

## MECHANIZED UNIT REPORTING

BY

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Although fifteen years have elapsed since the Compensation Unit Statistical Plan last served as the subject of a paper presented before this Society\*, the historical events of the interval may be summarized in a very few words. The essential features of the original plan have not been modified. Wartime personnel shortages in the offices of the carriers and the statistical agencies and the necessity for practicing economy have trimmed from the plan several items of minor importance and have reduced the number of successive reportings and of individual case reports to a minimum. Whereas some of these changes were inaugurated as temporary re-trenchments, it is not unlikely that they may assume permanence as the ability to get along satisfactorily on the curtailed basis is demonstrated in practice. The territorial scope of the plan has expanded to include additional states until at present the plan is effective in all jurisdictions which make use of the basic workmen's compensation manual. This long record of continuing usefulness, remarkable for an implement of compensation rating and rate making, and its universal adoption by many independent rating bureaus are convincing evidence that the unit report system is performing necessary and useful functions and doing them well.

It is not the purpose of the author to attempt a comprehensive survey of the application of machine methods to the preparation of unit reports nor to imply that mechanization is the reagent which will dissolve a majority of the troubles and worries of an harassed statistician. Rather, this paper will present a case history of the statistical procedures of a single carrier which uses machine methods for the final preparation of the first report of risk experience under the Compensation Unit Statistical Plan. Mechanization in this case has functioned smoothly for a period which extends well beyond the experimental stage and has produced substantial benefits and advantages. The principal value of a description of this nature lies in the possibility of its suggesting to others how certain ideas employed in the subject case can be utilized in improving their own attack on similar problems. This presentation is offered with this thought in mind and not with the purpose of holding up this particular system as a model to be copied in all details.

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In order to facilitate an understanding of the mechanical method here employed, it seems advisable to first describe in some detail the office procedures which are the source of compensation risk experience and to outline the method which was formerly employed in the preparation by hand of unit reports. This will provide a background for the explanation of the mechanical method currently used. The former system is not necessarily typical of that followed by other carriers, although it is one which could be used by any carrier which elected to do so.

## OFFICE PROCEDURES

In the case under review compensation risk experience is prepared directly from original sources as a special undertaking and is not compiled as a by-product of other records, such as those set up for accounting purposes. Exposure data are taken from original payroll audit reports as received from the auditor in the field. These payroll audit reports are initiated in the Home Office by preparing a skeleton form and in advance a face sheet for the file. This is sent to the auditor in the field just prior to expiration of the period to be audited. The auditor makes the audit, inserts earned exposure and premium and returns the file with his working sheets attached. From this report vouchers are prepared for premium billing purposes and the file is routed to the Statistical Department so that the exposure data for unit or class experience may be recorded.

Claim data for experience purposes are taken from claim files or from forms which are in process of becoming a part of the claim file. The claim is initiated in the field by receipt of an original notice of accident. A serially numbered "first" report, which shows an abstract of the coverage afforded by the policy, is prepared in the field office and is given to the investigator or adjuster. After investigation the first report form is completed by the adjuster, including original estimates of indemnity and medical losses. Following a short waiting period, which permits many small claims to be closed, the first reports on cases remaining open are submitted to the Home Office to form the basis of a Home Office claim file. Each claim file has a "backer" with space for the entry in chronological sequence of estimates of incurred cost and of each draft issued in payment of compensation, medical or assigned expense. At intervals the payments are accumulated to date and posted directly under the entry of the latest incurred cost estimate. This backer record of estimates and payments is the official source of loss data for experience purposes.

The claim file contains copies of awards, correspondence, medical bills pertaining to the case and copies of a special report form used in executing changes in the estimates of incurred costs during the life of the claim. When the claim is completely

paid a "final" report form is submitted by the field office to close the file. This final report was partially prepared as respects identification data and record of coverage as a carbon copy of the first report and was held in the field office until its use was required. The final report when completed and submitted shows the actual indemnity and medical costs of the claim. These amounts are posted on the claim file backer and are followed by the final entry of the accumulated paid amounts which, of course, agree with the final estimates.

