

Claims Summary

The Hanover Insurance Group, Inc.

Inquiry Date: 01/31/2013

Producer Code 1308951
Producer Name BRADISH ASSOCIATES, LTD.
Date Range: 01312008 to 01312013
mmddyyyy mmddyyyy

To refine search enter new date range and select the New Inquiry button.

Insured Name:

Customer Number

Policy Number

Policy Effective Date

Premium Amount

DANA POINT CONDO ASSOC
1500237991
ZCC 9530968
05/01/2012
\$109,769.00

No Claims Found for this Policy Term

2022 - POLICY 9530968 HAS NO CLAIM WITHIN DATE RANGE ENTERED. PLEASE REFINER DATE RANGE

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Express Claims Auto
Repair Program

24 Hour Glass Repair

Detail Loss Report

Losses From: 05/01/2012 To 01/31/2013

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
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No losses were found based on report selection criteria

Detail Loss Report

Report Parameters

Losses From: 05/01/2012 To 01/31/2013

Report Name: Detail Loss
Losses From: 05/01/2012 To 01/31/2013

Policy Number(s): 1744M171

Sorts

Sort Name

1. Policy Year

2. Line of Insurance

Sort Label

Policy Year

Line of Insurance

Subtotal

Y

Y

Page Break

N

N

Limiting Statements

Large Loss Limiting

Drill Down Limiting Criteria



Detail Loss Report

Losses From: 05/01/2011 To 05/01/2012

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
Policy Year: 2011											
Line of Insurance: GL - GENERAL LIABILITY											
SNITYNSKA GALYNA	028	LR	EQR1334	07/23/2011	07/23/2011	07/26/2011	C				
STORM CAUSED FLOODING IN INSD GARAGES CAUSING DMG TO RESIDENT VEH AS WELL									\$0.00	\$0.00	\$0.00
									\$0.00	\$0.00	\$0.00
									\$0.00	\$0.00	\$0.00
									\$0.00	\$0.00	\$0.00
									\$0.00	\$0.00	\$0.00
									\$0.00	\$0.00	\$0.00
Subtotals for Line of Insurance : GL											
Total Claim Count: 1											
Line of Insurance: P - PROPERTY											
/DANA POINT CONDO. ASSOC.	028	FR	EQR1771	07/23/2011	07/25/2011	08/07/2011	C				
UNDERGROUND GARAGE FLOODED -									\$0.00	\$0.00	\$0.00
									\$0.00	\$0.00	\$0.00
									\$0.00	\$0.00	\$0.00
									\$0.00	\$0.00	\$0.00
									\$0.00	\$0.00	\$0.00
									\$0.00	\$0.00	\$0.00
Subtotals for Line of Insurance : P											
Total Claim Count: 3											
Line of Insurance: P - PROPERTY											
ASSOC. DANA POINT CONDO.	028	FR	EQR1332	07/23/2011	07/23/2011	11/10/2011	C				
STORM CAUSED FLOODING IN INSD GARAGES CAUSING DMG TO RESIDENT VEH AS WELL									\$61,522.00	\$0.00	\$0.00
									\$61,522.18	\$0.00	\$0.00
									\$0.00	\$0.00	\$0.00
									\$61,522.00	\$0.00	\$0.00
									\$61,522.18	\$0.00	\$0.00
									\$0.00	\$0.00	\$0.00
Subtotals for Line of Insurance : P											
Total Claim Count: 3											
Subtotals for Policy Year : 2011											
Total Claim Count: 4											
									\$61,522.00	\$0.00	\$0.00
									\$61,522.18	\$0.00	\$0.00
									\$0.00	\$0.00	\$0.00

Detail Loss Report

Losses From: 05/01/2011 To 05/01/2012

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

Total Claim Count: 4

Inc:								\$61,522.00	\$61,522.00	\$0.00	\$0.00
Pd:								\$61,522.18	\$61,522.18	\$0.00	\$0.00
O/S:								\$0.00	\$0.00	\$0.00	\$0.00

Detail Loss Report

Report Parameters

Losses From: 05/01/2011 To 05/01/2012

Report Name: Detail Loss
Losses From: 05/01/2011 To 05/01/2012
Policy Number(s): 1744M171

Sort Name		Sort Label		Sorts	
1. Policy Year	2. Line of Insurance	Policy Year	Line of Insurance	Subtotal	Page Break
				Y	N
				Y	N

