

**GUARD Insurance Group WC Loss Run
FOR
Dana Point Condo Association
Policy Number: DAWC445975**

Policy Period: 10/16/2013 - 05/01/2014
Agency: BRADISH ASSOCIATES LTD

\$1,000.00 Medical Deductible applies for the state of IL.

Claim Number	Claimant	Date of Loss	Loss PayClass	Medical	Indemnity	Expense	Total
	Adjustor	Date Reported	Status (Adj)	LOC			
	Narrative	Date Closed (Adj)					

GUARD Insurance Group WC Loss Run Summary Sheet for DAWC445975

	Medical	Indemnity	Expense	Total
(a) Total Paid	0.00	0.00	0.00	0.00
(b) Total Incurred	0.00	0.00	0.00	0.00
(c) Deductible* on Paid	0.00	0.00	0.00	0.00
(d) Deductible* on Incurred	0.00	0.00	0.00	0.00
(e) Post Deductible on Paid (a-c)	0.00	0.00	0.00	0.00

(f) Post Deductible on Incurred (b-d) 0.00 0.00

Total Open Claims	0
Total Closed Claims	0
Loss Time	0
Medical Only	0

*\$1,000.00 Medical Deductible applies for the state of IL.

GUARD Insurance Group WC Loss Run
FOR
Dana Point Condo Association
Policy Number: DAWC337853

Policy Period: 10/16/2012 - 10/16/2013
Agency: BRADISH ASSOCIATES LTD

\$1,000.00 Medical Deductible applies for the state of IL.

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Claim Number

Claimant

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GUARD Insurance Group WC Loss Run Summary Sheet for DAWC337853

	Indemnity	Medical	Total Expense	Total
(a) Total Paid	0.00	0.00	0.00	0.00
(b) Total Incurred	0.00	0.00	0.00	0.00
(c) Deductible* on Paid	0.00	0.00	0.00	0.00
(d) Deductible* on Incurred	0.00	0.00	0.00	0.00
(e) Post Deductible on Paid (a-c)	0.00	0.00	0.00	0.00

(f) Post Deductible on Incurred (b-d)

0.00

0.00

0.00

0.00

Total Open Claims 0

Total Closed Claims 0

Loss Time 0

Medical Only 0

* \$1,000.00 Medical Deductible applies for the state of IL.

GUARD Insurance Group W/C Loss Run Summary Sheet (All Policies/ All Locations)

	Medical	Indemnity	Expense	Total
(a) Total Paid All Policies/Locations	0.00	0.00	0.00	0.00
(b) Total Incurred All Policies/Locations	0.00	0.00	0.00	0.00
 Total Open Claims	 0			
Total Closed Claims	0			
Loss Time	0			
Medical Only	0			

DANA POINT CONDOMINIUM
Policy Number(s): 8247M476

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Policy Summary Report

Policy Years From: 2008 To 2012				
	Incurred	Paid	Outstanding	Number of Claims
	CIm+Med+Exp	CIm+Med+Exp	CIm+Med+Exp	
Policy Year: 2008				
Policy Number: 8247M476				
Coverage				
Workers Compensation (Excluding Self-Insured)	\$918.00	\$918.23	\$0.00	2
Subtotals for Policy Number : 8247M476	\$918.00	\$918.23	\$0.00	2
Subtotals for Policy Year : 2008	\$918.00	\$918.23	\$0.00	2
Policy Year: 2009				
Policy Number: 8247M476				
Coverage				
Workers Compensation (Excluding Self-Insured)	\$7,290.00	\$7,290.25	\$0.00	1
Subtotals for Policy Number : 8247M476	\$7,290.00	\$7,290.25	\$0.00	1
Subtotals for Policy Year : 2009	\$7,290.00	\$7,290.25	\$0.00	1
Policy Year: 2010				
Policy Number: 8247M476				
Coverage				
Losses as of: 02/03/2014				

Run Date: 02/05/2014

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DANA POINT CONDOMINIUM
Policy Number(s): 8247M476



Policy Summary Report

Policy Years From: 2008 To 2012					
	Incurred Cln+Med+Exp	Paid Cln+Med+Exp	Outstanding Cln+Med+Exp	Number of Claims	
Policy Year: 2010					
Policy Number: 8247M476					
Coverage					
Workers Compensation (Excluding Self-Insured)	\$0.00	\$0.00	\$0.00	0	
Subtotals for Policy Number : 8247M476	\$0.00	\$0.00	\$0.00	0	
Subtotals for Policy Year : 2010	\$0.00	\$0.00	\$0.00	0	
Policy Year: 2011					
Policy Number: 8247M476					
Coverage					
Workers Compensation (Excluding Self-Insured)	\$0.00	\$0.00	\$0.00	0	
Subtotals for Policy Number : 8247M476	\$0.00	\$0.00	\$0.00	0	
Subtotals for Policy Year : 2011	\$0.00	\$0.00	\$0.00	0	
Report Grand Totals	\$8,1208.00	\$8,1208.48	\$0.00	3	

DANA POINT CONDOMINIUM
Policy Number(s): 8247M476



Policy Summary Report		Report Parameters	Sorts	Limiting Statements
Report Name: Policy Summary Report Policy Years From: 2008 To 2012		Policy Number(s): 8247M476		