First reports of claims received in the Home Office are routed through the Statistical Department shortly after their arrival. Also, closed claim files with the backer bearing amounts of incurred costs and containing the final report are similarly sent to the Statistical Department at an early date following termination. Each of these reports are stamped or initialed to indicate that they have passed through the Statistical Department and have been recorded. A continuing review of these notations by the custodians of the open and closed files serves to redirect to the attention of the Statistical Department any stray files which may have escaped from the prescribed path.

#### UNIT REPORTS BY HAND

The preparation of unit reports before the advent of the mechanical method was a comparatively simple but voluminous operation. The initial step was to prepare the list of risks to be reported, the information being obtained from the policywriting unit generally a full year and a half before the unit report was due to be reported. At the time each policy was written a hectograph impression of the policy information was imposed on the back of a blank risk experience report form (Form 21-38) This information included name and address of risk, policy term, state location, endorsement identification numbers, classification codes and estimated premium. This scratch copy or service copy of the unit report was filed in order by state, policy number and effective date in the Statistical Department and served as a tickler to denote that a risk report was due for compilation 18 months after effective date. If more than one state location was involved, extra cards were prepared and filed in the appropriate state files. Not taken cards were removed as soon as notification of their status was received. These service cards were used to receive entries of exposure and claim data taken from the audit reports or claim forms as they passed through the Statistical Department.

First reports of claims were shunted through a coding unit at which time the state assignment was checked, occupational disease claims and U.S.L. losses were marked and the classification code assigned to the claim. Discrepancies in the occupation of the injured as compared with classifications listed in the policy were

picked out for correction. Occasionally, it became necessary to defer coding of the claim for classification assignment until more information had accumulated in the claim file. From this first report the claim number was entered in pencil on the face of the service card. No other entries relating to this claim were made at the time.

Final reports of claims accompanied by the entire closed claim file and backer were likewise entered on the service card. In order to distinguish closed file entries from first report entries the former were made in ink and the complete information respecting the individual claim was entered, inasmuch as the claim had then attained a final status. Closed file entries were substituted for first report entries in those cases where a first report had been previously processed. If an individual report of the claim was required by the statistical plan this report was prepared from the information appearing in the closed claim file.

Payroll audit reports on annually audited policies were also entered on the service card in their final form. Reports on periodic audit policies were accumulated on a separated slip attached to the service card with a notation as to the period covered. When the last audit report form on such a policy was received the accumulated entries were carried to the face of the service card.

As the valuation date for risk reporting approached, the service card was reviewed to determine if there were open cases, i.e. those showing first report entries in the form of claim numbers in pencil. In such cases the claim files were requested and the estimated cost of the claim as of the valuation date, according to the record appearing on the claim file backer, was taken as the incurred cost to be entered on the risk report. If an individual case report was required on the open case this too was prepared at this time. After the information on open claims was obtained the service card was checked to make certain that all audits had been received and entered. The service card was then referred to the typist who prepared the final copy of the unit report for transmittal to the statistical agency. In the typing operations it was found advantageous to use fan-fold forms with a registering device in order to avoid a time waste in inserting forms and carbons in the typewriter. The use of continuous forms was a helpful factor in developing a mechanical process for the preparation of the unit reports.

After the unit reports had been filed copies were referred to the punch unit for the purpose of recording the experience on punch cards. The tabulation of the carrier's own classification experience from these punch cards in a form similar to old Schedule Z was used for underwriting guidance as the volume of experience was sufficient to produce information of value for this purpose. The procedure just outlined was followed until about three years ago when it was suggested that mechanical steps could be introduced which might result in a considerable saving of clerical

effort. It was reasoned that, if the completed risk experience were eventually to be transferred to punch cards, there was an opportunity for economy in first preparing the punch cards directly from original sources and then using them to build the final report. The problem of designing a report form which resembled the standard form in arrangement, size and content and which was susceptible to mechanical preparation was a difficult one involving as it did the design of punch cards, the development of a proper machine technique and many other details inherent in the mechanical method. The problem was satisfactorily solved through the collaboration of several members of the staff, not including the writer.

