



**Detail Loss Report** **Losses From: 04/01/2014 To 04/01/2019**

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense	
<b>Policy Year: 2013</b>												
<b>Line of Insurance: WC - WORKERS COMP</b>												
STEWART SARAH G		146	CM	EYP9558	09/10/2014	10/14/2014	01/03/2015	C				
EMPLOYEE WAS MOVING FLAGS POLES TO PREPARE ROOM FOR A MEETING THE NEXT DAY. THE HEAVY BASE OF ONE OF THE POLES FELL ON HER FOOT.								Inc:	\$367.00	\$0.00	\$347.00	\$20.00
								Pd:	\$366.99	\$0.00	\$347.02	\$19.97
								O/S:	\$0.00	\$0.00	\$0.00	\$0.00
<b>Subtotals for Line of Insurance : WC</b>												
<b>Total Claim Count: 1</b>								Inc:	\$367.00	\$0.00	\$347.00	\$20.00
								Pd:	\$366.99	\$0.00	\$347.02	\$19.97
								O/S:	\$0.00	\$0.00	\$0.00	\$0.00
<b>Subtotals for Policy Year : 2013</b>												
<b>Total Claim Count: 1</b>								Inc:	\$367.00	\$0.00	\$347.00	\$20.00
								Pd:	\$366.99	\$0.00	\$347.02	\$19.97
								O/S:	\$0.00	\$0.00	\$0.00	\$0.00
<b>Policy Year: 2016</b>												
<b>Line of Insurance: WC - WORKERS COMP</b>												
FRY JULIE H		146	CM	E6N4451	02/10/2017	02/10/2017	03/27/2017	C				
EMPLOYEE TRIPPED OVER FLOOR MAT AND SPRAIN LEFT FOOT POSSIBLE BROKEN BONE IN FOOT - EMPLOYER CONVINCED HER TO GET AN X-RAY								Inc:	\$0.00	\$0.00	\$0.00	\$0.00
								Pd:	\$0.00	\$0.00	\$0.00	\$0.00
								O/S:	\$0.00	\$0.00	\$0.00	\$0.00
<b>Subtotals for Line of Insurance : WC</b>												
<b>Total Claim Count: 1</b>								Inc:	\$0.00	\$0.00	\$0.00	\$0.00
								Pd:	\$0.00	\$0.00	\$0.00	\$0.00
								O/S:	\$0.00	\$0.00	\$0.00	\$0.00
<b>Subtotals for Policy Year : 2016</b>												
<b>Total Claim Count: 1</b>								Inc:	\$0.00	\$0.00	\$0.00	\$0.00
								Pd:	\$0.00	\$0.00	\$0.00	\$0.00
								O/S:	\$0.00	\$0.00	\$0.00	\$0.00
<b>Report Grand Totals</b>												
<b>Total Claim Count: 2</b>								Inc:	\$367.00	\$0.00	\$347.00	\$20.00
								Pd:	\$366.99	\$0.00	\$347.02	\$19.97
								O/S:	\$0.00	\$0.00	\$0.00	\$0.00



**Detail Loss Report** Losses From: 04/01/2014 To 04/01/2019

**Report Parameters**

Report Name: Detail Loss  
Losses From: 04/01/2014 To 04/01/2019 Policy Number(s): 9758W813, 396R1400, 5J099447

**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**