



LOSS PORTFOLIO TRANSFER (LPT) APPLICATION

To consider the transfer of applicable losses, Safety National Casualty Corporation will need information regarding current and previous programs. Please answer all questions as thoroughly as possible using additional paper, if necessary. Include current financial statements and actuarial reports, if available.

1) General Information:

A. Legal name of applicant (and subsidiaries, if applicable): _____

B. Mailing Address: _____

C. Description of operations: _____

D. LPT coverage terms requested (occ. dates / limits): _____

E. In which applicable states or jurisdictions has applicant operated? _____

F. What is the reason for the LPT? _____

2) Service company

A. Name of service company: _____

B. Address of service company: _____

C. Contact and telephone number: _____

D. Provide details of types of service that will be provided by service company: _____

E. Does service contract require that claims be handled to conclusion? yes no If "no", provide details.

F. How many years has service company had service contract with applicant? _____

G. Is computer tape transfer of loss data feasible? _____

SAFETY NATIONAL CASUALTY CORPORATION

1832 SCHUETZ ROAD ST. LOUIS, MO 63146 (314) 995-5300 FAX (314) 995-3843

3) Coverage Information (please provide information for LPT coverage Dates and other applicable coverage information such as AD&D policies, etc.)

A. Policy Terms

POLICY PERIOD	CARRIER	TYPE OF COVERAGE	POLICY LIMIT (S) SPECIFIC (A) AGGREGATE	SELF-INSURED RETENTION	AGGREGATE ATTACHMENT

B. Payroll Information

POLICY PERIOD	W.C. CODE NO.	CLASSIFICATION	NO. OF EMPLOYEES	AUDITED PAYROLL	MANUAL PREMIUM

4) Loss History Provide a detailed loss run of **open claims** and a summary of **all claims** for each year to be included in the proposed LPT. Each loss run should be current and have the same valuation date.

A. **Summarize** loss experience even though submitting loss run details.

POLICY PERIOD	NO. OF CLAIMS	PAYMENTS	RESERVES	TOTAL INCURRED	VALUATION DATE	OPEN OR CLOSED
TOTAL						

B. Provide a detailed loss run outlining serious injuries and all claims with total incurred costs in excess of \$50,000 for all years to be included in the proposed LPT.

C. Attach loss triangulation of all claims included in the proposed LPT with six month and / or annual valuations of paid and incurred.