



**JOHNS EASTERN**

Claim Adjusters & Third Party Administrators

PO Box 110259, Lakewood Ranch, FL 34211-0004  
Tel: 941.907.3100 Fax: 813.402.7914 Toll Free 877.326.JECO  
[www.johnseastern.com](http://www.johnseastern.com)

A PROPOSAL FOR  
**CITY OF CORAL GABLES**  
FOR  
**WORKERS' COMPENSATION AND THIRD PARTY  
LIABILITY CLAIMS ADMINISTRATIVE SERVICES**

RFP #2019-043

PREPARED BY:

BEVERLY ADKINS, AIC, AIM  
EXECUTIVE VICE PRESIDENT, SPECIAL ACCOUNT SERVICES  
Email: [badkins@johnseastern.com](mailto:badkins@johnseastern.com)

DECEMBER 2, 2019

FLORIDA • MARYLAND • NEW ENGLAND • NORTH CAROLINA • PENNSYLVANIA • VIRGINIA • WASHINGTON, D.C.

JOHNS EASTERN 

# TABLE OF CONTENTS

## SECTION

### I REQUIRED FORMS AND DOCUMENTATION

A. Proposer's Acknowledgement Form .....	Page 4
B. Solicitation Submission Check List .....	Page 5
C. Proposer's Affidavit/Schedules A through H .....	Page 6
D. Minimum Qualification Requirements	
i. Client References .....	Page 7
ii. Florida License .....	Page 8
iii. TPA Certificate .....	Page 9
iv. Key Personnel .....	Page 10

### II EXPERIENCE AND QUALIFICATIONS

A. Company History .....	Page 11
B. Service Centers .....	Page 13
C. Knowledge and Experience Providing Services .....	Page 14
D. Resumes of Key Personnel .....	Page 16
i. Copies of Licenses and Certifications .....	Page 26
ii. Organizational Chart .....	Page 27
E. Proposed Subcontractors .....	Page 28

### III PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY

A. Third Party Administration & Claims Adjusting Philosophy .....	Page 29
B. Medical Management .....	Page 40
C. Risk Management Information System (RMIS) .....	Page 54
i. AIM 3.0 Dashboards .....	Page 60
ii. Ad Hoc Sample Reports .....	Page 61
iii. Sample of Standard I.S. Reports .....	Page 62

### IV PAST PERFORMANCE AND REFERENCES

A. Testimonials From Current Clients .....	Page 64
B. Current Public Entity Clients .....	Page 65
C. Litigation History .....	Page 66

### V PRICE PROPOSAL

A. Proposal Pricing Form .....	Page 67
--------------------------------	---------





# JOHNS EASTERN

Claim Adjusters & Third Party Administrators

PO Box 110259, Lakewood Ranch, FL 34211-0004

Tel: 941.907.3100 Fax: 813.402.7914 Toll Free 877.326.JECO

www.johnseastern.com

December 2, 2019

Vanessa Flores, Procurement Specialist  
City of Coral Gables, Procurement Division  
405 Biltmore Way  
Coral Gables, FL 33134

Re: RFP #2019-043

Dear Ms. Flores:

For the past 13 years, Johns Eastern has proven to be a reliable partner with the City of Coral Gables, successfully resolving your workers' compensation and third-party liability claims with the utmost integrity, experience and results. Now, we are eager to continue providing world-class TPA services for the thorough investigation and adjustment of claims incurred within the City's self-insured program.

As the following data illustrates, the City's longtime partnership with Johns Eastern continues to reap substantial rewards:

- We have recovered \$717,099.20 in non-excess recoveries for your program over the past five years.
- We have saved the City \$1,000,734.38 in medical costs over and above fee schedule since 2016.
- We have saved the City \$342,912.24 in pharmacy costs over the past five years.
- Our aggressive legal management of claims helped reduce your total defense attorney fees by nearly 25% since 2016.

Johns Eastern remains committed to working closely with the City to implement additional cost-saving program enhancements. Our experienced claims teams are already familiar with your account and possess the dedication and expertise to continue minimizing the City's exposures and maximizing savings, while ensuring that your injured workers receive the best possible care.

Johns Eastern has been in business for over 73 years and is SSAE 18 certified in the State of Florida. If re-awarded the City's contract, we will continue to deliver results that meet or exceed the City's expectations.

I am fully authorized to make representations and renew the contract with the City of Coral Gables on behalf of Johns Eastern Company. My contact information is:

Beverly Adkins, AIC, AIM

Executive Vice President, Special Account Services

PO Box 110259, Lakewood Ranch, FL 34211-0004

Tel: (866) 784-0583

Fax: (813) 402-7914

Email: badkins@johnseastern.com

Regards,

**JOHNS EASTERN COMPANY, INC.**

Beverly Adkins, AIC, AIM

Executive Vice President, Special Account Services

## REQUIRED FORMS AND DOCUMENTATION

---

# PROPOSER'S ACKNOWLEDGEMENT FORM





# CITY OF CORAL GABLES, FL

2800 SW 72<sup>nd</sup> Avenue, Miami, FL 33155  
Procurement Division  
Tel: 305-460-5102 / Fax: 305-261-1601

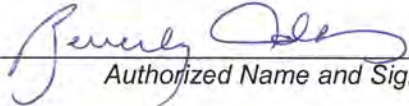
## PROPOSER'S ACKNOWLEDGEMENT

<b>RFP Title:</b> <b>WORKERS COMPENSATION AND THIRD-PARTY LIABILITY CLAIMS ADMINISTRATIVE SERVICES</b>	<b>Electronic submittals must be received prior to 2:00 p.m., Monday, December 2, 2019, via PublicPurchase; and are to remain valid for 120 calendar days. Submittals received after the specified date and time will not be opened.</b>
<b>RFP No. 2019-043</b>  A cone of silence is in effect with respect to this RFP. The Cone of Silence prohibits certain communication between potential vendors and the City. For further information, please refer to the City Code Section 2-1027 of the City of Coral Gables Procurement Code.	Contact: Vanessa Flores, CPSM, C.P.M. Title: Procurement Specialist Telephone: 305-460-5104 Email: <a href="mailto:vflores@coralgables.com">vflores@coralgables.com</a> / <a href="mailto:contracts@coralgables.com">contracts@coralgables.com</a>

Proposer Name: <a href="#">Johns Eastern Company, Inc.</a>	FEIN or SS Number: <a href="#">591115663</a>
Complete Mailing Address: <a href="#">P.O. Box 110259, Lakewood Ranch, FL 34211</a>	Telephone No.: <a href="#">(866) 784-0583</a>
Indicate type of organization below: Corporation: <input checked="" type="checkbox"/> Partnership: <input type="checkbox"/> Individual: <input type="checkbox"/> Other: <input type="checkbox"/>	Cellular No.:  Fax No.: <a href="#">(813) 402-7914</a>
	Email: <a href="mailto:badkins@johnseastern.com">badkins@johnseastern.com</a>

**ATTENTION: THIS FORM ALONG WITH ALL REQUIRED RFP FORMS MUST BE COMPLETED, SIGNED (PREFERABLY IN BLUE INK), AND SUBMITTED WITH THE RESPONSE PRIOR TO THE SUBMITTAL DEADLINE. FAILURE TO DO SO MAY DEEM PROPOSER NON-RESPONSIVE.**

THE PROPOSER CERTIFIES THAT THIS SUBMITTAL IS BASED UPON ALL CONDITIONS AS LISTED IN THE RFP DOCUMENTS AND THAT THE PROPOSER HAS MADE NO CHANGES IN THE RFP DOCUMENT AS RECEIVED. THE PROPOSER FURTHER AGREES IF THE RFP IS ACCEPTED, THE PROPOSER WILL EXECUTE AN APPROPRIATE AGREEMENT FOR THE PURPOSE OF ESTABLISHING A FORMAL CONTRACTUAL RELATIONSHIP BETWEEN THE PROPOSER AND THE CITY OF CORAL GABLES FOR THE PERFORMANCE OF ALL REQUIREMENTS TO WHICH THIS RFP PERTAINS. FURTHER, BY SIGNING BELOW PREFERABLY IN **BLUE INK**, ALL RFP PAGES ARE ACKNOWLEDGED AND ACCEPTED AS WELL AS ANY SPECIAL INSTRUCTION SHEET(S) IF APPLICABLE. THE UNDERSIGNED HEREBY DECLARES (OR CERTIFIES) ACKNOWLEDGEMENT OF THESE REQUIREMENTS AND THAT HE/SHE IS AUTHORIZED TO BIND PERFORMANCE OF THIS RFP FOR THE ABOVE PROPOSER.

  
\_\_\_\_\_  
Authorized Name and Signature

Executive V.P.  
Title

12/2/19  
Date

## REQUIRED FORMS AND DOCUMENTATION

---

# SOLICITATION SUBMISSION CHECK LIST





# **SOLICITATION SUBMISSION CHECKLIST**

**Request for Proposals (RFP) No. 2019-043**

COMPANY NAME: (Please Print): Johns Eastern Company, Inc.

Phone: (866) 784-0583

Email: badkins@johnseastern.com

**A response package numbered by page must be submitted ELECTRONICALLY via PUBLICPURCHASE. Please provide the PAGE NUMBER in the blanks provided as to where compliance information is located in your Submittal for each of the required submittal items listed below:**

## **SUBMITTAL - SECTION I: TITLE PAGE, TABLE OF CONTENTS, REQUIRED FORMS, AND MINIMUM QUALIFICATION REQUIREMENTS.**

- 1) Title Page: Show the RFP number and title, the name of your firm, address, telephone number, name of contact person, e-mail address, and date. **PAGE #** 1
- 2) Provide a Table of Contents in accordance with and in the same order as the respective "Sections" listed below. Clearly identify the material by section and page number. **PAGE #** 2
- 3) Fill out, sign, and submit the Proposer's Acknowledgement Form. **PAGE #** 4
- 4) Fill out and submit the Solicitation Submission Check List. **PAGE #** 5
- 5) Fill out, sign, notarize (as applicable), and submit the Proposer's Affidavit and Schedules A through H. **PAGE #** 6
- 6) Minimum Qualification Requirements: submit detailed verifiable information affirmatively documenting compliance with the Minimum Qualifications Requirements shown in Section 3. **PAGE #** 7-10

## **SUBMITTAL - SECTION II: EXPERIENCE AND PROPOSER'S QUALIFICATIONS**

### **(i) FOR PROPOSER:**

- 1) Provide a complete history and description of your company, including, but not limited to, the number of years in business, size, number of employees, office location, copy of applicable licenses/certifications, credentials, capabilities and capacity to meet the City's needs. **PAGE #** 11
- 2) Describe the Proposer's relevant knowledge and experience in providing the services described in the "Scope of Services" to public sector agencies similar in size to the City of Coral Gables. **PAGE #** 14
  - a. Describe the degree of relevant experience of the Proposer, including services provided for self-insured programs of Florida government agencies and other large employer self-insured programs. **PAGE #** 14
  - b. Describe other relevant experience which indicates the competence of the Proposer, and their designated staff members, to successfully provide the requested scope of services. **PAGE #** 14-25

### **(ii) FOR KEY PERSONNEL:**

- 1) Provide a summary of the qualifications, copy of applicable licenses/certifications, and experience of all proposed key personnel. Include resumes (listing experience, education, licenses/certifications) for your proposed key personnel and specify the role and responsibilities of each team member in providing the services outlined in the RFP. Provide an organizational chart of all key personnel that will be used. For each key team member, please describe the experience in providing the services solicited herein. **PAGE #** 16-27



- a. Proposers must disclose all sub-contractors who will be used to provide the services outline in this RFP. The flat fee paid by the City must be the only remuneration to the Proposer for services provided to the City and Proposers must receive no revenue for these services from sub-contractors. **PAGE # 28**

### **SUBMITTAL - SECTION III: PROJECT APPROACH AND METHODOLOGY**

- 1) Describe in detail, your understanding, approach and methodology to perform the services solicited herein. Include detailed information, as applicable, which addresses, but need not be limited to: understanding of the RFP scope and requirements, implementation plan, strategies for assuring assigned work is completed on time and communication with City staff. Indicate how the Proposer intends to positively and innovatively work with the City in providing the services outlined in this RFP. **PAGE # 29-53**
- 2) Provide a comprehensive description of Proposer's documented and demonstrable adequacy of proposed online information systems and services available to the City, including online access to the Proposers claims administration systems and the ability of City designated staff to access necessary information and run reports to analyze the greatest variety of information concerning injury situations. **PAGE # 54-62**

