

Mettler-Toledo, LLC

Address	1900 Polaris Parkway, Columbus, OH 43240-4035
Phone	(800) METTLER (800) 638-8537
Fax	(614) 438-4900

www.mt.com

January 11, 2024

Dear Valued Customer:

Thank you for your inquiry of METTLER TOLEDO's safety program.

METTLER TOLEDO is a global manufacturer and marketer of precision instruments for use in laboratory, industrial, and food retailing applications. In addition to a broad product offering, METTLER TOLEDO has one of the largest global sales and service organizations among precision instrument companies. The company's various organizations currently operate under their own safety programs pertaining to their specific sub-groups or divisional business areas. The information included in this packet pertains to Mettler-Toledo, LLC (US-MO Division) only. Under Mettler-Toledo, LLC, the US-MO Division is responsible for operating the marketing, sales, and service sub-groups of the Laboratory, Industrial, and Retail divisional business areas in the United States.

METTLER TOLEDO is committed to conducting its operations in compliance with applicable regulations and to providing a safe work environment for our employees. We are pleased that, by the very nature of your request, you have shown this same commitment. We receive many requests for information and in response have compiled this comprehensive Safety Self-Assessment packet. The packet should address the intent and/or requirements of your questionnaire, supplier survey, or qualification documents. If you have concerns that are not specifically addressed by the enclosed material, please contact the safety department directly at the email or phone number below.

Regards,



Jennie Sizemore
EH&S Coordinator
METTLER TOLEDO North America
Jennie.Sizemore@mt.com
Safety.MTNA@mt.com
614-438-4832

METTLER TOLEDO

Address	1900 Polaris Parkway, Columbus, OH 43240-4035
Phone	(800) METTLER (800) 638-8537
Fax	(614) 438-4900

www.mt.com

Environment, Health and Safety Policy & Guidelines

METTLER TOLEDO is committed to providing a safe and healthy working environment for all employees, while also meeting our obligations to preserve the environment. Our safety culture is based on the belief that most injuries are preventable.

Accountability for Environment, Health and Safety rests with all employees; we will achieve this by;

- Placing the safety of people first and not compromising personal health and safety in the mistaken belief that other requirements are more important.
- Through the identification, assessment and control of workplace risks and hazards.
- Complying with government regulations and requirements.
- Considering the installation & maintenance of our products which impact safety and the environment.
- Implementing and maintaining an effective Environment, Health and Safety Program with commitment and involvement from all levels of the organization.
- Providing appropriate education and training to all employees.
- Planning and establishment of measurable objectives and targets.

METTLER TOLEDO will require that contractors, suppliers and distributors apply similarly high standards.

All employees are empowered to cease work immediately if they believe that their health and safety, or that of their coworkers and other individuals, has been compromised.

Protecting the well-being of our employees and safeguarding the environment are key values of METTLER TOLEDO. Please join me in making this policy an integral part of how we do business at MT-NA.

Sincerely,



T. Alton Hill
Head of METTLER TOLEDO, North America

Mettler-Toledo, LLC (US-MO Division)
1900 Polaris Parkway
Columbus, Ohio 43240

Standard Industrial Code (SIC): 3596
 North American Industrial Classification (NAICS): 333998
 Sales and Service of Scales

	<u>2021</u>	<u>2022</u>	<u>2023</u>
Hours Worked:	2,124,857	2,292,940	2,478,846
Average Number of Employees:	1,165	1,290	1,308
Total Recordable Injuries:	5	17	15
Total Recordable Injury Rate (TRIR):	0.47	1.48	1.21
DART Cases:	4	15	11
Days Away/Restricted/Transfer Rate (DART):	0.38	1.31	0.89
Days Away Cases:	4	7	6
Number of Days Away:	269	272	247
Days Away Rate:	0.38	0.61	0.48
Restricted Duty Cases:	0	8	5
Number of Days on Restricted Duty:	72	291	163
Restricted Duty Rate:	0	0.70	0.40
Recordable Medical Only Cases:	1	2	4
Medical Only Rate:	0.09	0.17	0.32
First Aid Cases:	16	11	12
Near Miss Cases:	1	3	8
Experience Modification Rating (Interstate):	0.97	0.87	0.86

Jeff Hatfield, EH&S Manager	Jeff.Hatfield@mt.com	614-438-4327
Tim Hutchings, EH&S Representative	Timothy.Hutchings@mt.com	614-438-6423
Jennie Sizemore, EH&S Coordinator	Jennie.Sizemore@mt.com	614-438-4832
Customer Service	servicerequests@mt.com	800-638-8537

