

## Workers' Compensation Loss Analysis Report

INSURED	
<b>Insured</b>	TEST COMPANY LLC
<b>Address</b>	PO BOX 123  FINLEY, CA 91234
<b>Policy Number</b>	TES 1234567 03
<b>Policy Period</b>	01/01/2019 - 01/01/2020

CONTACT INFORMATION	
<b>Agent</b>	SENSIBLE NATIONAL INC
<b>DBA</b>	
<b>Agency Code</b>	0005270
<b>Phone</b>	(916) 123-4567

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

CURRENT & PAST ACCOUNT SUMMARY											
Policy Number	Effective Date	Expiration Date	Written Premium	Earned Premium	# Total Claims	# 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%
<b>Total:</b>			<b>\$1,380,596.00</b>	<b>\$1,380,596.00</b>	<b>29</b>	<b>1</b>	<b>\$24,249.37</b>	<b>\$393,947.79</b>	<b>\$128,592.83</b>	<b>\$546,789.99</b>	<b>40%</b>

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 <a href="tel:877.289.1644">877.289.1644</a> , <a href="mailto:myResource@icwgroup.com">myResource@icwgroup.com</a> or visit <a href="http://icwgroup.com/safety">icwgroup.com/safety</a> .	

Claim Number: 2019123456		Claimant Name: John Smith		Age: 55	Claim Status: Closed/Medical		
Class Code	210704	Location 001	TEST COMPANY LLC 12345 TEST DRIVE FINLEY, CA 91234	Claim Examiner JANE DOE			
Occupation	FORKLIFT OPERATOR (351)			Phone Number (858) 123-4567			
Date of Injury	08/05/2019 3:45 PM			Email Address jdoe@icwgroup.com			
Date Reported to Carrier	08/07/2019 (2 Days To Report)						
Close Date	11/19/2019						
In Litigation	No			Medical	Paid	Reserved	Total Incurred
Nature of Injury	Spc: Laceration			Indemnity	\$1,729.34	\$0.00	\$1,729.34
Body Part	Upper Ext: Finger(S)			Loss Adj. Expense	\$0.00	\$0.00	\$0.00
Cause	Cght In/Btwn Machine/Machinery			Rehab	\$97.65	\$0.00	\$97.65
Accident Description	THE EMPLOYEE WAS PULLING PEARS OFF A CONVEYOR INTO A BIN WHEN HIS GLOVE GOT CAUGHT ON THE CONVEYOR BELT AND PULLED HIS HAND IN RESULTING IN A RIGHT FINGER LACERATION.						
		Subrogation	\$0.00	\$0.00	\$0.00		
		Total	\$1,826.99	\$0.00	\$1,826.99		
Claim Number: 2019123457		Claimant Name: Steve Rogers		Age: 36	Claim Status: Closed/Medical		
Class Code	210704	Location 001	TEST COMPANY LLC 12345 TEST DRIVE FINLEY, CA 91234	Claim Examiner JANE DOE			
Occupation	PACKER, AGRICULTURAL PRODUCE			Phone Number (858) 123-4567			
Date of Injury	07/27/2019 1:45 PM			Email Address jdoe@icwgroup.com			
Date Reported to Carrier	07/30/2019 (3 Days To Report)						
Close Date	08/09/2019						
In Litigation	No			Medical	Paid	Reserved	Total Incurred
Nature of Injury	Spc: Strain			Indemnity	\$404.60	\$0.00	\$404.60
Body Part	Trunk: Low Back (Lmbr/Lmbo-Sac)			Loss Adj. Expense	\$0.00	\$0.00	\$0.00
Cause	Strain By Holding/Carrying			Rehab	\$23.89	\$0.00	\$23.89
Accident Description	EMPLOYEE WAS LILTING A 30 LB. BOX OF PEARS TO MOVE IT FROM THE PACK STAND TO THE CONVEYOR. SHE THEN NOTICED A WOMAN REACHING FOR SOMETHING UNDER THE CONVEYOR, AND HELD ONTO THE BOX TO PREVENT IT FROM FALLING ONTO THE WOMAN.						
		Subrogation	\$0.00	\$0.00	\$0.00		
		Total	\$428.49	\$0.00	\$428.49		



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

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<b>Agent</b>	SENSIBLE NATIONAL INC

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Location Summary				
001	TEST COMPANY 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
	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 COMPANY LLC	9876 TEST ROAD LAKEPORT, 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
	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