### **SUBMITTAL – SECTION IV: PAST PERFORMANCE AND REFERENCES**

- 1) Provide a minimum of three (3) references (but no more than five (5) from public sector agencies, particularly municipal/local government, for which Proposer has performed similar scope of services in the past five (5) years. Please include: (1) client name, (2) address, (3) contact name, (4) contact telephone number, (5) contact email address, (6) term of contract (start and end date), (7) contract amount, (8) services provided. **DO NOT include work/services performed for the City of Coral Gables or City employees as reference. PAGE # 63-64**
- 2) Please identify each incident within the last five (5) years where (a) a civil, criminal, administrative, other similar proceeding was filed or is pending, if such proceeding arises from or is a dispute concerning the Proposer's rights, remedies or duties under a contract for the same or similar type services to be provided under this RFP (See Affidavit D). **PAGE # 66**

### **SUBMITTAL – SECTION V: PRICE PROPOSAL**

- 1) Provide pricing on the Proposal Pricing Form. **PAGE # 67**

### **-- NOTICE --**

#### **BEFORE SUBMITTING YOUR RFP RESPONSE MAKE SURE YOU:**

- ☐ 1. Carefully read and have a clear understanding of the RFP, including the Scope of Services and enclosed Professional Services Agreement (*draft*).
- ☐ 2. Carefully follow the Submission Requirements outlined in Section 6 of the RFP and ensure you have submitted all of the required information. **DO NOT INCLUDE A COPY OF THE ORIGINAL SOLICITATION.**
- ☐ 3. **Prepare and submit an ELECTRONIC RESPONSE via PublicPurchase.**
- ☐ 4. Make sure your Response is submitted prior to the submittal deadline. **Late responses will not be accepted.**

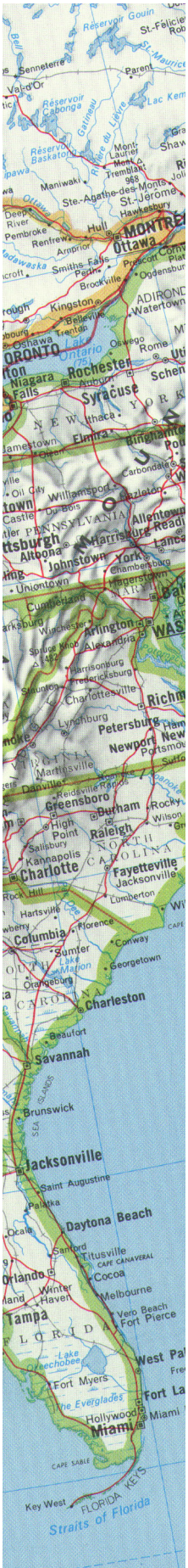
**FAILURE TO SUBMIT THIS CHECKLIST AND THE REQUESTED DOCUMENTATION MAY RENDER YOUR RESPONSE SUBMITTAL NON-RESPONSIVE AND CONSTITUTE GROUNDS FOR REJECTION. THIS PAGE IS TO BE RETURNED WITH YOUR RESPONSE PACKAGE.**



## REQUIRED FORMS AND DOCUMENTATION

---

# PROPOSER'S AFFIDAVIT/ SCHEDULES A THROUGH H



## PROPOSER'S AFFIDAVIT

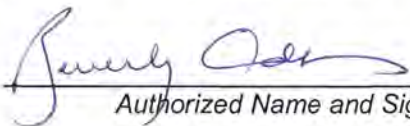
### **SOLICITATION: RFP 2019-043 Workers Compensation and Third-Party Liability Claims Administrative Services**

**SUBMITTED TO:** City of Coral Gables  
Procurement Division  
2800 SW 72 Avenue  
Miami, Florida 33155

The undersigned acknowledges and understands the information contained in response to this solicitation and the referenced Schedules A through H shall be relied upon by Owner awarding the contract and such information is warranted by the Proposer to be true and correct. The discovery of any omission or misstatements that materially affects the Proposer's ability to perform under the contract shall be cause for the City to reject the solicitation submittal, and if necessary, terminate the award and/or contract. I further certify that the undersigned name(s) and official signatures of those persons are authorized as *(Owner, Partner, Officer, Representative or Agent of the Proposer that has submitted the attached Response)*. Schedules A through H are subject to Local, State and Federal laws (as applicable); both criminal and civil.

- SCHEDULE A – STATEMENT OF CERTIFICATION
- SCHEDULE B – NON-COLLUSION AND CONTINGENT FEE AFFIDAVIT
- SCHEDULE C – DRUG-FREE STATEMENT
- SCHEDULE D – PROPOSER'S QUALIFICATION STATEMENT
- SCHEDULE E – CODE OF ETHICS, CONFLICT OF INTEREST, AND CODE OF SILENCE
- SCHEDULE F – AMERICANS WITH DISABILITIES ACT (ADA)
- SCHEDULE G – PUBLIC ENTITY CRIMES
- SCHEDULE H – ACKNOWLEDGEMENT OF ADDENDA

This affidavit is to be furnished to the City of Coral Gables with its RFP response. It is to be filled in, executed by the Proposer and notarized. If the response is made by a Corporation, then it should be executed by its Chief Officer. This document MUST be submitted with the response.



Authorized Name and Signature

Executive Vice President

Title

12/2/19

Date



STATE OF Florida

COUNTY OF Manatee

On this 2nd day of December, 2019, before me the undersigned Notary Public of  
the State of Florida, personally appeared Beverly Adkins  
(Name(s) of individual(s) who appeared before Notary)

And whose name(s) is/are subscribes to within the instrument(s), and acknowledges it's  
execution.

Rose Rome  
NOTARY PUBLIC, STATE OF Florida

Rose Rome  
(Name of notary Public; Print, Stamp or  
Type as Commissioned.)

Personally know to me, or Produced  
Identification:

Driver's License  
(Type of Identification Produced)

NOTARY PUBLIC  
SEAL OF OFFICE:



**SCHEDULE "A" - CITY OF CORAL GABLES – STATEMENT OF CERTIFICATION**

Neither I, nor the firm, hereby represented has:

- a. employed or retained for a commission, percentage brokerage, contingent fee, or other consideration, any firm or person (other than a bona fide employee working solely for me or the Proposer) to solicit or secure this contract.
- b. agreed, as an express or implied condition for obtaining this contract, to employ or retain the services of any firm or person in connection with carrying out the contract, or
- c. paid, or agreed to pay, to any firm, organization or person (other than a bona fide employee working solely for me or the Proposer) any fee, contribution, donation or consideration of any kind for, or in connection with, procuring or carrying out the contract except as here expressly stated (if any):

**SCHEDULE "B" - CITY OF CORAL GABLES - NON-COLLUSION AND CONTINGENT FEE AFFIDAVIT**

1. He/she is the Executive Vice President  
(Owner, Partner, Officer, Representative or Agent)

of the Proposer that has submitted the attached response.

2. He/she is fully informed with respect to the preparation and contents of the attached response and of all pertinent circumstances respecting such response;
3. Said response is made without any connection or common interest in the profits with any other persons making any response to this solicitation. Said response is on our part in all respects fair and without collusion or fraud. No head of any department, any employee or any officer of the City of Coral Gables is directly or indirectly interested therein. If any relatives of Proposer's officers or employees are employed by the City, indicate name and relationship below.

Name: N/A Relationship: N/A

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

4. No lobbyist or other Proposer is to be paid on a contingent or percentage fee basis in connection with the award of this Contract.



### **SCHEDULE "C" CITY OF CORAL GABLES – VENDOR DRUG-FREE STATEMENT**

Preference may be given to vendors submitting a certification with their bid/proposal certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under solicitation a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under solicitation, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section. As the person authorized to sign the statement, I certify that this form complies fully with the above requirements.

The company submitting this solicitation has established a Drug Free work place program in accordance with State Statute 287.087

## SCHEDULE "D" CITY OF CORAL GABLES – PROPOSER'S QUALIFICATION STATEMENT

The undersigned declares the truth and correctness of all statements and all answers to questions made hereinafter:

### GENERAL COMPANY INFORMATION:

Company Name: Johns Eastern Company, Inc.

Address: P.O. Box 110259 Lakewood Ranch Florida 34211-0004  
Street City State Zip Code

Telephone No: (866) 784-0583 Fax No: (813) 402-7914 Email: badkins@johnseastern.com

How many years has your company been in business under its present name? 48 Years

If Proposer is operating under Fictitious Name, submit evidence of compliance with Florida Fictitious Name Statue:

N/A

Under what former names has your company operated? : Johns & Company

At what address was that company located? Sarasota, Florida

Is your Company Certified? Yes X No      If Yes, **ATTACH COPY** of Certification. See page XX

Is your Company Licensed? Yes X No      If Yes, **ATTACH COPY** of License See page XX

Has your company or its senior officers ever declared bankruptcy?

Yes      No X If yes, explain:     

### LEGAL INFORMATION:

Please identify each incident ***within the last five (5) years*** where a civil, criminal, administrative, other similar proceeding was filed or is pending, if such proceeding arises from or is a dispute concerning the Proposer's rights, remedies or duties under a contract for the same or similar type services to be provided under this RFQ (***A response is required. If applicable please indicate "none" or list specific information related to this question. Please be mindful that responses provided for this question will be independently verified***):

None  
      
      
    

Has your company ever been debarred or suspended from doing business with any government entity?

Yes      No X If Yes, explain



**SCHEDULE "E" CITY OF CORAL GABLES – CODE OF ETHICS, CONFLICT OF INTEREST, AND  
CONE OF SILENCE**

THESE SECTIONS OF THE CITY CODE CAN BE FOUND ON THE CITY'S WEBSITE, UNDER GOVERNMENT, CITY DEPARTMENT, PROCUREMENT, PROCUREMENT CODE (CITY CODE CHAPTER 2 ARTICLE VIII); SEC 2-1023; SEC 2-606; AND SEC 2-1027, RESPECTIVELY.

IT IS HEREBY ACKNOWLEDGED THAT THE ABOVE NOTED SECTIONS OF THE CITY OF CORAL GABLES CITY CODE ARE TO BE ADHERED TO PURSUANT TO THIS SOLICITATION.

**SCHEDULE "F" CITY OF CORAL GABLES - AMERICANS WITH DISABILITIES ACT (ADA)  
DISABILITY NONDISCRIMINATION STATEMENT**

I understand that the above named firm, corporation or organization is in compliance with and agreed to continue to comply with, and assure that any sub-contractor, or third party contractor under this project complies with all applicable requirements of the laws listed below including, but not limited to, those provisions pertaining to employment, provision of programs and service, transportation, communications, access to facilities, renovations, and new construction.

The American with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104 Stat 327, 42 U.S.C. 12101,12213 and 47 U.S.C. Sections 225 and 661 including Title I, Employment; Title 11, Public Services; Title III, Public Accommodations and Services Operated by Private Entities; Title IV, Telecommunications; and Title V, Miscellaneous Provisions.

The Florida Americans with Disabilities Accessibility Implementation Act of 1993, Sections 5553.501-553.513, Florida Statutes

The Rehabilitation Act of 1973, 229 U.S.C. Section 794

The Federal Transit Act, as amended, 49 U.S.C. Section 1612

The Fair Housing Act as amended, 42 U.S.C. Section 3601-3631

**SCHEDULE "G" CITY OF CORAL GABLES - STATEMENT PURSUANT TO SECTION 287.133 (3) (a),  
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

1. I understand that a "public entity crime" as define in Paragraph 287.133(1)(g), **Florida Statutes**, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any Proposal or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
2. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), **Florida Statutes**, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.

3. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), **Florida Statutes**, means:
1. A predecessor or successor of a person convicted of a public entity crime; or 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
4. I understand that a "person" as defined in Paragraph 287.133(1)(e), **Florida Statutes**, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which Proposals or applies to Proposal on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
5. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **[Must indicate which statement below applies.]**

☒ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

☐ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

☐ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list.

**[Attach a copy of the final order]**

**I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.**



**SCHEDULE "H" CITY OF CORAL GABLES - ACKNOWLEDGEMENT OF ADDENDA**

1. The undersigned agrees, if this RFQ is accepted, to enter in a Contract with the CITY to perform and furnish all work as specified or indicated in the RFQ, any associated addendum and Contract Documents within the contract time indicated in the RFQ and in accordance with the other terms and conditions of the solicitation and contract documents.
2. Acknowledgement is hereby made of the following Addenda, if any (identified by number) received since issuance of the Request for Proposal.

