



Data Now Program (DNP) Reporting Complex Exposure for Unit Data

Key Takeaways

- Special circumstances require special reporting
- Refer to your resources for details
- Don't forget to check for state special rules

Resources

- *Statistical Plan for Workers Compensation and Employers Liability Insurance (Statistical Plan)*
- *Unit Statistical Reporting Guidebook*

Focus—National Rules

This course provides mainly national rules and reporting requirements. You must refer to the ***Statistical Plan*** for specific state rules.

Chapter 1: Statistical Codes

Statistical codes identify credits or debits that modify premium based on state-approved pricing programs.

Statistical Code Example

Phraseology	Stat Code	Premium Credit (-) or Debit (+)	Applicable States	Effective Date	Discontinued Date
Managed Care	9874	Credit (-)	CO	03/01/1993	
Managed Care	9874	Credit (-)	FL	06/01/1994	07/1/1996
Managed Care	9874	Credit (-)	MO	01/01/1993	
Managed Care	9874	Credit (-)	NH	01/01/1994 Voluntary Only	

- NCCI files managed care premium credit programs and statistical codes in multiple states
- Data reporters use the statistical codes to report managed care in applicable states
- Refer to Part 6-E. Statistical Codes in the ***Statistical Plan***, NCCI's ***Basic Manual*** shows premium determination for most statistical codes

Statistical Code Tables

Statistical codes are separated into three tables, based on the premium algorithm that determines how premium is calculated:

- Subject to Experience Rating (Part 6-E-1)
- Not Subject to Experience Rating (Part 6-E-2)
- Not Part of Standard Premium (Part 6-E-3)



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Independent Carrier Filing

Use the independent carrier filing statistical code based on the premium algorithm and whether the premium is a credit or debit:

Statistical Code	Premium Adjustment	Placement
9721	Credit	Subject to Experience Rating
9722	Credit	Not Subject to Experience Rating
9655	Credit	Not Part of Standard Premium

Statistical Code	Premium Adjustment	Placement
9723	Debit	Subject to Experience Rating
9724	Debit	Not Subject to Experience Rating
9656	Debit	Not Part of Standard Premium

Deductible Premium Credits

The same statistical codes are used for both NCCI-filed and independent carrier-filed programs:

Statistical Code	Placement
9663	Not Subject to Experience Rating
9664	Subject to Experience Rating
9657	Not Part of Standard Premium

Schedule Rating Credits or Debits

NCCI-Filed and Insurer-Filed Programs

The same statistical codes are used for both NCCI-filed and independent carrier-filed programs:

Statistical Code	Premium Adjustment	Placement
9887	Credit	Not Subject to Experience Rating
9889	Debit	Not Subject to Experience Rating



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Insurer-Filed Programs—West Virginia Only

In West Virginia, the Schedule Rating programs have additional statistical codes for Not Part of Standard Premium. These are insurer filed only programs.

Statistical Code	Premium Adjustment	Placement
9750	Credit	Not Part of Standard Premium
9751	Debit	Not Part of Standard Premium

Company Use Only Codes

- NCCI has several codes that can be used in carrier's system for their internal use
- These codes are NOT reported to NCCI
- The company use only codes can be found in the ***Unit Statistical Reporting Guidebook***

Taxes and Assessments

- Not premium
- Do not report unless a designated Statistical Code exists
- Refer to NCCI's ***Tax and Assessment Directory*** on ncci.com

The screenshot shows the NCCI website's 'Industry Information' tab. The 'Annual Insights Symposium 2024' banner is at the top. Below it, the 'TOOLS' section lists various resources, including 'Tax and Assessment Directory (TAAD)' which is highlighted with a red box. The 'RESOURCES' section lists state advisory resources, claims analysis resources, and ratemaking resources. The 'PUBLICATIONS / REPORTS' section lists frequency and severity results, underwriting results, and trend information. The 'REGULATORY & LEGISLATIVE ACTIVITIES' section lists COVID-19 regulatory and legislative activity, legislative activity, and 2023 regulatory and legislative trends. The 'COMMITTEES' section is also visible.

