

Workers' Compensation Loss Analysis Report

INSURED

Insured TEST COMPANY LLC

Address PO BOX 123

FINLEY, CA 91234

Policy Number TES 1234567 03

Policy Period 01/01/2019 - 01/01/2020

CONTACT INFORMATION

Agent SENSIBLE NATIONAL INC

DBA

Agency Code 0005270

Phone (916) 123-4567

CURRENT ACCOUNT SUMMARY		
Term Premium		\$259,957.00
Earned Premium		\$259,957.00
Total Paid Losses and Expenses		\$217,357.65
Outstanding Losses and Expenses		\$128,592.83
Subrogation		\$0.00
Total Incurred Losses and Expenses		\$345,950.48
Loss Ratio		133%
Experience Modification		119%
Total Number of Claims		6
Litigation Count		0
Number of Medical Claims	Open	0
	Closed	5
Number of Indemnity Claims	Open	1
	Closed	0

CURRENT & F	PAST ACCOU	NT SUMMARY	,								
Policy Number	Effective Date	Expiration Date	Written Premium	Earned Premium		# Open Claims	Paid Loss Adjustment Expenses	Paid Losses	Outstanding Losses and Expenses	Total Incurred Losses and Expenses	Loss Ratio
TES 1234567 03	01/01/2019	01/01/2020	\$259,957.00	\$259,957.00	6	1	\$4,637.30	\$212,720.35	\$128,592.83	\$345,950.48	133%
TES 1234567 02	01/01/2018	01/01/2019	\$364,301.00	\$364,301.00	9	0	\$1,203.57	\$19,774.25	\$0.00	\$20,977.82	6%
TES 1234567 01	01/01/2017	01/01/2018	\$395,474.00	\$395,474.00	10	0	\$14,435.05	\$134,580.68	\$0.00	\$149,015.73	38%
TES 1234567 00	01/01/2016	01/01/2017	\$360,864.00	\$360,864.00	4	0	\$3,973.45	\$26,872.51	\$0.00	\$30,845.96	9%
		Total:	\$1,380,596.00	\$1,380,596.00	29	1	\$24,249.37	\$393,947.79	\$128,592.83	\$546,789.99	40%

For policies effective 10/01/2019 and later, Written Premium equals Estimated Annual Premium (aka Term Premium). For policies effective prior to 10/01/2019, Written Premium equals the sum of billed premium.

SAFETY FACTS

ICW Group offers you a wide variety of risk management services, including safety resources, tools, educational information, helpful support and Safety OnDemand. For more information, contact your risk management consultant or one of our customer care representatives at 877.289.1644, myResource@icwgroup.com or visit icwgroup.com/safety.



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Claim Number: 2019123456		Claimant I	Name:	John Smith	Ag	je: 55	Claim Status: Clos	ed/Medical
Class Code	210704	Location	001	TEST COMPANY LLC	Cla	aim Examiner JANE	DOE	
Occupation	FORKLIFT OPERATOR (351)	Location	001	12345 TEST DRIVE		hone Number (858)		
Date of Injury	08/05/2019 3:45 PM			FINLEY, CA 91234		mail Address jdoe@		
Date Reported to Carrier	08/07/2019 (2 Days To Report))			-	Paid	Reserved	Total Incurred
Close Date	11/19/2019				Medical	\$1.729.34	\$0.00	\$1,729.34
In Litigation	No				Indemnity	\$0.00	\$0.00	\$0.00
Nature of Injury	Spc: Laceration				Loss Adj. Expense	\$97.65	\$0.00	\$97.65
Body Part	Upper Ext: Finger(S)				Rehab	\$0.00	\$0.00	\$0.00
Cause	Cght In/Btwn Machine/Machine	erv			Subrogation	\$0.00	\$0.00	\$0.00
	•	•			Total	\$1,826.99	\$0.00	\$1,826.99
Accident Description	THE EMPLOYEE WAS PULLII	NG PEARS	OFF A	CONVEYOR INTO A BI	N WHEN HIS GLOVE G	OT CAUGHT ON TH	IE CONVEYOR BEL	T AND PULLED

Valued as of: 09/26/2020 04:32:17 AM

•	HIS HAND IN RESULTING IN	A RIGHT FI	NGER	LACERATION.				
Claim Number: 2019123457		Claimant I	Name:	Steve Rogers	Ą	ge: 36 (Claim Status: Clos	ed/Medical
Class Code	210704	Location	001	TEST COMPANY LLC	CI	aim Examiner JANE	DOE	
Occupation	PACKER, AGRICULTURAL PRODUCE	Location	001	12345 TEST DRIVE FINLEY, CA 91234	Phone Number (858) 123-4567			
Date of Injury	07/27/2019 1:45 PM			1 IIVEL 1, 0/131204	E	Email Address jdoe@	· .	
Date Reported to Carrier	07/30/2019 (3 Days To Repor	t)			Medical	Paid \$404.60	Reserved \$0.00	Total Incurre \$404.6
Close Date	08/09/2019				Indemnity	\$0.00	\$0.00	\$0.0
In Litigation	No				Loss Adj. Expense	\$23.89	\$0.00	\$23.8
Nature of Injury	Spc: Strain				Rehab	\$0.00	\$0.00	\$0.0
Body Part	Trunk: Low Back (Lmbr/Lmbo	-Sac)			Subrogation	\$0.00	\$0.00	\$0.0
Cause	Strain By Holding/Carrying	,			Total	\$428.49	\$0.00	\$428.4