Addendum No. 1 Date 11/12/19

Addendum No. \_\_\_\_\_ Date \_\_\_\_\_

Addendum No. \_\_\_\_\_ Date \_\_\_\_\_

Addendum No. \_\_\_\_\_ Date \_\_\_\_\_

Addendum No. \_\_\_\_\_ Date \_\_\_\_\_

Addendum No. \_\_\_\_\_ Date \_\_\_\_\_

**Failure to adhere to changes communicated via any addendum may render your response non-responsive.**

# REQUIRED FORMS AND DOCUMENTATION

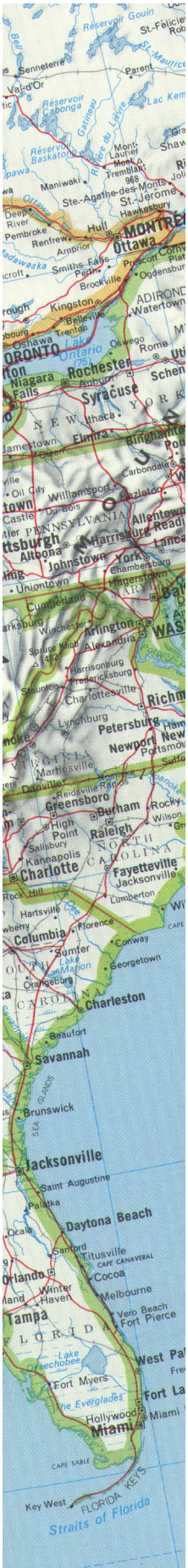
## MINIMUM QUALIFICATION REQUIREMENTS

---

### CLIENT REFERENCES

Johns Eastern has been providing TPA services since 1984. Our clientele currently includes 163 public entities ranging in size from a few hundred employees to more than 39,000. In the past three years alone, we have handled in excess of 74,000 workers' compensation and liability claims for our self-insured clients.

Please see Section IV, "Past Performance and References" on page 63 for a list of references similar to the City of Coral Gables.





# REQUIRED FORMS AND DOCUMENTATION

## MINIMUM QUALIFICATION REQUIREMENTS

---



# FLORIDA LICENSE

# *State of Florida*

## *Department of State*

I certify from the records of this office that JOHNS EASTERN COMPANY, INC. is a corporation organized under the laws of the State of Florida, filed on January 1, 1966.

The document number of this corporation is 300298.

I further certify that said corporation has paid all fees due this office through December 31, 2019, that its most recent annual report/uniform business report was filed on January 28, 2019, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Twenty-eighth day of January,  
2019*



*Jennifer Kennealy*  
**Secretary of State**

Tracking Number: 7248225766CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

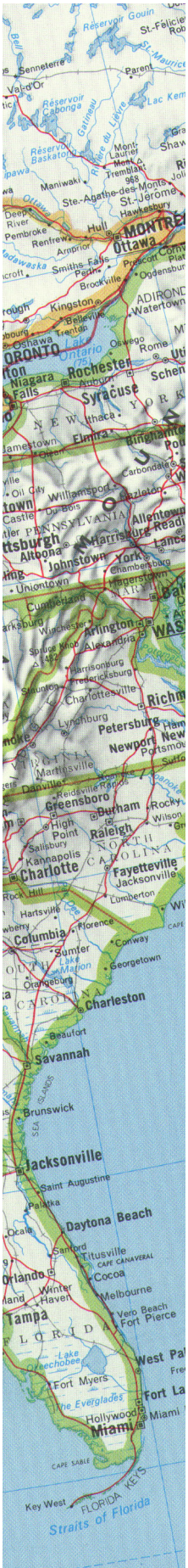


# REQUIRED FORMS AND DOCUMENTATION

## MINIMUM QUALIFICATION REQUIREMENTS

---

# TPA CERTIFICATE



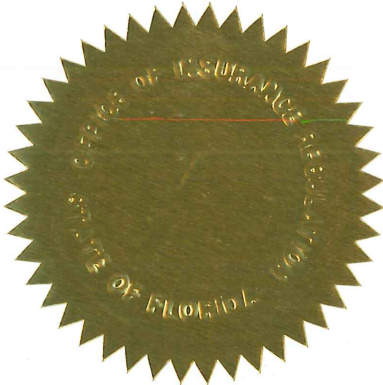
**Uniform Certificate of Authority Application (UCAA)  
Certificate of Compliance**

STATE OF FLORIDA

OFFICE OF INSURANCE REGULATION

I, **DAVID ALTMAIER**, hereby certify that I am the\* INSURANCE COMMISSIONER of the State of FLORIDA and have supervision of insurance business in said State and as such I hereby certify that **Johns Eastern Company, Inc.** of **Lakewood Ranch, Florida** is duly organized under the laws of said State and is authorized to transact the business of **740 – Third Party Administrators**\*\* insurance in this State.

IN TESTIMONY WHEREOF, I have hereunto set my hand at Tallahassee, Florida on this 8th day of May A.D. 2019.



  
\_\_\_\_\_  
David Altmaier

\* Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.

\*\* Lines of Insurance as shown on Form 3 of UCAA



# REQUIRED FORMS AND DOCUMENTATION

## MINIMUM QUALIFICATION REQUIREMENTS

---

### KEY PERSONNEL

For workers' compensation, Christina Knudsen will serve as the City's account executive/claims manager, Jini Davidson as your claims supervisor, and Eleana Neglia as your bilingual nurse case manager. Marianne Poynter will be assigned your bilingual workers' compensation claims adjuster. All personnel working on the team will be responsible to Ms. Knudsen, your primary workers' compensation team contact.

For liability, Mike Cicak will continue as the City's account executive/claims manager, Kay Lyons as your claims supervisor, and William Wuolo as your liability claims adjuster. We have bilingual adjusters working within the unit to assist your assigned adjuster as needed. All personnel working on the team will continue to be responsible to Mr. Cicak, your primary liability team contact.

Personnel assigned to your account have been trained in both risk management and in claims adjusting. This combination allows the dedicated team to give the best possible service to our clients. Johns Eastern has the staff, experience, capabilities and flexible approach to meet your needs today and to be there for you in the future.

Resumes of all key personnel can be found beginning on page 16. Copies of the team members' licenses and certifications begin on page 26.



## EXPERIENCE AND QUALIFICATIONS COMPANY HISTORY

---

Johns Eastern began as Johns & Company, which was founded in 1946 and based in Tampa, FL. Following incorporation on January 1, 1966, the firm became Johns & Company, Insurance Adjusters, Inc. In January 1971, Johns & Company purchased Eastern Adjustment Company, Inc. This acquisition gave Johns & Company access to markets outside Florida, and led to our current corporate name, Johns Eastern Company, Inc. We introduced our claims-administration services to the self-insured community in 1975 and developed a specialized unit. Currently, our Special Account Services Department employs more than 160 employees.

Today, Johns Eastern has more than 265 employees serving from 10 different locations throughout Florida and along the Eastern Seaboard. Our corporate headquarters is located in Lakewood Ranch, Florida.

Oversight of our TPA operation is provided by Beverly Adkins, Executive Vice President for Special Account Services and Alice Wells, Director of TPA Operations. Our Information Services Department is managed by Jason Ricci. Sean Downey, Supervisor, is responsible for month-end reporting and the reporting of data to your actuary and excess auditors. Johns Eastern also provides a Help Desk to answer questions and assist the City with any IT needs. Please see our Risk Management Information System section beginning on page 54 for our data-producing capabilities.

Thank you for the opportunity to continue providing our services to the City of Coral Gables. We highly value our relationship with the City and will continue to do our utmost to meet your ever-evolving needs. Johns Eastern is large enough to serve you, yet small enough to know you.



The Johns Eastern Team Of Professionals

# EXPERIENCE AND QUALIFICATIONS

## COMPANY HISTORY

### JOHNS EASTERN

- Founded in Florida, July, 1946  
Excellent reputation for providing high-quality service
- Officers
  - Kenneth M. Johns, III, Chairman of the Board
  - Donald E. Lederer, President/CEO
  - Beverly S. Adkins, Executive Vice President
  - Brian K. Harlow, Executive Vice President
  - Stuart E. Bayer, Secretary/Treasurer
- Personnel
  - Over 265 employees serving from 10 different locations
- Services Provided To
  - Insurance Industry
  - Large Governmental and Corporate Entities
  - Certain Interested Underwriters at Lloyd's, London
- Services Provided
  - Individual Claims Adjustments
  - Full or Partial Investigations
  - All Property/Casualty Lines Handled
  - Catastrophe Adjusting
  - Large Program Claims Management
  - Third Party Administration For All Property & Casualty Lines
- Special Account Services
  - Oversees and coordinates all aspects of large account programs
  - Self-Insured Programs
  - Deductible Programs
  - Workers' Compensation Programs
  - General Liability Programs
  - Automobile Liability Programs
  - All Lines Aggregate Programs



The Johns Eastern Headquarters, Lakewood Ranch, Florida





## EXPERIENCE AND QUALIFICATIONS SERVICE CENTERS

---

Workers' Compensation claims services will continue to be provided to the City from the following office:

**JOHNS EASTERN**  
**SPECIAL ACCOUNT SERVICES**

6015 Resource Lane  
Lakewood Ranch, FL 34202  
Tel: (941) 907-3100  
Toll Free: 877-326-JECO  
Fax: (813) 402-7922

email: badkins@johnseastern.com

Beverly Adkins, AIC, AIM, Executive Vice President  
Alice Wells, CWCL, AIC, Director of TPA Operations  
Christina Knudsen, CPCU, AIC, AIM, ARM, Claims Manager  
Amanda Radcliffe, ACA, Quality Assurance Manager  
Jessica Rinehart, Ancillary Services Manager

Liability claims services will continue to be provided to the City from the following office:

**JOHNS EASTERN**

7308 Delainey Court  
Lakewood Ranch, FL 34240-8445  
Tel: (941) 907-3100  
Toll Free: (800) 749-3044  
Fax: (813) 402-7919

Mike Cicak, ACA, Claims Manager  
Christopher Jackson, LPCS, AIC, Liability Quality Assurance Manager



## EXPERIENCE AND QUALIFICATIONS

### KNOWLEDGE AND EXPERIENCE PROVIDING SERVICES

---

Johns Eastern has been in business for over 73 years and introduced our claims-administration services to the self-insured community in 1975. Since then, we have earned an exemplary reputation for providing top-notch liability and workers' compensation TPA services by emphasizing superior customer service, forging close working relationships, and protecting our clients' business interests with the utmost integrity.

Part of our value-added approach is to provide a full spectrum of services at no additional cost to our clients. This includes subrogation recovery, SDTF processing/collection, Medicare reporting, standard/special reports, 24/7 online access to claims information, OSHA reporting, 1099 processing, check processing, aggregate collection and more. We will continue to provide the City of Coral Gables with cost-effective and results-oriented programs designed to complement your risk management philosophy and organizational goals. We continually tailor our services as our clients' needs evolve, and our experienced managers and supervisors possess the knowledge and insight to swiftly deliver honest answers and effective solutions should any issues arise.

As our proposal demonstrates, Johns Eastern meets or exceeds the Minimum Qualification Requirements listed in the RFP. We have considerable expertise administering workers' compensation and liability programs for Florida public entities, but unlike some TPAs, all key services of our program are provided in-house by highly qualified and duly licensed Johns Eastern employees. Our skilled staff also offers bilingual capabilities.

Customer satisfaction is key to our success and supports our 96% retention of self-insured clients in the last five years. We believe our industry success is due to our flexibility in structuring each program to mirror our clients' claims-handling philosophy and financial objectives. We continually tailor our services as our clients' needs evolve. Johns Eastern's management team also maintains close involvement with every client, ensuring the quality and responsiveness of our customer service.

As testimony to our expertise in the intricacies of public risk management, many of our clients continue to be repeat customers. The average 'age' of our clientele is approximately 13 years; however, many of our clients have been with us even longer. For example, Johns Eastern has provided workers' compensation, automobile and general liability claims-management services to the City of Dunedin and Collier County BOCC for over 20 years each, to Citrus County BOCC for the past 14 years, and to the City of Pensacola for the past 12 years. We have also provided workers' compensation TPA services to the City of Largo for over 16 years, to the City of Sanford for over 19 years and to the City of Sunrise for over 32 years. Our list of public entity clients with diverse needs similar to the City can be found on page 65.

Our winning combination is multi-layered, offering a wide array of benefits to the City:

#### The Expertise You Need

- Our clientele includes 163 public entities, including many self-insured Florida municipalities.
- The average longevity of our middle and senior management exceeds 20 years, enabling our clients to benefit from their deep industry knowledge and expertise.
- We are subrogation experts and pursue subrogation recoveries at no additional cost.

*(continued)*



## EXPERIENCE AND QUALIFICATIONS KNOWLEDGE AND EXPERIENCE PROVIDING SERVICES

---

(continued)

- We reduce claims from going to litigation because we maintain continuous contact with injured employees and third party claimants.
- We control allocated expenses by closely monitoring defense counsel and strategic business partners.
- We provide the most proactive claims oversight in the industry. Our supervisors provide initial direction in every claim file within the first 24 hours, plus two more reviews in the first 14 days.