### MECHANICAL METHOD FORMS

The final risk experience report as prepared by the mechanical method takes the form illustrated in Figure 1 and described in the accompanying text. This is prepared by the printer-tabulator on fan-fold forms which are fed into the machine by a registering device. Perforated strips along the edge of the form required to operate this device are later removed. Each line on the report form is the transcription of a punch card or the summary of a group of homogeneous cards. For example, lines in the heading of the report are each taken from a single card and many of the loss items are single cards. The exposure data for each class may be the summary of several cards each representing the results of one of several periodic audits. The totals of medical only cases by classification may be the summary of a number of cards. The totals of exposure and losses appearing at the bottom of the report are accumulations for the entire report. The punch cards are placed in the printer-tabulator in proper sequence and the machine is controlled by the policy number and state which appears on every card and by other fields, such as coverage and classification code.

There are two forms of punch cards used in this process. One is designated "Compensation Unit Plan - Name Card" (IBM 739018) and is reproduced in Figure 2. There may be as many as four of these cards required for a single risk in order to supply the information which appears on the first four lines of the finished report.

The second punch card is designated "Compensation Experience" (IBM 739241) and is illustrated in Figure 3. This form is used both for exposure and premium and for losses.

### NAME CARDS

Name cards are eventually prepared from a risk service card which is identical with the scratch copy service card of the hand method and which carries a hectograph impression from the master copy used in preparing the policy. The service card is made up

simultaneously with the issuance of the policy. The service card is first sent to the punch unit where a simple punch card is cut showing policy number, period of coverage and state location. These are later used to prepare a tabulator list for each state and month which is used as a check list to make sure that every policy is reported. The service card is then filed in a tub desk in the Statistical Department. During the currency of the policy it is used to register payroll audit reports received by the Statistical Department. A notation is made of each audit report received showing the period covered by the audit and the state location if the risk is an interstate risk. The service card is also used to record special "conditions affecting coverage" which must be noted on the final report. At the time that the payroll audit reports are noted on the service card, the audit reports are coded using a four digit code which indicates the following -

Coverage - such as state, U.S., O.D., etc.

Exposure Code - indicating whether payroll exposure or miscellaneous exposure base is used.

Exposure Kind - for other than payroll bases such as per capita, flying hours, etc.

Rate Change - used to denote whether the premium is derived from the original rates set forth in the policy or by a later series of rates such as might be the result of a rate revision applying to all outstanding policies.

After the audits have been coded for coverage they are sent to the punch unit where exposure and premium punch cards are prepared as described later.

Several weeks before the reporting date the service cards for the month are reviewed and all cards showing a full complement of audits are released to the punch unit for the preparation of name cards. The remaining cards are checked against a list of "no adjustment" risks which has been obtained from the Payroll Audit Department indicating that no audit will be made of the risk and the service cards on any risks in this category are then released to the punch unit with the "no adjustment" notation appearing on the service card. Other risks, where audits are not as yet complete, are checked with the records in the Payroll Audit Department and, if the missing audit is delayed, the proposal for the risk is pulled and estimated figures are noted on the service card by class corresponding to the estimates used as the basis for the advance premium. The service card is marked "estimated amount" and

then submitted to the punch unit for the preparation of the necessary name cards.

There will be several name cards prepared for each risk, each bearing the policy number, state and policy month and year in Columns 2 to 13 for collating purposes. Name card #1 carries the data appearing on the first line of the finished report, such as policy number, policy form, effective date, expiration date and state. Name card #2 shows the name of the risk. The address and location of the risk, if they are required, are punched on succeeding name cards (#3 or #4). The last name card, #3 or #4, is used to record special conditions, such as, excess limits applicable to Paragraph 1b, cancellation date if the policy is cancelled prior to normal expiration and a notation as to the source of the exposure data in the event that it was not taken from a regular payroll audit, such as, "estimated", "statement" or "no adjustment". After the name cards are cut they are held until the corresponding premium and loss cards are ready for tabulating.

#### PAYROLL AND PREMIUM CARD

As has been mentioned previously, the payroll and premium card is punched directly from the payroll audit report after the proper coverage codes have been applied to the face sheet of the payroll audit file. The premium card carries the policy number, state, policy month and year in Columns 2 to 13 inclusive for the purpose of bringing together in the tabulating process the premium card with name card and loss cards for the same risk. In addition to the four digit coverage code previously described the card carries the classification code number, payroll amount and premium amount and the rate. One card is punched for each item appearing on the payroll audit report. The premium cards are accumulated throughout the year in an accumulation file. The cards are maintained in this file in order by effective month and year.

