responsive and may result in non-consideration of respondent's services.*

A. Firm Information

1. Name, address, telephone number, fax number of firm and parent company, if any, from which the project will be managed.
2. Nature of firm and parent company, if any.

B. Firm Capabilities

1. Describe the size of your firm/project office as related to professional staff.
2. The County Council requires that the selected firm be available for the following:
 - The selected firm will meet with the designated County Official at a regularly prescribed time to discuss claim trends, claim payment problems, etc. Please explain your ability to fulfill this task.
 - The selected firm will have the resources available (either in-house or through the proposed workers compensation insurance company) to provide various types of safety training such as defensive driving, lock-out tag-out, etc. Please describe in detail the specific loss control resources that would be available to Berkeley County.

C. Firm Principals and Background

1. Submit the names, titles, and resumes of the "principal" staff member(s) who will be responsible for the service during the performance of the contract. Please assure that the information provided includes specialized experience and technical competence in providing relevant services to similar sized organizations during the past ten (10) years.
2. Describe in depth the operations team available to the "principal" staff member(s). Include an organizational chart of manpower, titles, qualifications, roles in contract performance, and availability for telephone consultations and on-site meetings.
3. Provide a list of at least three (3) but no more than five (5) relevant workers compensation insurance policies that the firm has successfully administered over the last ten years. This information must include the business name, contact person, address, email address, and phone number.

D. Miscellaneous Requirements:

All proposals must provide written proof that:

- The selected Company is licensed in the State of West Virginia to provide worker's compensation insurance coverage.
- The selected firm must have the proper West Virginia business license and all principals servicing the Berkeley County Worker's Compensation Program must be appropriately licensed to provide these services.
- The selected firm must show proof of adequate Errors and Omissions Insurance coverage.

- E. All technical proposals should include any conclusions, remarks and/or supplemental information that is pertinent to this request. Submitters are also required to provide written information regarding their inability to conform to any of the technical requirements listed above. Failure to do so will result in disqualification of proposal.

V. PRICE PROPOSAL:

A. At a minimum, your Price Proposal shall include the following:

1. A quotation of annual premium broken out as:
 - ❖ Worker's Compensation – No Deductible
 - ❖ Worker's Compensation - \$1,000 Deductible (medical only).
2. Fully executed Non-Collusion Certificate - Attachment A.
3. Any conclusions, remarks and/or supplemental information pertinent to this request.

VI. TERM OF CONTRACT:

- A. The initial term of this contract must be for one (1) year (July 1 – June30), commencing July 1, 2011, with the option to renew for two (2) additional one (1) year terms.
- B. If the Firm and/or Company awarded the bid subsequently fails to comply with the specifications, it will be given thirty (30) calendar days' notice to render satisfactory service. If at the expiration of such thirty (30) calendar days' notice, the unsatisfactory conditions have not been corrected, the County Council reserves the right to terminate the contract.

VII. USE OF EXISTING DOCUMENTS:

Berkeley County will cooperate to the fullest extent by making available to the Firm/Company all documents pertinent to this service that may be in the County Council's possession. Berkeley County makes no warranty as to the accuracy of existing documents nor will the County Council accept any responsibility for errors and omissions that may arise from the Firm/Consultant having relied upon them.

VIII. COMPENSATION TO THE CONSULTANT:

The Worker's Compensation Company shall invoice the County Commission on a mutually agreed upon schedule. Payment shall be made within thirty (30) calendar days of receipt of invoices as approved by the County.

IX. INSURANCE REQUIREMENTS:

Professional Liability – The Firm must show evidence of professional liability insurance coverage in the amount of one million (\$1,000,000) dollars, with a minimum coverage of one million (\$1,000,000) dollars per occurrence and one million (\$1,000,000) dollars aggregate and must include coverage for errors, omissions and negligent acts, prior to execution of a contract with Berkeley County.

X. SELECTION PROCESS:

- A. This solicitation is issued pursuant to the implementation of Berkeley County's Purchasing Policy. Berkeley County shall not be liable for any costs not included in the proposal, not contracted for subsequently, or in regard to preparation of your proposal.
- B. A Selection Committee appointed by the County Council will evaluate responses to this request and select those firms judged to be most qualified.
- C. It is the County Council's intent to open and review each firm's Qualifications & Experience/ Technical Proposal to determine a firm's qualifications, experience and technical approach to the services. If the Selection Committee determines that a firm's Qualifications & Experience/Technical Proposal is acceptable, than price will be considered.
- D. Since it is the County Council's desire to select the most qualified firm, the Selection Committee reserves the right to schedule oral presentations from those firms it deems most

qualified, to take place within ten (10) business days following notification.

E. Selection criteria to be used by the Committee are:

1. Responsiveness to the scope of work and these instructions;
2. Past performance of the firm including timely completion of services, compliance with scope of work performed within budgetary constraints, and user satisfaction;
3. Specialized experience and technical competence in performing relevant services in the past ten (10) years, including qualifications of staff members who will be involved in these services;
4. Oral presentations, if required;
5. Composition of the principals and staff assigned to provide these services, particularly the proposed manager and immediate staff, and their qualifications and experience with services such as that being proposed;
6. Adequacy of the personnel of the firm to accomplish the proposed scope of work in the required time;
7. Firm's capacity to perform the work, giving consideration to current workloads;
8. Firm's familiarity with problems applicable to this type of services;
9. References from previous clients, including size and scope of the services, name and telephone number of contact person.
10. Price Proposal.

XI. PROPOSALS AND AWARD SCHEDULE:

- A. Proposals received prior to the deadline will be treated as confidential, until receipt of all Proposals and opening of the same. Proposals received after the deadline will not be considered in the evaluation process and will be returned unopened.
- B. It is expected that the contract award will be made within forty-five (45) calendar days after the opening of proposals. The contract will be awarded to the Company whose proposal, conforming to this request, will be the most advantageous to Berkeley County.
- C. Proposals must give the full name and address of the proposer and the person signing the proposal shall indicate his or her title and/or authority to bind the firm in a contract.
- D. Proposals may not be altered or amended after they are opened.
- E. The approval or disapproval of the Company's Proposal will be determined by its response to this request and on past performance. No assumptions should be made on the part of the

Firm/Company as to this Committee's prior knowledge of their abilities.