### In-House Resources

- All key components of the program are offered in-house by Johns Eastern employees.
- Our state-of-the-art electronic claims system provides all the tools, accessibility, flexibility and ease of use needed to successfully manage claims for the City. Document images are available for your review 24/7. Client note input allows for documentation and communication. Ad Hoc reporting capabilities provide both standard reports and our query tool allows for report customization.
- Our Information Services department and Help Desk are available to answer questions and assist the City with any IT needs **at no extra charge**.
- We offer best-in-class technologies for Medical Bill Review with the compliance expertise to stay on top of requirements and understand changes.
- Our in-house cost containment/bill review department enables us to offer our clients state-of-the-art cost containment programs at competitive rates.

### Positioned for Success

- Johns Eastern emphasizes continuing education for our personnel. Our employees continue to grow and broaden their knowledge, which leads to a higher-quality product for our clients.
- We believe our staff is happier, more dedicated, and more capable of providing and exceeding the service requirements of our clients.
- Our work environment rewards achievement while fostering fast and accurate claims administration.
- We audit medical and expense bills to contracted rates. Our staff focuses on network penetration to maximize savings.
- As pharmacy spend is one of the leading drivers of claim costs, we work closely with our PBM to offer “non-traditional” sources of prescriptions at the lowest cost through re-directed billing and “best in class” savings for our clients.

In summary, Johns Eastern does not process claims – we manage and adjust them. Our approach to claims management, combined with our policies and procedures described herein, clearly sets Johns Eastern apart from the competition. Our passionate claims management team and telephonic case managers invest the time to establish and sustain goals that allow Johns Eastern to maintain long-term effectiveness, with the singular focus of bringing tangible value to your program.



## EXPERIENCE AND QUALIFICATIONS

### RESUMES OF KEY PERSONNEL

---



**BEVERLY ADKINS, AIC, AIM**  
**EXECUTIVE VICE PRESIDENT**  
**SPECIAL ACCOUNT SERVICES**  
**LAKEWOOD RANCH, FL**

Ms. Adkins serves as Executive Vice President, Special Account Services. She joined Johns Eastern in 1986 after graduating from the University of South Florida with a Bachelor of Arts degree in Finance. She has served in various branch offices, including Tampa, Clearwater, and Jacksonville, Florida.

Ms. Adkins was promoted to Claims Manager of the Orlando Branch in 1990 and Executive Director of Centralized Claims in Sarasota, Florida in 2001. She was promoted to Vice President of Special Account Services in 2004 and then to Executive Vice President in 2008.

Ms. Adkins is licensed as an all lines adjuster in Florida. She earned her Associate in Claims designation in 1989 and her Associate in Management in 1993. She is presently working on her CPCU designation. Ms. Adkins has experience handling all-lines, including Workers' Compensation, General Liability, Automobile Liability, Professional Liability, Homeowners, and Commercial Property claims.

Ms. Adkins serves on the board of the Florida Association of Self-Insurers (FASI). She is a member of the Bradenton/Sarasota Claims Association, the Association of Workers' Compensation Claims Professionals, the Risk and Insurance Management Society (RIMS), and the Public Risk and Insurance Management Association (PRIMA). She is also an associate member of the Georgia Workers' Compensation Association (GWCA), Florida Educational Risk Management Association (FERMA), Virginia Self-Insurers Association (VSIA), North Carolina Association of Self-Insurers (NCASI), and Pennsylvania Self-Insurers' Association (PSIA), as well as an affiliate member of North Carolina PRIMA and South Carolina PRIMA.



**ALICE WELLS, CWCL, AIC**  
**DIRECTOR OF TPA OPERATIONS**  
**LAKEWOOD RANCH, FL**

Ms. Wells joined Johns Eastern in 2006 as a Senior Adjuster, and has more than 20 years of experience in the industry. She was promoted to Claims Supervisor in 2007, to Claims Manager in 2009, and to Director of TPA Operations in 2014.

Ms. Wells is experienced in handling city and county governments, school boards, municipal transit authorities, hospitals, and Florida religious organizations. As Director, she is responsible for the overall operational production of the workers' compensation and property & casualty TPA units for self-insured clients.

Ms. Wells is a Board Certified All-Lines Adjuster in the State of Florida. She is a member of the Association of Workers' Compensation Claims Professionals. Ms. Wells obtained her Certification of Workers' Compensation Litigation management designation and her Associate in Claims (AIC) designation. She is currently pursuing her Associate in Management (AIM) designation through The Institutes.



## EXPERIENCE AND QUALIFICATIONS RESUMES OF KEY PERSONNEL

---



### **CHRISTINA KNUDSEN, CPCU, AIC, AIM, ARM WC CLAIMS MANAGER/ACCOUNT EXECUTIVE LAKEWOOD RANCH, FL**

Ms. Knudsen began her employment with Johns Eastern in 2007 with over 17 years' experience in the insurance industry. She attended Northeastern University in Boston, MA and Rutgers University in New Brunswick, NJ. She was promoted to Claims Supervisor at Johns Eastern in 2009, Assistant Claims Manager in 2012, Training Coordinator in 2015 and Claims Manager in 2018. She is currently the workers' compensation account executive for the City of Coral Gables.

Ms. Knudsen is extremely experienced in workers' compensation claims handling and has specialized in litigation management and strategic settlement negotiations involving close communication with clients and defense counsel. She has supervised claims for public and private self-insured clients, as well as insurance carriers.

Ms. Knudsen possesses an All Lines Adjusting license as an Accredited Claims Adjuster. She obtained her AIC designation in 2007, her AIM designation in 2011, her ARM designation in 2013, and her CPCU designation in 2018. She has been a member of the Association of Worker's Compensation Claims Professionals since 2009.



### **AMANDA RADCLIFFE, ACA WC QUALITY ASSURANCE MANAGER LAKEWOOD RANCH, FL**

Ms. Radcliffe joined Johns Eastern in 2003. She has handled lost time and litigated claims for self-insured clients, both public and private entities. Ms. Radcliffe excels in the areas of investigation and negotiations, and she is extremely adept at handling presumption claims. Ms. Radcliffe teaches in-house courses on presumption claims and instructs the Johns Eastern recorded statement course for workers' compensation adjusters. She was promoted to Claims Supervisor in 2008, to Claims Manager in 2014, and to Quality Assurance Manager in 2016. As Quality Assurance Manager, she is responsible for overseeing the EDI, bill review, pay, and clerical teams. She also monitors CPS findings, Medicare reporting, and will complete our Branch audits.

Ms. Radcliffe has an Associate of Arts degree in Accounting and a Bachelor of Science degree in Finance from the University of South Florida. She is currently pursuing an Associate in Claims designation through The Institutes. Ms. Radcliffe is an Accredited Claims Adjuster (all lines) in Florida and a licensed workers' compensation adjuster in Florida, Georgia, North Carolina and South Carolina.

## EXPERIENCE AND QUALIFICATIONS

### RESUMES OF KEY PERSONNEL

---



**JESSICA RINEHART**  
**ANCILLARY SERVICES MANAGER**  
**LAKEWOOD RANCH, FL**

Ms. Rinehart began her career in workers' compensation with Johns Eastern in 2006. She was promoted to Claims Supervisor in 2013 and to Assistant Claims Manager in 2015. In 2019, Ms. Rinehart was promoted to Ancillary Services Manager overseeing our Medical Management Services, Cost Containment Services and Medical Networks.

Ms. Rinehart has extensive experience handling workers' compensation claims for public and private self-insured entities. She is well-versed with the Florida Presumption statute and case law in relation to these claims. Ms. Rinehart oversees our state audits and excess audits. She prepares and presents annual stewardships to our clients.

Ms. Rinehart attended State College of Florida. She is a licensed workers' compensation adjuster in the State of Florida and is currently pursuing an Associate in Claims designation through The Institutes.



**JINI DAVIDSON**  
**WC CLAIMS SUPERVISOR**  
**LAKEWOOD RANCH, FL**

Ms. Davidson joined Johns Eastern in 2014. After extensive training, she was promoted to a legal adjuster handling claims for several governmental entities. Ms. Davidson was promoted to supervisor in 2016.

Ms. Davidson is experienced in all aspects of claims investigations, including working with defense counsel and clients to determine compensability. She is also extremely adept at handling presumption claims for law enforcement and first responders. As your claims supervisor, Ms. Davidson covers all aspects of the claims process to include the case file analysis, subrogation and litigation management.

Ms. Davidson holds an All-Lines Adjuster's license in Florida. She has an Associate's degree in Psychology from Hillsborough Community College. Ms. Davidson is committed to continuing her education in workers' compensation through industry seminars and workshops.



## EXPERIENCE AND QUALIFICATIONS RESUMES OF KEY PERSONNEL

---



**MARIANNE POYNTER**  
**WC CLAIMS ADJUSTER**  
**LAKEWOOD RANCH, FL**

Ms. Poynter joined Johns Eastern as a workers' compensation claims adjuster in 2013. She has over 20 years of experience in workers' compensation, including handling claims for state troopers.

Ms. Poynter's self-insurance experience at Johns Eastern has included handling claims for governmental entities and school boards. She is experienced in the investigation and handling of presumption claims under Florida Statute. Ms. Poynter is also bilingual in English and Spanish.

Ms. Poynter holds an All-Lines Adjuster's license in the State of Florida. She is committed to continuing her education in workers' compensation through industry seminars and workshops.



**LINDA TREFETHEN, LPN**  
**MEDICAL MANAGEMENT Q.A. SUPERVISOR**  
**LAKEWOOD RANCH, FL**

Ms. Trefethen joined Johns Eastern in 2003 with eight years of experience as a workers' compensation adjuster. In 2005, she was promoted to claims supervisor overseeing workers' compensation claims for municipalities, school boards and private entities.

Ms. Trefethen assumed responsibility for medical management quality assurance in 2008, bringing over 30 years of experience in the nursing field to this position. She currently monitors network penetration, serves as network liaison, triages new claims, trains providers at on-site clinics, and develops the JECO Network as needed to complement our contracted networks. Ms. Trefethen has also had an integral role in Medicare Secondary Payer Reporting implementation for our clients.

Ms. Trefethen is a licensed All Lines adjuster and a licensed practical nurse. She continues her education through case law, and industry seminars, workshops and conferences.



## EXPERIENCE AND QUALIFICATIONS

### RESUMES OF KEY PERSONNEL

---



#### **DOROTHY R. LENZ, RN, BSN, CCM, COHN-S** **NURSE CASE MANAGER SUPERVISOR** **LAKEWOOD RANCH, FL**

Ms. Lenz joined Johns Eastern in 2006 and was promoted to Nurse Case Manager Supervisor in 2015. She obtained her degree in nursing from Helene Fuld School of Nursing in Trenton, New Jersey and her BSN from the Southern College of Seventh Day Adventists in Collegedale, TN.

Ms. Lenz has over 30 years of experience in the field of nursing. She began her career in medical surgery and was previously employed as the Occupational Health Nurse and Case Manager at Blake Medical Center for 10 years, where she was responsible for 1,500 employees and volunteers. She participated in the success of Blake Medical Center becoming a merit site in OSHA's Voluntary Protection Program.

Ms. Lenz also completed a case management course at the Florida Risk Management Institute in 1997. She is licensed as a registered nurse by the State of Florida. She received her Certified Occupational Health Nurse - Specialist (COHN-S) certification in 2000 from the American Board for Occupational Health Nurses, Inc. and in 2012 she received a Certified Case Manager (CCM) certification from the Commission for Case Manager Certification.



#### **ELEANA NEGLIA, RN** **NURSE CASE MANAGER** **LAKEWOOD RANCH, FL**

Ms. Neglia joined Johns Eastern in 2010 as a telephonic nurse case manager. She is involved with the medical case management aspects of claims-adjusting for school boards, county governments and municipalities, including the City of Coral Gables.

Ms. Neglia's previous work as a Registered Nurse includes over five years of experience in cardiology and orthopedic surgery. She holds a current registered nurse license in the state of Florida, and is also bilingual in Spanish.

Ms. Neglia continues her education in workers' compensation case management by attending industry workshops and seminars.

## EXPERIENCE AND QUALIFICATIONS RESUMES OF KEY PERSONNEL

---



### **MIKE CICAK, ACA P&C TPA MANAGER/ACCOUNT EXECUTIVE SARASOTA, FL**

Mr. Cicak joined Johns Eastern in April 2005 with 23 years of all-lines adjusting and claims management experience. He graduated from California State University with a Bachelor of Arts degree in Public Relations. He is an accredited claims adjuster and holds a Florida All-Lines adjuster license. He is currently the liability account executive for the City of Coral Gables.