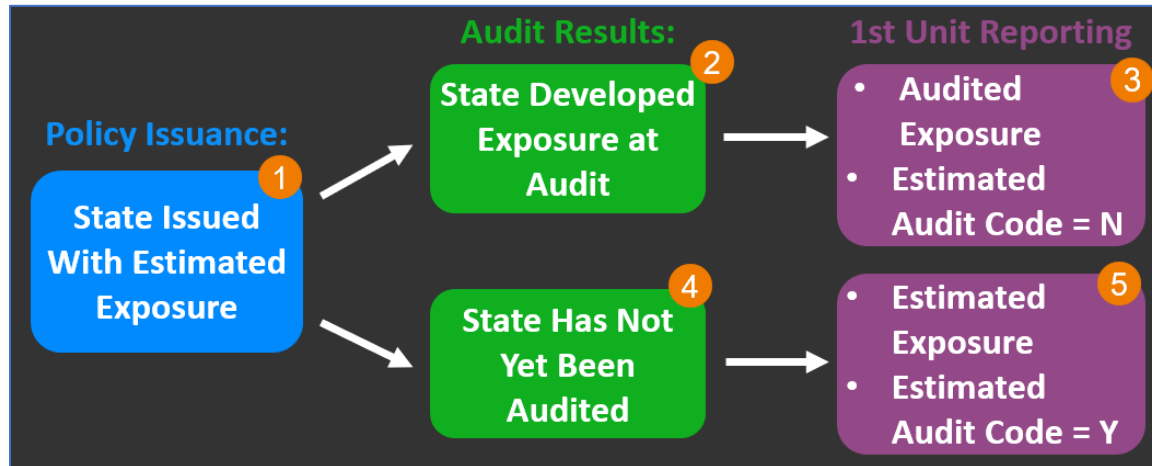


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Chapter 2: Single-State and Multistate Policies

Single-State Policies

Single-State Policy Life Cycle



1. When a policy is written, it is issued with estimated exposure
2. After the policy expires, an audit is completed to determine the actual exposure
3. If the policy develops exposure at audit, report the audited exposure and losses, report the Estimated Audit Code with an “N” for no
4. If the audit has not been completed by the 1st report
5. Report the unit data with the estimated exposure amounts and an “Y” for the Estimate Audit Code

Note: Once the audit is complete, submit a correction report to update the exposure and corresponding premium, and change the Estimated Audit Code to “N”.

No Exposure Developed at Audit

Submit 1st report with Statistical Code 1111—No Exposure Developed and Estimate Audit Code as “N”



Expense Constant and Balance to Minimum Premium

If applicable to the policy report Expense Constant (Code 0900) and Balance to Minimum Premium (Code 0990).



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Single-State Policy Example

Florida Policy Issued

	Estimated Exposure	Rate	Premium
Class Code 6834	\$30,000	3.33	\$999
Expense Constant Code 0900	\$0	0.00	\$160
Total			\$1,159

The minimum premium in this example is \$493. The total premium is higher, Balance to Minimum Premium is required.

Florida Policy at Audit

No exposure developed in Class Code 6834 at audit. Minimum premium for this example is \$493.

	Audited Exposure	Rate	Premium
Class Code 6834	\$0	3.33	\$0
Expense Constant	\$0	0.00	\$160
Balance to Minimum Premium	\$0	0.00	
Total			\$493

