

PROFESSIONAL INSURANCE

Wilkinson Corporation et al and Good Neighbor Care Centers, LLC et al

Account Number: 4622

Policy Number: MPX-0252-04 Policy Period: 5/1/2004 to 5/1/2005

No Claims Exist

PerClaimLimit

Report Date: 3/2/2016 Data as of: 3/1/2016

\$2,000,000.00

\$2,000,000.00 AggLimit



Wilkinson Corporation et al and Good Neighbor Care Centers, LLC et al

Account Number: 4622

Policy Number: MPX-0496-05 Policy Period: 5/1/2005 to 5/1/2006

No Claims Exist

PerClaimLimit AggLimit

Report Date: 3/2/2016
Data as of: 3/1/2016

\$2,000,000.00 \$2,

\$2,000,000.00



Wilkinson Corporation et al and Good Neighbor Care Centers,

Report Date: 3/2/2016 Data as of: 3/1/2016

\$3,000,000.00 AggLimit Account Number: 4622

Claim #: 0AA794533

Coverage Type: Other Policy Number: LTC-0497-10 Policy Period: 8/7/2010 to 8/7/2011 PerClaimDed N/A AggDed NA PerClaimLimit \$1,000,000.00

Ď Claim Type **Closed Date** Status Date of Loss

€0.00	40,00					
#0 00 00	\$0.00	\$ 0.00	ψ0.00	+0.00		
22	•	*	\$ 0.00	\$0.00		
i otal li culled						
Total incurred	Expense Paid	Indemnity Paid	Expense Reserve	machinery reserve Expense Reserve	 	
			Transport Daniel	Indemnity Records		
) 	
			- 40 01 01/1 1/2011.	2	9	
			1 as of 01/11/2011	7/2010-0/07/2011 Total	INCIDENT FILE only for 08/07/2010-0/07/2011 Total 1 as of 01/11/2011	rescription/Location;
1/11/2011		01/12010				
		017/0010	12/22/2011 Closed	Incident		
Caro independent						Should Authority
Date Reported	Date of Claim	Date of Loss	Ciosed Date Status	Call Type	整	

\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Total Incurred	Expense Paid	Indemnity Paid	Expense Reserve	Indemnity Reserve		LTC-0497-10, 8/7/2010 to 8/7/2011
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		Total for all Claims Coverage: Other
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		Total OBPI:
Total Incurred	Expense Paid	Indemnity Paid	Expense Reserve	Indemnity Reserve	OBPI	WILKINSON GROUP ET AL/GOOD NEI
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Total Incurred	Expense Paid	Indemnity Paid	Expense Reserve	Indemnity Reserve	DED	
)	

CLATUS DO NOT RELATE TO: WOODLAND TERREE AT THE OWES CARREAGE COMET OF PETELLANDO TERRACE AT MONATARIO CARRELL



PROFESSIONAL INSURANCE

Wilkinson Corporation et al and Good Neighbor Care Centers,

Report Date: 3/2/2016 Data as of: 3/1/2016

Account Number: 4622

Policy Number: MPX-2494-10 Policy Period: 8/7/2010 to 8/7/2011

No Claims Exist

PerClaimLimit \$5,000,000.00 AggLimit

\$5,000,000.00



Wilkinson Corporation et al and Good Neighbor Care Centers,

Report Date: 3/2/2016 Data as of: 3/1/2016

Account Number: 4622

Policy Number: LTC-0497-10 Policy Period: 8/7/2010 to 8/7/2011

PerClaimDed Z AggDed PerClaimLimit \$1,000,000.00 \$3,000,000.00 AggLimit

Claim #: 0AA793240 Coverage Type: Professional Liability

Claimant:

Description/Location:

Claim Type

Closed Date Status

Date of Loss

Date of Claim Date Reported

DED

Indemnity Reserve

Expense Reserve

Indemnity Paid

Expense Paid

Total Incurred

\$0.00

\$0.00

\$0.00

WILKINSON GROUP ET AL/GOOD NE Insured

Total OBPI

TOTAL FOR CLAIM 0AA793240:

OBPI

Indemnity Reserve

Expense Reserve

Indemnity Paid

Expense Paid

Total Incurred

\$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

Expense Reserve

\$0.00

\$0.00

Indemnity Paid

Expense Paid

Total Incurred

\$0.00

\$0.00

\$0.00

\$0.00

Total for all Claims Coverage: Professional Liability Indemnity Reserve

LTC-0497-10, 8/7/2010 to 8/7/2011

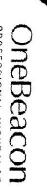
Total for LTC-0497-10:

ONLY I CLOSEN THES PRESENT

AND DOES NOT RELATED TO:

CARRAGE COURT OF HELLERAY TERRACE OF MOUNTAIN CREEK

WOODLING TEXANCE AT THE CAN



PROFESSIONAL INSURANCE

Wilkinson Corporation et al and Good Neighbor Care Centers,

Account Number: 4622

Policy Number: MPX-2861-11 Policy Period: 8/7/2011 to 8/7/2012

No Claims Exist

PerClaimLimit AggLimit

\$5,000,000.00 \$5

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* 1 May

AggLimit \$5,000,000.00 Report Date: 3/2/2016 Data as of: 3/1/2016



Wilkinson Corporation et al and Good Neighbor Care Centers,

Report Date: 3/2/2016 Data as of: 3/1/2016

Account Number: 4622

Policy Number: LTC-1166-12 Policy Period: 8/7/2012 to 8/7/2013

PerClaimDed AggDed **PerClaimLimit** \$1,000,000.00 \$3,000,000.00 AggLimit

Claimant: VARIOUS Claim #: 0AA975999 Coverage Type: Other

Claim Type Incident **Closed Date** 10/25/2012

Date of Loss

Date of Claim

Closed Status 8/7/2012

Date Reported 9/26/2012

Description/Location: Incidents only. Policy eff 8/7/2012 to 8/7/2013. 6 incidents as of 3/4/13.

LTC-1166-12, 8/7/2012 to 8/7/2013 Total for all Claims Coverage: Other Indemnity Reserve \$0.00 Expense Reserve Indemnity Paid Expense Paid Total Incurred

2 OF G. CORDINS RECORDE TO TEMPS AT MICHIGAN CREEK 1 HENG REAL No Consons for:

CAMPAGE COMME OF MELLIMARY WINCH LAWS TERRACE AT THE CHAS



Wilkinson Corporation et al and Good Neighbor Care Centers, LLC et al

Account Number: 4622

Date of Loss 8/26/2012

Date of Claim

Date Reported 11/8/2012

Report Date: 3/2/2016 Data as of: 3/1/2016

Claimant: Johnson, Anna Claim Type Closed Date 12/9/2013 Closed Status

Claim #: 0AA987584

Description/Location: Unknown age female Alzheimer's Resident allegedly fell on 5/28/12 and a staff member took a photo and sent it with a text to another employee with a degrading comment. The staff member was immediately fired and the insured self reported to the family.

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		\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
Insured	OBPI	Indemnity Reserve	Expense Reserve	erve	Indemnity Paid	Expense Paid	Total incurred
The Temper of Manager 1		•			machinity I are	Expense Faid	i otal incurred
The Terrace at Mountain Creek		\$0.00	€	\$0.00	\$0.00	\$867.19	\$867.19
lotal OBPI :		\$0.00		\$0.00	\$0.00	\$867.19	\$867.19
TOTAL FOR CLAIM 0AA987584:		\$0.00		\$0.00	\$0.00	\$867.19	\$867.19
Claim #: 0AA968346	**	Claim Type	Closed Date	Status	Date of Loss	Date of Claim	Date Reported
Claimant: Bither, Eileen		Claim	8/2/2013	Closed	8/1/2012		9/24/2012

Description/Location: A bathroom sink fell onto resident's foot, leading to injury and need for Podiatric care.

		The second secon				
	DED	Indemnity Reserve Expense Reserve	Expense Reserve	indemnity Paid	Expense Paid	Total Incurred
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Insured	OBPI	Indemnity Reserve Expense Reserve	Expense Reserve	Indemnity Paid	Expense Paid	Total Incurred
The Terrace at Mountain Creek		\$0.00	\$0.00	\$111.44	\$0.00	\$111,44
Total OBPI:		\$0.00	\$0.00	\$111.44	\$0.00	\$111.44
TOTAL FOR CLAIM 0AA968346:		\$0.00	\$0.00	\$111.44	\$0.00	\$111.44



PROFESSIONAL INSURANCE:

Wilkinson Corporation et al and Good Neighbor Care Centers,

Account Number: 4622

Policy Number: MPX-3217-12 Policy Period: 8/7/2012 to 8/7/2013

No Claims Exist

PerClaimLimit AggLimit

Report Date: 3/2/2016 Data as of: 3/1/2016

\$5,000,000.00

\$5,000,000.00



Wilkinson Corporation et al and Good Neighbor Care Centers,

Report Date: 3/2/2016 Data as of: 3/1/2016

Account Number: 4622

PerClaimDed \$5,000.00

AggDed Z

PerClaimLimit \$1,000,000.00

\$3,000,000.00

AggLimit

Policy Number: LTC-1434-13 Policy Period: 8/7/2013 to 8/7/2014

Coverage Type: Other

Claimant: VARIOUS Claim #: 0AB064752

Claim Type

Closed Date 11/8/2013

Status Closed

Date of Loss 8/7/2013

Date of Claim

Date Reported 9/24/2013

Description/Location: INCIDENTS ONLY for policy period 8/7/13 - 8/7/14. 7 incidents reported as of 9/2014