Mr. Cicak has handled legal claims for self-insured clients throughout the State of Florida. He is familiar with the specific claims handling details for municipalities, school boards, and private self-insureds. He also has claims experience in Alabama, Georgia, North Carolina, Tennessee, Kentucky, Illinois, New Jersey, and Texas. He is very effective in working towards the settlement of difficult claims.

Mr. Cicak was promoted to Claims Supervisor at Johns Eastern in June 2006 and then to Assistant Claims Manager in March 2007. He was promoted to TPA Liability Manager in January 2010. He is committed to the continuing education of claims handling, through the study of case law, seminars, and workshops.



### **CHRISTOPHER JACKSON, LPCS, AIC P&C QUALITY ASSURANCE MANAGER SARASOTA, FL**

Mr. Jackson is a graduate of St. Cloud State University in Minnesota, where he obtained a Bachelor of Science degree in Business Marketing. He has continued his education by obtaining his All Lines Adjuster License and a Legal Principles Claims Specialist designation through the American Educational Institute. He has attended various continuing education seminars, and obtained his AIC designation in 2012.

Mr. Jackson entered the insurance industry in 1997. His experience includes handling all facets of automobile losses and general liability claims. In 2004, Mr. Jackson served as Claims Manager for Infinity Insurance, where his duties included hiring, supervising and training auto claims adjusters.

In 2008, Mr. Jackson joined Johns Eastern as a Senior Adjuster and Liability Claims Supervisor, handling self-insured municipalities and school board accounts. He was responsible for their Automobile Liability, General Liability, Professional Liability and Property programs. In 2017, Mr. Jackson was promoted to Liability Quality Assurance Manager, overseeing liability subrogation and excess recoveries. He is also responsible for the overall operational production of Medicare Reporting.



## EXPERIENCE AND QUALIFICATIONS RESUMES OF KEY PERSONNEL

---



**KAY LYONS, SCLA**  
**P&C CLAIMS SUPERVISOR**  
**SARASOTA, FL**

Ms. Lyons joined Johns Eastern in 2019 as a claims supervisor with more than 20 years of experience handling property, general liability, and automobile liability claims, including serious bodily injury cases. She is skilled at handling claims of moderate to high complexity and is adept at all aspects of claims investigation, including evaluating losses, arranging property damage appraisals, setting reserves, working with defense counsel, attending mediations and trials, and negotiating settlements.

Ms. Lyons is licensed to adjust claims in multiple states, including Florida. She holds a bachelor's degree in business administration management and dual master's degrees in business administration and math and science education from the University of Phoenix. She obtained a Senior Claim Law Associate (SCLA) designation from the American Educational Institute in 2008.



**WILLIAM WUOLO, AIC**  
**P&C CLAIMS ADJUSTER**  
**SARASOTA, FL**

Mr. Wuolo joined Johns Eastern in 2015 with 16 years of insurance experience. He is a graduate of Winona State University and holds an All-Lines adjuster's license in Florida. He is currently the liability claims adjuster for the City of Coral Gables.

Mr. Wuolo is experienced in adjusting insurance claims from inception to closure, including property, bodily injury, automobile liability, and complex high-value claims. He has also handled claims involving subrogation and salvage. Mr. Wuolo is proficient in Xactimate, File Trac and FileHandler.

Mr. Wuolo received his AIC designation in 2015. He is committed to continuing his education by attending classes and seminars in the State of Florida.



## EXPERIENCE AND QUALIFICATIONS RESUMES OF KEY PERSONNEL

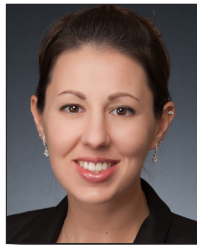
---



**KRISTIN BROWN, ARM  
SPECIAL ACCOUNTS SUPERVISOR  
LAKEWOOD RANCH, FL**

Ms. Brown joined Johns Eastern in 2012 as a workers' compensation adjuster handling lost time claims for self-insured public and private entities. She was promoted to Account Manager in 2015, serving as our clients' primary contact for any administrative and regulatory needs. In 2018, she was promoted to Special Accounts Supervisor, overseeing our Account Management and Marketing Departments. Ms. Brown acts as the primary contact for clients and Johns Eastern departments by coordinating New Client Implementation.

Ms. Brown obtained her General Lines (Property & Casualty) Agent License in 2017. She has a Bachelor's degree in Public Health from the University of South Florida. She obtained her Associate in Risk Management (ARM) designation through The Institutes in 2019 and is working on the Associate in Management (AIM) designation.



**SUZANNA WILBERT  
SUPERVISOR, CLERICAL/PAY DEPARTMENT  
LAKEWOOD RANCH, FL**

Ms. Wilbert joined Johns Eastern in 2010. She obtained her workers' compensation license and was promoted to Lost Time Adjuster, handling medical only and lost time claims for self-insured public entities. In 2012, she accepted a position as Pay Clerk in Johns Eastern's Pay Department, where she maintains and reconciles client bank accounts, and in 2015 she was promoted to Clerical/Pay Department Supervisor.

Ms. Wilbert has a Bachelor's degree in Finance with a minor in Business Administration from the University of South Florida.

## EXPERIENCE AND QUALIFICATIONS RESUMES OF KEY PERSONNEL

---



**ELLEN M. JOHNSON**  
**SUPERVISOR, COST CONTAINMENT**  
**LAKEWOOD RANCH, FL**

Ms. Johnson began her career with Johns Eastern in 2006. She has considerable knowledge of cost containment and a thorough understanding of the bill review process. She was promoted to Lead Bill Reviewer in 2008, gaining extensive experience handling large hospital bills, Petitions and Determinations. Ms. Johnson demonstrated her comprehensive understanding of various State Fee Schedules, Reimbursement Manuals and Medical EDI by successfully completing testing for all four form types in Revision E format in the Medical Data System (MDS).

After attending Worcester State University, Ms. Johnson accepted a position in Medical Bill Review. She completed and passed an in-house company training course, learning all areas of examining ICD-10 and CPT coding and paying and denying medical claims. Ms. Johnson also received a certificate of completion from Manatee Technical Institute for Administrative Medical Service Assisting.

In 2012, Ms. Johnson was promoted to Supervisor of Cost Containment. She currently provides bill reviewers with guidance on medical bills and conducts regular staff meetings on fee schedule updates, reimbursement manual rules, and software updates.



**MISTY YOUNG**  
**QUALITY ASSURANCE ADMINISTRATOR**  
**LAKEWOOD RANCH, FL**

Ms. Young began her career with Johns Eastern in 2003 as a bill payer in our Cost Containment Department. She has extensive experience paying medical bills as outlined under state fee schedule reimbursement rules and guidelines.

In 2013, Ms. Young was promoted to her current role as Quality Assurance Administrator, for which she audits the entire Cost Containment Department to ensure that each bill is processed and paid according to the appropriate reimbursement guidelines. She is also responsible for EDI compliance accuracy, state petitions/determinations, re-reviews, and daily import/export of network files. In addition, she also assists the Cost Containment Supervisor in investigating and responding to Petitions for Reimbursement/Determinations, as well as researching medical bills which exceed stop loss. Ms. Young works closely with our bill review software provider and is involved in training new employees on the system.

Ms. Young is well-versed in ICD-10, CPT and HCPS codes, State Fee Schedules, paying and denying medical bills, and medical terminology. She has an Associate's degree from the State College of Florida and has worked in the medical field since 2001. She is currently pursuing her Associates in Claims designation from The Institutes.

## EXPERIENCE AND QUALIFICATIONS

### RESUMES OF KEY PERSONNEL

---



#### **JASON RICCI** **MANAGER, INFORMATION SERVICES**

Mr. Ricci came to Johns Eastern in 2009 as Information Services Manager. Before joining Johns Eastern he was Director of I.S. Support for the Golf Channel in Orlando, FL. During his time at the Golf Channel, Mr. Ricci worked for two years as a Systems Support Analyst, two years as a Project Manager and three years as Director of I.S. Support. As Director he planned, budgeted, and developed staff and customer relations.

Mr. Ricci earned his undergraduate degree from the University of Florida in Management Information Systems. He graduated with Honors, obtaining a Master's degree in Business Administration from the University of Central Florida.



#### **SEAN DOWNEY** **SUPERVISOR OF OPERATIONS,** **INFORMATION SERVICES**

Mr. Downey joined Johns Eastern's Centralized Claims Department in 1992, with more than 10 years of experience in financial data analysis, office management, and retail management.

In 1995, Mr. Downey transitioned to the Information Services Department as Report Programmer, where he was responsible for month-end reporting, data conversions and client support. In 2000, Mr. Downey was promoted to Supervisor of Operations.

Mr. Downey has strong experience in Microsoft Word & Excel, Oracle & Sybase SQL/database management, report programming and Visual Basic programming. He attended Arapahoe Community College in Littleton, Colorado. Mr. Downey also studied Business Management and Computer Information Systems at Denver Technical College.



## EXPERIENCE AND QUALIFICATIONS RESUMES OF KEY PERSONNEL

---

## COPIES OF LICENSES AND CERTIFICATIONS





## Licensee Search

### Licensee Detail

**License #:**

W195552

**Full Name:**

DAVIDSON, JINI MAURICE

**Business Address:**
413 DELWOOD BRECK ST  
RUSKIN, FL 33570
**Mailing Address:**
413 DELWOOD BRECK ST  
RUSKIN, FL 33570
**Email:**

JINI.DAVIDSON@GMAIL.COM

**Phone:**

(800) 749-3044Ext. 1357

**County:**

Hillsborough

**NPN #:**

17398015

**Continuing Education Statistics**

CE Due Date: 1/31/2021

Continuing Education Status: Compliant

Number of Hours Required: 24

Number of Hours Completed: 24

**Valid Licenses**
**Type**
**Issue Date**
**Qualifying Appointment**

ADJUSTER - ALL LINES (0620)

10/15/2014

YES

**Active Appointments**

ADJUSTER - ALL LINES (0520)

**Company Name**
**Issue Date**
**Exp Date**

JOHNS EASTERN COMPANY INC

10/15/2014

1/31/2021

## Invalid Licenses

Type	Issue Date	Status
TEMP ADJUSTER - ALL LINES (T0620)	5/30/2014	INVALID

## Inactive Appointments

## TEMP ADJUSTER - ALL LINES (T0520)

Company Name	Issue Date	Exp Date	Status Date
JOHNS EASTERN COMPANY INC	7/23/2014	5/30/2015	10/15/2014





## Licensee Search

### Licensee Detail

**License #:**

W148581

**Full Name:**

POYNTER, MARIANNE

**Business Address:**

6015 RESOURCE LANE  
BRADENTON, FL 34202

**Mailing Address:**

7234 ELEANOR CIRCLE #201  
SARASOTA, FL 34243

**Email:**

MBERTRAND.P3@GMAIL.COM

**Phone:**

(907) 360-1609

**County:**

Sarasota

**NPN #:**

4646571

#### Continuing Education Statistics

**CE Due Date:** 9/30/2021

**Continuing Education Status:** Compliant

**Number of Hours Required:** 20

**Number of Hours Completed:** 20

AC# 8922672

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
04/02/2019	RN 9245022	2777077