Request for Information Directory www.mt.com/na-RFI
 (Safety, Quality, Legal, Business & Financial, Sustainability and Human Resources information)

MT-NA Environment, Health & Safety**Manual Index****1. Policy Documents**

EHS 001.0	EHS Manual Index
EHS 001.1	EHS Policy & Guidelines
EHS 001.3	Alcohol & Drugs
EHS 001.4	EHS Training & Competence
EHS 001.6	Transitional Return to Work

2. Hazard Identification, Risk Assessment and Control

EHS 002.1	Hazard Identification, Assessment & Control
EHS 002.2	Contractor Hand Book
EHS 002.3	Ladders
EHS 002.4	Manual Handling & Back Safety
EHS 002.5	Occupational and Environmental Noise
EHS 002.6	Working Alone
EHS 002.7	Hazard Communication
EHS 002.8	Asbestos
EHS 002.9	Confined Spaces
EHS 002.10	Physical hazards (hot/cold, outdoor work)
EHS 002.11	Working at heights
EHS 002.12	Personal Protective Equipment
EHS 002.13	Compressed Gas Cylinder Handling & Use
EHS 002.14	Lock Out / Tag Out
EHS 002.15	Critical parts – Lifting Tackle
EHS 002.16	Electrical Safety
EHS 002.17	Demolition, decommissioning and disposal of plant/equip.
EHS 002.18	Management of wastes
EHS 002.19	Land Protection
EHS 002.20	Air Pollution
EHS 002.21	Water Pollution
EHS 002.22	Design, Manufacturing, Construction and Modification
EHS 002.23	Purchasing and Lease of Equipment
EHS 002.24	Product stewardship - goods
EHS 002.25	Health & Hygiene
EHS 002.26	Customer Site safety Plans & Guidelines
EHS 002.27	Crane, Hoist and Rigging Safety
EHS 002.28	Electric Shock and Arc Flash Hazards
EHS 002.29.1	Driving Privileges – Passenger Vehicles
EHS 002.29.2	Driving Privileges – Service Vehicles

3. Emergency Response

EHS 003.0	Emergency Preparedness
EHS 003.1	First Aid & Other Facilities
EHS 003.3	Accident & Incident Reporting & Investigation

4. Measurement and Evaluation

EHS 004.0 Health and Safety Objectives

5. System Review and Audits

EHS 005.0 Audits

EHS 005.1 Management Review

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 2023 

U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u> (G)	<u>6</u> (H)	<u>5</u> (I)	<u>4</u> (J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>247</u> (K)	<u>163</u> (L)

Injury and Illness Types

Total number of... (M)	
(1) Injury	<u>15</u>
(2) Skin Disorder	<u>0</u>
(3) Respiratory Condition	<u>0</u>
(4) Poisoning	<u>0</u>
(5) Hearing Loss	<u>0</u>
(6) All Other Illnesses	<u>0</u>

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name METTLER-TOLEDO, LLC (MO-US & MTC)

Street 1900 Polaris Parkway

City Columbus State Ohio Zip 43240

Industry description (e.g., Manufacture of motor truck trailers)
Marketing, sales and servicing of industrial retail and laboratory scales

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
3 5 9 6

OR North American Industrial Classification (NAICS), if known (e.g., 336212)
3 3 3 9 9 8

Employment information

Annual average number of employees 1,308

Total hours worked by all employees last year 2,478,846

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.



Company executive

614-438-4515

Phone

Sr VP & GM

Title

1/11/24

Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 2022



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u>	<u>7</u>	<u>8</u>	<u>2</u>
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>272</u>	<u>291</u>
(K)	(L)

Injury and Illness Types

Total number of... (M)	(1) Injury	(2) Skin Disorder	(3) Respiratory Condition	(4) Poisoning	(5) Hearing Loss	(6) All Other Illnesses
	<u>17</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name METTLER-TOLEDO, LLC MO-US & MTC

Street 1900 Polaris Parkway

City Columbus State Ohio Zip 43240

Industry description (e.g., Manufacture of motor truck trailers)
Marketing, sales and service of industrial, retail and laboratory scales

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
3 5 9 6

OR North American Industrial Classification (NAICS), if known (e.g., 336212)
3 3 3 9 9 8

Employment information

Annual average number of employees 1,280

Total hours worked by all employees last year 2,292,940

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.