#### LOSS CARDS

Loss cards of one type are cut from first reports as these claim papers clear through the Statistical Department. A first report indicates an open claim and is treated differently than a final report. From the first report a "valuation" card (Kind 9) is prepared using Form 739241 but omitting all information following claim number (Column 48). The valuation card thus carries the policy number, state and effective year and month which are common to all punch cards used in the mechanical method. The card also carries the adjusting office code and claim number as the former may be useful in locating claim files. Note that the amounts of estimated incurred indemnity and medical are omitted as these are quite apt to change before the risk reporting date arrives. The

purpose of the valuation card is to indicate later that the latest estimates of incurred costs must be obtained at time of report. The valuation cards are placed in an accumulation file after they have been verified.

As has been described earlier, the final claim report is the notification from the field that the claim has been terminated. When this is received the entire file is routed to the Statistical Department as a closed file. Closed files are first reviewed to determine whether an individual case report is required and, if so, one is prepared. The file is then sent to the punch unit where a second type of loss card is cut on Form 739241. This card commonly referred to as a "loss" card (Kind 7) records every item of information pertinent to the claim and required to be reported. The loss card is identical with its corresponding valuation card so far as the latter has been completed. This fact is later used in a matching process which permits valuation cards with replacing loss cards to be discarded. The loss card also records the amounts of indemnity and medical incurred costs, accident date, the "F" designation to denote a closed file and claim counts for indemnity and medical separately. After verification the completed loss card is placed in an accumulation file.

The accumulation files of claim cards, premium cards, loss cards and valuation cards are maintained with the cards arranged in order by month and year regardless of state. In the preparation of punch cards each card is punched from the original record and turned over to a verifier who sits beside the original operator. This verification insures that every item is punched correctly. After the punch card is verified the card is placed in a tray and transferred from there to the accumulation file. Due care is exercised to see that the cards are not disturbed in transit.

## PRELIMINARY TABULATIONS

There are certain preliminary tabulations which are required shortly before proceeding with the preparation of the final unit reports. These are necessary to insure that the cards are in proper order and that there are no obvious errors which can be easily corrected at this stage and which otherwise would spoil the final run of the cards.

The name cards are sorted to policy number, state and proper sequence by kind and then listed. The result is a listing of the headings of all of the final report forms. This list is inspected for errors and any necessary corrections are made.

The premium cards are sorted to policy number, state, coverage and classification and a preliminary list is made which serves as a check list and is of assistance in verifying classification assignment of losses or in locating missing cards, in case any should go astray in later operations.



Approximately a month previous to valuation date the loss cards and valuation cards are each sorted to claim number order. The two sets of cards are matched against one another and all valuation cards which have no corresponding loss cards are ejected and listed. This list represents a record of all open cases, the claim files for which must be pulled and consulted in order to obtain the latest estimates of incurred cost as they appear on the claim file backer at valuation date. These estimates are entered on the list opposite each claim number with a notation as to the kind of injury involved. The list is then referred to the punch unit and two complete loss cards are cut for each open claim, one, a plus card to be substituted for the valuation card in the current operation, and the other, a minus card which will later be added to the loss cards in preparation for the second reporting run one year hence.

The valuation cards which are found to match loss cards in this preliminary run are discarded as of no further value.

The loss cards which match valuation cards are listed to provide a check list for possible future reference.

Also, at this time the loss cards augmented by those which have been substituted for valuation cards are sorted by accident date under each policy number to uncover any multiple claim accidents or catastrophes which may exist in the experience. Claim files are consulted to run down these leads and to ascertain which, if any claims, result from the same accident.

Again, in order to true up the reporting, classification codes assigned to losses under each policy number are matched with the classification codes of the premium cards of the same policy number to ascertain if there are any errors in class assignment of losses. Mismatched losses are listed, claim files drawn and corrections made as may be necessary.