THE REGISTERED NURSE

NAMED BELOW HAS MET ALL REQUIREMENTS OF  
THE LAWS AND RULES OF THE STATE OF FLORIDA

Expiration Date: APRIL 30, 2021  
ELEANA MERCEDES NEGLIA  
6015 RESOURCE LANE  
SARASOTA, FL - 34240

QUALIFICATION(S):  
Single-state License



*R. DeSantis*

Ron DeSantis  
GOVERNOR

DISPLAY IF REQUIRED BY LAW



## Licensee Search

### Licensee Detail

**License #:**

A004299

**Full Name:**

LYONS, WILMA KAY

**Business Address:**

5261 35TH WAY NORTH  
ST. PETERSBURG, FL 33714

**Mailing Address:**

5261 35TH WAY NORTH  
ST. PETERSBURG, FL 33714

**Email:**

KAYSINGS88@YAHOO.COM

**Phone:**

(877) 326-5326Ext. 1049

**County:**

Pinellas

**NPN #:**

3566281

#### Continuing Education Statistics

**CE Due Date:** 5/31/2021

**Continuing Education Status:** In Progress

**Number of Hours Required:** 20

**Number of Hours Completed:** 6





## Licensee Search

### Licensee Detail

**License #:**

W119765

**Full Name:**

WUOLO, WILLIAM ERIC

**Business Address:**

6173 OPA LOCKA LANE  
NORTHPORT, FL 34291

**Mailing Address:**

6173 OPA LOCKA LANE  
NORTHPORT, FL 34291

**Email:**

BILLWUOLO1@GMAIL.COM

**Phone:**

(941) 907-3100

**County:**

Sarasota

**NPN #:**

16591273

#### Continuing Education Statistics

**CE Due Date:** 2/28/2021

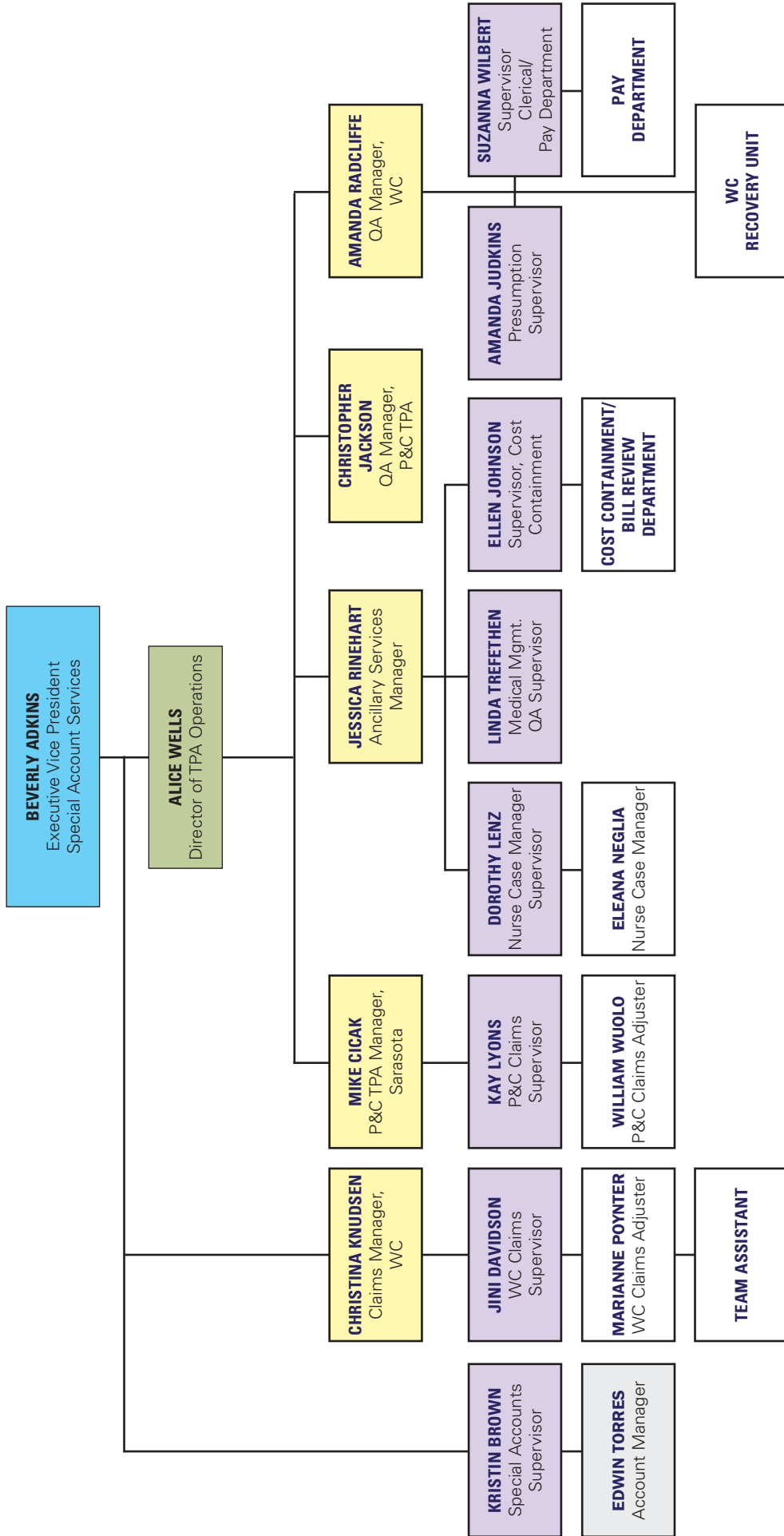
**Continuing Education Status:** Compliant

**Number of Hours Required:** 20

**Number of Hours Completed:** 20

# JOHNS EASTERN

## TPA OPERATIONS





## EXPERIENCE AND QUALIFICATIONS PROPOSED SUBCONTRACTORS

---

All core services in the City's program will be continue to be provided in-house by employees of Johns Eastern. We understand that the City may select outside vendors for legal services, field case management, translation, transportation, surveillance and investigation, Medicare Set-Asides and court reporting services. However, we recommend that the City utilize the following preferred strategic business partners on our approved panel for discounted ancillary services. These providers are held to strict guidelines regarding our expectations and are audited on a regular basis. Johns Eastern maintains full transparency with our strategic business partners and receives no commissions, service fees or other forms of remuneration.

- **Physical Therapy** - SPNet Clinical Solutions (please see page 52)
- **Diagnostic Network** - Absolute Solutions, One Call Care Management and Orchid Medical
- **Home Health** - Home Care Connect, EZ Health Care, Inc. and One Call Care Management
- **Dental** - EZ Comp Care, Inc. and One Call Care Dental
- **Transportation/Translation** - Access on Time, Monti, Pro-Care, TransCom Solutions and iLingo
- **Surveillance and Investigation** - Command Investigations, LLC, Woodall and Broome, Inc., Leckinger Investigations and Frasco Investigative Services
- **Medicare Set-Aside** - GENEX Services Inc. and Tower MSA Partners (please see page 38)
- **Pharmacy Benefit Management** - Healthsystems (please see page 44)
- **Auto Appraisals** - PDA
- **Field Case Management** - Paradigm
- **Durable Medical Equipment** - EZ Health Care, Inc., One Call Care Management, Carlisle Medical, Orchid Medical and Optum





## PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY

---

Johns Eastern understands that the City of Coral Gables is seeking an experienced Third Party Administrator to provide workers' compensation and third-party liability claims-administration services, including, but not limited to: general liability, automobile liability, automobile physical damage and other City property damage claims including errors and omissions, police and fire professional claims and subrogation.

We fully support the City's philosophy of meeting the reasonable, necessary and related medical needs of your injured workers to facilitate an expedient and healthy return to work. We will continue to work collaboratively with the City to provide creative, customized programs and constantly strive to find ways to strengthen and improve the relationship among claim management, provider network, management and injured workers. Our aim, as always, is to achieve the best medical outcomes for your injured workers at the most reasonable cost to the City.

Johns Eastern continues to demonstrate our dedication and expertise in managing and reducing the City's workers' compensation costs and mitigating your liability exposures. Our knowledgeable staff is fully licensed in Florida and provides prompt, thorough claims processing, as well as responsive customer service to ensure proper treatment for injured workers and timely delivery of services from providers. In addition, we will continue to provide timely Medicare and EDI reporting; supply telephonic and field case management services as needed; report claims to the City's excess insurer as required; review all medical and vendor bills to achieve maximum savings; and assist in the legal defense of claims.

### COMMUNICATION WITH CITY

Johns Eastern's assigned claims teams will continue to work closely with the City's risk management staff. We require our claims teams to remain in close communication with our clients via telephone and email. Supervisors make monthly contacts with each client to ensure that they are receiving the best service possible. This also gives the supervisor an opportunity to discuss and resolve any issues that may have developed. Adjusters are expected to maintain daily communication in order to confirm work status, reserve requests and conferences to provide a plan of action on difficult claims.



Customer service is Johns Eastern's number-one priority. We pride ourselves in providing the best customer service in the industry. Johns Eastern demonstrates our service orientation to our clients and their employees through timely, responsive communications. Phone calls are returned the same day, or if a message is received late in the day, the call will be returned the next morning. All communication is clearly documented in the file notes.

### IMPLEMENTATION PLAN

As Johns Eastern is the City's incumbent TPA, no transition plan will be needed upon award of a new contract. However, to ensure that all specifications of our current program meet your needs, Johns Eastern's management team will review your Client Profile to update the management plan based on the City's risk management goals and preferences. Our public entity experience can free you to focus on the possibilities, not the liabilities, and our claims specialists, supervisors and account managers will work with you to deliver tailored solutions.



## PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY

---

Johns Eastern consists of claims managers and independent adjusters. Our livelihood is made by handling claims, and our policies and procedures have been developed to provide the highest-quality work product that minimizes the City's financial exposure. Trust us to continue being your partner in protecting your interests by pairing our specialized claim resources with knowledge of your unique needs.

This section will describe the services we provide, as well as the more important policies, procedures and philosophy used by Johns Eastern. We will continue to utilize the following components to achieve the City's risk management and organizational goals. Johns Eastern also recognizes the importance of knowing the specific requirements and instructions of our clients. In situations where the City's preferred practices or procedures differ from our own, Johns Eastern will continue to alter our practices to meet those of the City.

### MANAGEMENT AND ADMINISTRATION

- Coordination with the Department of Self-Insurance, AHCA or other regulatory departments
  - Filing of Unit Statistical Report
  - Analysis and verification of state assessments
  - Assistance in certification of safety and drug-free workplace programs
  - Filing of Service Certification
  - Coordinate and respond on your behalf to state audits or excess carrier audits
- Claims funding and checking account reconciliation

Unless the City desires to make a change, we will adhere to the banking arrangement currently in place upon contract renewal. Presently, the City's account is set up at Wells Fargo bank under Johns Eastern's name and tax ID. The account is an analyzed checking account with positive pay, and is reconciled monthly by Johns Eastern. Checks are printed daily and funding is completed twice a month through interim billing and end-of-month billing. Johns Eastern sends the City an invoice and corresponding check register for each billing, and we review the need for special funding requests for any payments over \$30,000.
- Information Services
  - Monthly reports - standard and/or customized
  - Online services, including email capabilities
  - Ad Hoc reporting
  - FROI and FNOL reporting
  - OSHA reports
  - Electronic access to claims system
  - Customizable dashboards
  - Loss statistic services
- Annual 1099 reporting
- Risk Management services and meetings
- Annual SSAE 18 reports
- EDI reporting
- Medicare reporting
- Reporting to excess carrier

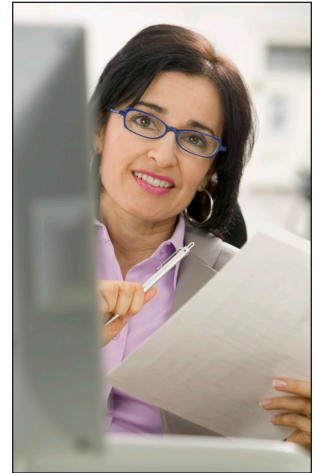


# PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY

---

## CLAIMS MANAGEMENT, ADJUSTING AND INVESTIGATION

- Three point contact
- Investigate, accept, defend and/or settle all reportable cases
- Apply appropriate reserving techniques
- Conduct necessary field investigations (up to 10 per year)
- Legal management
- Special Disability Trust Fund collection
- Index injured employees for fraud detection
- Subrogation recognition and collection
- Analysis and application of special defenses such as sovereign immunity
- Report to excess carriers or reinsurance carriers
- Collect excess and/or reinsurance payments
- Manage strategic partners approved by the City
  - Defense attorneys
  - Surveillance/SIU
  - Rehabilitation, on-site or vocational case management
  - Automobile and property damage appraisers
  - Transportation/Translation
- Claims management meetings
- Attend mediations, hearings and depositions as required



## MEDICAL MANAGEMENT SERVICES

- Education and training
- Preferred provider network access and referrals
- Telephonic case management
- Field case management (pre-approved by City)
- Utilization management
- Medical Management savings reports
- Management meetings
- Management of strategic partners
  - On-site case management
  - Vocational case management
  - PPO networks
  - Pharmacy Benefits Manager
  - Physical therapy network (EPO)
  - Durable medical equipment
  - Diagnostic networks
  - Dental network
- Development of specialized network

## COST CONTAINMENT/BILL REVIEW

- Review all provider bills and make appropriate reductions in the following areas:
  - State fee schedule
  - PPO network discounts
  - Utilization review
  - Usual and customary
  - Specially negotiated rates
- Provider utilization reports
- Savings by category reports

## SPECIAL INVESTIGATIVE UNIT

- Surveillance
- Experienced SIU Program
- Fraud Plan
- Red Flag Indicators
- Management Reports
- Quick Check - Instant access to available public records nationwide





# PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY

---

## THIRD PARTY ADMINISTRATION & CLAIMS ADJUSTING PHILOSOPHY

### ADJUSTER CLAIM VOLUME

It is our desire to limit an adjuster's case load to a manageable level. The purpose of this case load limit is to provide a high-quality work product with the integrity, experience and results for which Johns Eastern is recognized.

We adhere to the following average case load policy:

<b>Lost Time</b>	<b>150 claims</b>
<b>Medical Only</b>	<b>225 claims</b>
<b>GL/AL - BI/PD</b>	<b>150 claims</b>

This volume is easily monitored by claims management through the use of internal reports. These reports can be made available to the City if desired.

