

Policy Claim History Report - All Terms

Policy Number: HS02798503

Policy Term: 06/01/2017 - 06/01/2019

Claim Period Shown: 06/01/2017 - 06/01/2019

Report Date: 04/13/2019

Insured: Companion Life Services, LLC

10211 SW Barbur Blvd, Ste F19

Portland, OR 97219-5936-

Total Claims	Paid	Reserve	Recoveries	Total *
1	\$0.00	\$0.00	\$0.00	\$0.00

* Expenses included

Loss Date & Date Reported	Claimant Name & Claim Description	Coverage	Status	Indemnity Paid & Reserve	Expense Paid & Reserve	Recoveries	Total Incurred
04/19/2018 04/27/2018	Jane Doe Client and companion fell over when wheelchair hit incline and uneven ground. Claim Number: 00190504 Adjuster: SCOTT ALKIRE		Closed 06/18/2018	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00