- F. Berkeley County reserves the right to request clarification of information submitted and to request additional information of one or more applicants.

XII. TERMS AND CONDITIONS:

- A. The County Council reserves the right to reject any or all proposals or to award the contract to the next recommended Company if the successful Company fails to execute an agreement within ten (10) calendar days after being notified of the award of this proposal.
- B. Berkeley County reserves the right to request clarification of information submitted and to request additional information of one or more applicants.
- C. Any proposal may be withdrawn up until the date and time set within this RFP for the opening of the proposals. Any proposal not so withdrawn will constitute an irrevocable offer, for a period of ninety (90) calendar days, to sell to Berkeley County the services set forth above, in the manner and at the costs set forth.
- D. The selected Company shall be required to enter into a contract agreement with the County Council. Any agreement or contract resulting from the acceptance of the proposal shall be made on forms approved by the Berkeley County In-House Legal Director and shall contain, at a minimum, applicable provisions of this request for proposal. The County Council reserves the right to reject any agreement that does not conform to this request for proposal and any Berkeley County requirements for agreements or contracts.
- E. Selected Firm/Company shall not assign any interest in the contract and shall not transfer any interest in the same without prior written consent of the Berkeley County Council.
- F. No reports, information or data given to or prepared by the Firm/Company under this agreement shall be made available to any individual or organization by the Firm/Company without the prior written approval of the Berkeley County Council.
- G. Firms/Companies shall give specific attention to the identification of those portions of their proposals that they deem to be confidential, proprietary information or trade secrets and provide any justification why such materials, upon request, should not be disclosed by the County Council under the West Virginia Freedom of Information Act.
- H. Berkeley County shall not be liable for any costs incurred by the Firm/Company in regard to preparation of its proposal.
- I. Berkeley County reserves the right to request interviews.
- J. The County Council reserves the right to reject any and/or all proposals, to waive technicalities, and to take whatever action is in the best interest of the County.
- K. Berkeley County reserves the right to not hold discussions after award of the contract.

- L. By submitting a proposal, the Firm/Company agrees that it is satisfied, as a result of its own investigations of the conditions set forth in this request, and that it fully understands the obligations set forth therein.
- M. The Firm/Company shall abide by and comply with the true intent of the RFP and its Scope of Work and shall not take advantage of any unintentional error, ambiguity or omission, but shall fully complete every part as contemplated by the true intent and meaning of the scope of services described herein. Clarifications may be requested and dealt with at the Pre-Proposal Conference.
- N. The Firm/Company hereby represents and warrants:
1. That it is now, or will be by the time its Proposal is opened, qualified to do business in the State of West Virginia and that it will take such action as, from time to time hereafter, may be necessary to remain so qualified;
 2. That it is not in arrears with respect to the payment of any monies due and owing the State, or any department or agency thereof, including, but not limited to, the payment of taxes and employee benefits, and that it shall not fall into arrears during the term of the contract; that it shall comply with all federal, State, and local laws, ordinances, and legally enforceable rules and regulations applicable to its activities and obligations under the contract;
 3. That it shall procure, at its expense, all licenses, permits, insurance, and governmental approvals, if any, necessary to the performance of its obligations under the contract;
 4. That the facts and matters set forth hereafter in the contract and made a part hereof are true and correct.
- O. In addition to any other remedy available to Berkeley County, breach of any of the services contracted herein shall, at the election of the County Council, be grounds for termination of the contract. Failure of the County Council to terminate the contract shall not be considered or construed as either a waiver of such breach or as a waiver of any rights or remedies granted or available to Berkeley County.
- P. **HOLD HARMLESS/INDEMNIFICATION:** If a contract is awarded, the successful Firm/Company will be required to indemnify and hold Berkeley County, its agents and/or employees harmless from and against all liability and expenses, including attorney's fees, howsoever arising or incurred, alleging damage to property or injury to, or death of, any person arising out of or attributable to the Firm's/Company's performance of the contract awarded. Any property or work to be provided by the Firm/Company under the contemplated contract will remain at the Firm's/Company's risk until written acceptance by the County Council; and the Firm/Company will replace, at Firm's/Company's expense, all such property or work damaged or destroyed by any cause whatsoever, prior to its acceptance by the County.

Q. Termination for Convenience: Berkeley County may terminate this or any contract, in whole or in part, whenever the County Council determines that such termination is in the best interest of the County, without showing cause, upon giving 30 days written notice to the Firm/Company. Berkeley County shall pay all reasonable costs incurred by the Firm/Company up to the date of termination. However, in no event shall the Firm/Company be paid any amount that exceeds the price proposed for the work performed. The Firm/Company will not be reimbursed for any profits which may have been anticipated but which have not been earned up to the date of termination.

Termination for Default: When the Firm/Company has not performed or has unsatisfactorily performed the contract, Berkeley County may terminate the contract for default. Upon termination for default, payment may be withheld at the discretion of the County Council. Failure on the part of a Firm/Company to fulfill the contractual obligations shall be considered just cause for termination of the contract. The Firm/Company will be paid for services satisfactorily rendered prior to termination less any excess costs incurred by Berkeley County in re-procuring and completing the work.

R. The contractual obligation of Berkeley County under the contemplated contract is contingent upon the availability of appropriated funds from which payment for this contract can be made.

S. INTERPRETATION: The contract resulting from this proposal shall be construed under the laws of the State of West Virginia.

XIII. INTERPRETATIONS, DISCREPANCIES, OMISSIONS:

Should any Firm/Company find discrepancies in, or omissions from, the documents or be in doubt of their meaning, they should at once request in writing an interpretation from the County Council. All necessary interpretations will be issued to all Firms/Companies in the form of addenda to the specifications, and such addenda shall become part of the contract documents. Failure of any Firm/Company to receive any such addendum or interpretation shall not relieve such Firm/Consultant from any obligation under their proposal as submitted. Berkeley County will assume no responsibility for oral instructions or suggestions. **ORAL ANSWERS SHALL NOT BE BINDING ON BERKELEY COUNTY.** No requests received after **4:00 p.m., Monday, April 25, 2011** will be considered. Every interpretation made by Berkeley County will be made in the form of an addendum that, if issued, will be sent by Berkeley County to all interested parties.

