

## Loss Analysis Policy Effective Dates 04/01/2019 through 04/01/2021

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**Policy Number:** 1234567 **Agency Name:** AA222222 **Account Number: TEST INC Policy Name: Claim Number Injury Description Position** Case Status **Injury Date** Dept. Coverage **Payments** Incurred Report Date **Body Part** Union **Claimant Name** Reserves Carrier Days to Report **Diagnosis** Code **Closed Date Detail Cause Fund Code** Claim Type **Examiner** Class 1234 TESTER DOC RD Location Name: FALLBROOK, CA TES123456789 С 05/13/2019 NO DEPT \$251.43 \$0.00 \$251.43 Strain or injury by Indemnity SMITH. JOHN 05/15/2019 Lower back area Medical \$313.76 \$0.00 \$313.76 CompWest Insurance Strain Vocational \$0.00 \$0.00 \$0.00 2 day(s) Strain or injury by lifting Company 08/28/2019 0005 \$0.00 \$0.00 \$0.00 Legal Joe Joev Indemnity **Expense** \$87.30 \$0.00 \$87.30 \$652.49 Total \$0.00 \$652.49 С \$0.00 TES987654321 05/26/2019 Striking against or stepping on NO DEPT Indemnity \$0.00 \$0.00 DOE. JANE 05/28/2019 Soft tissue (head) Medical \$131.86 \$0.00 \$131.86 CompWest Insurance \$0.00 \$0.00 \$0.00 2 day(s) Laceration Vocational Company 07/08/2019 Striking against or stepping on 0005 \$0.00 \$0.00 \$0.00 Legal Medical stationary object \$0.00 \$0.00 **Expense** \$0.00 Johnny John Total \$131.86 \$0.00 \$131.86 С 04/09/2019 NO DEPT \$0.00 \$0.00 TES246246246 Fall, slip, or trip injury Indemnity \$0.00 05/28/2019 Medical \$0.00 \$0.00 \$0.00 Lower back area APPLE, ADAM Multiple physical injuries only Vocational \$0.00 \$0.00 \$0.00 49 day(s) CompWest Insurance Slipped, do not fall 0005 \$0.00 \$0.00 \$0.00 12/11/2019 Legal Company Rebecca Becky **Expense** \$0.00 \$0.00 \$0.00 Incident \$0.00 \$0.00 Total \$0.00



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Policy Number:

1234567

Agency Name:

Account Number: Policy Name:

AA222222 TEST INC

Policy Name:	120	I INC							
Claim Number Claimant Name Carrier Claim Type	Status	Injury Date Report Date Days to Report Closed Date	Injury Description Body Part Diagnosis Detail Cause Examiner	Dept.	Position Union Code Fund Code Class	Indemnity Medical Vocational Legal Expense	\$0.00 \$264.77 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$264.77 \$0.00 \$0.00 \$0.00
TES77777777 SMITH, JANE CompWest Insurance Company Medical	С	07/10/2019 07/10/2019 0 day(s) 09/13/2019	Fall, slip, or trip injury Ankle Strain Fall, slip, or trip injury on same level Joe Jory	NO DEPT	0005				
TES8888888888 DOE, JOHN CompWest Insurance Company Indemnity	С	05/11/2020 05/11/2020 0 day(s) 07/24/2020	Miscellaneous causes Ankle Sprain Miscellaneous - other Joe Jory	NO DEPT	0005	Indemnity Medical Vocational Legal Expense	\$706.66 \$1,077.01 \$0.00 \$0.00 \$0.00 \$1,783.67	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$706.66 \$1,077.01 \$0.00 \$0.00 \$0.00
TES333333333 SAMUEL, SAM CompWest Insurance Company Indemnity	0	05/05/2020 05/11/2020 6 day(s) N/A	Fall, slip, or trip injury Lower back area Strain Fall, slip, or trip injury on same level Mary Lamb	NO DEPT	0005	Indemnity Medical Vocational Legal Expense	\$2,526.75 \$3,954.74 \$0.00 \$0.00 \$376.20 \$6,857.69	\$5,546.35 \$5,455.26 \$0.00 \$0.00 \$1,123.80 \$12,125.41	\$8,073.10 \$9,410.00 \$0.00 \$0.00 \$1,500.00 \$18,983.10
TES111111111 MARIE, MARIA CompWest Insurance Company Incident	С	05/12/2020 05/20/2020 8 day(s) 05/20/2020	Strain or injury by Foot Strain Strain or injury by miscellaneous Davis Davies	NO DEPT	0005	Indemnity Medical Vocational Legal Expense	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00



## Loss Analysis Policy Effective Dates 04/01/2019 through 04/01/2021

Agency Name:

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Policy Number:

1234567

AA222222

Account Number: AA222
Policy Name: TEST

Policy Name:	TES	T INC							
Claim Number Claimant Name Carrier Claim Type	Status	Injury Date Report Date Days to Report Closed Date	Injury Description Body Part Diagnosis Detail Cause Examiner	Dept.	Position Union Code Fund Code Class	Coverage	Payments	Case Reserves	Incurred
TES234567890 JOHN, JACOBS CompWest Insura Company Incident	C	12/18/2020 12/18/2020 0 day(s) 01/05/2021	Miscellaneous causes Lungs COVID-19 Pandemic Dory Nemo	NO DEPT	0005	Indemnity Medical Vocational Legal Expense	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00
TES135791389 ZEBRA, ANIMAL CompWest Insura Company Incident	C	12/16/2020 12/18/2020 2 day(s) 01/07/2021	Miscellaneous causes Lungs COVID-19 Pandemic King Kong	NO DEPT	0005	Indemnity Medical Vocational Legal Expense Total	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00
Open 2 Open	1234567 (TEST II Claims Counts by Closed R 15 Reserve 5,986.02	•	al Indemnity 7 4 ve Litigation Reha	3	cident Only 10 I Fatal	Indemnity Medical Vocational Legal Expense	\$4,524.84 \$8,626.96 \$0.00 \$0.00 \$463.50 \$13,615.30	\$7,106.35 \$7,355.87 \$0.00 \$0.00 \$1,523.80 \$15,986.02	\$11,631.19 \$15,982.83 \$0.00 \$0.00 \$1,987.30 \$29,601.32



## **Five-year Summary**

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Policy Number:

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AA222222 TEST INC

Year	Carrier1 Carrier2	Written Premium	Ind	Claims Med	ncident	Indemnity Incurred	Vocational Incurred	Medical Incurred	Legal Incurred	Expenses Incurred	Current Open	Total Losses	Loss Ratio
2019 2020	**CW **CW	\$129,859.00 \$80,698.00	1 3	2 1	1 9	\$251.43 \$11,379.76	\$0.00 \$0.00	\$710.39 \$15,272.44	\$0.00 \$0.00	\$87.30 \$1,900.00	0 2	\$961.82 \$26,652.20	0.74% 33.03%
	Totals:	\$210,557.00	4	3	10	\$11,631.19	\$0.00	\$15,982.83	\$0.00	\$1,987.30	2	\$27,614.02	13.11%