

Loss Report prepared for Miller & Hernandez DBA: Frio Cryotherapy

Policy Effective 11/23/2016 - 11/23/2017

Losses Valued as of 07/31/2019

Carrier: Certain Underwriters at Lloyds - Certain Underwriters at Lloyds BMS Group

Line of Business: Allied Healthcare - Primary

Policy Num AHC-0000343-01

PIONEER
UNDERWRITERS

*****Please note that all loss amounts are shown excess of appropriate retention amounts*****

****All amounts are reflected in USD or USD equivalents****

Control No	Claim No	Claimant Name	Date of Loss	Date Reported	Status	Description of Claim	Expense Reserve	Indemnity Reserve	Expense Paid	Indemnity Paid	Total Incurred
19673	593.075	Tricia Miller	06/20/2017	07/28/2017	Closed	Acord notice regarding incident on 20-Jun-17 in which the claimant had frostbite on her upper thigh during a 3rd treatment. The claimant claims that she has had three skin grafts to date.	\$0.00	\$0.00	\$1,443.00	\$0.00	\$1,443.00

Loss Report prepared for Miller & Hernandez DBA: Frio Cryotherapy

Policy Effective 11/23/2017 - 11/23/2018

Losses Valued as of 07/31/2019

Carrier: Certain Underwriters at Lloyds - Certain Underwriters at Lloyds BMS Group

Line of Business: Allied Healthcare - Primary

Policy Num AHC-0000343-02

PIONEER
UNDERWRITERS

*****Please note that all loss amounts are shown excess of appropriate retention amounts*****

****All amounts are reflected in USD or USD equivalents****

Control No	Claim No	Claimant Name	Date of Loss	Date Reported	Status	Description of Claim	Expense Reserve	Indemnity Reserve	Expense Paid	Indemnity Paid	Total Incurred
No Losses reported											

Loss Report prepared for Miller & Hernandez DBA: Frio Cryotherapy
Policy Effective 11/23/2018 - 11/23/2019
Losses Valued as of 07/31/2019

Carrier: Certain Underwriters at Lloyds - Certain Underwriters at Lloyds BMS Group
Line of Business: Allied Healthcare - Primary
Policy Num AHC-0000343-03



*****Please note that all loss amounts are shown excess of appropriate retention amounts*****
****All amounts are reflected in USD or USD equivalents****

Control No	Claim No	Claimant Name	Date of Loss	Date Reported	Status	Description of Claim	Expense Reserve	Indemnity Reserve	Expense Paid	Indemnity Paid	Total Incurred
No Losses reported							\$0.00	\$0.00	\$1,443.00	\$0.00	\$1,443.00