LIST OF APPENDICES THAT ARE ATTACHED

Appendix A – NCCI Experience Rating Worksheets

Appendix B – BrickStreet Loss Statements by Individual

Appendix C – BrickStreet Loss Statements by Body Part

Appendix D – BrickStreet Employer Loss Statement

**ATTACHMENT A
NON-COLLUSION CERTIFICATE**

I HEREBY CERTIFY I am the _____
(Title)

and the duly authorized representative of the firm of _____

whose address is _____

AND THAT NEITHER I nor, to the best of my knowledge, information and belief, the above firm nor any of its other representatives I here represent have:

- (a) Agreed, conspired, connived or colluded to produce a deceptive show of competition in the compilation of the bid or offer being submitted herewith;
- (b) Not in any manner, directly or indirectly, entered into any agreement, participated in any collusion to fix the bid price or price proposal of the bidder or offeror herein or any competitor, or competitive bidding in connection with the Contract for which the within bid or offer is submitted; and that no member of the County Council of Berkeley County, West Virginia, administrative or supervisory personnel or other employees of Berkeley County have any interest in the bidding company except as follows: (complete if applicable)

I solemnly affirm under the penalties of perjury that the contents of the foregoing paper are true to the best of my knowledge, information, and belief.

Date

Signature

Printed or Typed Name

**ATTACHMENT B
PRICE PROPOSAL**

These sheets must be placed on the very top of your price proposal. The County Council will utilize these sheets for purposes of reading the proposal into the public record.

OPTION "A" – DUPLICATION OF CURRENT COVERAGE:

FIRM NAME: _____

INSURANCE COMPANY PROPOSED: _____

ANNUAL PREMIUM: _____

OPTION "B" – \$1,000 DEDUCTIBLE MEDICAL PAYMENTS ONLY

FIRM NAME: _____

INSURANCE COMPANY PROPOSED _____

ANNUAL PREMIUM: _____

APPENDIX “A”

NCCI EXPERIENCE RATING WORKSHEETS

WORKERS COMPENSATION EXPERIENCE RATING



Risk Name: BERKELEY COUNTY COMMISSION

Risk ID: 470162694

Rating Effective Date: 11/11/2010

Production Date: 08/13/2010

State: WEST VIRGINIA

SPR	WR	SRP	Exp Excess Losses	Expected Losses	Exp Prim Losses	Act Exc Losses	Ballast	Act Inc Losses	Act Prim Losses
wv	.22	0	164,941	198,204	33,263	58,239	34,100	105,998	47,759
(A) WR	(B)	(C) Exp Excess Losses (D - E)	(D) Expected Losses	(E) Exp Prim Losses	(F) Act Exc Losses (H - I)	(G) Ballast	(H) Act Inc Losses	(I) Act Prim Losses	
.22		164,941	198,204	33,263	58,239	34,100	105,998	47,759	

	Primary Losses	Stabilizing Value	Ratable Excess	Totals
Actual	(I) 47,759	C * (1 - A) + G 162,754	(A) * (F) 12,813	(J) 223,326
Expected	(E) 33,263	C * (1 - A) + G 162,754	(A) * (C) 36,287	(K) 232,304
	ARAP	FLARAP	SARAP	MAARAP
Factors	1.00			(J) / (K) .96

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

**** REVISED RATING ****

RATING REVISED TO REFLECT APPROVED RATING VALUES

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WORKERS COMPENSATION EXPERIENCE RATING



Risk Name: BERKELEY COUNTY COMMISSION

Risk ID: 470162694

Rating Effective Date: 11/11/2010

Production Date: 08/13/2010

State: WEST VIRGINIA

47-WEST VIRGINIA Firm ID: Firm Name: BERKELEY COUNTY COMMISSION

Carrier: 15762 Policy No. WC1000148902 Eff Date: 07/01/2006 Exp Date: 01/01/2007

Code	ELR	D- Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	U	OF	Act Inc Losses	Act Prim Losses
7720	1.30	.16	1,099,167	14,289	2,286	2006046686	5	F	1,563	1,563
8810	.11	.18	1,762,440	1,939	349	2006060297	5	F	2,879	2,879
8820	.11	.17	374,372	412	70	2006059690	5	F	3,887	3,887
8831	.74	.18	81,530	603	109	NO. 11	6	*	3,634	3,634
9015	1.62	.18	85,261	1,381	249	2006057882	6	F	3,937	3,937
9410	1.23	.18	554,723	6,823	1,228					
Policy Total:			3,957,493	Subject Premium: 57,050		Total Act Inc Losses:		15,900		

47-WEST VIRGINIA Firm ID: Firm Name: BERKELEY COUNTY COMMISSION

Carrier: 15762 Policy No. WC1000148903 Eff Date: 01/01/2007 Exp Date: 11/11/2007

Code	ELR	D- Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	U	OF	Act Inc Losses	Act Prim Losses
7704	2.50	.15	62,792	1,570	236	2007016669	5	F	3,084	3,084
7704	2.50	.15	105,372	2,634	395	2007025240	5	F	20,226	5,000
7720	1.30	.16	821,905	10,685	1,710	2007028125	6	F	2,854	2,854
7720	1.30	.16	1,063,703	13,828	2,212	NO. 10	6	*	3,378	3,378
8810	.11	.18	1,495,652	1,645	296	2007001384	9	F	11,317	5,000
8810	.11	.18	1,839,770	2,024	364	2007016326	9	F	14,358	5,000
8820	.11	.17	315,762	347	59					
8820	.11	.17	433,833	477	81					
9015	1.62	.18	69,576	1,127	203					
9015	1.62	.18	98,068	1,589	286					
9410	1.23	.18	512,567	6,305	1,135					
9410	1.23	.18	718,376	8,836	1,590					
Policy Total:			7,537,376	Subject Premium: 115,580		Total Act Inc Losses:		55,217		

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* Total by Policy Year of all cases \$2000 or less.
C Catastrophic Loss