Question: What is the Balance to Minimum Premium needed to reach \$493? _____

Unit Report

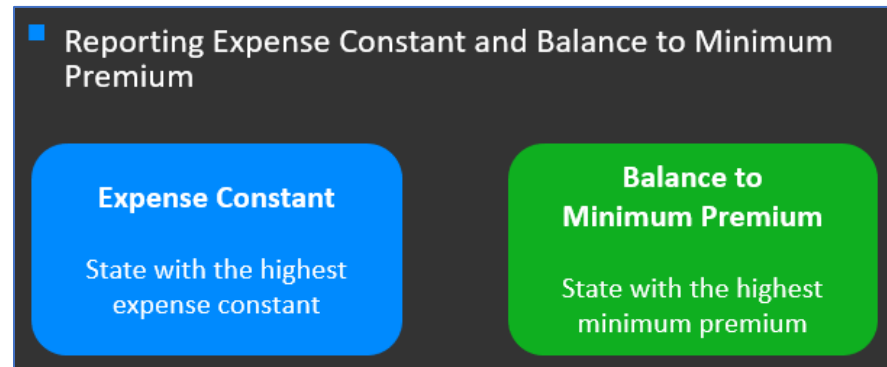


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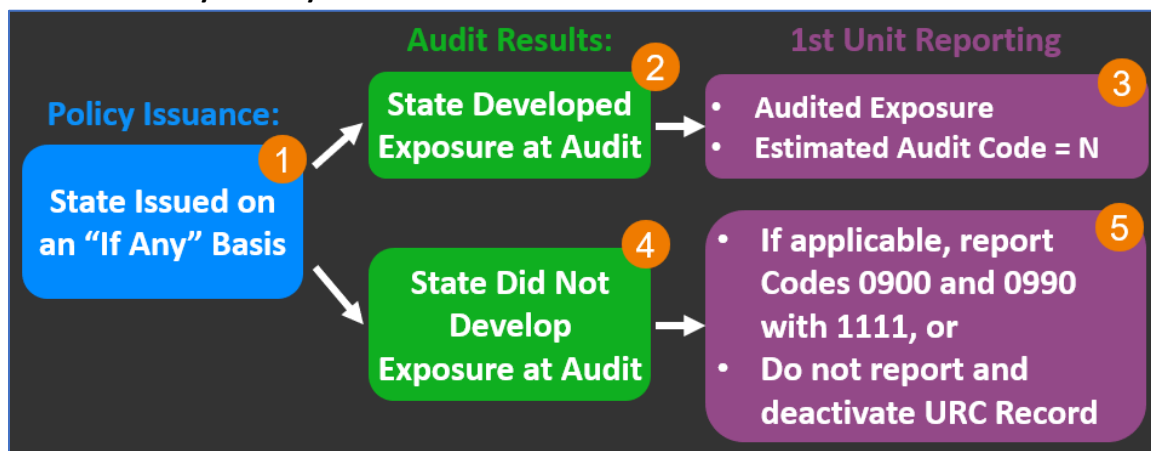
Multistate Policy

Multistate policies have basic reporting rules like single-state policies, but with some additional concepts.

Expense Constant and Balance to Minimum Premium



Multistate Policy—"if any" basis



1. When a state on the policy was reported with zero exposure and at least one dollar was reported on the State Premium record
2. If the state developed exposure at audit
3. First report is submitted with the audited exposure and the Estimated Audi Code as "N"
4. If the state did not develop exposure at audit and the expense constant and/or balance to minimum premium applied to that state
5. The unit is reported with either or both corresponding codes, but if neither apply:
 - a. Do not report the unit
 - b. Deactivate the URC record—NCCI will not continue to expect the unit



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Check out the URC
Program video on
ncci.com!

Multistate Policy Example

Expense Constant and Balance to Minimum Premium

State	Expense Constant	Minimum Premium
AL	150	500
FL	175	750
GA	200	600
SC	100	300

What state do we report the Expense Constant? _____

What state do we report the Balance to Minimum Premium? _____

Policy at Audit

State	Exposure	Premium
AL	\$20,000	\$100
FL	\$0	\$0
GA	\$0	\$0
SC	\$30,000	\$200

Unit Reporting

- Georgia

Exposure Act	Class	Exposure	Manual Rate	Premium	Mod	Mod Effective Date	Rate Effective Date
00					0.00	1/1/22	1/1/22
00					0.00	1/1/22	1/1/22



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- Florida

Exposure Act	Class	Exposure	Manual Rate	Premium	Mod	Mod Effective Date	Rate Effective Date
00					0.00	1/1/22	1/1/22
00					0.00	1/1/22	1/1/22

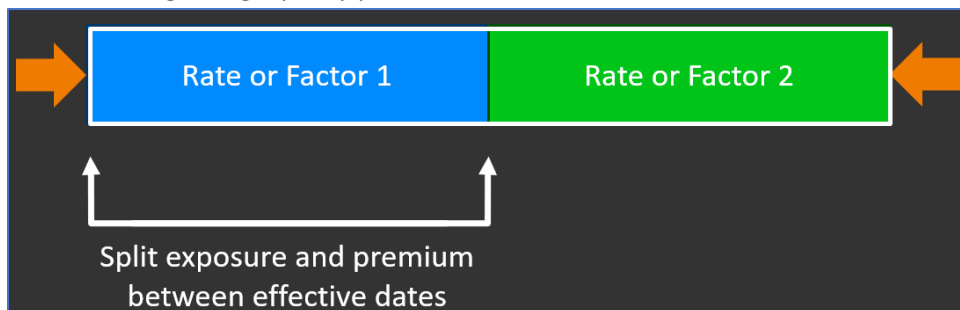


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Chapter 3: Split Periods

What Is a Split Period?

