

**WORKERS' COMPENSATION
LOSS ANALYSIS
PREPARED ESPECIALLY FOR
Dana Point Condo Association
Policy Number: DAWC337853**

Policy Period: 10/16/2012 - 10/16/2013

Report Date: 03/25/2013

Location Information

Location #: 001

Name: Dana Point Condo Association
Address: 1519 E. Central Rd, Arlington Heights, IL 60005

	<u>Number of Injuries</u>	<u>Incurred Medical</u>	<u>Incurred Indemnity</u>	<u>Incurred Expense</u>	<u>Total Incurred</u>
	0	0.00	0.00	0.00	0.00
POLICY TOTAL	0	0.00	0.00	0.00	0.00

Summary Policy Information

Total Incurred: 0.00

Average number of days
taken to report a claim:

**INDIVIDUAL FREQUENCY
BY BODY PART AT
Dana Point Condo Association
Policy Number: DAWC337853**

Policy Period: 10/16/2012 - 10/16/2013

Report Date: 03/25/2013

Location # TOTAL:  0 0.00

POLICY TOTAL:  0 0.00



**INDIVIDUAL FREQUENCY
BY CAUSE OF LOSS AT
Dana Point Condo Association
Policy Number: DAWC337853**

Policy Period: 10/16/2012 - 10/16/2013

Report Date: 03/25/2013

INJURY TOTAL: 0 0.00

Location # TOTAL: 0 0.00

POLICY TOTAL: 0 0.00

**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

Report Date: 03/25/2013
Premium and Losses as of: 02/28/2013

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

Claim Number

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

GUARD Insurance Group WC Loss Run Summary Sheet for DAWC337853

	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	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.