D Disease Loss
E Employers Liability Loss

X Ex-Medical Coverage
Limited Loss

U USL&HW

WORKERS COMPENSATION EXPERIENCE RATING



Risk Name: BERKELEY COUNTY COMMISSION

Risk ID: 470162694

Rating Effective Date: 11/11/2010

Production Date: 08/13/2010

State: WEST VIRGINIA

47-WEST VIRGINIA Firm ID: Firm Name: BERKELEY COUNTY COMMISSION

Carrier: 15762 Policy No. WC1000148904 Eff Date: 11/11/2007 Exp Date: 11/11/2008

Code	ELR	D Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
7710	1.70	.15	59,503	1,012	152	2008030113	5	F	5,463	5,000
7710	1.70	.15	89,035	1,514	227	2008017408	6	F	311	311
7720	1.30	.16	958,503	12,461	1,994	2008017424	6	F	513	513
7720	1.30	.16	1,880,236	24,443	3,911	2008030081	6	F	1,803	1,803
8810	.11	.18	1,398,784	1,539	277	2008033107	6	F	2,062	2,062
8810	.11	.18	2,485,719	2,734	492	2008030083	6	F	2,148	2,148
8820	.11	.17	324,442	357	61	NO. 16	6	*	6,897	6,897
8820	.11	.17	622,851	685	116					
8831	.74	.18	45,142	334	60					
8831	.74	.18	91,925	680	122					
9015	1.62	.18	69,301	1,123	202					
9015	1.62	.18	98,119	1,590	286					
9410	1.23	.18	297,030	3,653	658					
9410	1.23	.18	657,875	8,092	1,457					
Policy Total:			9,078,465	Subject Premium: 132,327		Total Act Inc Losses:		19,197		

47-WEST VIRGINIA Firm ID: Firm Name: BERKELEY COUNTY COMMISSION

Carrier: 15762 Policy No. WC1000148905 Eff Date: 11/11/2008 Exp Date: 11/11/2009

Code	ELR	D Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
7710	1.70	.15	59,079	1,004	151	2009008269	5	O	31,094	5,000
7720	1.30	.16	2,439,208	31,710	5,074	NO. 5	6	*	2,195	2,195
8810	.11	.18	2,576,313	2,834	510	2008037611	6	F	3,090	3,090
8820	.11	.17	1,061,859	1,168	199	2009003276	6	F	7,602	5,000
9015	1.62	.18	275,866	4,469	804					
9410	1.23	.18	1,649,440	20,288	3,652					
Policy Total:			8,061,765	Subject Premium: 131,651		Total Act Inc Losses:		43,981		

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* Total by Policy Year of all cases \$2000 or less.

D Disease Loss

X Ex-Medical Coverage

U USL&HW

C Catastrophic Loss

E Employers Liability Loss

Limited Loss

APPENDIX "B"
**BRICKSTREET LOSS STATEMENTS BY
INDIVIDUAL**



BrickStreet Insurance Employer Loss Statements

Policy: WC10001489-07 BERKELEY COUNTY COMMISSION

From: 07/01/2007 - 01/10/2011

Claim Data

Claim Data

Financial Summary

Claim Summary

Policy Period	Claim Num	WCC	Policy Num	Claimant Name	Stat	Accident Date	Location Code	Class	Indemnity Reserve	Medical Reserve	Expense Reserve	Indemnity Paid	Medical Paid	Expenses Paid	Total Incurred	Body Part	Nature of Injury	Cause of Injury
07/01/07 to 06/30/08	2007036017		10001489	CODY HOLLINGSWORTH	D	02-NOV-07	L_1412334_6	7704	\$0.00	\$0.00	\$0.00	\$0.00	\$806.49	\$0.00	\$806.49	KNEE	CONTUSION	HOT OBJECTS OR SUBSTANCES
	2008000784		10001489	JUSTIN JENKINS	D	05-JAN-08	L_1412334_6	7720	\$0.00	\$0.00	\$0.00	\$0.00	\$256.76	\$0.00	\$256.76	HAND	CONTUSION	OBJECT HANDLED
	2007040609		10001489	LAWRENCE STEWART, SR.	D	18-DEC-07	L_1412334_6	8810	\$0.00	\$0.00	\$0.00	\$0.00	\$348.44	\$0.00	\$348.44	FINGER(S)	LACERATION	HAND TOOL, UTENSIL; NOT POWERED
	2008000279		10001489	PATRICIA KNIGHTEN	D	02-JAN-08	L_1412334_6	8810	\$0.00	\$0.00	\$0.00	\$0.00	\$226.60	\$0.00	\$226.60	KNEE	SPRAIN	ON SAME LEVEL
	2008019555		10001489	BETTY SWARTZ	D	17-JUN-08	L_44880	8810	\$0.00	\$0.00	\$0.00	\$0.00	\$439.66	\$0.00	\$439.66	MULTIPLE TRUNK	CONTUSION	ON STAIRS
	2008006156		10001489	MORRIS STEWART	D	01-FEB-08		7720	\$0.00	\$0.00	\$0.00	\$0.00	\$108.33	\$0.00	\$108.33	HIP	CONTUSION	FALL, SLIP OR TRIP, NOC
	2007026046		10001489	JUSTIN JENKINS	D	12-AUG-07		7720	\$0.00	\$0.00	\$0.00	\$0.00	\$180.49	\$0.00	\$180.49	ANKLE	SPRAIN	FALL, SLIP OR TRIP, NOC
	2008006664		10001489	KEVIN JONES	D	05-DEC-07		8831	\$0.00	\$0.00	\$0.00	\$0.00	\$184.80	\$0.00	\$184.80	SHOULDER(S)	CONTUSION	COLLISION WITH A FIXED OBJECT
	2007036440		10001489	TRAMPOUS BOYLES	D	03-NOV-07	L_1409292_1	7720	\$0.00	\$0.00	\$0.00	\$0.00	\$312.49	\$0.00	\$312.49	ANKLE	SPRAIN	COLLISION WITH A FIXED OBJECT
	2007039292		10001489	MICHELLE KITTS	D	05-DEC-07	L_1409292_1	8831	\$0.00	\$0.00	\$0.00	\$0.00	\$1,543.58	\$0.00	\$1,543.58	MULTIPLE BODY PARTS (INCLUDING BODY SYSTEMS AND BODY PARTS)	CONTUSION	MOTOR VEHICLE, NOC
	2008019659		10001489	CHRISTOPHER MCCULLLEY	C	02-JAN-08		7720	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	KNEE	STRAIN	TWISTING
	2007025240		10001489	CHAD JONES	A	08-AUG-07		7720	\$0.00	\$0.00	\$0.00	\$8,456.55	\$1,768.69	\$0.00	\$20,225.24	KNEE	STRAIN	JUMPING
	2008005842		10001489	ADAM BOOTHBY	D	18-FEB-08		7720	\$0.00	\$0.00	\$0.00	\$0.00	\$228.27	\$0.00	\$228.27	FOOT	STRAIN	STRAIN OR INJURY BY, NOC
	2007029088		10001489	MARK RENNER	D	07-SEP-07		9410	\$0.00	\$0.00	\$0.00	\$0.00	\$150.11	\$0.00	\$150.11	EYE(S)	FOREIGN BODY	FALLING OR FLYING OBJECT

