

## Policy Claim History Report - All Terms

**Policy Number:** MM20162129

**Policy Term:** 01/19/2016 - 01/19/2019

**Claim Period Shown:** 01/19/2016 - 01/19/2019

**Report Date:** 11/26/2018

**Insured:** Rock Canyon Pharmacy, LLC

3179 N Canyon Rd

Provo, UT 84604-

Total Claims	Paid	Reserve	Recoveries	Total *
1	\$0.00	\$165,000.00	\$0.00	\$165,000.00

\* Expenses included

Loss Date & Date Reported	Claimant Name & Claim Description	Coverage	Status	Indemnity Paid & Reserve	Expense Paid & Reserve	Recoveries	Total Incurred
01/14/2017 03/07/2017	Ayden Traore PL - Miscalculation of compounding medication caused aggravated condition Claim Number: 00183954 Adjuster: HARLAND WESTGATE	Liability	Open	\$0.00 \$150,000.00	\$0.00 \$15,000.00	\$0.00	\$165,000.00