- Split periods occur when multiple rates or experience modification factors are applicable to an insured during a single policy period



- Classification and statistical code exposure and premium are split between:
 - Multiple Rate Effective Dates
 - Multiple Experience Modification Effective Dates

Reasons for Split Periods

For Multiple Rate Effective Dates:

- Law-only filing that occurred in a state and it applied to outstanding policies. In this case, NCCI submitted a filing to adjust the state benefits that result in changes to the rates.
- Carrier's approved adoption date of their rate filing was different from NCCI's approved rate filing for a specific state. This causes the rate effective date to be different than the policy effective date.

For Multiple Experience Modification Effective Dates:

- Application of late experience modification factor
- Policy Effective Date is different than the Modification Effective Date

Split Periods—Reporting

For each split period:

- Increment the split indicator by 1 (starting with 0). Split Period Indicators range from 0 to 9
- Prorate the exposure and premium for each class code based on duration of the split period
- Prorate premium for each statistical code if calculated premium is different for each period

■ For Class Codes

Class Code	Split Period	Exposure	Premium
8810	0	Prorated amounts	Prorated amounts
8810	1		
8810	...		
8810	9		

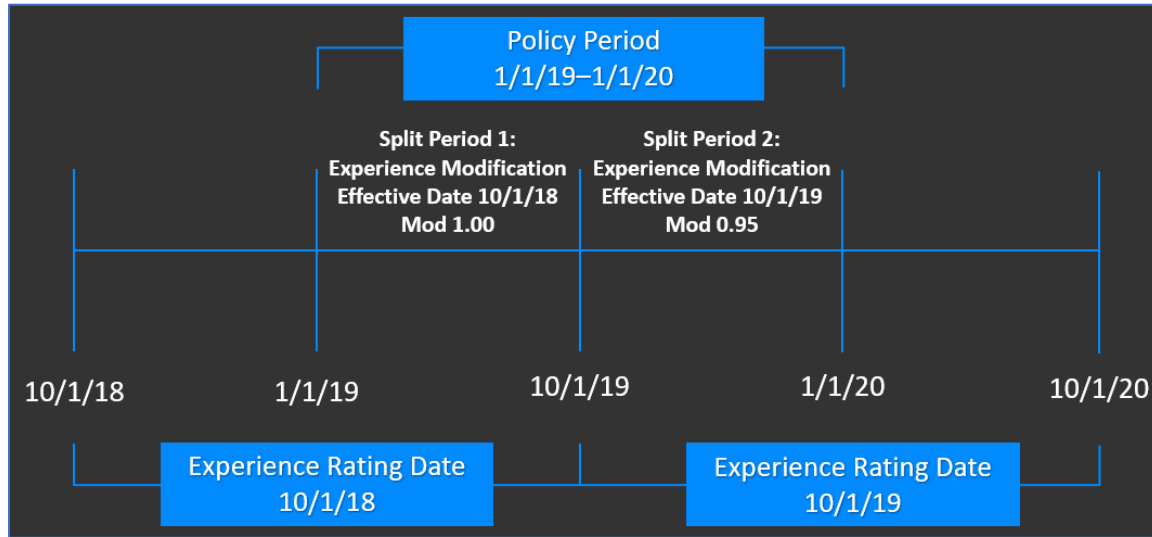
■ For Statistical Codes

Class Code	Split Period	Exposure	Premium
0900	0	0	Prorated amounts if premium changes
0900	1		
0900	...		
0900	9		



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Split Period Example



Split Period Example of Experience Mod Effective Date Different From the Policy Effective Date:

Pol Nbr: WC1234				Cov Provider ID: 99990		Pol Eff Dt: 1/1/19	
Report Nbr: 1				Corr Seq Nbr: 0		State: 01-AL	
Class Code	Exposure	Rate	Premium	Exp Mod	Exp Mod Eff. Date	Rate Eff. Date	Split Ind.
8810	30,000	0.25	75	1.000	10/1/18	1/1/19	0
8810	10,000	0.25	25	0.950	10/1/19	1/1/19	1



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Chapter 4: Audit Noncompliance Charge

Policy Conditions—WC 00 00 00 C

Part Five—Premium

G. Audit

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

Outlines the carrier's rights to request audit records and examination of those records to determine final premium.