LTC-1434-13, 8/7/2013 to 8/7/2014 Total for all Claims Coverage: Other

Indemnity Reserve

Expense Reserve

\$0.00

Indemnity Paid

Expense Paid

Total Incurred

\$0.00

2 or 7 Comes Records &

THERE WERE NO CLUMBER THAT HE CARE TO:

TERRAGE AT MOUNTAIN CREEK

CARREAGE COURT OF HELLENKS

WOOD CAMO TERROLLE BY THE CARES



Wilkinson Corporation et al and Good Neighbor Care Centers, LLC et al

Report Date: 3/2/2016 Data as of: 3/1/2016

Account Number: 4622

Policy Number: LTC-1434-13 Policy Period: 8/7/2013 to 8/7/2014

PerClaimDed \$5,000.00 AggDed N/A **PerClaimLimit** \$1,000,000.00 \$3,000,000.00 AggLimit

Claim #: 0AB093263 Coverage Type: Professional Liability

Claimant: Dunn, Dorothy

Claim Type Claim Closed Date 8/25/2015 Closed Status Date of Loss 5/25/2014 **Date of Claim**

Date Reported

5/28/2014

Description/Location: Plaintiff developed infection at Insured's facility requiring hospitalization.

	Claimant	TOTAL FOR CLAIM 0AB093263: Claim #: 0AB059668	Coal Collins	Terrace at Mount	Insured Chattanooga ALF TRS, LLC. Dba The			
		ш			OBPI		DED	
•	Claim Type	0.00	\$0.00	\$0.00	Indemnity Reserve	\$0.00	Indemnity Reserve	
1	Closed Date Status	\$0.00	\$0.00	\$0.00	Expense Reserve	\$0.00	Expense Reserve	
	Date of Loss	\$0.00	\$0.00	\$0.00	Indemnity Paid	\$0.00	Indemnity Paid	
	Date of Claim	\$10,156.00	\$5,156.00	\$5,156.00	Expense Paid	\$5,000.00	Expense Paid	
	Date Reported	\$10,156.00	\$5,156.00	\$5,156.00	Total Incurred	\$5,000.00	Total Incurred	

Description/Location:

TOTAL FOR CLAIM 0AB059668:		Total OBBI	Insured OBPI		כהכ	ָּרְבָּי זיי
\$0.00	\$0.00	\$0.00	Indemnity Reserve Expense Reserve	\$0.00	Indemnity Reserve	
\$0.00	\$0.00	\$0.00	Expense Reserve	\$0.00	Expense Reserve	
\$0.00	\$0.00	\$0.00	Indemnity Paid	\$0.00	Indemnity Paid	
	1		Expense Paid		Expense Paid	
	1	ĵ	Total Incurred		Total Incurred	



Wilkinson Corporation et al and Good Neighbor Care Centers, LLC et al

Account Number: 4622

Status

Date of Claim

Data as of: 3/1/2016

Report Date: 3/2/2016

Claim Type **Closed Date**

Date of Loss

Date Reported

Description/Location:

Claimant:

Claim #: 0AB089505

Claimant: Thompson, Ruth Claim #: 0AB080095 TOTAL FOR CLAIM 0AB089505: OBPI DED Indemnity Reserve Indemnity Reserve Claim Type \$0.00 \$0.00 \$0.00 \$0.00 Closed Date Expense Reserve Expense Reserve \$0.00 \$0.00 \$0.00 \$0.00 Status Date of Loss **Indemnity Paid Indemnity Paid** \$0.00 \$0.00 \$0.00 \$0.00 Date of Claim Expense Paid Expense Paid Date Reported Total incurred Total Incurred

Total OBPI:

Insured

Description/Location: Resident fell in parking lot, sustaining bilateral wrist fractures.

Claim

10/20/2014

Closed

7/17/2013

8/14/2013

8/14/2013

	DED	Indemnity Reserve	Evnenso Docomo			
		\$0.00	\$0.00	\$0,00	\$0.00	\$0.00
						\$6.00
Insured	OBPI	Indemnity Reserve	Expense Reserve	Indemnity Paid	Expense Paid	Total Incurred
The Terrace at Mountain Creek		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total OBPI :		\$0.00	\$0.00	\$0.00	\$0.00	60.00
TOTAL FOR STATE OF ST					,	
TOTAL FOR CLAIM 0AB080095:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00



PROFESSIONAL INSURANCE

Account Experience Report

Wilkinson Corporation et al and Good Neighbor Care Centers,
LLC et al

Account Number: 4622

Policy Number: MPX-3514-13 Policy Period: 8/7/2013 to 8/7/2014

No Claims Exist

 PerClaimLimit
 AggLimit

 \$5,000,000.00
 \$5,000,000.00

Report Date: 3/2/2016 Data as of: 3/1/2016

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