

Ledger Page

No.....

EMPLOYER'S REPORT TO COMMISSIONER OF FINANCE

for purposes of determining amount of premium for Workmen's Compensation Insurance, required under Title 24,
Chapter 11, Section 275, of the Virgin Islands Code

Name of Business Establishment and/or

Employer Address..... Nature of Business

(If several, submit separate report for each business)

Location of Employment..... Telephone No.....

	CLASSIFICATION OF EMPLOYEES (use description of occupation as classified in Handbook on Workmen's Compensation Insurance)	* salaries and wages paid from..... to	CODE	PREMIUM RATE	PREMIUM AMOUNT
Number of Employees					

INDICATE IF THE EMPLOYER IS INCLUDED IN
THIS REPORT YES..... NO.....

TOTALS

(If Business Discontinued indicate by
writing "Final Report")

\$

* State "ESTIMATED" "ACTUAL"

EXPERIENCE RATING PLAN

Premiums payments received over the past 3 calendar years

to \$

Claim Payments made over the past 3 calendar years

to \$

Ratio of Chargeable Claim Cost to Premium Payments

(\$ ÷ \$) = %

CREDIT ON PREMIUMS FOR SUBSEQUENT YEAR %

INCREASE IN PREMIUM FOR SUBSEQUENT YEAR %

BILLING

Estimated Premiums paid for

CY..... \$

Actual Premium for CY..... \$

Additional Premium or Credit
due for CY..... \$

Experience Rating Credit or
Increase CY..... \$

Total Premium due for CY..... \$

Signature

Title

Print Name

Date

NOTE: Prepare this report in Duplicate.
Submit original and one copy to the Government Insurance Fund, Depart
ment of Finance