

Insured: Urological Institute of Southern California
Policy No: 0303-3109
Risk State: CALIFORNIA



Allied World Assurance Company
Loss Run as of Aug 27, 2018
Claims View

	Total Number of Claims		(1) Indemnity	(2) Defense	(3) = (1) + (2) Total	(4) Within Deductible	(5) = (3) - (4) Total Net of Deductible
12/1/2017 to 12/1/2018	0	Paid: Outstanding: 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
12/1/2016 to 12/1/2017	0	Paid: Outstanding: 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
12/1/2015 to 12/1/2016	0	Paid: Outstanding: 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
12/1/2014 to 12/1/2015	1	Paid: Outstanding: Incurred:	0.00 0.00 0.00	2,577.40 0.00 2,577.40	2,577.40 0.00 2,577.40	2,577.40 0.00 2,577.40	0.00 0.00 0.00
12/1/2013 to 12/1/2014	1	Paid: Outstanding: Incurred:	0.00 0.00 0.00	18,022.89 0.00 18,022.89	18,022.89 0.00 18,022.89	5,000.00 0.00 5,000.00	13,022.89 0.00 13,022.89
12/1/2012 to 12/1/2013	0	Paid: Outstanding: 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
12/1/2011 to 12/1/2012	0	Paid: Outstanding: 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
12/1/2010 to 12/1/2011	0	Paid: Outstanding:	0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00

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	Total Number of Claims		(1) Indemnity	(2) Defense	(3) = (1) + (2) Total	(4) Within Deductible	(5) = (3) - (4) Total Net of Deductible
		Incurred:	0.00	0.00	0.00	0.00	0.00
12/1/2009 to 12/1/2010	2	Paid:	0.00	31,751.08	31,751.08	13,908.62	17,842.46
		Outstanding:	0.00	148.88	148.88	148.88	0.00
		Incurred:	0.00	31,899.96	31,899.96	14,057.50	17,842.46
12/1/2008 to 12/1/2009	0	Paid:	0.00	0.00	0.00	0.00	0.00
		Outstanding:	0.00	0.00	0.00	0.00	0.00
		Incurred:	0.00	0.00	0.00	0.00	0.00
12/1/2007 to 12/1/2008	1	Paid:	35,000.00	12,735.77	47,735.77	10,000.00	37,735.77
		Outstanding:	0.00	0.00	0.00	0.00	0.00
		Incurred:	35,000.00	12,735.77	47,735.77	10,000.00	37,735.77
12/1/2006 to 12/1/2007	0	Paid:	0.00	0.00	0.00	0.00	0.00
		Outstanding:	0.00	0.00	0.00	0.00	0.00
		Incurred:	0.00	0.00	0.00	0.00	0.00
12/1/2005 to 12/1/2006	0	Paid:	0.00	0.00	0.00	0.00	0.00
		Outstanding:	0.00	0.00	0.00	0.00	0.00
		Incurred:	0.00	0.00	0.00	0.00	0.00
Total	5	Paid:	35,000.00	65,087.14	100,087.14	31,486.02	68,601.12
		Outstanding:	0.00	148.88	148.88	148.88	0.00
		Incurred:	35,000.00	65,236.02	100,236.02	31,634.90	68,601.12

Insured: Urological Institute of Southern California
Policy No: 0303-3109
Period: 12/1/2014 to 12/1/2015
Product: Medical Malpractice Surgical Centers
Carrier: Allied World Specialty Insurance Company
Risk State: CALIFORNIA



Allied World Assurance Company
Loss Run as of Aug 27, 2018
Claims View

				(1) Indemnity	(2) Defense	(3) = (1) + (2) Total	(4) Within Deductible	(5) = (3) - (4) Total Net of Deductible	
Claimant:	Del Valle, Marcelo			Paid:	0.00	2,577.40	2,577.40	2,577.40	0.00
Claim Number:	2015005515 - 1	Notice/Claim/Lawsuit:	Claim	Outstanding:	0.00	0.00	0.00	0.00	0.00
				Incurred:	0.00	2,577.40	2,577.40	2,577.40	0.00
Date of Loss:	04/24/2014	Claim Status:	Closed						
Date Reported:	03/11/2015	Closed Date:	12/01/2015						
Accident State:	CA	Location/MD:							
Incident Description:	Unspecified injuries due to alleged poor care post-operatively in a surgical center								
Cause of Loss:	Medical Malpractice								

