ASCONA AMBULETTE SERVICE, INC

Policy Number(s): 1B30612A



Detail Loss Report

Claimant Adj Off FP Claim Number Accident Date Notice Date Close Date O/C Total Claim Medical Expense

No losses were found based on report selection criteria

ASCONA AMBULETTE SERVICE, INC Policy Number(s): 1B30612A



| Detail Loss Report | | | | Losses From: 08/21/2011 To 05/12/2015 |
|--|---|--------------------------------|----------------------------------|---------------------------------------|
| Report Parameters | | | | |
| Report Name: Detail Loss Losses From: 08/21/2011 To 05/12/2015 | 08/21/2011 To 05/12/2015 Policy Number(s): 1B30612A | | | |
| Sorts | | | | |
| Sort Name 1. Policy Year 2. Line of Insurance 3. Subline of Insurance | Sort Label Policy Year Line of Insurance Subline of Insurance | <u>Subtotal</u> Y Y Y | <u>Page Break</u> N N N | |
| Limiting Statements | | | | |
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| Large Loss Limiting | | | | |
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| Drill Down Limiting Criteria | | | | |
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