LUBA Casualty Insurance Company
SELF-REPORTING WORKSHEET

Policy Year:

Agent:

Rating State: LA
Payment Due:

Policy No.: 028000015009106 Division: 0 Reporting Period:

(1) Code	(2) Classification	(3) Payroll	(4) Rate	(5) Premium
	**** If no payrolls, report "none" ****			

Discounts included in lines (9) (13): (7) increased limits 1% for 500/500/500 (min $50) 2% for 1,000/1,000/1,000 (min $75) ←	(6) Total Manual Premium	
	(7) Increased Limits	+
	(8) Subtotal	=
	(9) Discount factor before modifer	x
	(10) Subtotal	=
	(11) Experience Modifier	x
Months not reported:	(12) Subtotal	=
	(13) Discount factor after modifer	x
	(14) Total Premium Due	=
Make check payable to: LUBA Workers' Comp P.O. Box 98082 Baton Rouge, LA 70898-9082	(15) Foreign Terrorism .000	+
	(16)	+
	(17) Previous Balance	+
	(18) Total Due	=

For billing inquiries, call: ACCOUNTING DEPT (225) 389-5822 Print Date:

Signature: _____ Title: _____ Date: _____

Instructions:
Enter the payroll for each class code into column (3). Multiply by the rate in column (4), and then by .01, round to the nearest dollar, and place the result in column (5). Total the premium in column (5), and enter the result in box (6). Multiply box (6) by the Increased limits percentage, round to the nearest dollar, and place the result in box (7). Add box (7) to box (6), and place the result in Subtotal box (8). Multiply box (8) by the Discount factor before modifier (9), round to the nearest dollar, and place the result in Subtotal box (10). Multiply box (10) by Experience modifier (11), round to the nearest dollar, and place in Subtotal box (12). Multiply box (12) by the Discount factor after modifier (13), round to the nearest dollar, and place the result in Total Premium Due (14). For box (15), the total reported payrolls (minus per capita payrolls) must be dividied by 100 and then multiplied by the Foreign Terrorism rate and rounded to the nearest dollar. Multiply the State Tax % by box (14) and box (15) and place the result in box (16). Add the Previous Balance from box (17) to box (14) thru box (16). Place the result in box (18). Please attach a check for this amount to the completed form and return.