

Detail Loss Report**Losses From: 03/25/2008 To 03/25/2013**

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
Policy Year: 2008											
Line of Insurance: WC - WORKERS COMP											
MULVEY STEVEN 028 CM A5C3039 11/19/2008 11/26/2008 02/25/2009 C											
SPRAINED LOWER BACK WHILE RESETTOMG DRAIN GRATE											
							Inc:	\$153.00	\$0.00	\$153.00	\$0.00
							Pd:	\$153.00	\$0.00	\$153.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
VALLE MANUAL 028 CM A3T8387 07/14/2009 07/15/2009 06/12/2010 C											
WHILE REMOVING A DROP CEILING TILE DUST FALL FROM THE CEILING INTO THE EE RT EYE											
							Inc:	\$765.00	\$0.00	\$682.00	\$83.00
							Pd:	\$765.23	\$0.00	\$682.15	\$83.08
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
Subtotals for Line of Insurance : WC											
Total Claim Count: 2											
							Inc:	\$918.00	\$0.00	\$835.00	\$83.00
							Pd:	\$918.23	\$0.00	\$835.15	\$83.08
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
Subtotals for Policy Year : 2008											
Total Claim Count: 2											
							Inc:	\$918.00	\$0.00	\$835.00	\$83.00
							Pd:	\$918.23	\$0.00	\$835.15	\$83.08
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
Policy Year: 2009											
Line of Insurance: WC - WORKERS COMP											
MULVEY STEVEN 028 CB EGV7907 12/02/2009 12/03/2009 04/23/2010 C											
IW FELL WHILE CLIMBING DOWN STEP LADDER.											
							Inc:	\$7,290.00	\$3,537.00	\$3,476.00	\$277.00
							Pd:	\$7,290.25	\$3,537.26	\$3,475.98	\$277.01
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
Subtotals for Line of Insurance : WC											
Total Claim Count: 1											
							Inc:	\$7,290.00	\$3,537.00	\$3,476.00	\$277.00
							Pd:	\$7,290.25	\$3,537.26	\$3,475.98	\$277.01
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
Subtotals for Policy Year : 2009											
Total Claim Count: 1											
							Inc:	\$7,290.00	\$3,537.00	\$3,476.00	\$277.00
							Pd:	\$7,290.25	\$3,537.26	\$3,475.98	\$277.01
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00

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Report Grand Totals**Total Claim Count: 3**

Inc:	\$8,208.00	\$3,537.00	\$4,311.00	\$360.00
Pd:	\$8,208.48	\$3,537.26	\$4,311.13	\$360.09
O/S:	\$0.00	\$0.00	\$0.00	\$0.00

DANA POINT CONDOMINIUM

Policy Number(s): 8247M476

**Detail Loss Report**

Losses From: 03/25/2008 To 03/25/2013

Report Parameters

Report Name: Detail Loss

Losses From: 03/25/2008 To 03/25/2013

Policy Number(s): 8247M476

Sorts

<u>Sort Name</u>	<u>Sort Label</u>	<u>Subtotal</u>	<u>Page Break</u>
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**