This volume will vary slightly depending upon the severity of the claims being handled and the complexity of the account. This philosophy reduces adjuster turnover and allows the adjuster to devote the proper amount of time to each claim. By devoting the proper amounts of time on a regular basis, the need for crisis claims handling is eliminated.

Your input is welcomed in evaluating your account representatives.

### CASE FILE ANALYSIS

Case file analysis is a management plan for each file that analyzes all important issues and allows the development of an action plan to bring the claim to conclusion. This analysis includes issues such as:

- Medical questions or liability concerns
- Compensation questions or Sovereign Immunity questions
- Subrogation questions
- Damage assessment
- Field investigation questions
- Contribution or subrogation questions
- Medicare issues
- Any other questions dictated by the facts of the case
- Possible defenses

This process occurs immediately upon receipt of the new claim, and involves simultaneously the medical case manager, claims supervisor and the adjuster. The action plan will be completed within 10 days.

This analysis is then reviewed through our diary system on a regular basis to ensure both the proper completion of tasks, and the updating of the Action Plan as more facts become known.



# PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY

---

## INITIAL CONTACTS

Our experience as claims adjusters teaches us that early and meaningful contacts with the injured employee, the employer, and the medical provider are instrumental in returning the employee to work and reducing claims costs. Initial contacts made timely with injured claimants helps with controlling the claimant and preventing needless litigation.

Our three-point contact program initiates an early call to the employee/claimant to determine:

- Compensability/Liability Issues
- Medical Treatment
- Emergency Issues

This is required to be done within 24 hours of the adjuster's receipt of the claim.

The employer contact is designed to clarify any questionable information and to double check information related by the injured employee or the third party claimant.

The initial contact with the medical provider is instrumental in identifying cases where treatment might be prolonged resulting in the employee losing time and to obtain a treatment plan.

## INDEXING

All bodily injury claims, all lost time claims, and questionable medical only claims are reported to the Index Bureau.

We participate in the Office of Foreign Assets Control (OFAC) of the U.S. Department of the Treasury Compliance Service which became available through ISO ClaimSearch as of April 1, 2003. The cost effective service allows Johns Eastern to check all parties to a claim against the government's watch list of potential terrorists and drug traffickers.

This screening allows us to comply with requirements of the OFAC to ensure that our organization does not pay out money to a person or organization involved in terrorism, international narcotics trafficking, or activities related to the proliferation of weapons of mass destruction.

Individuals or organizations on the OFAC list are caught early in the life of the claim, so we do not wait until payment to find that a claimant is on the list.



# PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY

---

## STATEMENTS

Our investigation of liability or compensability of injury may require recorded statements of:

- Injured employees
- Injured claimants
- Witnesses
- Employer

Recorded statements should always be taken in any claim involving serious bodily injury, death, or as needed in the opinion of the handling adjuster or supervisor. Statements will also be taken at your request. The entire statement is stored as a .wav file and can be accessed through the claims system at any time. Where appropriate, we will analyze statements taken from witnesses as part of the investigation.

Our adjusters have received specialized instruction and training in recorded statement techniques. The investigating adjuster will document key points of the interview in the file by entering them into the claims system, allowing access to the results by the City.

## DIARY

The diary review session is used to update the case file analysis and Action Plan.

The supervisor and/or manager has the ability to do a complete file review through the claims system. The adjuster's file notes contain specific excerpts from pertinent correspondence.

Items of special interest that are reviewed are:

- Appropriate and timely contacts
- Adherence to the Action Plan and modification where necessary
- Reserves
- Proper calculation and payment of benefits
- Excess reporting, recoveries, and application of special deductibles
- Issues of compensability/liability
- State Form filing
- File documentation
- Medical Management Services
  - Approved providers
  - Securing initial treatment plan
  - Checking accuracy of impairment ratings
  - MMI obtained in accordance with treatment parameters
  - Overutilization review





# PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY

---

## RESERVING PHILOSOPHY & PRACTICES

Our philosophy is that a case reserve should represent the amount of money it will take to eventually settle the case, including estimated legal reserves for any questionable or denied claims. Initial reserves will be established within 10 days of claim receipt, reviewed within 90 days, and then at six-month intervals – or every time the adjuster or supervisor handles the file.

Due to the long-term nature of many injuries, reserves will be fluid. A special review of the reserves will take place and reserves may change when any of the following occurs:

- Litigation is instituted
- Return to work
- Medical information warrants a change
- MMI
- The file remains open past a designated time period
- Settlement is contemplated
- Perfection of a recovery
- The file is reviewed by the adjuster or supervisor

Reserving on any file will be reviewed with the client at their discretion. A reserve evaluation worksheet is completed whenever the initial reserve will be changed. The reserve worksheet is available for client review through the claims system.

A complete reserve history is maintained and available for review by:

- The City of Coral Gables
- Outside auditors or actuaries
- Claims manager/supervisor
- Excess carrier

## LEGAL MANAGEMENT

Legal action is to be anticipated on any claim, and while the adjuster's goal is to prevent litigation through prompt and thorough investigation and aggressive claim handling, the adjuster should be prepared to deal directly with claimants' attorneys and utilize outside or in-house legal counsel only as necessary.

Johns Eastern is a strong advocate of maintaining adjuster presence and involvement in the management of legal files. Our adjusters will continue to remain involved with defense counsel in preparation for defense or settlement of the case. This means defense counsel could utilize the adjuster for additional investigation, interviewing more witnesses, and negotiating settlements with the claimant or their attorney, as well as other tasks. Adjuster management of legal files has demonstrated significant defense cost savings to the client.

After defense counsel is assigned, the adjuster will work with the attorney to develop a litigation plan. In litigated claims, our adjusters will provide regular reports to the City and copy defense counsel, and will communicate with counsel as necessary to the investigation and litigation strategy. We expect to be involved in decisions involving discovery, surveillance, engagement of expert witnesses, and scheduling of mediations. Throughout the litigation process, our adjusters make recommendations for action and will act as an advocate for the City to keep the case on track.

Where appropriate or desirable, the adjuster will also attend hearings, depositions, mediations, and other proceedings. The adjuster handling the claim file will provide an updated written file report within 48 hours after the proceeding.



## PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY

---

### RECOVERIES

As part of our services, we will continue to handle all reporting, documentation and recovery requirements on behalf of the City. Management reports are provided regularly, which track all recoveries. All recovery efforts are handled by Johns Eastern adjusters at no additional cost to the City.

- **SUBROGATION**

Each claim which has subrogation potential is investigated and appropriate documentation submitted for collection. Preservation of needed evidence is established. Appropriate experts are assigned to provide a basis for recovery if approved by the City. Any City property that sustains damage that is non-repairable is put to bid for salvage if authorized by the City.

- **SPECIAL DISABILITY TRUST FUND (SDTF)**

Johns Eastern takes an aggressive approach to SDTF recoveries. Our recovery adjuster plays an important role in helping to obtain the employer knowledge affidavit. Our medical management staff plays an important role in helping obtain mergers from physicians.

- **INDEMNIFICATION**

The adjuster documents the indemnification potential under the indemnity tab in the recovery section of the claims system. The Recovery Specialist will enter the amount of the indemnification recovery in the claims system, and if a partial payment; will so indicate. The adjuster follows up with the party responsible for the indemnity payment, if the terms of the recovery are not being met by the payer.

- **EXCESS INSURANCE**

All losses meeting the criteria outlined by your excess carrier will be timely reported. Status reports will be provided on a regular basis. We will submit quarterly requests, unless directed otherwise, to the excess carrier for reimbursement in excess of the Self-Insured Retention (SIR). All reimbursements will be recorded into the claim and total incurred for the policy period.

- **ALL-LINES AGGREGATE LOSS FUND**

Johns Eastern monitors on a regular basis through its database and specially designed reports the insured's aggregate loss fund. Through a combination of these reports and procedures, Johns Eastern is able to perfect recoveries for payments in excess of the All-Lines Aggregate Loss Fund. We are able to look at specific retentions by line of coverage and determine which deductible (where there are multiple deductibles) is applicable. All-lines aggregate recoveries become possible when payments for all lines of coverage exceed the loss fund. The payments are reduced by any recoveries such as SDTF, subrogation, indemnification, or specific excess.

- **CLIENT OBLIGATION**

It is the responsibility of the City to provide accurate coverage information regarding any insurance policies insuring claims covered by this contract. The information for all claim years that Johns Eastern is handling shall be made available to Johns Eastern within 90 days of contract inception. New insurance information on renewal years shall be made within 90 days of renewal date. Excess information shall include name and claims reporting address and phone number of all carriers, policy number, effective dates, limits of liability, deductibles, specific retentions and loss funds. Actual policies shall be provided. This information is required for each claim year that Johns Eastern is handling for the employer. If this information is not made available as outlined in this paragraph, Johns Eastern will not be responsible for any penalties, interest, or reductions in excess recoveries because of late reporting.



# PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY

---

## CLAIMS REVIEW MEETINGS

As part of our administrative services, Johns Eastern will continue to participate in bi-annual meetings at the City's offices to review open claims and complete strategic action plans to assist in the settlement of the cases. If quarterly meetings are preferred, we are prepared to accommodate the City's preference.

Attendees available from Johns Eastern are:

- Management and/or administration personnel
- Claims manager/supervisor
- Claims adjusters
- Nurse Case Manager

Other attendees may be recommended are:

- Client representatives
- Defense attorney
- Specialty providers or other outside vendors
- Medical Providers



Recommended topics to be reviewed are:

- Detailed review of claims
- Review of reserves and financial needs
- Review of catastrophe losses
- Coordinated review with safety/loss control personnel
- Review of loss runs and financial exposures
- Review of potential recoveries
- Review of light-duty programs and their effectiveness
- Review of overall risk management concerns and program

## CLIENT EDUCATION

Johns Eastern endorses the position that an informed client is more effective in controlling the various aspects of their risk management program. We are committed to providing training and educational updates to our clients. The following are methods designed to educate our clients:

- Quarterly newsletter designed specifically for self-insured, large deductible and all-lines aggregate programs summarizing case law, legislative changes, etc.
- Invite clients to attend in-house CEUs, via webinar
- Invite clients to attend special sessions by defense attorneys, physicians, Division of Workers' Compensation, and other medical/rehabilitation providers

Regular updates are communicated with clients on special statute changes.





# PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY

---

## MEDICARE SECONDARY PAYER REPORTING ACT OF 2007

As a result of the Medicare Secondary Payer Mandatory Reporting Act of 2007, Johns Eastern developed programming to accommodate the new demands set forth by the reporting requirements. All data is housed and maintained in Johns Eastern's claims system.

Johns Eastern will continue to provide MMSEA Section 111 reporting for all of the City's claims. With our MSA business partners, we maintain a high success rate on Medicare Set Aside submissions.

- Johns Eastern will collect the required data from our claims system and electronically file submissions
- Johns Eastern will report necessary data to Medicare by way of an electronic bridge with Medicare
- Johns Eastern will provide the Medicare reporting service **at no charge** to our clients
- Johns Eastern will assign lien verifications or MSAs that may be required at the time of settlement
- Johns Eastern will research all Medicare liens in conjunction with the MSA business partner

We believe our solution ensures compliance with Medicare's guidelines for reporting and our goal to provide excellent client service. It is the responsibility of the client to provide Johns Eastern with all Medicare claim input SUBMISSION and RESPONSE information within the transfer of claims. The information provided must include all Query submission, Query response, claim input submission and response files available back to 01/01/2010. If this Medicare data is not made available to Johns Eastern by the client at least 30 days prior to the next quarter submission, Johns Eastern will not be responsible for any penalties, interest or any other liabilities because of the late reporting as a result of insufficient data.

### Information Service's role in Medicare Reporting:

- All new claims are validated for Medicare compliance
- Medicare formatted files are created and submitted to Medicare through the Benefit Coordination and Recovery Center (BCRC)
- A Query file contains all claims that potentially qualify for Medicare reporting and is filed monthly.
- Query Response files are received from BCRC directly and claims that are returned as Medicare recipients are further scrubbed for additional elements required for claim reporting.
- The Claim Input file contains more extensive claim data for all Medicare recipients and is filed quarterly. Claim Input Response Files are received directly from BCRC and processed into our system. Any errors from this process are reported to claims department the same day the response file is received. Errors are corrected and resubmitted the next quarter.

