

LOSS RUN REPORT Valuation Date: 12/9/2020

SUMMARY TOTALS BY POLICY YEAR

Year	Policy Number	Insured Name	Eff Date	Exp Date	Claim Count	# Indem	# Med	# Other	Incurred	Paid
2020										
	TEST111111	Test Roofing, Inc.	1/1/2020	1/1/2021	1	0	1	0	\$3,601.45	\$3,601.45
2020 Total					1	0	1	0	\$3,601.45	\$3,601.45
2019										
	TEST222222	Test Roofing, Inc.	1/1/2019	1/1/2020	3	1	2	0	\$87,024.81	\$55,348.91
2019 Total					3	1	2	0	\$87,024.81	\$55,348.91
2018										
	TEST333333	Test Roofing, Inc.	1/1/2018	1/1/2019	2	0	2	0	\$1,339.80	\$1,339.80
2018 Total					2	0	2	0	\$1,339.80	\$1,339.80
2017										
	TEST444444	Test Roofing, Inc.	1/1/2017	1/1/2018	0	0	0	0	\$0.00	\$0.00
2017 Total					0	0	0	0	\$0.00	\$0.00
2016										
	TEST555555	Test Roofing, Inc.	1/1/2016	1/1/2017	2	0	2	0	\$1,202.41	\$1,202.41
2016 Total					2	0	2	0	\$1,202.41	\$1,202.41
2015										
	TEST666666	TEST ROOFING, INC.	1/1/2015	1/1/2016	0	0	0	0	\$0.00	\$0.00
2015 Total					0	0	0	0	\$0.00	\$0.00
2014										
	3300012345-111	TEST ROOFING, INC.	1/1/2014	1/1/2015	1	1	0	0	\$16,496.07	\$16,496.07
2014 Total					1	1	0	0	\$16,496.07	\$16,496.07
Grand Total					9	2	7	0	\$109,664.54	\$77,988.64

LOSS RUN REPORT Valuation Date: 12/9/2020
INSURED: Test Roofing, Inc.
SUMMARY TOTALS BY POLICY YEAR AND LOCATION

Year	Policy State	Location	Claim Count	# Indem	# Med	# Other	Incurred	Paid
2020								
	CA	12345 Test Road, Santa Fe Springs, CA	1	0	1	0	\$3,601.45	\$3,601.45
	CA Total		1	0	1	0	\$3,601.45	\$3,601.45
2020 Total			1	0	1	0	\$3,601.45	\$3,601.45
2019								
	CA	12345 Test Road, Santa Fe Springs, CA	3	1	2	0	\$87,024.81	\$55,348.91
	CA Total		3	1	2	0	\$87,024.81	\$55,348.91
2019 Total			3	1	2	0	\$87,024.81	\$55,348.91
2018								
	CA	12345 Test Road, Santa Fe Springs, CA	2	0	2	0	\$1,339.80	\$1,339.80
	CA Total		2	0	2	0	\$1,339.80	\$1,339.80
2018 Total			2	0	2	0	\$1,339.80	\$1,339.80
2017								
	CA Total		0	0	0	0	\$0.00	\$0.00
2017 Total			0	0	0	0	\$0.00	\$0.00
2016								
	CA	12345 Test Road, Santa Fe Springs, CA	2	0	2	0	\$1,202.41	\$1,202.41
	CA Total		2	0	2	0	\$1,202.41	\$1,202.41
2016 Total			2	0	2	0	\$1,202.41	\$1,202.41
2015								
	CA Total		0	0	0	0	\$0.00	\$0.00
2015 Total			0	0	0	0	\$0.00	\$0.00
2014								
	CA	12345 TEST ROAD, SANTA FE SPRINGS, CA	1	1	0	0	\$16,496.07	\$16,496.07
	CA Total		1	1	0	0	\$16,496.07	\$16,496.07
2014 Total			1	1	0	0	\$16,496.07	\$16,496.07

LOSS RUN REPORT Valuation Date: 12/9/2020
INSURED: Test Roofing, Inc.