Company executive

614-438-4515
Phone

1/11/23
Title

Sr VP & GM
Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 2021



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u>	<u>4</u>	<u>0</u>	<u>1</u>
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>269</u>	<u>72</u>
(K)	(L)

Injury and Illness Types

Total number of... (M)	(1) Injury	(2) Skin Disorder	(3) Respiratory Condition	(4) Poisoning	(5) Hearing Loss	(6) All Other Illnesses
	<u>5</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment name METTLER-TOLEDO, LLC (MO-US & MTC)

Street 1900 Polaris Parkway

City Columbus State Ohio Zip 43240

Industry description (e.g., Manufacture of motor truck trailers)
Marketing, sales and servicing of industrial, retail and laboratory scales

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
3 5 8 6

OR North American Industrial Classification (NAICS), if known (e.g., 336212)
3 3 3 9 9 7

Employment Information

Annual average number of employees 1,165

Total hours worked by all employees last year 2,124,857

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.



Company executive
614 438 4615
Phone

Sr VP / GM

Title
1/24/22
Date



WORKERS COMPENSATION EXPERIENCE RATING

Risk Name: METTLER TOLEDO LLC

Risk ID: 917391432

Rating Effective Date: 07/01/2023

Production Date: 04/28/2023

State: INTERSTATE

(A) Wt	(B)	(C) Exp Excess Losses (D - E)	(D) Expected Losses	(E) Exp Prim Losses	(F) Act Exc Losses (H - I)	(G) Ballast	(H) Act Inc Losses	(I) Act Prim Losses
.36		722,329	1,014,005	291,676	388,343	132,752	644,283	255,940

	Primary Losses	Stabilizing Value	Ratable Excess	Totals	
Actual	(I) 255,940	$C * (1 - A) + G$ 595,043	(A) * (F) 139,803	(J) 990,786	
Expected	(E) 291,676	$C * (1 - A) + G$ 595,043	(A) * (C) 260,038	(K) 1,146,757	
	ARAP	FLARAP	SARAP	MAARAP	Exp Mod
Factors	1.00	1.00		1.00	(J) / (K) .86

REVISED RATING

NOTICE - THIS EXPERIENCE MODIFICATION IS CALCULATED TO REFLECT THE WEIGHTED FORMULA IN COMPLIANCE WITH MAINE LAW H.P. 1397. RATING REFLECTS A DECREASE OF 70% MEDICAL ONLY PRIMARY AND EXCESS LOSS DOLLARS WHERE ERA IS APPLIED.

THE ARAP FACTOR SHOWN IS FOR THOSE STATES CONTAINED ON THIS RATING THAT HAVE APPROVED THE ARAP PROGRAM AND IS CALCULATED BASED ON THE STATE WITH THE HIGHEST APPROVED MAXIMUM ARAP SURCHARGE. THE MAXIMUM ARAP SURCHARGE MAY VARY BY STATE. PLEASE REFER TO EACH STATE'S APPROVED RULES FOR THE APPLICABLE MAXIMUM ARAP SURCHARGE.

THE TENNESSEE CODE ANNOTATED SECTION 50-6-501 REQUIRES EVERY PUBLIC OR PRIVATE EMPLOYER THAT IS SUBJECT TO THE WORKERS COMPENSATION STATUTE TO "ESTABLISH AND ADMINISTER A SAFETY COMMITTEE IN ACCORDANCE WITH RULES ADOPTED PURSUANT TO T.C.A. SECTION 50-6-502 IF THE EMPLOYER HAS AN EXPERIENCE MODIFICATION RATE EQUAL TO OR GREATER THAN 1.2."

ONE OR MORE CLAIM AMOUNTS HAVE BEEN REDUCED DUE TO EMPLOYER REIMBURSEMENTS AS PART OF A NET DEDUCTIBLE, EMPLOYER-PAID MEDICAL OR COMPENSATION REIMBURSEMENT PROGRAM IN THE FOLLOWING JURISDICTIONS: AL, CO, GA, MO, OR NEW YORK WILL NO LONGER PARTICIPATE IN INTERSTATE EXPERIENCE RATING EFFECTIVE 10/01/2022. EXPERIENCE RATING MODIFICATIONS WITH AN EFFECTIVE DATE OF 10/01/2022 AND LATER WILL EXCLUDE NEW YORK EXPERIENCE.