- An Audit Noncompliance Charge (ANC) may apply subject to the conditions in the **Basic Manual**
- The charge is determined by applying the ANC multiplier from the **Basic Manual** to the ANC basis

Calculation Example

	Item	Amount
A	Original Total Estimated Annual Premium	\$100,000
B	ANC Multiplier per Basic Manual	2
C	Calculated ANC Charge (A x B)	
D	Revised Total Estimated Annual Premium (A + C)	

- A. Insured has an Estimate Annual Premium of \$100,000
B. The ANC charge in the state they do business is 2 times Estimated Annual Premium
C. The ANC additional charge is _____
D. The Revised Total Estimated Annual Premium is _____

Note: If the policyholder allows the audit, the carrier will determine the final policy premium, issue a refund of the ANC charge (if applicable), and then mark the policyholder as compliant with the audit.



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ANC Reporting

Exposure

Update Type Code	Class or Statistical Code	Exposure	Rate	Premium
A	8017	5,000,000	2.00	100,000
A	9757	0	0.00	200,000

1. When the ANC charge applies, submit the 1st report with the original estimated exposure and estimated annual premium to the appropriate classification code (8017 in this example)
2. The ANC charge is reported to Statistical Code 9757

Note: The Estimated Audi Code on the Header Record remains as “N”

ANC Reporting

If the audit gets completed, submit a correction to make these changes.

1. Revise the Class Code’s data to the audited amounts
2. Delete the Audit Noncompliance Charge

Exposure

Update Type Code	Class or Statistical Code	Exposure	Rate	Premium
C	8017	920,258	2.00	18,405
D	9757	0	0.00	200,000

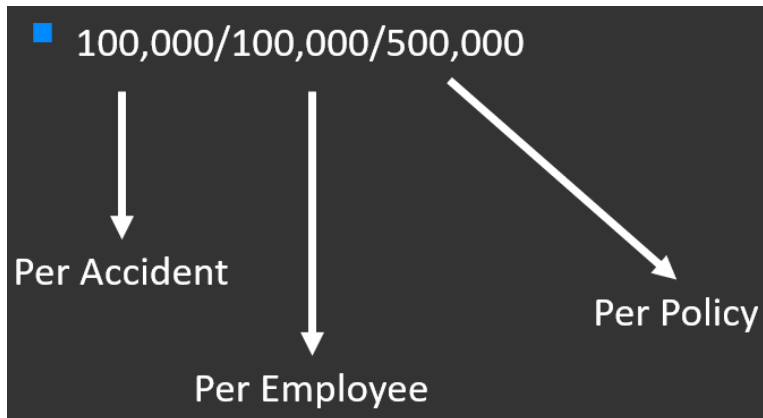
Note: The Estimated Audi Code on the Header Record remains as “N”.



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Chapter 5: Increased Limits of Liability

Standard Limits of Liability



Increased Limits of Liability

- A carrier can increase the limits of liability and charge an additional premium by applying a factor
- See **Basic Manual** for factors
- Each factor has a corresponding minimum premium
- Applies with or without workers compensation
- Statistical Codes are used to report the additional premium

Increased Limits of Liability—Statistical Codes

- Found in Part 6 of the **Statistical Plan**

Increased Limits With Workers Compensation Coverage (in 000s)—		Increased Limits Without Workers Compensation Coverage (in 000s)—	
\$100/100/1,000	9803	\$100/100/1,000	9823
\$100/100/2,500	9804	\$100/100/2,500	9824
\$100/100/5,000	9805	\$100/100/5,000	9825
\$100/100/10,000	9806	\$100/100/10,000	9826
\$500/500/500	9807	\$500/500/500	9827
\$500/500/1,000	9808	\$500/500/1,000	9828
\$500/500/2,500	9809	\$500/500/2,500	9829
\$500/500/5,000	9810	\$500/500/5,000	9830
\$500/500/10,000	9811	\$500/500/10,000	9831
\$1,000/1,000/1,000	9812	\$1,000/1,000/1,000	9832
		\$1,000/1,000/2,500	9833
		\$1,000/1,000/5,000	9834
		\$1,000/1,000/10,000	9835

