



Minnesota Workers' Compensation
Insurers Association, Inc.
7701 France Avenue South • Suite 450
Minneapolis, MN 55435-3200

December 1, 2004

ALL ASSOCIATION MEMBERS

Circular Letter No. 04-1438

RE: Actuarial Report Resource on the Web – ARROW

MWCIA is pleased to announce the release of a new product: Actuarial Report Resource on the Web—ARROW. ARROW is a web-based product developed to allow carriers to perform queries against their own statistical plan data as well as comparative statewide data. Two report formats are currently available: summarized class experience and custom historical triangles.

Summarized class experience queries provide access to class experience at various reporting levels for up to the latest 10 policy years. The data can be grouped by class/industry group, premium range and geographical region within the state of Minnesota.

Custom historical triangle queries provide access to the latest 10 policy years of class data broken down by injury type and claim status (open, closed, or combined). The data can be further grouped by industry group, premium range and region within the state of Minnesota.

Please visit our website at www.mwcia.org/arrow to access ARROW free of charge. Access to statewide queries is available to the general public without a username and password. Access to the insurer specific queries is restricted to insurance company personnel only and requires the completion of the attached ARROW Registration Form.

Please direct any questions you may have to our Actuarial Services Department at 952-897-1737, or by emailing our office at actuarial@mwcia.org



Minnesota Workers' Compensation Insurers Association, Inc. 7701 France Avenue South • Suite 450 Minneapolis, MN 55435-3200

Actuarial Report Resource on the Web – ARROW Group Administrator Registration Form

ARROW is a web-based product that allows carriers to perform queries against their own statistical plan data as well as comparative statewide data. ARROW is owned and operated by the Minnesota Workers' Compensation Insurers Association Inc. (MWCIA). A carrier or Insurance Group of carriers that wishes to access their own USP data must designate a single Group Administrator for the member and all carriers within the member's Insurance Group. The Group Administrator will be responsible for completing this form and returning it to our office. The Registration Form must also be signed by an authorized officer of the Insurance Group. This form must also be used to make any changes to an existing account. The Group Administrator will be notified via email when a new account is ready for use or when requested changes have been applied to an existing account.

ARROW is a self-administered service offered to carriers who are members of MWCIA. The Group Administrator shall be solely responsible for the following activities: (a) establishing, controlling and maintaining the member's access to ARROW and its data and services, (b) creating and maintaining accounts for the member, (c) establishing and maintaining all sub-groups within an account and identifying any data access restrictions; and (d) assessing and responding to all security breaches. Unless the Group Administrator specifies otherwise, individual users given access to a carrier's data will have access to all of the data for each carrier within an Insurance Group. A Group Administrator may request that individual carriers be assigned to separate sub-groups within the account. A single carrier may not belong to more than one sub-group. By submitting this Registration Form the member agrees to these terms and conditions as well as all terms and conditions of use posted on the MWCIA web-site, together with all future modifications thereof.

Any questions regarding ARROW registration should be directed to the Actuarial Services Department of the MWCIA at (952) 897-6430 or via email at actuarial@mwcia.org. **Please complete the application and mail or fax to MWCIA.**

Insurance Group _____ NCCI Group Code No. _____

Contact Name _____

Carrier Name _____ NCCI Carrier Code No. _____

Address _____

Email _____

Optional: Requested Username _____ Requested Password _____

Username/Password requirements: 6 characters minimum / Must begin with at least one ALPHA CHARACTER/can be all alpha or alpha-numeric beginning with alpha / all lower case / no symbols / no common words / no spaces/ username and password should not be identical.

The undersigned are duly authorized to execute this Registration Form on behalf of the above named Insurance Group and each of the individual carriers within the Insurance Group. By executing this Registration Form, the Insurance Group and each carrier within that Insurance Group agrees to be bound by all of the terms and conditions set forth in this Registration Form as well as all terms and conditions of use posted on the MWCIA web-site, together with all future modifications thereof.

Group Administrator Signature

Authorized Officer Signature

Print Name _____

Print Name _____

Date _____

Phone _____

Carriers Included in this Group:

ARROW Registration Form

Carrier Name _____	NCCI Carrier Code No. _____
Contact Name _____	
Address _____	
Email _____	
<i>Optional:</i> Requested Username _____ Requested Password _____	
Username/Password requirements: 6 characters minimum / Must begin with at least one ALPHA CHARACTER/can be all alpha or alpha-numeric beginning with alpha / all lower case / no symbols / no common words / no spaces/ username and password should not be identical.	

Carrier Name _____	NCCI Carrier Code No. _____
Contact Name _____	
Address _____	
Email _____	
<i>Optional:</i> Requested Username _____ Requested Password _____	
Username/Password requirements: 6 characters minimum / Must begin with at least one ALPHA CHARACTER/can be all alpha or alpha-numeric beginning with alpha / all lower case / no symbols / no common words / no spaces/ username and password should not be identical.	

Carrier Name _____	NCCI Carrier Code No. _____
Contact Name _____	
Address _____	
Email _____	
<i>Optional:</i> Requested Username _____ Requested Password _____	
Username/Password requirements: 6 characters minimum / Must begin with at least one ALPHA CHARACTER/can be all alpha or alpha-numeric beginning with alpha / all lower case / no symbols / no common words / no spaces/ username and password should not be identical.	

Carrier Name _____	NCCI Carrier Code No. _____
Contact Name _____	
Address _____	
Email _____	
<i>Optional:</i> Requested Username _____ Requested Password _____	
Username/Password requirements: 6 characters minimum / Must begin with at least one ALPHA CHARACTER/can be all alpha or alpha-numeric beginning with alpha / all lower case / no symbols / no common words / no spaces/ username and password should not be identical.	

Carrier Name _____	NCCI Carrier Code No. _____
Contact Name _____	
Address _____	
Email _____	
<i>Optional:</i> Requested Username _____ Requested Password _____	
Username/Password requirements: 6 characters minimum / Must begin with at least one ALPHA CHARACTER/can be all alpha or alpha-numeric beginning with alpha / all lower case / no symbols / no common words / no spaces/ username and password should not be identical.	

(This page may be reproduced as needed to add additional carrier names)