REVISED RATING TO INCLUDE UPDATED DATA FOR: AL, AR, AZ, CO, CT, FL, GA, IA, ID, KS, LA, MA, ME, MT, NE, NH, NM, NV, OK, RI, SC, SD, TN, UT, VA, VT, WV, POL. #: 41WCI1004404, EFF.: 07/01/2021

REVISED RATING TO INCLUDE UPDATED DATA FOR: DC, IL, IN, KY, MD, MN, MO, NC, OR, TX, POL. #: 44WCI1004504, EFF.: 07/01/2021

© Copyright 1993-2023. All rights reserved. This product is comprised of compilations and information which are the proprietary and exclusive property of the National Council on Compensation Insurance, Inc. (NCCI). No further use, dissemination, sale, transfer, assignment or disposition of this product, in whole or in part, may be made without the prior written consent of NCCI. This product is furnished "As is" "As available" "With all defects" and includes information available at the time of publication only. NCCI makes no representations or warranties of any kind relating to the product and hereby expressly disclaims any and all express, statutory, or implied warranties, including the implied warranty of merchantability, fitness for a particular purpose, accuracy, completeness, currentness, or correctness of the product or information contained therein. This product and the information contained therein are to be used exclusively for underwriting, premium calculation and other Insurance purposes and may not be used for any other purpose including but not limited to safety scoring for project bidding purposes. All responsibility for the use of and for any and all results derived or obtained through the use of the product and information are the end user's and NCCI shall not have any liability thereto.



WORKERS COMPENSATION EXPERIENCE RATING

Risk Name: METTLER TOLEDO LLC

Risk ID: 917391432

Rating Effective Date: 07/01/2022

Production Date: 05/05/2022

State: INTERSTATE

(A) Wt	(B)	(C) Exp Excess Losses (D - E)	(D) Expected Losses	(E) Exp Prim Losses	(F) Act Exc Losses (H - I)	(G) Ballast	(H) Act Inc Losses	(I) Act Prim Losses
.36		730,794	1,032,251	301,457	380,599	134,921	659,707	279,108

	Primary Losses	Stabilizing Value	Ratable Excess	Totals	
Actual	(I) 279,108	$C * (1 - A) + G$ 602,629	(A) * (F) 137,016	(J) 1,018,753	
Expected	(E) 301,457	$C * (1 - A) + G$ 602,629	(A) * (C) 263,086	(K) 1,167,172	
	ARAP	FLARAP	SARAP	MAARAP	Exp Mod
Factors	1.00	1.00		1.00	(J) / (K) .87

REVISED RATING

NOTICE - THIS EXPERIENCE MODIFICATION IS CALCULATED TO REFLECT THE WEIGHTED FORMULA IN COMPLIANCE WITH MAINE LAW H.P. 1397. RATING REFLECTS A DECREASE OF 70% MEDICAL ONLY PRIMARY AND EXCESS LOSS DOLLARS WHERE ERA IS APPLIED.

THE ARAP FACTOR SHOWN IS FOR THOSE STATES CONTAINED ON THIS RATING THAT HAVE APPROVED THE ARAP PROGRAM AND IS CALCULATED BASED ON THE STATE WITH THE HIGHEST APPROVED MAXIMUM ARAP SURCHARGE. THE MAXIMUM ARAP SURCHARGE MAY VARY BY STATE. PLEASE REFER TO EACH STATE'S APPROVED RULES FOR THE APPLICABLE MAXIMUM ARAP SURCHARGE.

THE TENNESSEE CODE ANNOTATED SECTION 50-6-501 REQUIRES EVERY PUBLIC OR PRIVATE EMPLOYER THAT IS SUBJECT TO THE WORKERS COMPENSATION STATUTE TO "ESTABLISH AND ADMINISTER A SAFETY COMMITTEE IN ACCORDANCE WITH RULES ADOPTED PURSUANT TO T.C.A. SECTION 50-6-502 IF THE EMPLOYER HAS AN EXPERIENCE MODIFICATION RATE EQUAL TO OR GREATER THAN 1.2."

ONE OR MORE CLAIM AMOUNTS HAVE BEEN REDUCED DUE TO EMPLOYER REIMBURSEMENTS AS PART OF A NET DEDUCTIBLE, EMPLOYER-PAID MEDICAL OR COMPENSATION REIMBURSEMENT PROGRAM IN THE FOLLOWING JURISDICTIONS: CO, GA, IA, MO, OR NEW YORK WILL NO LONGER PARTICIPATE IN INTERSTATE EXPERIENCE RATING EFFECTIVE 10/01/2022. EXPERIENCE RATING MODIFICATIONS WITH AN EFFECTIVE DATE OF 10/01/2022 AND LATER WILL EXCLUDE NEW YORK EXPERIENCE. RATING REVISED TO REFLECT APPROVED RATING VALUES

© Copyright 1993-2022, All rights reserved. This product is comprised of compilations and information which are the proprietary and exclusive property of the National Council on Compensation Insurance, Inc. (NCCI). No further use, dissemination, sale, transfer, assignment or disposition of this product, in whole or in part, may be made without the prior written consent of NCCI. This product is furnished "As is" "As available" "With all defects" and includes information available at the time of publication only. NCCI makes no representations or warranties of any kind relating to the product and hereby expressly disclaims any and all express, statutory, or implied warranties, including the implied warranty of merchantability, fitness for a particular purpose, accuracy, completeness, currentness, or correctness of the product or information contained therein. This product and the information contained therein are to be used exclusively for underwriting, premium calculation and other Insurance purposes and may not be used for any other purpose including but not limited to safety scoring for project bidding purposes. All responsibility for the use of and for any and all results derived or obtained through the use of the product and information are the end user's and NCCI shall not have any liability thereto.



