



Valued as of: 5/4/2021  
Policy Effective: 6/1/2020  
Policy: FLA006666-03

## Worker's Compensation Insured Losses Report

### INSURED

**Insured** Test, Inc. (a Corp)

**Address** P.O. [REDACTED]  
Redwood City, CA 94064

**Carrier** Test [REDACTED]

**Policy Number** FLA006666-03

**Policy Period** 6/1/2020 - 6/1/2021

**Cancel Date**

### INSURED LOSS SUMMARY

<b>Paid Losses and Expenses</b>	<b>\$0.00</b>
<b>Reserved Losses and Expenses</b>	<b>\$0.00</b>
<b>Total Incurred</b>	<b>\$0.00</b>
<b>Closed Claims</b>	<b>0</b>
<b>Open Claims</b>	<b>0</b>
<b>Total Claims</b>	<b>0</b>