Insured: Urological Institute of Southern California
Policy No: 0303-3109
Period: 12/1/2013 to 12/1/2014
Product: Medical Malpractice Surgical Centers
Carrier: Allied World Specialty Insurance Company
Risk State: CALIFORNIA



Allied World Assurance Company
Loss Run as of Aug 27, 2018
Claims View

				(1) Indemnity	(2) Defense	(3) = (1) + (2) Total	(4) Within Deductible	(5) = (3) - (4) Total Net of Deductible
Claimant:	Randall, Linda							
Claim Number:	2014002936 - 1	Notice/Claim/Lawsuit:	Lawsuit	Paid: 0.00	18,022.89	18,022.89	5,000.00	13,022.89
Date of Loss:	10/05/2011	Claim Status:	Closed	Outstanding: 0.00	0.00	0.00	0.00	0.00
Date Reported:	02/07/2014	Closed Date:	11/15/2016	Incurred: 0.00	18,022.89	18,022.89	5,000.00	13,022.89
Accident State:	CA	Location/MD:	no md/ Encino Plaza Surgery Center					
Incident Description:	Removal of a stomach due to an alleged misdiagnosis of cancer.							
Cause of Loss:	Medical Malpractice							

Insured: Urological Institute of Southern California
Policy No: 0303-3109
Period: 12/1/2009 to 12/1/2010
Product: Medical Malpractice Surgical Centers
Carrier: Allied World Specialty Insurance Company
Risk State: CALIFORNIA



Allied World Assurance Company
Loss Run as of Aug 27, 2018
Claims View

				(1) Indemnity	(2) Defense	(3) = (1) + (2) Total	(4) Within Deductible	(5) = (3) - (4) Total Net of Deductible
Claimant:	Reeves, Brett			Paid: 0.00	3,908.62	3,908.62	3,908.62	0.00
Claim Number:	2010000231 - 1	Notice/Claim/Lawsuit:	Claim	Outstanding: 0.00	148.88	148.88	148.88	0.00
Date of Loss:		Claim Status:	Closed	Incurred: 0.00	4,057.50	4,057.50	4,057.50	0.00
Date Reported:	01/18/2010	Closed Date:	09/01/2010					
Accident State:	CA	Location/MD:						
Incident Description:	Treatment Related							
Cause of Loss:	Medical Malpractice							
Claimant:	McIlvain, Judd			Paid: 0.00	27,842.46	27,842.46	10,000.00	17,842.46
Claim Number:	2010002288 - 1	Notice/Claim/Lawsuit:	Lawsuit	Outstanding: 0.00	0.00	0.00	0.00	0.00
Date of Loss:	12/31/2009	Claim Status:	Closed	Incurred: 0.00	27,842.46	27,842.46	10,000.00	17,842.46
Date Reported:	05/03/2010	Closed Date:	09/25/2012					
Accident State:	CA	Location/MD:	Encino Plaza Surgical Center					
Incident Description:	Complications following surgery							
Cause of Loss:	Medical Malpractice							

Insured: Urological Institute of Southern California
Policy No: 0303-3109
Period: 12/1/2007 to 12/1/2008
Product: Medical Malpractice Surgical Centers
Carrier: Platte River Insurance Company
Risk State: CALIFORNIA



Allied World Assurance Company
Loss Run as of Aug 27, 2018
Claims View

				(1) Indemnity	(2) Defense	(3) = (1) + (2) Total	(4) Within Deductible	(5) = (3) - (4) Total Net of Deductible	
Claimant:	Markowitz, Arnold			Paid:	35,000.00	12,735.77	47,735.77	10,000.00	37,735.77
Claim Number:	20081617 - 1	Notice/Claim/Lawsuit:	Claim	Outstanding:	0.00	0.00	0.00	0.00	0.00
		Incurred:			35,000.00	12,735.77	47,735.77	10,000.00	37,735.77
Date of Loss:	12/01/2007	Claim Status:	Closed						
Date Reported:	06/24/2008	Closed Date:	03/18/2009						
Accident State:	CA	Location/MD:							
Incident Description:	hernia surgery resulting in retained sponge.								
Cause of Loss:	Medical Malpractice								