

ACCOUNT/POLICY 0307397-02-073538

EFFECTIVE DATES 01/16/18 TO 01/16/19

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## COVERAGE

CLAIM#	CLMNT#	DATE OF LOSS	REPORTED BY	TITLE	DATE REPORTED	STATUS	TOTAL CLAIM
							.00

LOSS LOCATION	PAID	RESERVE
	.00	.00

LOSS DESCRIPTION	ALLEGED INJURY/DAMAGE
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TOTAL FOR POLICY NUMBER 02-073538 -	.00
TOTAL NUMBER OF CLAIMS	0
TOTAL FOR POLICY NUMBER 02-073538	.00
TOTAL NUMBER OF CLAIMS	0

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ACCOUNT/POLICY 0307397-02-778979

EFFECTIVE DATES 01/16/15 TO 01/16/16

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## COVERAGE

CLAIM#	CLMNT#	DATE OF LOSS	REPORTED BY	TITLE	DATE REPORTED	STATUS	TOTAL CLAIM
							.00

LOSS LOCATION	PAID	RESERVE
	.00	.00

LOSS DESCRIPTION	ALLEGED INJURY/DAMAGE
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TOTAL FOR POLICY NUMBER 02-778979 -	.00
TOTAL NUMBER OF CLAIMS	0
TOTAL FOR POLICY NUMBER 02-778979	.00
TOTAL NUMBER OF CLAIMS	0

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ACCOUNT/POLICY 0307397-02-864976

EFFECTIVE DATES 01/16/16 TO 01/16/17

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## COVERAGE

CLAIM#	CLMNT#	DATE OF LOSS	REPORTED BY	TITLE	DATE REPORTED	STATUS	TOTAL CLAIM
							.00

LOSS LOCATION	PAID	RESERVE
	.00	.00

LOSS DESCRIPTION	ALLEGED INJURY/DAMAGE
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TOTAL FOR POLICY NUMBER 02-864976 -	.00
TOTAL NUMBER OF CLAIMS	0
TOTAL FOR POLICY NUMBER 02-864976	.00
TOTAL NUMBER OF CLAIMS	0

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ACCOUNT/POLICY 0307397-02-956250

EFFECTIVE DATES 01/16/17 TO 01/16/18

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## COVERAGE

CLAIM#	CLMNT#	DATE OF LOSS	REPORTED BY	TITLE	DATE REPORTED	STATUS	TOTAL CLAIM
							.00

LOSS LOCATION	PAID	RESERVE
	.00	.00

LOSS DESCRIPTION	ALLEGED INJURY/DAMAGE
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TOTAL FOR POLICY NUMBER 02-956250 -	.00
TOTAL NUMBER OF CLAIMS	0
TOTAL FOR POLICY NUMBER 02-956250	.00
TOTAL NUMBER OF CLAIMS	0

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ACCOUNT/POLICY 0307397-07-085946

EFFECTIVE DATES 04/01/18 TO 04/01/19

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## COVERAGE

CLAIM#	CLMNT#	DATE OF LOSS	REPORTED BY	TITLE	DATE REPORTED	STATUS	TOTAL CLAIM
							.00

LOSS LOCATION	PAID	RESERVE
	.00	.00

LOSS DESCRIPTION	ALLEGED INJURY/DAMAGE
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TOTAL FOR POLICY NUMBER 07-085946 -	.00
TOTAL NUMBER OF CLAIMS	0
TOTAL FOR POLICY NUMBER 07-085946	.00
TOTAL NUMBER OF CLAIMS	0

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ACCOUNT/POLICY 0307397-07-683679

EFFECTIVE DATES 04/01/14 TO 04/01/15

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## COVERAGE

CLAIM#	CLMNT#	DATE OF LOSS	REPORTED BY	TITLE	DATE REPORTED	STATUS	TOTAL CLAIM
							.00

LOSS LOCATION	PAID	RESERVE
	.00	.00

LOSS DESCRIPTION	ALLEGED INJURY/DAMAGE
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TOTAL FOR POLICY NUMBER 07-683679 -	.00
TOTAL NUMBER OF CLAIMS	0
TOTAL FOR POLICY NUMBER 07-683679	.00
TOTAL NUMBER OF CLAIMS	0

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ACCOUNT/POLICY 0307397-07-772419