- Separate codes are used when there is or is not workers compensation coverage
- Each code corresponds to specific limits of liability
- If the increased limits do not specifically match the limits corresponding to the stat codes, then use:
 - Code 9837 —> For limits that are LESS than 1 Million, 1 Million, 10 Million
 - Code 9816 —> For limits that are GREATER than 1 Million, 1 Million, 10 Million for coverage with workers comp
 - Code 9836 —> For limits that are GREATER than 1 Million, 1 Million, 10 Million for coverage without workers comp



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Balance to Minimum Premium

- Charges for Increased Limits of Liability have minimum premiums associated with the program
- When the minimum premium for the charge is not met, assign the difference to Statistical Code 9848—Balance to Minimum Premium

Chapter 6: Per Capita—Domestic Workers

Domestic Workers are hired to perform duties inside or outside a private residence. These include cooks, housekeepers, laundry workers, maids, butlers, companions, nannies, private chauffeurs, and gardeners.

Per Capita-Domestic Workers (Full Year)

- Full time workers:
 - Work more than 20 hours per week
 - Classified to code 0913
 - Exposure is based on number of workers during the policy period
- Part-time workers:
 - Work 20 hours or less per week
 - Classified to Code 0908
 - Exposure is based on duration of coverage
 - Example: Two part-time employees working 10 hours ago would equate to one unit of coverage.
- Rules for premium determination are in the **Basic Manual**

Reporting Example

If you had two full-time domestic workers and one part-time domestic worker employed during the full policy period, report the exposure record as follows:

Class/Statistical Code	Exposure*
0913	0000000020
0908	0000000010

Per Capita-Domestic Workers (Partial Year)

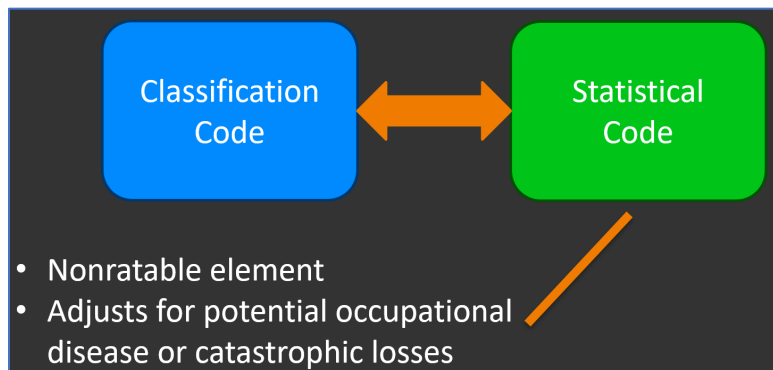
- Prorate to the nearest tenth
- Based on duration of coverage

Nbr. of Workers	Months Worked	Prorated Amount	Report
10 full time	9	7.5	0000000075
20 half time	8	6.7	0000000067



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Chapter 7: Ratable/Nonratable Groups



- Groupings of classification codes with their corresponding statistical codes
- Due to the nature of the insured's operation, a policy may be assigned a ratable and nonratable group of a class code and its corresponding stat code
- Codes are identified with an "N" in the loss cost and rate pages
- Each classification code and statistical code has associated loss costs and rates
- The statistical code represents the nonratable element of the group and is subject to an additional premium load
- Premium is calculated for the stat code based on the rate and the additional premium accounts for the class code's potential for occupational disease and catastrophic losses

FOOTNOTES											
N	This code is part of a ratable / non-ratable group shown below. The statistical non-ratable code and corresponding rate are applied in addition to the basic classification when determining premium.										
	<table><tr><th>Class Code</th><th>Non-Ratable Element Code</th></tr><tr><td>4766</td><td>0766</td></tr><tr><td>4771</td><td>0771</td></tr><tr><td>7405</td><td>7445</td></tr><tr><td>7431</td><td>7453</td></tr></table>	Class Code	Non-Ratable Element Code	4766	0766	4771	0771	7405	7445	7431	7453
Class Code	Non-Ratable Element Code										
4766	0766										
4771	0771										
7405	7445										
7431	7453										

Note: The ratable and nonratable groups codes are displayed in the footnotes of the rate pages. This is an example of the groups for Arizona. If you go to Part 6 of the Statistical Plan, you will notice that statistical code 7445 is described as the Nonratable portion of the rate for class code 7405.