WORKERS COMPENSATION EXPERIENCE RATING

Risk Name: METTLER TOLEDO LLC

Risk ID: 917391432

Rating Effective Date: 07/01/2021

Production Date: 05/27/2021

State: INTERSTATE

(A) Wt	(B)	(C) Exp Excess Losses (D - E)	(D) Expected Losses	(E) Exp Prim Losses	(F) Act Exc Losses (H - I)	(G) Ballast	(H) Act Inc Losses	(I) Act Prim Losses
.37		732,144	1,058,892	326,748	514,082	135,680	884,246	370,164

	Primary Losses	Stabilizing Value	Ratable Excess	Totals	
Actual	(I) 370,164	$C * (1 - A) + G$ 596,931	$(A) * (F)$ 190,210	(J) 1,157,305	
Expected	(E) 326,748	$C * (1 - A) + G$ 596,931	$(A) * (C)$ 270,893	(K) 1,194,572	
	ARAP	FLARAP	SARAP	MAARAP	Exp Mod
Factors	1.00	1.00		1.00	(J) / (K) .97

REVISED RATING

NOTICE - THIS EXPERIENCE MODIFICATION IS CALCULATED TO REFLECT THE WEIGHTED FORMULA IN COMPLIANCE WITH MAINE LAW H.P. 1397. RATING REFLECTS A DECREASE OF 70% MEDICAL ONLY PRIMARY AND EXCESS LOSS DOLLARS WHERE ERA IS APPLIED.

THE ARAP FACTOR SHOWN IS FOR THOSE STATES CONTAINED ON THIS RATING THAT HAVE APPROVED THE ARAP PROGRAM AND IS CALCULATED BASED ON THE STATE WITH THE HIGHEST APPROVED MAXIMUM ARAP SURCHARGE. THE MAXIMUM ARAP SURCHARGE MAY VARY BY STATE. PLEASE REFER TO EACH STATE'S APPROVED RULES FOR THE APPLICABLE MAXIMUM ARAP SURCHARGE.

THE TENNESSEE CODE ANNOTATED SECTION 50-6-501 REQUIRES EVERY PUBLIC OR PRIVATE EMPLOYER THAT IS SUBJECT TO THE WORKERS COMPENSATION STATUTE TO "ESTABLISH AND ADMINISTER A SAFETY COMMITTEE IN ACCORDANCE WITH RULES ADOPTED PURSUANT TO T.C.A. SECTION 50-6-502 IF THE EMPLOYER HAS AN EXPERIENCE MODIFICATION RATE EQUAL TO OR GREATER THAN 1.2."

ONE OR MORE CLAIM AMOUNTS HAVE BEEN REDUCED DUE TO EMPLOYER REIMBURSEMENTS AS PART OF A NET DEDUCTIBLE, EMPLOYER-PAID MEDICAL OR COMPENSATION REIMBURSEMENT PROGRAM IN THE FOLLOWING JURISDICTIONS: AL, CO, GA, IA, MO
REVISED RATING TO INCLUDE UPDATED DATA FOR: OR, POL. #: 44WCI1004502, EFF.: 07/01/2019

© Copyright 1993-2021, All rights reserved. This product is comprised of compilations and information which are the proprietary and exclusive property of the National Council on Compensation Insurance, Inc. (NCCI). No further use, dissemination, sale, transfer, assignment or disposition of this product, in whole or in part, may be made without the prior written consent of NCCI. This product is furnished "As is" "As available" "With all defects" and includes information available at the time of publication only. NCCI makes no representations or warranties of any kind relating to the product and hereby expressly disclaims any and all express, statutory, or implied warranties, including the implied warranty of merchantability, fitness for a particular purpose, accuracy, completeness, currentness, or correctness of the product or information contained therein. This product and the information contained therein are to be used exclusively for underwriting, premium calculation and other Insurance purposes and may not be used for any other purpose including but not limited to safety scoring for project bidding purposes. All responsibility for the use of and for any and all results derived or obtained through the use of the product and information are the end user's and NCCI shall not have any liability thereto.