

MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC  
7701 FRANCE AVENUE SOUTH, SUITE 450  
MINNEAPOLIS, MINNESOTA 55435  
(952) 897-1737(Voice) (952) 897-6495(Fax)

Western National Mutual Insurance C  
4700 West 77th St  
Edina, MN 55435-4818

Name: JORDANS CRANE & RIGGING INC  
Combo Group ID: 003192843  
Coverage Group ID: 3192843  
Rating Date: 01/12/19 to 01/12/20  
Carrid: 15865  
Policy: WCV1002305

WE HAVE CALCULATED AN EXPERIENCE MODIFICATION FACTOR OF .90 TO BE APPLIED TO WORKERS' COMPENSATION PREMIUMS EFFECTIVE 01/12/19 TO 01/12/20. THIS MODIFICATION FACTOR WAS BASED ON INFORMATION SUPPLIED TO US BY THE INSURANCE CARRIER(S) LISTED ON THE ATTACHED SHEETS.

PLEASE CONTACT THE APPROPRIATE INSURANCE CARRIER FOR SPECIFIC INFORMATION ON CLAIMS DETAIL, OR CALL OUR OFFICE IF YOU HAVE QUESTIONS CONCERNING THE CALCULATION OF THE EXPERIENCE MODIFICATION. THE INFORMATION CONTAINED WITHIN THIS FORM WILL BE PROVIDED TO ANY INQUIRING PARTY UNLESS THE EMPLOYER SPECIFICALLY DIRECTS US IN WRITING NOT TO DO SO.

THIS MODIFICATION IS SUBMITTED FOR INFORMATIONAL PURPOSES. THE PREMIUM CHARGED ON YOUR POLICY MAY BE AFFECTED BY FACTORS OTHER THAN THE EXPERIENCE MODIFICATION FACTOR. THE MODIFICATION USED IN THE FINAL PREMIUM CALCULATION WILL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE INSURANCE POLICY AND APPLICABLE STATE LAWS AND REGULATIONS.

YOU ARE URGED TO RETAIN THE ATTACHED DOCUMENT AS A PART OF YOUR WORKERS' COMPENSATION INSURANCE RECORDS AS IT CONTAINS IMPORTANT INFORMATION WHICH MAY BE USEFUL IN OBTAINING COMPETING BIDS ON YOUR INSURANCE COVERAGE.

**EMPLOYER**

JORDANS CRANE & RIGGING INC  
PO BOX 275  
ROGERS, MN 55374

DATE PRINTED: 09/12/18

# MINNESOTA WORKERS' COMPENSATION EXPERIENCE RATING

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COMBO GROUP ID: 003192843

RATING DATE: 01/12/19 to 01/12/20

COVERAGE GROUP ID: 3192843 JORDANS CRANE & RIGGING INC

CARRIER: 15865 Western National Mutual Insurance Company

POLICY: WCV1002305

Risk Name	Address	City	ST	Zip
JORDANS CRANE & RIGGING INC	PO BOX 275	ROGERS	MN	55374
JORDANS EQUIPMENT RENTAL INC	PO BOX 275	ROGERS	MN	55374

Policy Effective Date	Policy Number	Actual Incurred Losses	Actual Primary Losses	Expected Losses	Expected Primary Losses
01/12/15	WCV1002305	0	0	3,706	964
01/12/16	WCV1002305	0	0	4,699	1,222
01/12/17	WCV1002305	0	0	3,314	862
EXPERIENCE TOTALS: A =		0	B= 0	11,719	3,048

MCPAP Factor x .89 x .89  
C = 10,430 D = 2,713

Experience Mod Formula

Actual Calculation

Weight Factor

E = .06

$$1 + \frac{(A - C)(E) + (B - D)(1 - E)}{C + F} = 1 + \frac{(-10,430)(.06) + (-2,713)(.94)}{32,555}$$

Ballast Factor

F = 22,125

Experience  
Modification

.90

Printed Date: 09/12/18

# MINNESOTA WORKERS' COMPENSATION EXPERIENCE RATING

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COMBO GROUP ID: 003192843

RATING DATE: 01/12/19 to 01/12/20

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CARRIER: 15865 Western National Mutual Insurance Company

POLICY: WCV1002305

Carrier 15865

Policy # WCV1002305

Effective 01/12/15 to 01/12/16

Claim Number or #claims	Class Code	Inj Typ	Open = 0 Closed = 1 Reopen = 2	Actual Incurred Losses	Primary Actual Losses	Class Code	Payroll	Exp. Loss Rate	Expected Losses	D Ratio	Primary Expected Losses
						9534	197,126	1.88	3,706	.26	964
POLICY TOTALS:				0	0		197,126		3,706		964

Carrier 15865

Policy # WCV1002305

Effective 01/12/16 to 01/12/17

Claim Number or #claims	Class Code	Inj Typ	Open = 0 Closed = 1 Reopen = 2	Actual Incurred Losses	Primary Actual Losses	Class Code	Payroll	Exp. Loss Rate	Expected Losses	D Ratio	Primary Expected Losses
						9534	249,934	1.88	4,699	.26	1,222
POLICY TOTALS:				0	0		249,934		4,699		1,222

Carrier 15865

Policy # WCV1002305

Effective 01/12/17 to 01/12/18

Claim Number or #claims	Class Code	Inj Typ	Open = 0 Closed = 1 Reopen = 2	Actual Incurred Losses	Primary Actual Losses	Class Code	Payroll	Exp. Loss Rate	Expected Losses	D Ratio	Primary Expected Losses
						9534	176,261	1.88	3,314	.26	862
POLICY TOTALS:				0	0		176,261		3,314		862