EFFECTIVE DATES 04/01/15 TO 04/01/16

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## COVERAGE

CLAIM#	CLMNT#	DATE OF LOSS	REPORTED BY	TITLE	DATE REPORTED	STATUS	TOTAL CLAIM
							.00

LOSS LOCATION	PAID	RESERVE
	.00	.00

LOSS DESCRIPTION	ALLEGED INJURY/DAMAGE
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TOTAL FOR POLICY NUMBER 07-772419 -	.00
TOTAL NUMBER OF CLAIMS	0
TOTAL FOR POLICY NUMBER 07-772419	.00
TOTAL NUMBER OF CLAIMS	0

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ACCOUNT/POLICY 0307397-07-872281

EFFECTIVE DATES 04/01/16 TO 04/01/17

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## COVERAGE

CLAIM#	CLMNT#	DATE OF LOSS	REPORTED BY	TITLE	DATE REPORTED	STATUS	TOTAL CLAIM
							.00

LOSS LOCATION	PAID	RESERVE
	.00	.00

LOSS DESCRIPTION	ALLEGED INJURY/DAMAGE
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TOTAL FOR POLICY NUMBER 07-872281 -	.00
TOTAL NUMBER OF CLAIMS	0
TOTAL FOR POLICY NUMBER 07-872281	.00
TOTAL NUMBER OF CLAIMS	0

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ACCOUNT/POLICY 0307397-07-971519

EFFECTIVE DATES 04/01/17 TO 04/01/18

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## COVERAGE

CLAIM#	CLMNT#	DATE OF LOSS	REPORTED BY	TITLE	DATE REPORTED	STATUS	TOTAL CLAIM
							.00

LOSS LOCATION	PAID	RESERVE
	.00	.00

LOSS DESCRIPTION	ALLEGED INJURY/DAMAGE
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TOTAL FOR POLICY NUMBER 07-971519 -	.00
TOTAL NUMBER OF CLAIMS	0

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## COVERAGE WORKERS COMPENSATION

CLAIM#	CLMNT#	DATE OF LOSS	REPORTED BY	TITLE	DATE REPORTED	STATUS	TOTAL CLAIM
1319966	2	04/26/17	PETER WAWERU	ADMINISTRATOR	06/15/17	OPEN	26,849.11

CLAIMANT NAME SERNA, MARTHA

LOSS LOCATION	MED PAY	INDEMNITY	PAID	RESERVE
520 SANITARIUM RD SAINT HELENA	8,651.71	15,688.03	24,339.74	2,509.37

CA 945749725

LOSS DESCRIPTION	ALLEGED INJURY/DAMAGE
HOUSEKEEPING WALKING DOWN OUTSIDE STEPS FELL DOWN MOST OF THE STEPS	Workers Compensation

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CLAIM#	CLMNT#	DATE OF LOSS	REPORTED BY	TITLE	DATE REPORTED	STATUS	TOTAL CLAIM
1330007	2	08/10/17	PETER WAWERU	ADMINISTRATOR	09/28/17	CLOSED	12,500.00

CLAIMANT NAME VERDIN, MARIA J

LOSS LOCATION	MED PAY	INDEMNITY	PAID	RESERVE
520 SANITARIUM RD SAINT HELENA	12,500.00		12,500.00	.00

CA 945749725

LOSS DESCRIPTION	ALLEGED INJURY/DAMAGE
CLMNT ALLEGING PSYCH INJURY DUE TO MISTREATMENT-C&R 2/21/18	Workers Compensation

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CLAIM#	CLMNT#	DATE OF LOSS	REPORTED BY	TITLE	DATE REPORTED	STATUS	TOTAL CLAIM
1341105	2	01/30/18	JOB CARE		01/31/18	OPEN	3,500.00
CLAIMANT NAME		GONZALES, ADRIANA					
LOSS LOCATION				MED PAY	INDEMNITY	PAID	RESERVE
520 SANITARIUM RD				1,446.67		1,446.67	2,053.33
SAINT HELENA							
CA 945749725							
LOSS DESCRIPTION				ALLEGED INJURY/DAMAGE			
EE WAS GETTING INTO AN ELEVATOR WHEN SHE TURNED AND FELL				Workers Compensation			
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TOTAL FOR POLICY NUMBER 07-971519 - WORKERS COMPENSATION				42,849.11			
TOTAL NUMBER OF CLAIMS				3			
TOTAL FOR POLICY NUMBER 07-971519				42,849.11			
TOTAL NUMBER OF CLAIMS				3			

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