

Valued as of: 7/22/2020 Policy Effective: 10/1/2019 Policy: FLA01

Worker's Compensation Insured Losses Report

Company

INSURED

Insured

Plumbing, l

Address

s, CA

Carrier Policy Number

FLAO

Policy Period

10/1/2019 - 10/1/2020

Cancel Date

INSURED LOSS SUMMARY

Paid Losses and Expenses \$5,764.48
Reserved Losses and Expenses \$25,791.48
Total Incurred \$31,555.96
Closed Claims 2
Open Claims 2
Total Claims 4



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Policy: FLA0

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Claim Number: 3	019386966 Claimant Name: HENRY			Claim Status:	Closed
Loss Date	11/5/2019		Paid	Reserved	Incurred
Reported Date	11/5/2019	Medical	\$925.81	\$0.00	\$925.81
Class Code	5183	Indemnity	\$240.00	\$0.00	\$240.00
Nature	4900 - Sprain	Expense	\$70.15	\$0.00	\$70.15
Cause	6000 - Strain or Injury By, NOC	Total	\$1,235.96	\$0.00	\$1,235.96
Body Part	5500 - Ankle				
Claim Number: 3	0204503 Claimant Name: LEON			Claim Status:	Closed
Loss Date	1/30/2020		Paid	Reserved	Incurred
Reported Date	1/30/2020	Medical	\$0.00	\$0.00	\$0.00
Class Code	5183	Indemnity	\$0.00	\$0.00	\$0.00
Nature	5200 - Strain	Expense	\$0.00	\$0.00	\$0.00
Cause	3101 - Trip	Total	\$0.00	\$0.00	\$0.00
Body Part	5300 - Knee				
Claim Number: 3	802046084 Claimant Name: IRMA			Claim Status:	Open
Loss Date	2/21/2020		Paid	Reserved	Incurred
Reported Date	2/21/2020	Medical	\$3,211.38	\$1,088.62	\$4,300.00

5183 \$0.00 \$0.00 \$0.00 Class Code Indemnity \$500.00 Nature 5200 - Strain Expense \$220.00 \$280.00 Cause 9700 - Repetitive Motion (after 7/1/94) **Total** \$3,431.38 \$1,368.62 \$4,800.00 **Body Part** 3400 - Wrist

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Claim Number: 3	020564368 Claimant Name: DEANDRE			Claim Status	: Open
Loss Date	7/2/2020		Paid	Reserved	Incurred
Reported Date	7/2/2020	Medical	\$0.00	\$7,660.00	\$7,660.00
Class Code	5183	Indemnity	\$1,097.14	\$14,262.86	\$15,360.00
Nature	2800 - Fracture	Expense	\$0.00	\$2,500.00	\$2,500.00
Cause	6000 - Strain or Injury By, NOC	Total	\$1,097.14	\$24,422.86	\$25,520.00
Body Part	3600 - Finger(s)				