ELS REPORT

Claim Num	WCC Num	Policy Num	Claimant Name	Stat	Accident Date	Location Code	Class	Indemnity Reserve	Medical Reserve	Expense Reserve	Indemnity Paid	Medical Paid	Expenses Total Incurred	Body Part	Nature of Injury	Cause of Injury	
2007028125		10001489	UNIDENTIFIED FARMER	D	29-MAY-07	L_459981	7720	\$0.00	\$0.00	\$0.00	\$0.00	\$2,853.53	\$0.00	\$2,853.53	DRIVE AREA (THORACIC)	STRAIN	MOTOR VEHICLE
2008017424		10001489	KEVIN JONES	D	29-MAY-08	L_1412334_6	8831	\$0.00	\$0.00	\$0.00	\$0.00	\$512.84	\$0.00	\$512.84	LOWER LEG	LACERATION	ANIMAL OR INSECT
2008017408		10001489	MICHELLE KITTS	D	29-MAY-08	L_1412334_6	8831	\$0.00	\$0.00	\$0.00	\$0.00	\$311.27	\$0.00	\$311.27	LOWER LEG	LACERATION	ANIMAL OR INSECT
2007030900		10001489	RODNEY TWING	D	22-SEP-07	L_1412334_6	9410	\$0.00	\$0.00	\$0.00	\$0.00	\$188.05	\$0.00	\$188.05	HAND	LACERATION	ANIMAL OR INSECT
2007023405		10001489	KEVIN JONES	C	09-JUL-07	L_1412334_6	7720	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	UPPER ARM	STRAIN	ANIMAL OR INSECT
2008007750		10001489	JACK FLEAGLE	D	04-MAR-08	L_1412334_6	7720	\$0.00	\$0.00	\$0.00	\$0.00	\$396.06	\$0.00	\$396.06	EYE(S)	LACERATION	STRUCK OR INJURED, NOC
2007041207		10001489	DANIEL MCGOWN	A	26-DEC-07	L_1412334_6	7720	\$0.00	\$0.00	\$0.00	\$0.00	\$606.64	\$0.00	\$606.64	ANKLE	SPRAIN	OTHER/MISCELLANEOUS, NOC
Total: 21								\$0.00	\$0.00	\$0.00	\$8,456.55	\$21,423.10	\$0.00	\$29,879.65			
200902317		10001489	DEBORAH CARRASQUILLO	C	27-JAN-09	L_459981	9015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	LOWER BACK AREA (LUMBAR & LUMBOSACRAL)	SPRAIN	UNKNOWN
2008030113		10001489	JUSTIN NORTHCRAFT	A	17-SEP-08	L_44880	7710	\$0.00	\$0.00	\$0.00	\$3,651.43	\$1,812.12	\$0.00	\$5,463.55	WRIST	BURN	HOT OBJECTS OR SUBSTANCES
2008032213		10001489	ADAM BOOTHEY	D	30-SEP-08	L_1412331_3	7720	\$0.00	\$0.00	\$0.00	\$0.00	\$128.16	\$0.00	\$128.16	MULTIPLE UPPER EXTREMITIES	DERMATITIS	CONTACT WITH, NOC
2009008269		10001489	JOSHUA SMITH	A	03-APR-09	L_459981	7710	\$3,205.70	\$10,195.00	\$390.00	\$18,600.00	\$13,523.42	\$330.00	\$46,244.12	KNEE	CONTUSION	LIFTED OR HANDLED
2009003276		10001489	CHRISTOPHER MCCULLY	D	03-FEB-09	L_459981	7720	\$0.00	\$0.00	\$0.00	\$0.00	\$7,783.41	\$0.00	\$7,783.41	KNEE	CONTUSION	ON ICE OR SNOW
2009011638		10001489	REBECCA LEWIS	D	01-MAY-09	L_459981	9410	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	MULTIPLE BODY PARTS (INCLUDING BODY SYSTEMS AND BODY PARTS)	SPRAIN	ON STAIRS
2009011263		10001489	REBECCA LEWIS	D	01-MAY-09	L_459981	7720	\$0.00	\$0.00	\$0.00	\$0.00	\$712.40	\$0.00	\$712.40	KNEE	STRAIN	FALL, SLIP OR TRIP, NOC
2008034827		10001489	EDWARD SWARTZ	D	05-NOV-08	L_1412334_6	8810	\$0.00	\$0.00	\$0.00	\$0.00	\$256.59	\$0.00	\$256.59	BUTTOCKS	CONTUSION	FALL, SLIP OR TRIP, NOC
2008033978		10001489	HELEN WALKER	D	28-OCT-08	L_44880	9410	\$0.00	\$0.00	\$0.00	\$0.00	\$223.55	\$0.00	\$223.55	CHEST	CONTUSION	FALL, SLIP OR TRIP, NOC
2008029374		10001489	LINDA FERGUSON	D	13-SEP-08	L_1409292_1	8810	\$0.00	\$0.00	\$0.00	\$0.00	\$888.77	\$0.00	\$888.77	KNEE	CONTUSION	FALL, SLIP OR TRIP, NOC
2008026694		10001489	CHERYL KELLER	D	04-AUG-08	L_1409292_1	7720	\$0.00	\$0.00	\$0.00	\$0.00	\$185.56	\$0.00	\$185.56	HIP	MULTIPLE PHYSICAL INJURIES	FALL, SLIP OR TRIP, NOC