2. Premium Amount <i>Not Subject</i> to Experience Rating				
Phraseology	Stat Code	Premium Credit (-) or Debit (+)	Applicable States	Effective Date
Non-Ratable Portion of Rate for Classification Code 7405	7445	Debit (+)	AK, AL, AR, AZ, CO, CT, DC, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS, MT, NE, NH, NM, NV, OK, OR, RI, SC, SD, TN, UT, VA, VT, WV	01/01/1987



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Reporting Complex Exposure for Unit Data

Reporting Example

Class Cd	Exposure	Rate	Premium	Subj to ER
7405	\$100,000	0.99	\$990	Y
7445	\$100,000	0.53	\$300	N

Use the same exposure

Not subject to ER or retrospective rating

Note: All losses are reported to the **ratable** class code.

Reporting Exception:
An exposure and rate
are reported for the
non-ratable statistical
code.



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Chapter 8: Supplemental Disease

Supplemental Disease—Abrasive/Sandblasting/Incidental Foundries

If a policy covers disease exposure, the loss costs and rates will no longer include premium for the disease exposure. Effective with the current filing season: WV 11/1/2023, MO and NH 1/1/2024.

Based on a carrier's evaluation of an insured's operation, carriers are able to charge an additional premium for supplemental disease:

- Abrasive
- Sandblasting
- Incidental foundries—Steel, Non-Ferrous Metals, Iron

Statistical Codes

- 0059—Abrasive or Sandblasting
- 0065—Incidental Foundries—Steel
- 0066—Incidental Foundries—Non-Ferrous Metals
- 0067—Incidental Foundries—Iron

Supplemental Disease—Atomic Energy/Radiation

For supplemental asbestos and atomic energy/radiation exposures, NCCI does not produce a loss cost or rate.

Statistical Codes

- 0133—Supplemental Disease Experience—in Connection With Asbestos Exposure
- 9985—Atomic Energy—Radiation Exposure NOC

Supplemental Disease—Not Otherwise Classified

If there is a supplemental disease not otherwise classified, carriers are able to charge an additional disease load, based on the carrier's evaluation of the insured's operations.

Statistical Code

0179—Disease Experience—Supplemental

Reporting Supplemental Disease

- Report experience to the designated statistical code, including payroll, premium, and losses
- Keep disease experience separate from the class code experience as supplemental disease experience is **NOT** subject to experience rating



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Reporting Complex Exposure for Unit Data

Example

Class	Code	Exposure
Gas pipeline operators	7515	\$100,000
Supplemental Disease – Abrasive or Sandblasting	0059	\$75,000

Supplemental disease
claims use this Code



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Chapter 9: Catastrophe Provisions

Catastrophe Provisions

- NCCI files separate charges for terrorism exposure and catastrophe provisions for other than certified acts of terrorism
- Premium calculations are either based on exposure and rate (total payroll/100 x [catastrophe provision value] or based on a flat charge
- Premium charges for catastrophe provisions are applied after the standard premium

Catastrophe Provisions—Premium

- NCCI publishes catastrophe and terrorism advisory loss costs in the Miscellaneous Values pages of the **Basic Manual** by state

MISCELLANEOUS VALUES	
Basis of premium applicable in accordance with the Basic Manual notes for Code 7370 -- "Taxicab Co.":	
Employee operated vehicle.....	\$81,200
Leased or rented vehicle.....	\$54,100
Catastrophe (other than Certified Acts of Terrorism) - (Voluntary)	0.01
Expense Constant applicable in accordance with the Basic Manual rule.....	\$160
Terrorism (Voluntary)	0.01