## FINAL TABULATION

After the preliminary listings have been run and the adjustments and corrections which were indicated by them have been completed we figuratively are ready to make the final tabulation. There is now available three sets of cards in final condition and order, name cards on risks which have a full complement or complete history of audits, premium cards for all exposures under each policy and loss cards on closed claims supplemented by substitute loss cards on open claims carrying estimated incurred costs as they appeared on the claim file backer at valuation date. Each set of cards is in state and policy number order. The cards are now interspersed, with name cards leading in proper sequence under each policy number and followed by premium cards in coverage code and classification code order and loss cards in coverage code and classification code order and with loss cards involving indemnity

amounts preceding medical only cases. The cards are then fed into the printer-tabulator under control of a wiring board which is extremely intricate. With each change of policy number the strip of forms advances to the proper position to start a new final report. The name cards are transcribed in order and the exposure totals are accumulated by coverage and classification and then recorded. Special type bars are used in the machine to translate coverage codes into symbols. Losses are listed individually except that non-compensable medical items for each class are summarized. If the list of exposure and loss items is too large to be accommodated on one form, the excess items are carried along to the succeeding forms, automatically skipping the four lines at the top of the form designed for name card data. The identification data on second and subsequent forms in such cases are typed in later. After the detail cards for each policy number have been listed on the form the machine records exposure and loss totals and claim count at the bottom of the form in their respective blocks. Besides an original report several carbon copies are prepared by means of multiple forms with interleaved carbon paper. One of these carbon forms is set up in green ink to denote that it is to be used for experience rating purposes.

The stack of completed forms is next reviewed by the Statistical Department, borders are removed, identification data are inserted on second cards and miscellaneous exposures are totaled and typewritten. The cards are then serially numbered and are ready for shipment after transmittal controls have been established.

It has been found advantageous to break up the preparation of the unit reports into several sections. For example, priority is given to retrospected rated risks because of the need for early reports on risks of this type. Also, it has been found expedient to deal next with the group of risks which have experienced no losses or which have all closed losses at report date. This group comprises a large part of the total run and they can be completed while work is progressing in securing estimates on open losses for other risks. As each report is completed and numbered it is checked off on the list of service card policy numbers which was prepared 18 months previous in order to insure that all policies will be reported to the experience agency.

From the preceding description it should be evident that mechanized unit reporting as here practiced is not a simple straightforward operation which can be undertaken by any carrier without deliberate study of many problems which are bound to be created by its adoption. There is a vast amount of preparatory work requiring meticulous care and accuracy before the button can be pushed to produce the final report. The method may not be particularly advantageous to a carrier which is uninterested in the by-product tabulation of its own classification experience or to the carrier of large risks which can turn to the experience of several risks

for an indication of current underwriting trends in a particular industry.

However, the mechanical method does have some very definite advantages. Immediately after the release of the unit reports there is available for statistical analysis a punch card record of the carrier's own experience from which may be prepared an aggregate classification experience and other studies. The finished reports are superior in appearance and legibility to those prepared by hand. The speed of preparation is accelerated for many risks, such as those having no open losses and this results in an earlier reporting of the whole experience. The reports are more accurate by reason of the mechanical check of loss classification assignments and the freedom from the necessity of spotting and correcting any typographical errors in the finished product. The most welcome advantage in the subject case was realized in the saving in clerical effort which resulted from the introduction of the mechanized procedure. Coming at a time when new clerical assistance was scarcely obtainable the clerks released from unit reporting were speedily transferred to statistical work for other lines of business where they were badly needed.

The reports prepared mechanically have been accepted by most statistical filing agencies who have been very gracious in their willingness to disregard the inconvenience of a slightly different arrangement of items in the report. The method seems to be working satisfactorily and there is reason to expect that it will continue to do so. When the Compensation Unit Statistical Plan is next subjected to a thorough overhauling at some date in the future, it would be desirable to make a studied effort looking toward the development of a reporting system more easily adaptable to mechanical methods for all reporting carriers. In this direction lies progress.