Claim Num	WCC	Policy Num	Claimant Name	Stat	Accident Date	Location Code	Class	Indemnity Reserve	Medical Reserve	Expense Reserve	Indemnity Paid	Medical Paid	Expenses Total Incurred	Body Part	Nature of Injury	Cause of Injury	Object Handled	
2008033107	D	10001489	CHAD JONES	D	18-OCT-08	L_44880	7720	\$0.00	\$0.00	\$0.00	\$0.00	\$2,061.50	\$0.00	LOWER BACK AREA (LUMBAR AREA & LUMBOSACRAL)	FRACTURE	VEHICLE UPSET		
2008037611	D	10001489	JASON WOLFE	D	03-DEC-08	L_459981	7720	\$0.00	\$0.00	\$0.00	\$0.00	\$3,090.06	\$0.00	LOWER BACK AREA (LUMBAR AREA & LUMBOSACRAL)	STRAIN	MOTOR VEHICLE, NOC		
2008038837	D	10001489	DONNA MCMAHAN	D	21-DEC-08	L_459981	9410	\$0.00	\$0.00	\$0.00	\$0.00	\$128.16	\$0.00	LOWER BACK AREA (LUMBAR AREA & LUMBOSACRAL)	STRAIN	HOLDING OR CARRYING		
2009005171	D	10001489	TRENT HECKMAN	D	21-FEB-09	L_459981	7720	\$0.00	\$0.00	\$0.00	\$0.00	\$97.25	\$0.00	LOWER BACK AREA (LUMBAR AREA & LUMBOSACRAL)	STRAIN	STRAIN OR INJURY BY, NOC		
2008030083	D	10001489	JOSHUA SMITH	D	17-SEP-08	L_44880	9410	\$0.00	\$0.00	\$0.00	\$0.00	\$2,147.68	\$0.00	(INCLUDING BODY SYSTEMS AND BODY PARTS)	STRAIN	STRAIN OR INJURY BY, NOC		
2008025546	D	10001489	CORY WELCOME	D	07-AUG-08	L_1412331_3	7720	\$0.00	\$0.00	\$0.00	\$0.00	\$873.74	\$0.00	(INCLUDING SHOULDER(S) AND BODY PARTS)	CONTUSION	STRUCK OR INJURED, NOC		
2008038901	C	10001489	ADAM BOOTHBY	C	27-DEC-08	L_459981	7720	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	WRIST	CARPAL TUNNEL SYNDROME	REPETITIVE MOTION		
2009015095	C	10001489	JUSTIN JENKINS	C	22-JUN-09	L_459981	9410	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	ABDOMEN	PHYSICAL INJURY	OTHER/MISCELLANEOUS		
2009011453	C	10001489	CRYSTAL FEISER	C	24-MAR-09	L_459981	8810	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	NO PHYSICAL INJURY (MENTAL DISORDER ONLY)	NO PHYSICAL INJURY	OTHER/MISCELLANEOUS		
2009009614	C	10001489	TERRANCE SHETLEY	C	15-APR-09	L_1412331_3	7720	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	HEAD - SOFT TISSUE	ALL OTHER SPECIFIC INJURIES, NOC	OTHER/MISCELLANEOUS		
2008030081	D	10001489	MARTIN ROBERTS	D	17-SEP-08	L_1409292_1	7710	\$0.00	\$0.00	\$0.00	\$0.00	\$1,802.86	\$0.00	MULTIPLE BODY PARTS (INCLUDING BODY SYSTEMS AND BODY PARTS)	MULTIPLE PHYSICAL INJURIES ONLY	OTHER/MISCELLANEOUS		
Total: 22																		
								\$3,205.70	\$10,195.00	\$390.00	\$22,251.43	\$35,715.23	\$330.00	\$72,087.36				

ELS REPORT

Claim Num	WCC Num	Policy Num	Claimant Name	Stat Accident	Date	Location Code	Class Reserve	Indemnity Reserve	Medical Reserve	Expense Reserve	Indemnity Paid	Medical Paid	Expenses Paid	Total Incurred	Body Part	Nature of Injury	Cause of Injury	TRUCK DIFFERENT LEVEL (ELEVATION) ON ICE OR SNOW
2010006280		10001489	DEBORAH CARRASQUILLO	D	01-APR-10	L_459981	9410	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$838.97	\$10.76	UPPER ARM	SPRAIN		
2010003296		10001489	DAVID RICHMOND	D	15-FEB-10	L_459981	7720	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$255.45	\$0.00	LOWER LEG	STRAIN		
2010003263		10001489	RHONDA LOUDAN	D	09-FEB-10	L_1409292_1	9410	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(INCLUDING BODY SYSTEMS AND BODY PARTS)	CONTUSION OR TRIP, NOC	FALL, SLIP OR TRIP, NOC	
2009016833		10001489	ELIZABETH HOTT	C	23-JUL-09	L_459981	8820	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	TOES	SPRAIN		FALL, SLIP OR TRIP, NOC
2010003542		10001489	CALEB PEARSON	D	29-JAN-10	L_459981	7720	\$0.00	\$0.00	\$0.00	\$0.00	\$586.72	\$0.00	\$0.00	MULTIPLE PARTS (INCLUDING BODY SYSTEMS AND BODY PARTS)	MULTIPLE PHYSICAL INJURIES ONLY	MOTOR VEHICLE, NOC	
2010003534		10001489	THOMAS CARROLL	A	13-FEB-10	L_459981	7720	\$24,955.56	\$28,533.77	\$356.35	\$21,324.46	\$23,583.93	\$143.65	\$98,897.72	MULTIPLE TRUNK	SPRAIN	MOTOR VEHICLE, NOC	
2010001517		10001489	CHRISTOPHER MCCULLLEY	A	14-JAN-10	L_459981	7720	\$7,358.02	\$11,999.80	\$0.00	\$15,884.76	\$19,979.48	\$814.16	\$56,036.24	KNEE	SPRAIN	MOTOR VEHICLE, NOC	
2009016008		10001489	WILLIAM CHRISTIAN	D	12-JUL-09	L_459981	7720	\$0.00	\$0.00	\$0.00	\$0.00	\$733.56	\$0.00	\$0.00	LOWER ARM	PUNCTURE	ANIMAL OR INSECT	
2009020367		10001489	STEVE CRITES	D	05-SEP-09	L_459981	7720	\$0.00	\$0.00	\$0.00	\$0.00	\$523.72	\$0.00	\$0.00	(INCLUDING BODY SYSTEMS AND BODY PARTS)	SPRAIN	PERSON IN ACT OF A CRIME	
Total: 10																		
							\$32,313.58	\$40,533.57	\$356.35	\$37,209.24	\$46,817.38	\$968.57	\$158,198.69					
2010018538		10001489	ERIN WEBBER	D	07-OCT-10	L_1412332_4	8831	\$0.00	\$0.00	\$0.00	\$0.00	\$221.25	\$11.57	\$232.82	UPPER ARM	SPRAIN	BEING LIFTED OR HANDLED POWERED HAND TOOL, APPLIANCE	
2010016551		10001489	DAVID OORNDORFF	D	13-SEP-10	L_1409292_1	9410	\$0.00	\$0.00	\$0.00	\$0.00	\$449.11	\$10.50	\$459.61	FINGER(S)	LACERATION		