STATE: CA

LOCATION: 12345 Test Road, Santa Fe Springs, CA 90670

POLICY PERIOD: 1/1/2020-1/1/2021

POLICY #: TEST111111

CARRIER: Test Fire and Casualty Insurance Company

Claim Number:	12345678	Claim Type:	Medical Only
Claimant Name:	Smith, John	Claim Status:	Closed
Date of Incident:	4/28/2020	Date Closed:	9/11/2020
Date of Birth:	9/7/1993	Date Reopened:	
Date of Hire:	4/24/2019	Occupation:	Roofer
Date Reported:	5/5/2020	Class Code:	5552
Body Part:	Head	Reporting Group 1:	
Cause of Injury:	Cut, puncture, scrape misc.	Reporting Group 2:	
Nature of Injury:	Contusion	Claims Professional:	James Bond 800-123-1234
Jurisdiction:	CA		
Injury Detail:	Employee was carrying a piece of plywood and the board on the rood fell through and he hit his forehead with the board.		

	Incurred	Paid	Outstanding
Medical:	3,387.34	3,387.34	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	214.11	214.11	0.00
TOTALS:	3,601.45	3,601.45	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	

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INSURED: Test Roofing, Inc.

STATE: CA

LOCATION: 13021 Lakeland Road, Santa Fe Springs, CA 90670

POLICY PERIOD: 1/1/2019-1/1/2020

POLICY #: TEST222222

CARRIER: Test Fire and Casualty Insurance Company

Claim Number:	98765432	Claim Type:	Medical Only
Claimant Name:	Jacob, John	Claim Status:	Closed
Date of Incident:	6/4/2019	Date Closed:	7/7/2020
Date of Birth:	1/12/1966	Date Reopened:	
Date of Hire:	7/23/1985	Occupation:	Roofer
Date Reported:	6/4/2019	Class Code:	5553
Body Part:	Elbow, left	Reporting Group 1:	
Cause of Injury:	Fall, slip from ladder/scaffold	Reporting Group 2:	
Nature of Injury:	Fracture	Claims Professional:	Susie Smith 800-123-1234
Jurisdiction:	CA		
Injury Detail:	The Employee was working from a ladder when a fellow Employee lost his balance, tipping his ladder, and as he fell he knocked over the Employee's ladder causing them to both fall and injure themselves.		

	Incurred	Paid	Outstanding
Medical:	30,229.72	30,229.72	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	1,092.99	1,092.99	0.00
TOTALS:	31,322.71	31,322.71	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	

Claim Number:	12121212	Claim Type:	Indemnity
Claimant Name:	Peel, Orange	Claim Status:	Open
Date of Incident:	6/4/2019	Date Closed:	
Date of Birth:	11/20/1977	Date Reopened:	
Date of Hire:	4/21/2003	Occupation:	Roofer
Date Reported:	6/4/2019	Class Code:	5552
Body Part:	Multiple body parts, severe	Reporting Group 1:	
Cause of Injury:	Fall, slip from ladder/scaffold	Reporting Group 2:	
Nature of Injury:	Fracture	Claims Professional:	Susie Smith 800-123-1234
Jurisdiction:	CA		
Injury Detail:	The Employee was working from a ladder when he lost his balance, tipping his ladder, and as he fell he knocked over another Employee's ladder causing them to both fall and injure themselves.		

	Incurred	Paid	Outstanding
Medical:	23,283.36	19,125.86	4,157.50
TD:	0.00	0.00	0.00
PD:	24,976.25	0.00	24,976.25
Voc Rehab:	0.00	0.00	0.00
Expense:	3,066.66	524.51	2,542.15
TOTALS:	51,326.27	19,650.37	31,675.90
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	

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Claim Number:	34343434	Claim Type:	Medical Only
Claimant Name:	Stark, Howard	Claim Status:	Closed
Date of Incident:	4/30/2019	Date Closed:	10/23/2019
Date of Birth:	11/8/1986	Date Reopened:	
Date of Hire:	2/23/2015	Occupation:	Roofer
Date Reported:	5/1/2019	Class Code:	5552
Body Part:	Wrist, right	Reporting Group 1:	
Cause of Injury:	Fall, slip from different level	Reporting Group 2:	
Nature of Injury:	Multiple injuries	Claims Professional:	Car Michael 800-123-1234
Jurisdiction:	CA		
Injury Detail:	Employee was replacing a bad piece of wood on the edge of the roof and lost his balance. He fell from roof and landed on his wrist and face.		

	Incurred	Paid	Outstanding
Medical:	4,215.40	4,215.40	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	160.43	160.43	0.00
TOTALS:	4,375.83	4,375.83	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	