#### FINAL REPORT FORM

There is shown in Figure 1 a fac-simile of the final unit report form. The top line of the card lists the policy number, policy form, effective and expiration dates and the state location of the risk. In the case of interstate policies endorsed after the effective date to provide coverage in an additional state a notation "End" and the effective date of the added coverage will appear in the third line of the heading. Reports for canceled policies show the date and mode of cancellation (short rate cancellation is indicated as S.R. and pro rata cancellation as P.R.). The expiration date on canceled policies is the date of cancellation. The state block carries the abbreviation of the state. In the case of interstate policies there will be a report for each state covered by the policy with the symbol "&" shown after the state abbreviation.

The second line of the headings shows the name of the assured. The third line of the report shows the "conditions affecting

coverage" but in the event that address and location are required the third and fourth lines will indicate this information and the last line will be used to indicate conditions affecting coverage such as ex-medical and excess limits on lb coverage. In the event that the policy premium was determined by any mode other than an audit a notation will appear indicating that the exposure was obtained by a "statement" or "final audit not made" if such conditions prevail.

In the body of the report form the classification code appears in the first column opposite each item. All exposure items will be in class order followed by loss items also in class order. The coverage column indicates either standard coverage or occupational disease coverage as denoted by the symbols appearing in the key at the bottom of the printed report form.

Miscellaneous exposures, such as per capita, are indicated by a symbol in the lefthand part of the payroll column. The key to these symbols is found at the bottom of the report. The dotted line in the payroll field serves as the decimal point in reporting per capita exposures. The premium column is used for the premium for each exposure item. For each loss item this field will be used for showing accident date if this information is required.

The next column is used to indicate the rate for lines opposite exposure items. For lines opposite loss items this column is used for claim number or for a count of non-compensable medical cases by classification. The dotted line in this column indicates the decimal point in the rate. The type column indicates the type of loss and the key at the bottom of the card interprets this designation. The incurred indemnity amounts and incurred medical amounts are shown in their respective columns. The code in the coverage column distinguishes between standard and various other coverages. The last column designates open cases by the symbol 0 and closed cases by the symbol F.

At the bottom of the card are shown several exposure totals. Standard coverage, payroll and premium and occupational disease payroll and premium are shown in their respective fields. Any miscellaneous exposure appears opposite the item "all others". On the righthand side of the card there is shown the number of claims and the total amounts of indemnity and medical losses separated between standard and occupational disease coverages.

POLICY NUMBER	POLICY FORM	EFFECTIVE DATE	EXPIRATION DATE	STATE	ADM. FILE NO.	REP
1257435	UB	1/1/43	12/1/43	VA		
ADAMS BROTHERS CO INC					RISK SERIAL CARD NO.	1
P R 12 1 43						

DO NOT WRITE HERE	CLASS	*COV.	†	PAYROLL	PREMIUM ACCIDENT DATE	NO. OF NON COMP. CASES RATE - CL. NO.	** TYPE	INCURRED INDEMNITY	INCURRED MEDICAL	O/F
	0021	S				4				
	0912	S	P	9		8	9000			
	5538	S		16222	308	1897				
	5551	S		26884	1785	6639				
	8010	S		38605	265	686				
	8742	S		36863	115	313				
	8810	S		35553	25	071				
	5538	ODB		16222	3	020				
	5551	ODB		26884	5	020				
	8010	ODB		38605	8	020				
	8742	ODB		36863	4	010				
	8810	ODB		35553	4	010				
	5538	S			10 20 3	5828273	N	645	143	O
	5538	S			11 16 3	5828440	T	112	4	F
	5538	S				1	X		5	F
	5551	S			11 22 3	5828104	T	15	23	F
	5551	S				2	X		15	F

EXPOSURE TOTALS Form 21-38-C-8823A	STANDARD COVERAGE	154127	2510	06	TOTAL LOSSES	STANDARD	772	190				
	O. D. COVERAGE	154127	24	NO. CLAIMS	STANDARD	772	190					
	ALL OTHERS	PC	9	†M - Misc. Exposures P - Per Capita H - Flying Hours D - Discounts V - Vol. Firemen	**D - Death, P - Permanent, M - Major, N - Minor, T - Temporary Total, X - Non Comp. Medical, C - Contract Medical, E - Allocated Claim Exp. O.D.1(b) Only.	PR. SIZE	IND. GR.	TYPE	IND. SCHED.	COV.	MANUAL PREMIUM	E. M.

Figure 1 - Unit Report prepared by alphabetic-tabulator.