ELS REPORT

2010022325	10001489	JASON SCALES	D	27-DEC-10	L_1412331_3	9410	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	UPPER ARM	DISLOCATION OR TRIP, NOC	FALL, SLIP OR PUSHING OR PULLING
2010014398	10001489	JOHN GIANGOLA	D	03-AUG-10	L_1412333_5	7720	\$0.00	\$0.00	\$0.00	\$0.00	\$521.18	\$10.50	\$531.68	THUMB	FRACTURE	FRACTURE	STRAIN OR INJURY BY, NOC	LOWER BACK AREA (LUMBAR & LUMBOSACRAL)	SPRAIN	SPRAIN	SPRAIN OR INJURY BY, NOC	STRAIN OR INJURY BY, NOC
2010015095	10001489	SCOTT MYERS	C	06-AUG-10	L_1412331_3	7720	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	THUMB	SPRAIN	SPRAIN	SPRAIN OR INJURY BY, NOC	LOWER BACK AREA (LUMBAR & LUMBOSACRAL)	SPRAIN	SPRAIN	SPRAIN OR INJURY BY, NOC	STRAIN OR INJURY BY, NOC
2010013573	10001489	DENNIS STREETS	D	23-JUL-10	L_1412331_3	7720	\$0.00	\$0.00	\$0.00	\$866.72	\$28.26	\$896.98	THUMB	SPRAIN	SPRAIN	SPRAIN OR INJURY BY, NOC	LOWER BACK AREA (LUMBAR & LUMBOSACRAL)	SPRAIN	SPRAIN	SPRAIN	SPRAIN OR INJURY BY, NOC	STRAIN OR INJURY BY, NOC
2010021024	10001489	JOSEPH WHITEHEAD	D	29-NOV-10	L_1412331_3	7720	\$0.00	\$550.00	\$0.00	\$0.00	\$0.00	\$0.00	\$550.00	UPPER LEG	PUNCTURE	PUNCTURE	ANIMAL OR INSECT STRUCK OR INJURED, NOC	UPPER LEG	PUNCTURE	PUNCTURE	ANIMAL OR INSECT STRUCK OR INJURED, NOC	STRAIN OR INJURY BY, NOC
2010016118	10001489	JANET HOLZHAUSER	C	07-SEP-10	L_1412334_6	8810	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	LOWER LEG	SPRAIN	SPRAIN	SPRAIN OR INJURED, NOC	LOWER LEG	SPRAIN	SPRAIN	SPRAIN OR INJURED, NOC	STRAIN OR INJURY BY, NOC
2010014697	10001489	JEREMY MURPHY	D	13-AUG-10	L_1409292_1	8810	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	KNEE	CONTUSION	CONTUSION	RUBBED OR ABRADED, NOC	KNEE	CONTUSION	CONTUSION	RUBBED OR ABRADED, NOC	STRAIN OR INJURY BY, NOC
Total: 9						\$0.00	\$550.00	\$0.00	\$0.00	\$0.00	\$2,060.26	\$60.83	\$2,671.09									

APPENDIX "C"
BRICKSTREET LOSS STATEMENTS BY
BODY PARTS



BrickStreet Insurance Employer Loss Statements

Policy: WC10001489-07 BERKELEY COUNTY COMMISSION

From: 07/01/2007 - 01/10/2011

Claim Summary

Claim Data

Financial St

Body Parts:

FY Year	Details		
	Body Part	Number	Incuired
2008	ANKLE	3	\$1,099.62
	EYE(S)	2	\$546.17
	FINGER(S)	1	\$348.44
	FOOT	1	\$228.27
	HAND	2	\$444.81
	HIP	1	\$108.33
	KNEE	4	\$21,258.33
	LOWER LEG	2	\$824.11
	MULTIPLE BODY PARTS (INCLUDING BODY SYSTEMS AND BODY PARTS)	1	\$1,543.58
	MULTIPLE TRUNK	1	\$439.66
	SHOULDER(S)	1	\$184.80
	UPPER ARM	1	\$0.00
	UPPER BACK AREA (THORACIC)	1	\$2,853.53
	Total:	21	\$29,879.65
2009	ABDOMEN	1	\$0.00
	BUTTOCKS	1	\$256.59
	CHEST	1	\$223.55
	HEAD - SOFT TISSUE	1	\$0.00
	HIP	1	\$185.56
	KNEE	4	\$55,628.70
	LOWER BACK AREA (LUMBAR AREA & LUMBOSACRAL)	5	\$5,376.97
	MULTIPLE BODY PARTS (INCLUDING BODY SYSTEMS AND BODY PARTS)	3	\$3,950.54
	MULTIPLE UPPER EXTREMITIES	1	\$128.16
	NO PHYSICAL INJURY (MENTAL DISORDER ONLY)	1	\$0.00
	SHOULDER(S)	1	\$873.74
	WRIST	2	\$5,463.55
	Total:	22	\$72,087.36
	2010	KNEE	1
LOWER ARM		1	\$733.56
LOWER LEG		1	\$255.45
MULTIPLE BODY PARTS (INCLUDING BODY SYSTEMS AND BODY PARTS)		3	\$1,110.44
MULTIPLE TRUNK		1	\$98,897.72
THUMB		1	\$315.55
TOES		1	\$0.00
UPPER ARM		1	\$849.73
Total:		10	\$158,198.69
2011		FINGER(S)	1
	KNEE	1	\$0.00
	LOWER BACK AREA (LUMBAR AREA & LUMBOSACRAL)	1	\$0.00
	LOWER LEG	1	\$0.00
	THUMB	2	\$1,428.66
	UPPER ARM	2	\$232.82
	UPPER LEG	1	\$550.00
	Total:	9	\$2,671.09

