

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

Insured Name: DANA POINT CONDO ASSOC
Customer Number 1500237991
Policy Number ZCC 9530968
Policy Effective Date 05/01/2012
Premium Amount \$109,769.00

No Claims Found for this Policy Term

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

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1-800-628-0250

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Detail Loss Report

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

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

Detail Loss Report		Report Parameters	
Report Name: Detail Loss Losses From: 05/01/2012 To 01/31/2013		Policy Number(s): 1744M171	
Sort Name		Sort Label	Sorts
1.	Policy Year	Policy Year	Subtotal
2.	Line of Insurance	Line of Insurance	Y
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 Inc: Pd: O/S:	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00
STORM CAUSED FLOODING IN INSD GARAGES CAUSING DMG TO RESIDENT VEH AS WELL											
Subtotals for Line of Insurance : GL											
Total Claim Count: 1											

Line of Insurance: P - PROPERTY	FR	EQR1771	07/23/2011	07/25/2011	08/07/2011	C Inc: Pd: O/S: <td>\$0.00 \$0.00 \$0.00</td> <td>\$0.00 \$0.00 \$0.00</td> <td>\$0.00 \$0.00 \$0.00</td> <td>\$0.00 \$0.00 \$0.00</td> <td>\$0.00 \$0.00 \$0.00</td>	\$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
/DANA POINT CONDO. ASSOC.											
UNDERGROUND GARAGE FLOODED -											
/DANA POINT CONDO. ASSOC.	028	FR	ESA3245	10/05/2011	10/06/2011	10/07/2011	C Inc: Pd: O/S:	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00
A GREASE FIRE TO A UNIT #101A											
ASSOC. DANA POINT CONDO.	028	FR	EQR1332	07/23/2011	07/23/2011	11/10/2011	C Inc: Pd: O/S:	\$61,522.00 \$61,522.18 \$0.00	\$61,522.00 \$61,522.18 \$0.00	\$61,522.00 \$61,522.18 \$0.00	\$0.00 \$0.00 \$0.00
STORM CAUSED FLOODING IN INSD GARAGES CAUSING DMG TO RESIDENT VEH AS WELL											
Subtotals for Line of Insurance : P											
Total Claim Count: 3											
Subtotals for Policy Year : 2011											
Total Claim Count: 4											

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
Report Grand Totals											
							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

Total Claim Count: 4

Detail Loss Report		Report Parameters	
Report Name: Detail Loss Losses From: 05/01/2011 To 05/01/2012		Policy Number(s): 1744M171	
<u>Sort Name</u>		<u>Sorts</u>	
Policy Year		<u>Sort Label</u>	
Line of Insurance		Policy Year	
		Line of Insurance	
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 RESIDENT OF CONDO ASSOC FELL AS SHE WAS WALKING OUT A DOOR. INCIDENT REPORT & DR'S NOTES ON FILE WITH AGENT	028	LR	EMS7199	09/23/2010	10/22/2010	06/30/2011	C	\$45.00	\$0.00	\$0.00	\$45.00
LYTLE MARGARET RESIDENT, MARGARET LYTLE, FELL IN THE GARAGE AND WAS TAKEN TO NORTHWEST COMM. HOSPITAL AND WAS TREATED & RELEASED	028	LR	EIKZ9524	07/06/2010	07/06/2010	04/03/2011	C	\$0.00	\$0.00	\$0.00	\$0.00

Subtotals for Line of Insurance : GL

Total Claim Count: 2

Line of Insurance: P - PROPERTY

DANA POINT CONDO ASSOC VOLTAGE SPIKE/POWER SURGE IN LAUNDRY ROOM KNOCKING OUT WASHING MACHINES AND DRYERS	028	FR	EMS6190	10/12/2010	10/15/2010	10/15/2010	C	\$0.00	\$0.00	\$0.00	\$0.00
							Inc:	\$0.00	\$0.00	\$0.00	\$0.00

Subtotals for Line of Insurance : P

Total Claim Count: 1

Subtotals for Policy Year : 2010

Total Claim Count: 3

Report Grand Totals	Inc:	\$45.00	\$0.00	\$0.00	\$45.00
	Pd:	\$45.00	\$0.00	\$0.00	\$45.00

\$0.00

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

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 Inc: Pd: O/S:	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	
CAROL GUYDAN OF UNIT 320C, 1605 BLDG WAS HOLDING THE ELEVATOR DOOR OPE											
KARP ROBERT	028	LR	A3T6938	06/30/2009	07/01/2009	07/06/2009	C Inc: Pd: O/S:	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	
CLMT (MR KARP OF 1505 E CENTRAL RD, UNIT 107A) CAME OUT OF THE WEST EX											
RITTER VALENTYNE	028	LR	EHS2552	11/07/2009	01/07/2010	02/25/2010	C Inc: Pd: O/S:	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	
RESIDENT IN BLDG CLAIMS THAT B-WING GARAGE DOOR, 1405 E. CENTRAL, ARL											
Subtotals for Line of Insurance : GL											
Total Claim Count: 3											

Subtotals for Policy Year : 2009
Total Claim Count: 3

Report Grand Totals	Inc: Pd: O/S:	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00
Total Claim Count: 3				

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

TRAVELERS

Detail Loss Report		Report Parameters	
Report Name: Detail Loss Losses From: 05/01/2009 To 05/01/2010		Policy Number(s): 1744M171	
<u>Sort Name</u> Policy Year Line of Insurance		<u>Sorts</u>	<u>Subtotal</u>
		Sort Label	Page Break
		Policy Year	N
		Line of Insurance	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 Inc: Pd: O/S:	\$359.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$359.00 \$359.00 \$0.00	\$0.00 \$0.00 \$0.00
MOLIN MONACLES	028	LR	A5U3574	08/21/2008	09/05/2008	11/24/2008	C Inc: Pd: O/S:	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00
SEMAR KEITH	028	LR	A5U2779	08/29/2008	08/29/2008	09/02/2008	C Inc: Pd: O/S:	\$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: 3											
Line of Insurance: P - PROPERTY											
/DANA POINT CONDO. ASSOC.	028	FR	A5U3575	08/21/2008	09/05/2008	09/08/2008	C Inc: Pd: O/S:	\$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: 1											
Subtotals for Policy Year : 2008											
Total Claim Count: 4											

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
Report Grand Totals							
Total Claim Count:	4						
Inc:			\$359.00		\$0.00		\$359.00
Pd:			\$359.00		\$0.00		\$359.00
O/S:			\$0.00		\$0.00		\$0.00

Detail Loss Report		Report Parameters	
Report Name: Detail Loss Losses From: 05/01/2008 To 05/01/2009		Policy Number(s): 1744M171	
Sort Name		Sorts	
1. Policy Year		Sort Label	Subtotal
2. Line of Insurance		Policy Year	Y
		Line of Insurance	Y
			N
			N
Limiting Statements		Large Loss Limiting	
Drill Down Limiting Criteria			