PATENTED-MOORE BUSINESS FORMS, INC., WILMINGTON, DEL.

MECHANIZED UNIT REPORTING

1 1 25743545013		1 257435 UB		1 1 43		12 1 43 VA		# 3,3,6-8 CARDS # 1 CARD	
NAME CARD	POLICY NUMBER	POL. YR.	STATE	POLICY NUMBER (DES.)	POLICY FORM (ALPHA.)	EFFECTIVE DATE	EXPIRATION DATE	STATE (ALPHA.)	
0	0	0	0	0	0	0	0	0	0
1	2	4	5	1	1	1	1	1	1
1	1	1	1	1	1	1	1	1	1
COMPENSATION UNIT PLAN-NAME CARD									

2 1 25743545013		ADAMS BROTHERS CO INC						# 3,3,6-8 CARDS # 1 CARD	
NAME CARD	POLICY NUMBER	POL. YR.	STATE	POLICY NUMBER (DES.)	POLICY FORM (ALPHA.)	EFFECTIVE DATE	EXPIRATION DATE	STATE (ALPHA.)	
0	0	0	0	0	0	0	0	0	0
1	2	4	5	1	1	1	1	1	1
1	1	1	1	1	1	1	1	1	1
COMPENSATION UNIT PLAN-NAME CARD									

3 1 25743545013				P R 12 1 43				# 3,3,6-8 CARDS # 1 CARD	
NAME CARD	POLICY NUMBER	POL. YR.	STATE	POLICY NUMBER (DES.)	POLICY FORM (ALPHA.)	EFFECTIVE DATE	EXPIRATION DATE	STATE (ALPHA.)	
0	0	0	0	0	0	0	0	0	0
1	2	4	5	1	1	1	1	1	1
1	1	1	1	1	1	1	1	1	1
COMPENSATION UNIT PLAN-NAME CARD									
2	2	2	2	2	2	2	2	2	2
← NAME - ADDRESS - LOCATION									
3	3	3	3	3	3	3	3	3	3
← SPECIAL CONDITIONS									
4	4	4	4	4	4	4	4	4	4
← LIMITS									
5	5	5	5	5	5	5	5	5	5
← CAME. OR END. DATE									
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9
THE TRAVELERS (CAS. ACT'N) 51-43									

Figure 2 - Showing the three Name Cards used in the preparation of the Unit Report of Figure 1.

61257435450136000		5538101		622200308		01897				
POLICY NUMBER	STATE	POL. YR.	CLASS	PAYROLL	PREMIUM	CLAIM NO.	INCURRED	INCURRED	ACCIDENT	DATE
0000000000	00	00	0000	000000	000000	000000	00	00	00	000000
COMPENSATION EXPERIENCE										

Premium  
Card

6125743545013		1		1465828273						
POLICY NUMBER	STATE	POL. YR.	CLASS	PAYROLL	PREMIUM	CLAIM NO.	INCURRED	INCURRED	ACCIDENT	DATE
0000000000	00	00	0000	000000	000000	000000	00	00	00	000000
COMPENSATION EXPERIENCE										

Valuation  
Card

71257435450130000		55381		5828273142100		6451014310203				
POLICY NUMBER	STATE	POL. YR.	CLASS	PAYROLL	PREMIUM	CLAIM NO.	INCURRED	INCURRED	ACCIDENT	DATE
0000000000	00	00	0000	000000	000000	000000	00	00	00	000000
COMPENSATION EXPERIENCE										
2222222222	2	2	2	2	2	2	2	2	2	2
3333333333	3	3	3	3	3	3	3	3	3	3
4444444444	4	4	4	4	4	4	4	4	4	4
5555555555	5	5	5	5	5	5	5	5	5	5
6666666666	6	6	6	6	6	6	6	6	6	6
7777777777	7	7	7	7	7	7	7	7	7	7
8888888888	8	8	8	8	8	8	8	8	8	8
9999999999	9	9	9	9	9	9	9	9	9	9

Loss  
Card

MECHANIZED UNIT REPORTING

Figure 3 - Experience cards used in preparation of Unit Report of Figure 1. These have been prepared by an alphabet printing puncher which is not ordinarily used for the operation.