Limiting Statements

Large Loss Limiting

Drill Down Limiting Criteria

Detail Loss Report

Losses From: 05/01/2010 To 05/01/2011

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
Policy Year: 2010											
Line of Insurance: GL - GENERAL LIABILITY											
KARP DOROTHY	028	LR	EMS7199	09/23/2010	10/22/2010	06/30/2011	C				
RESIDENT OF CONDO ASSOC FELL AS SHE WAS WALKING OUT A DOOR. INCIDENT REPORT & DR'S NOTES ON FILE WITH AGENT								Inc:	\$45.00	\$0.00	\$45.00
								Pd:	\$45.00	\$0.00	\$45.00
								O/S:	\$0.00	\$0.00	\$0.00
LYTLE MARGARET	028	LR	EKZ9524	07/06/2010	07/06/2010	04/03/2011	C				
RESIDENT, MARGARET LYTLE, FELL IN THE GARAGE AND WAS TAKEN TO NORTHWEST COMM. HOSPITAL AND WAS TREATED & RELEASED								Inc:	\$0.00	\$0.00	\$0.00
								Pd:	\$0.00	\$0.00	\$0.00
								O/S:	\$0.00	\$0.00	\$0.00
Subtotals for Line of Insurance : GL											
Total Claim Count: 2								Inc:	\$45.00	\$0.00	\$45.00
								Pd:	\$45.00	\$0.00	\$45.00
								O/S:	\$0.00	\$0.00	\$0.00
Line of Insurance: P - PROPERTY											
/DANA POINT CONDO ASSOC	028	FR	EMS6190	10/12/2010	10/15/2010	10/15/2010	C				
VOLTAGE SPIKE/POWER SURGE IN LAUNDRY ROOM KNOCKING OUT WASHING MACHINES AND DRYERS								Inc:	\$0.00	\$0.00	\$0.00
								Pd:	\$0.00	\$0.00	\$0.00
								O/S:	\$0.00	\$0.00	\$0.00
Subtotals for Line of Insurance : P											
Total Claim Count: 1								Inc:	\$0.00	\$0.00	\$0.00
								Pd:	\$0.00	\$0.00	\$0.00
								O/S:	\$0.00	\$0.00	\$0.00
Subtotals for Policy Year : 2010											
Total Claim Count: 3								Inc:	\$45.00	\$0.00	\$45.00
								Pd:	\$45.00	\$0.00	\$45.00
								O/S:	\$0.00	\$0.00	\$0.00
Report Grand Totals											
Total Claim Count: 3								Inc:	\$45.00	\$0.00	\$45.00
								Pd:	\$45.00	\$0.00	\$45.00
								O/S:	\$0.00	\$0.00	\$0.00

Detail Loss Report

Report Parameters

Losses From: 05/01/2010 To 05/01/2011

Report Name: Detail Loss
Losses From: 05/01/2010 To 05/01/2011
Policy Number(s): 1744M171

Sort Name		Sort Label		Sorts	
1. Policy Year	2. Line of Insurance	Policy Year	Line of Insurance	Subtotal	Page Break
				Y	N
				Y	N

Limiting Statements

Large Loss Limiting

Drill Down Limiting Criteria

Detail Loss Report

Losses From: 05/01/2009 To 05/01/2010

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
Policy Year: 2009											
Line of Insurance: GL - GENERAL LIABILITY											
GUYDAN CAROL	028	LR	A3T6235	06/24/2009	06/25/2009	07/07/2009	C				
CAROL GUYDAN OF UNIT 320C, 1605 BLDG WAS HOLDING THE ELEVATOR DOOR OPE											
							Inc:	\$0.00	\$0.00	\$0.00	\$0.00
							Pd:	\$0.00	\$0.00	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
KARP ROBERT	028	LR	A3T6938	06/30/2009	07/01/2009	07/06/2009	C				
CLMT (MR KARP OF 1505 E CENTRAL RD, UNIT 107A) CAME OUT OF THE WEST EX											
							Inc:	\$0.00	\$0.00	\$0.00	\$0.00
							Pd:	\$0.00	\$0.00	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
RITTER VALENTYNE	028	LR	EHS2552	11/07/2009	01/07/2010	02/25/2010	C				
RESIDENT IN BLDG CLAIMS THAT B-WING GARAGE DOOR, 1405 E. CENTRAL, ARL											
							Inc:	\$0.00	\$0.00	\$0.00	\$0.00
							Pd:	\$0.00	\$0.00	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
Subtotals for Line of Insurance : GL											
Total Claim Count: 3								\$0.00	\$0.00	\$0.00	\$0.00
Subtotals for Policy Year : 2009								\$0.00	\$0.00	\$0.00	\$0.00
Total Claim Count: 3								\$0.00	\$0.00	\$0.00	\$0.00
Report Grand Totals											
Total Claim Count: 3								\$0.00	\$0.00	\$0.00	\$0.00

