WORKERS COMPENSATION EXPERIENCE RATING

Risk Name: GILCHRIST COUNTY BCC **Risk ID:** 094010047

Rating Effective Date: 10/01/2026 **Production Date:** 05/18/2026 **State:** FLORIDA

State	Wt	Exp Excess Losses	Expected Losses	Exp Prim Losses	Act Exc Losses	Ballast	Act Inc Losses	Act Prim Losses	Split Point
FL	.20	151,151	239,876	88,725	108,886	48,070	160,679	51,793	19,000

(A) Wt	(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
.20		151,151	239,876	88,725	108,886	48,070	151,879	42,993

	Primary Losses	Stabilizing Value	Ratable Excess	Totals
	(I)	C * (1 - A) + G	(A) * (F)	(J)
Actual	42,993	168,991	21,777	233,761
	(E)	C * (1 - A) + G	(A) * (C)	(K)
Expected	88,725	168,991	30,230	287,946

	ARAP	FLARAP	SARAP	MAARAP	Exp Mod
					(J) / (K)
Factors		1.00			.81

NCCI'S EXPERIENCE RATING WORKSHEET SUMMARY PAGE NOW INCLUDES A COLUMN FOR
THE STATE'S APPROVED PRIMARY/EXCESS LOSS SPLIT POINT,
APPLICABLE TO THE RATING EFFECTIVE DATE.
RATING REFLECTS A DECREASE OF 70% MEDICAL ONLY PRIMARY AND EXCESS LOSS
DOLLARS WHERE ERA IS APPLIED.

WORKERS COMPENSATION EXPERIENCE RATING

Risk Name: GILCHRIST COUNTY BCC **Risk ID:** 094010047

Rating Effective Date: 10/01/2026 **Production Date:** 05/18/2026 **State:** FLORIDA

09-FLORIDA **Firm ID:** **Firm Name:** GILCHRIST COUNTY BCC

Carrier: 38849 **Policy No.** WCFL102110212223 **Eff Date:** 10/01/2022 **Exp Date:** 10/01/2023

Code	ELR	D-Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
1624	.828	.34	47,651	395	134	0419564	05	F	9,484	9,484
5509	2.241	.34	612,889	13,735	4,670	NO. 3	06	*	205	205
7590	1.148	.37	111,020	1,275	472	0411452	06	F	2,125	2,125
7704	1.454	.34	202,628	2,946	1,002					
7705	1.445	.40	1,066,055	15,404	6,162					
7720	1.050	.37	2,870,466	30,140	11,152					
8380	.767	.40	3,137	24	10					
8742	.089	.37	614,970	547	202					
8810	.050	.42	2,858,003	1,429	600					
8831	.598	.49	64,679	387	190					
9015	1.180	.40	170,408	2,011	804					
9102	1.162	.40	213,967	2,486	994					
9403	2.013	.34	402,415	8,101	2,754					
9410	.948	.42	86,412	819	344					
9765	WORKPLACE SAFETY (			-1,594	-590					
9841	DRUG-FREE WORKPLAC			-3,905	-1,445					
Policy Total:			**9,324,700**	**Subject Premium:**	**254,800**	**Total Act Inc Losses:**			**11,814**	

* Total by Policy Year of all cases $2,000 or less. D Disease Loss X Ex-Medical Coverage U USL&HW

C Catastrophic Loss E Employers Liability Loss # Limited Loss

WORKERS COMPENSATION EXPERIENCE RATING

Risk Name: GILCHRIST COUNTY BCC **Risk ID:** 094010047

Rating Effective Date: 10/01/2026 **Production Date:** 05/18/2026 **State:** FLORIDA

09-FLORIDA **Firm ID:** **Firm Name:** GILCHRIST COUNTY BCC

Carrier: 38849 **Policy No.** WCFL102110212324 **Eff Date:** 10/01/2023 **Exp Date:** 10/01/2024

Code	ELR	D-Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
1624	.828	.34	50,772	420	143	0431339	05	F	5,796	5,796
5509	2.241	.34	706,200	15,826	5,381	NO. 5	06	*	1,663	1,663
7590	1.148	.37	142,665	1,638	606					
7704	1.454	.34	293,700	4,270	1,452					
7705	1.445	.40	1,095,426	15,829	6,332					
7720	1.050	.37	2,961,889	31,100	11,507					
8380	.767	.40	44,740	343	137					
8742	.089	.37	517,132	460	170					
8810	.050	.42	3,386,334	1,693	711					
9102	1.162	.40	225,577	2,621	1,048					
9403	2.013	.34	392,274	7,896	2,685					
9410	.948	.42	91,637	869	365					
9765	WORKPLACE SAFETY (			-1,659	-611					
9841	DRUG-FREE WORKPLAC			-4,065	-1,496					

Policy Total:	**9,908,346**	**Subject Premium:**	**248,148**	**Total Act Inc Losses:**	**7,459**

* Total by Policy Year of all cases $2,000 or less. D Disease Loss X Ex-Medical Coverage U USL&HW

C Catastrophic Loss E Employers Liability Loss # Limited Loss

WORKERS COMPENSATION EXPERIENCE RATING

Risk Name: GILCHRIST COUNTY BCC **Risk ID:** 094010047

Rating Effective Date: 10/01/2026 **Production Date:** 05/18/2026 **State:** FLORIDA

09-FLORIDA **Firm ID:** **Firm Name:** GILCHRIST COUNTY BCC

Carrier: 38849 **Policy No.** WCFL102110212425 **Eff Date:** 10/01/2024 **Exp Date:** 10/01/2025

Code	ELR	D-Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
1624	.828	.34	53,990	447	152	0439573	05	F	4,939	4,939
5509	2.241	.34	927,371	20,782	7,066	0435119	05	O	127,886	19,000
7590	1.148	.37	170,387	1,956	724	NO. 5	06	*	1,297	1,297
7704	1.454	.34	323,917	4,710	1,601	0439644	06	F	3,115	3,115
7705	1.445	.40	1,236,967	17,874	7,150	0440511	06	F	4,169	4,169
7720	1.050	.37	3,984,282	41,835	15,479					
8380	.767	.40	40,727	312	125					
8742	.089	.37	409,466	364	135					
8810	.050	.42	3,588,494	1,794	753					
8831	.598	.49	66,200	396	194					
9015	1.180	.40	235,781	2,782	1,113					
9102	1.162	.40	258,961	3,009	1,204					
9410	.948	.42	109,272	1,036	435					
9765	WORKPLACE SAFETY (			-2,569	-954					
9841	DRUG-FREE WORKPLAC			-6,293	-2,337					

Policy Total: **11,405,815** **Subject Premium:** **256,726** **Total Act Inc Losses:** **141,406**

* Total by Policy Year of all cases $2,000 or less. D Disease Loss X Ex-Medical Coverage U USL&HW

C Catastrophic Loss E Employers Liability Loss # Limited Loss