EMPLOYEE WAS LILTING A 30 LB. BOX OF PEARS TO MOVE IT FROM THE PACK STAND TO THE CONVEYOR. SHE THEN NOTICED A WOMAN **Accident Description** REACHING FOR SOMETHING UNDER THE CONVEYOR, AND HELD ONTO THE BOX TO PREVENT IT FROM FALLING ONTO THE WOMAN.



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Claim Number: 2019123458			Name:	Thomas Train	A	ge: 43	Claim Status: Clos	ed/Medical
Class Code	210704	Location	001	TEST COMPANY LLC	C	laim Examiner JANE	- DOE	
Occupation	PACKER, HAND (360)	Location	001	12345 TEST DRIVE	_	Phone Number (916)	_	
Date of Injury	07/16/2019 11:30 AM			FINLEY, CA 91234		E mail Address jdoe@		
Date Reported to Carrier	07/19/2019 (3 Days To Report)				Paid	Reserved	Total Incurred
Close Date	09/23/2019				Medical	\$3.082.74	\$0.00	\$3,082.74
In Litigation	No				Indemnity	\$0.00	\$0.00	\$0.00
Nature of Injury	Spc: Laceration				Loss Adj. Expense	\$150.11	\$0.00	\$150.11
Body Part	Head: Soft Tissue				Rehab	\$0.00	\$0.00	\$0.00
Cause	Fall/Slip: Diff Level/Elevation				Subrogation	\$0.00	\$0.00	\$0.00
Cause	Tall/Ollp. Dill Level/Lievation				Total	\$3,232.85	\$0.00	\$3,232.85
Accident Description	EMPLOYEE WAS PUSHING (CARDBOAR	D INTO	O A DUMPSTER WHEN	HE CAUGHT HIS HEEL	ON THE STACK AN	ID FELL OFF THE E	BACK OF THE

	TRUCK, RESULTING IN A LAC	CERATION	ON TH	E TOP OF HIS HEAD.				
Claim Number: 2019123459		Claimant I	Name:	Sam Sponge	A	ge: 23	Claim Status: Ope	n/Indemnity
Class Code	210704	Location	003	TEST COMPANY LLC	C	laim Examiner JANE	E DOE	
Occupation	FORKLIFT OPERATOR (351)	Location	003	9876 TEST ROAD		Phone Number (916)		
Date of Injury	08/24/2019 5:00 PM			LAKEPORT, CA 95321		Email Address idoe	,	
Date Reported to Carrier	08/26/2019 (2 Days To Report))			•	Paid	Reserved	Total Incurred
Close Date					Medical	\$188.684.11	\$91.215.89	\$279,900.00
In Litigation	No				Indemnity	\$10,886.06	\$21,286.90	\$32,172.96
Nature of Injury	Spc: Crushing				Loss Adj. Expense	\$3,909.96	\$16,090.04	\$20,000.00
Body Part	Lower Ext: Ankle				Rehab	\$0.00	\$0.00	\$0.00
Cause	Cght In/Btwn Machine/Machine	erv			Subrogation	\$0.00	\$0.00	\$0.00
	ŭ	•			Total	\$203,480.13	\$128,592.83	\$332,072.96
Accident Description	ANOTHER EMPLOYEE CAME OVER THEIR SHOULDER WH BOTH LIFTS.							



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Location Summa	ry									
001 TEST C	OMPANY LLC	12345 TEST DRIVE FINLEY, CA 91234								
Number of Claims: 3		Loss Type:	Paid	Reserved	Total Incurred					
Open Claims:	0	Medical	\$5,216.68	\$0.00	\$5,216.68					
Open Ciainis.	O	Indemnity	\$0.00	\$0.00	\$0.00					
		Expense	\$271.65	\$0.00	\$271.65					
		Rehabilitation	\$0.00	\$0.00	\$0.00					
		Subrogation	\$0.00	\$0.00	\$0.00					
	•	Total	\$5,488.33	\$0.00	\$5,488.33					
003 TEST C	OMPANY LLC	9876 TEST ROAD LAKEPOR	T, CA 95321							
Number of Claims:	3	Loss Type:	Paid	Reserved	Total Incurred					
Open Claims:	1	Medical	\$196,617.61	\$91,215.89	\$287,833.50					
Open Ciainis.	ı	Indemnity	\$10,886.06	\$21,286.90	\$32,172.96					
		Expense	\$4,365.65	\$16,090.04	\$20,455.69					
		Rehabilitation	\$0.00	\$0.00	\$0.00					
		Subrogation	\$0.00	\$0.00	\$0.00					
	•	Total	\$211,869.32	\$128,592.83	\$340,462.15					