

**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**

**Report Date: 02/05/2014
Premium and Losses as of: 02/05/2014**

\$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 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)

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.

0.00

0.00

0.00

0.00

Dana Point Condo Association
Policy Number: DAWC337853

Report Date: 02/05/2014
Premium and Losses as of: 02/05/2014

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)

Total Open Claims	0	0.00	0.00	0.00
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 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



Policy Summary Report

Policy Years From: 2008 To 2012

Policy Year: 2008

Policy Number: 8247M476

Coverage

Workers Compensation (Excluding Self-Insured)

Subtotals for Policy Number : 8247M476

Subtotals for Policy Year : 2008

Policy Year: 2009

Policy Number: 8247M476

Coverage

Workers Compensation (Excluding Self-Insured)

Subtotals for Policy Number : 8247M476

Subtotals for Policy Year : 2009

Policy Year: 2010

Policy Number: 8247M476

Coverage

Incurring Clim+Med+Exp	Paid Clim+Med+Exp	Outstanding Clim+Med+Exp	Number of Claims
\$918.00	\$918.23	\$0.00	2
\$918.00	\$918.23	\$0.00	2
\$918.00	\$918.23	\$0.00	2
\$7,290.00	\$7,290.25	\$0.00	1
\$7,290.00	\$7,290.25	\$0.00	1
\$7,290.00	\$7,290.25	\$0.00	1

Policy Summary Report

Policy Years From: 2008 To 2012

Policy Year: 2010

Policy Number: 8247M476

Coverage

Workers Compensation (Excluding Self-Insured)

Subtotals for Policy Number : 8247M476

Subtotals for Policy Year : 2010

Policy Year: 2011

Policy Number: 8247M476

Coverage

Workers Compensation (Excluding Self-Insured)

Subtotals for Policy Number : 8247M476

Subtotals for Policy Year : 2011

Report Grand Totals

	Incurring Clim+Med+Exp	Paid Clim+Med+Exp	Outstanding Clim+Med+Exp	Number of Claims
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
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	\$8,208.00	\$8,208.48	\$0.00	3

Policy Summary Report

Policy Years From: 2008 To 2012

Report Parameters

Report Name: Policy Summary Report
Policy Years From: 2008 To 2012

Policy Number(s): 8247M476

Sorts

Limiting Statements