Catastrophe Provisions—Premium Reporting

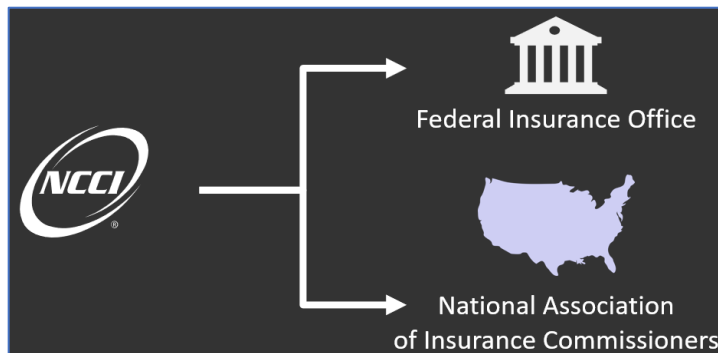
- When reporting catastrophe provision premium, use:
 - Statistical Code 9740 for Catastrophe provisions for terrorism
 - Rate field can accommodate two or three decimal places
 - Statistical Code 9741 for Catastrophe provisions other than certified acts of terrorism
- Premium charges must be reported separately under their designated statistical codes
- Premium charges must not be combined with the classification code premiums or other statistical code premiums
- If the charge is based on an exposure and rate:
 - Exposure, rate, and premium fields are reported with their appropriate amounts
 - Exposure Amount = Payroll (Exposure) Amount
 - Manual/Charged Rate
 - Catastrophe Provision Value for Terrorism
 - Catastrophe Provision Value for Catastrophe (other than Certified Acts of Terrorism)
 - Premium = Catastrophe Provision Premium
- If the charge is based on a flat premium:
 - Exposure Amount (zero-fill)
 - Manual/Charged Rate (zero-fill)
 - Premium = Catastrophe Provision Premium



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Catastrophe Provisions—Terrorism Data Reporting

- Part of NCCI's reporting service to the Federal Insurance Office and to the NAIC
- NCCI provides terrorism data to these industry organizations based on the data reported





Data Now Program (DNP) Reporting Complex Exposure for Unit Data

Chapter 10: Rate and Premium Adjustments

Company Rate Deviation

When a company deviates from NCCI's published rates or loss costs:

There are two options for reporting rate deviations:

- Authorized (deviated) rates directly for each classification code
- Flat percentage of the total premium with appropriate statistical code

Deviated Rates Example

Class Code	Exposure	Rate	Premium
3111	500,000	1.00	5,000
8810	100,000	0.05	50

Use authorized deviated rate

Flat Percentage Example

Class Code	Exposure	Rate	Premium
3111	500,000	1.10	5,500
8810	100,000	0.10	100
####	0	0.10	56

Use Stat Code Use actual rate

Company Rate Deviation Statistical Codes

If choosing a flat percentage, the statistical codes used is based on placement of the premium in the algorithm and if the premium is a credit or debit:

Statistical Code	Premium Adjustment	Placement
9037	Credit	Subject to Experience Rating
9034	Credit	Not Subject to Experience Rating
9039	Debit	Subject to Experience Rating
9036	Debit	Not Subject to Experience Rating



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State Exception

- Texas—No flat percentage option
- Virginia—No rate deviations

Flat Decrease/Increase to Rates

- NCCI's **Statistical Plan** states: In the case of split rates due to a flat increase or decrease to the rate on an outstanding policy, the resulting premium adjustment must be reported
 - Example: Law-only filings

Reporting a Flat Decrease or Increase

- NCCI allows carriers various methods to adjust the premium:
 - Statistical Codes:
 - 0994—Premium Credit Due to Flat Decrease to Rate
 - 0998—Premium Debit Due to Flat Increase to Rate
 - Split Periods
 - Apply the adjustment directly to the rates

Statistical Code Reporting Example

■ Premium Credit Due to Flat Decrease to Rate

Class Code	Exposure	Rate	Premium
0994	0	0.00	100

■ Premium Debit Due to Flat Increase to Rate

Class Code	Exposure	Rate	Premium
0998	0	0.00	100

Split Periods Reporting Example

Class Code	Split Period	Exposure	Rate	Premium
8810	0	50,000	1.00	500
8810	1	60,000	0.90	540



Data Now Program (DNP) Reporting Complex Exposure for Unit Data

Retrospective Rating Adjustments

- Retrospective rated policies are not guaranteed cost policies
- Final premium is based on the insured's actual loss experience during the policy term
 - Subject to a minimum and maximum premium
- Adjustments are performed periodically, after the policy is expired
 - First calculation is at 18 months; subsequent calculations are done every 12 months until all losses are closed out

Retrospective Rating Adjustments—Reporting

- Report the Header Record with a "Y" for the Retrospective Rated Policy Indicator
- Report Exposure Record with Audited payroll/premium on the 1st report
- Do not report:
 - Retrospective Premium adjustments
 - Correction reports to increase or decrease the audited premium due to retrospective adjustments

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