Detail Loss Report

Report Parameters

Losses From: 05/01/2009 To 05/01/2010

Report Name: Detail Loss
Losses From: 05/01/2009 To 05/01/2010
Policy Number(s): 1744M171

Sort Name		Sort Label		Sorts	
1. Policy Year		Policy Year		Subtotal	Page Break
2. Line of Insurance		Line of Insurance		Y	N
				Y	N

Limiting Statements

Large Loss Limiting

Drill Down Limiting Criteria

Detail Loss Report

Losses From: 05/01/2008 To 05/01/2009

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
Policy Year: 2008											
Line of Insurance: GL - GENERAL LIABILITY											
BLOOMFIELD JENNIFER	028	LR	A5C8430	01/12/2009	01/14/2009	06/08/2009	C				
PER FAX: SLIP AND WALL IN FRONT OF THE WEST EXIT DOOR AT THE 1415 LAN											
							Inc:	\$359.00	\$0.00	\$359.00	\$0.00
							Pd:	\$359.00	\$0.00	\$359.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
MOLIN MONACLES											
OWNER OF 1605 # 110B CAME INTO THE OFFICE AND REPORTED THAT THE GARAGE	028	LR	A5U3574	08/21/2008	09/05/2008	11/24/2008	C				
							Inc:	\$0.00	\$0.00	\$0.00	\$0.00
							Pd:	\$0.00	\$0.00	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
SEMAR KEITH											
THE OFFICE RECEIVED A CALL FROM KEITH SEMAR AT 12:37PM, WHO RESIDES IN	028	LR	A5U2779	08/29/2008	08/29/2008	09/02/2008	C				
							Inc:	\$0.00	\$0.00	\$0.00	\$0.00
							Pd:	\$0.00	\$0.00	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
Subtotals for Line of Insurance : GL											
Total Claim Count: 3								\$359.00	\$0.00	\$359.00	\$0.00
								\$359.00	\$0.00	\$359.00	\$0.00
								\$0.00	\$0.00	\$0.00	\$0.00
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Line of Insurance: P - PROPERTY											
/DANA POINT CONDO. ASSOC.	028	FR	A5U3575	08/21/2008	09/05/2008	09/08/2008	C				
DAMAGE TO OVERHEAD GARAGE DOOR IN B WING GARAGE. AS RESIDENT WAS EXIT											
							Inc:	\$0.00	\$0.00	\$0.00	\$0.00
							Pd:	\$0.00	\$0.00	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
Subtotals for Line of Insurance : P											
Total Claim Count: 1								\$0.00	\$0.00	\$0.00	\$0.00
								\$0.00	\$0.00	\$0.00	\$0.00
								\$0.00	\$0.00	\$0.00	\$0.00
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Subtotals for Policy Year : 2008											
Total Claim Count: 4								\$359.00	\$0.00	\$359.00	\$0.00
								\$359.00	\$0.00	\$359.00	\$0.00
								\$0.00	\$0.00	\$0.00	\$0.00

DANA POINT CONDO. ASSOC.
Policy Number(s): 1744M171



Detail Loss Report

Losses From: 05/01/2008 To 05/01/2009

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
Report Grand Totals											
Total Claim Count: 4											
							Inc:	\$359.00	\$0.00	\$359.00	\$0.00
							Pd:	\$359.00	\$0.00	\$359.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00

Detail Loss Report

Report Parameters

Losses From: 05/01/2008 To 05/01/2009

Report Name: Detail Loss
Losses From: 05/01/2008 To 05/01/2009
Policy Number(s): 1744M171

Sort Name		Sort Label		Sorts		Subtotal		Page Break	
1. Policy Year		Policy Year				Y		N	
2. Line of Insurance		Line of Insurance				Y		N	

Limiting Statements

Large Loss Limiting

Drill Down Limiting Criteria