Cause of Injury:

FY Year	Details			
	Cause of Injury	Number	Incuired	
2008	ANIMAL OR INSECT	4	\$1,012.16	
	COLLISION WITH A FIXED OBJECT	2	\$497.29	
	FALL, SLIP OR TRIP, NOC	2	\$288.82	
	FALLING OR FLYING OBJECT	1	\$150.11	
	HAND TOOL, UTENSIL; NOT POWERED	1	\$348.44	
	HOT OBJECTS OR SUBSTANCES	1	\$806.49	
	JUMPING	1	\$20,225.24	
	MOTOR VEHICLE	1	\$2,853.53	
	MOTOR VEHICLE, NOC	1	\$1,543.58	
	OBJECT HANDLED	1	\$256.76	
	ON SAME LEVEL	1	\$226.60	
	ON STAIRS	1	\$439.66	
	OTHER MISCELLANEOUS, NOC	1	\$606.64	
	STRAIN OR INJURY BY, NOC	1	\$228.27	
	STRUCK OR INJURED, NOC	1	\$396.06	
	TWISTING	1	\$0.00	
Total:	21	\$29,879.65		
2009	CONTACT WITH, NOC	1	\$128.16	
	FALL, SLIP OR TRIP, NOC	5	\$2,266.87	
	HOLDING OR CARRYING	1	\$128.16	
	HOT OBJECTS OR SUBSTANCES	1	\$5,463.55	
	MOTOR VEHICLE, NOC	1	\$3,090.06	
	OBJECT BEING LIFTED OR HANDLED	1	\$46,244.12	
	ON ICE OR SNOW	1	\$7,783.41	
	ON STAIRS	1	\$0.00	
	OTHER MISCELLANEOUS, NOC	4	\$1,802.86	
	REPETITIVE MOTION	1	\$0.00	
	STRAIN OR INJURY BY, NOC	2	\$2,244.93	
	STRUCK OR INJURED, NOC	1	\$873.74	
	UNKNOWN	1	\$0.00	
	VEHICLE UPSET	1	\$2,061.50	
	Total:	22	\$72,087.36	
	2010	ANIMAL OR INSECT	1	\$733.56
FALL, SLIP OR TRIP, NOC		2	\$0.00	
FROM DIFFERENT LEVEL (ELEVATION)		1	\$849.73	
MOTOR VEHICLE, NOC		3	\$155,520.68	
OBJECT HANDLED		1	\$315.55	
ON ICE OR SNOW		1	\$255.45	
PERSON IN ACT OF A CRIME		1	\$523.72	
Total:		10	\$158,198.69	
2011		ANIMAL OR INSECT	1	\$550.00
		FALL, SLIP OR TRIP, NOC	1	\$0.00
	FELLOW WORKER; PATIENT	1	\$896.98	
	OBJECT BEING LIFTED OR HANDLED	1	\$232.82	
	POWERED HAND TOOL, APPLIANCE	1	\$459.61	
	PUSHING OR PULLING	1	\$531.68	
	RUBBED OR ABRADED, NOC	1	\$0.00	
	STRAIN OR INJURY BY, NOC	1	\$0.00	
	STRUCK OR INJURED, NOC	1	\$0.00	

Total:	9	\$2,671.09
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APPENDIX “D”

BRICKSTREET EMPLOYER LOSS STATEMENT



BrickStreet Insurance Employer Loss Statement
 Policy: WC10001489-06 BERKELEY COUNTY COMMISSION
 From-To: 07/01/2005 - 03/01/2010

	Report Period by Fiscal Year				
	FY2006	FY2007	FY2008	FY2009	FY2010
Indemnity Reserve	\$ 29,141.29	\$ 0.00	\$ 0.00	\$ 6,034.29	\$ 23,107.00
Medical Reserve	\$ 38,163.49	\$ 0.00	\$ 0.00	\$ 6,554.29	\$ 31,609.20
Expense Reserve	\$ 890.00	\$ 0.00	\$ 0.00	\$ 390.00	\$ 500.00
EL/BF Reserve	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Reserve Subtotal	\$ 68,194.78	\$ 0.00	\$ 0.00	\$ 12,978.58	\$ 55,216.20
Indemnity Paid	\$ 45,771.02	\$ 553.64	\$ 25,772.27	\$ 8,456.55	\$ 0.00
Medical Paid	\$ 86,006.17	\$ 8,709.82	\$ 20,627.69	\$ 21,423.10	\$ 1,886.24
Expense Paid	\$ 334.67	\$ 0.00	\$ 4.67	\$ 330.00	\$ 0.00
EL/BF Paid	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Paid Subtotal	\$ 132,111.86	\$ 9,263.46	\$ 46,404.63	\$ 29,879.65	\$ 1,886.24
Total Incurred	\$ 200,306.64	\$ 9,263.46	\$ 46,404.63	\$ 57,656.46	\$ 57,102.44

Indemnity/Incurred	\$7419.12%31	\$15.53%64	\$25.77%27	\$18.45%55	\$117.02%85	\$23.10%700
%/Indemnity	37.40%	5.98%	55.54%	28.30%	29.52%	40.74%

Number of Claims	95	18	25	21	22	9
Number of TR/D Claims	9	1	4	1	2	1
Average TR/D Days per claim	65	10	20	118	146	57