### The Adjuster's role in Medicare Reporting:

All workers' compensation claimants must be queried with BCRC on a quarterly basis. If identified as a Medicare recipient, a reminder is sent to your adjuster. The adjuster ensures the following steps are taken to protect Medicare's interest:

- Confirm ongoing medical responsibility, we remain responsible for future medicals
- Obtain a lien search for past Medicare covered medical benefits
- Obtain MSA when evaluating for potential settlement
- If a settlement has occurred, the City no longer has responsibility for ongoing medicals

When a claim is settled, a payment is made or an award is issued, and the payment is to a Medicare Beneficiary, Johns Eastern, on behalf of the RRE (self-insured), reports specific claim information and settlement details to Medicare.



## PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY

---

### SPECIAL INVESTIGATIVE UNIT (SIU)

Johns Eastern has partnered with Command Investigations, LLC to support our anti-fraud efforts statewide. Headquartered in Florida, Command Investigations will continue to implement and manage all national regulatory compliance requirements to include State Anti-Fraud plans, mandated training, public awareness programs and all fraud bureau reporting. Services also include surveillance, background checks, investigative canvasses and field investigations along with new and proprietary investigative platforms such as Claims Buzz™ and Quick Check™.

### EDUCATION REQUIRED

Johns Eastern emphasizes continuing education for our personnel. This is demonstrated by the number of CPCUs, Associate in Claims, and personnel taking the Associate in Management and Associate in Risk Management programs offered by The Institutes. Our employees continue to grow and broaden their knowledge, which leads to a higher quality product for our clients. Our staff is happier, more dedicated, and more capable of providing and exceeding the service requirement of our clients.

### WHERE THE REAL DOLLARS ARE SAVED

Johns Eastern is committed to the success of our clients by maximizing cost savings. Our proposal highlights our ability to continue providing high-quality services that will exceed the minimum standards outlined within the RFP. Johns Eastern customizes each program to match the specific requirements of our clients. By opting to renew our contract, the City will continue to realize significant savings in the following areas:

- We minimize the number of claims going into litigation
- We control and reduce allocated expenses
- We audit medical and expense bills to contracted rates
- We pursue subrogation recoveries at no additional cost and have recovered more than **\$6.5 million** over the past two years for our clients
- We offer non-traditional sources of prescriptions at the lowest cost through re-directed billing
- We contract with Legal Bill Review, Inc., if so desired, to examine defense counsel invoices for any unreasonable fees and/or inappropriate or questionable expenses
- To prevent overbilling, our QA Bill Reviewer reviews re-considerations and conducts interdepartmental audits of processed bills
- Our nurse case managers pursue and track medical cost savings (MCS), which is input directly into the claims system

Our management philosophy leads to a better claim product. This, in turn, leads to reduced claims dollars spent, which means that less of the client's dollars are spent.

Because the claim dollars are the major cost of a self-funded program, this is where real savings can be realized.



# PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY

---

## MEDICAL MANAGEMENT

### **TRIAGE OF NOTICE OF INJURIES AND TELEPHONIC CASE MANAGEMENT**

Telephonic case management begins as soon as our medical management department receives a notification of an occupational injury. Triage is performed on every case and assigned as deemed appropriate to your telephonic case manager (TCM). The TCM will determine the extent of the injury through a review of the First Report and contact with the injured employee and the medical provider. The initial diagnosis, as well as any work restrictions, will be determined and documented. A diary is established to monitor follow-up treatment. The treatment plan and lengths of disability are verified for appropriateness by the case manager, utilizing sources such as:

- Official Disability Guidelines
- Disability Advisor
- State Practice Parameters
- Association of Rehabilitation Nurses Performance Criteria for Medical Case Managers

Compensability and causal relationship issues are also discussed with the adjuster.

The TCM will monitor the injured employee's progress until maximum medical improvement (MMI) is reached and the employee returns to work. Once MMI is attained, any impairment rating given will be checked and verified against the guides to ensure proper payment of benefits. If a rating appears questionable, the provider is asked to document objective support and justification.

Delays in referring claims to case management have been found to increase medical costs by up to 60%. It is Johns Eastern's goal to tackle cost drivers at every stage of a work-related injury. Our team focuses on reducing medical costs through efficient management of medical claims. We advocate timely, quality care based on personalized treatment programs with a focus on return to work objectives.

Our telephonic nurse case managers' ultimate goal is to reduce the impact of high-cost claims and deliver improved care to your injured workers to enhance their quality of life. Johns Eastern's medical management services are centered on your injured workers' needs, while remaining conscious of the overall spend. With a focus on advocacy, we recommend case management at the onset of a claim to ensure money is not spent on unnecessary costs resulting from ineffective treatment plans.

Regardless of the magnitude of an injury, every patient needs quality healthcare and compassionate guidance from someone who is familiar with their case. Johns Eastern's nurse case managers provide this personalized attention, along with the expertise needed to help speed their return to work. Our nurses ensure that patients understand and follow treatment plans and get their questions answered quickly – all so that recovery can continue and their life can get back on track.

### **PRE-CERTIFICATION OF MEDICAL PROCEDURES**

Hospital admissions, surgeries, and invasive procedures are pre-certified and reviewed for appropriate length of stay and services. This allows possible savings of claim expenses and ensures appropriate medical treatment.





# PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY

---

## PEER REVIEW

Peer review constitutes a form of self-regulation by qualified physicians and allied health professionals within the relevant field. Peer review methods are employed to maintain standards of quality, improve performance, and provide credibility. Peer review providers use evidence-based medicine and practice guidelines in a number of categories including:

- Standard of care
- Experimental and investigational
- Over/under utilization
- Pharmacy
- Transplant
- IME
- Length of stay
- Medical necessity

## UTILIZATION REVIEW

Utilization management is performed concurrently on all active cases and retrospectively. This service consists of the review of all treatment plans for appropriateness, medical necessity and causal relationship.

All second opinions, independent medical examinations and expert medical advisor services are reviewed by the case manager. Focused and random reviews are performed. A case manager will verify that the procedures billed were actually performed.

Utilization review is necessary in order to achieve the goal of providing high-quality healthcare for injured employees while controlling costs. Some of the key components of the program are:

- Medical review of all Initial Injury Reports
- Procedures for review of all requested medical treatment
- Medical consultants review on unusual or experimental procedures
- Bill screening procedures
- Procedures for returning incorrectly completed bills
- Procedure for handling special bills
- Procedures for obtaining IME and peer reviews
- Random reviews on bill reimbursement and medical necessity of treatment
- Procedures for identifying and responding to overutilization
- Procedure for transferring care
- Procedure for reporting to the Division
- Comprehensive documentation

## PREFERRED PROVIDER NETWORK ACCESS

The primary PPO Networks for the City of Coral Gables are PRIME Healthcare Network, Three Rivers Provider Network and CareWorks Provider Network.

Johns Eastern will continue to provide the City with a customized network of appropriate providers that can be used individually or in combination to best address the medical and rehabilitative needs of your injured employees. If there are any providers the City would like added to the network, Johns Eastern will be pleased to do so. Adding providers to the network takes approximately 90 days. We will contract directly with those providers if they do not wish to participate in a national PPO network.



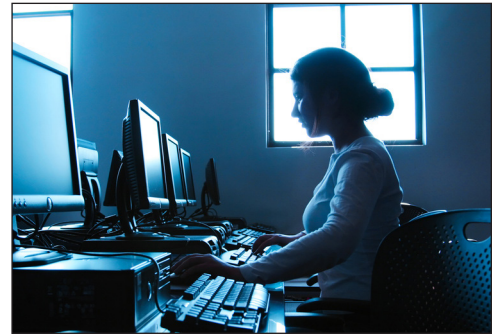
# PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY

---

## RETURN TO WORK/LIGHT DUTY

Johns Eastern believes that one of the most critical components of a successful workers' compensation program is its return to work/light duty program. We will work with our individual clients to help develop a program that meets the needs of the employer and its injured workers. It is also critical that all areas of the program, from work site supervisors to treating physicians, be educated in the program and understand the commitment to return to work.

Identifying light duty positions is another important aspect of the return to work program. In concert with client supervisors and department heads, the location of light duty positions that can be utilized throughout the workplace will reduce disability time. Intra-departmental cooperation will enhance the ability to utilize these jobs. A thorough job description should be available for all light duty positions. This enables physicians to confidently assign appropriate work restrictions and encourage supervisors to utilize injured workers in these positions. Job availability should be monitored and updated weekly.



The TPA claims team should closely monitor physician return to work slips to ensure that *no work status* is addressed immediately. Physicians who place injured workers off work inappropriately must be identified and addressed through investigation and education. It is also important to recognize the lack of light duty positions and make every effort to locate additional positions.

Physicians utilized by the client should be educated about the return to work and light duty programs. Expectations of the utilization of the program and the use of clear light duty restrictions will be explained. Job descriptions will be passed to providers for their review.

## Work Task Analysis

A Work Task Analysis (WTA) is a physical demands assessment that objectively measures the frequency, force, height, distance and duration of the material handling (lift, carry, push or pull) and positional tolerance functions of a job. It provides a framework for improved communication among all team members for maximum effectiveness and timely case resolution. The WTA determines the essential functions, physical demands, environmental conditions and other factors necessary for the safe and productive performance of a particular job. The assessment is performed by professionals trained in on-site job analysis, EEOC compliance, ADA guidelines and OSHA regulations.

The WTA can be utilized effectively in:

- **Modified/Light Duty Return to Work:** Assists in the objective determination of defining modified and/or light duty essential job functions and physical demands (lifting, carrying, pushing and pulling). An employee's ability to return to work in a modified or light duty capacity can be matched to the appropriate essential job functions and physical demands for a safe return-to-work.

(continued)



# PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY

---

## RETURN TO WORK/LIGHT DUTY *(continued)*

- **Return-to-Work:** The physical demand requirements of the full-time/full-duty job position must be clearly identified for the physician and medical team to determine if the employee can safely return to work. A well-defined WTA can help the physician and medical team determine return-to-work capability or the need to establish medical restriction(s) or job modification(s) for a reasonable accommodation. The physician, therapist and case manager have the advantage of a clear and objective understanding of the job position to which the employee is returning. There is a delineation of the physical capacities necessary to complete the job safely and effectively, which helps guide return-to-work goals.
- **Work Conditioning:** Used when returning an employee to work after meeting the defined essential job functions, physical demands and rehabilitation goals. The WTA can assist in case closure when a plateau in rehabilitation occurs by documenting essential job functions and comparing the ability level of the employee to the job.
- **Post-Offer Employment Testing (POET):** Serves as the foundation and baseline for an employment test in order to ensure the new hire applicant is safe and capable of meeting or not meeting the essential job functions. The employee understands the essential job functions and the expectations of the employer when they are hired.
- **Fitness-For-Duty Testing:** Assists with ADA-compliant annual testing procedures that determine if employees are capable of meeting the essential job functions and physical demands. The employer has objective data regarding the essential functions of the job. This data can be utilized for compliance with The Americans with Disabilities Act (ADA), improve ergonomic awareness, compliance with OSHA standards, litigation substantiation and used as a tool for the workers' compensation administrator in monitoring injury management.

## ON-SITE AND VOCATIONAL CASE MANAGEMENT

These services are outsourced to private companies. Strategic partners are held to strict guidelines regarding Johns Eastern's expectations and are audited on a regular basis. Credentials are checked and fee agreements are in place at the time of assignment. All billing is reviewed prior to payment. Any activity not within the established guidelines is not reimbursed. We would welcome our clients' participation in the selection of these providers.

- Workers' Rehabilitation, Inc.
- Rehabilitation Advisors
- Aurora Case Management
- GENEX Services, Inc.
- Paradigm

## PROVIDER NETWORKS

In addition to the PPO network, EPO and Pharmacy Program, the City has access to other provider networks that provide discounted services including:

- Durable Medical Equipment Network - EZ Health Care, Inc., One Call Care Management, Carlisle Medical, Orchid Medical and Optum
- Diagnostic Network - Absolute Solutions, One Call Care Management and Orchid Medical
- Dental - EZ Comp Care, Inc. and One Call Care Dental
- Home Health - Home Care Connect, EZ Health Care, Inc. and One Call Care Management
- Transportation/Translation - Access on Time, Monti, Pro-Care, TransCom Solutions and iLingo





# PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY

---

## PHARMACY PROGRAM

The Johns Eastern PBM program is provided in partnership with Healthsystems, an industry-leading workers' compensation PBM program registered in the state of Florida. Our program is designed and provided specifically for the workers' compensation insurance industry. As a full-service PBM program it provides both retail and mail order services and the pharmacy network is 100% focused on workers' compensation. The nationwide pharmacy network has over 66,000 participating pharmacies including all major retail chains and stores.

The pharmacy program is a fully integrated solution that processes prescriptions for all pharmacy activity including point of sale, mail order and out-of-network (paper) bills. This also includes the integration of an evidence-based clinical services program which targets drug treatment scenarios where alternative approaches may be better suited and performs clinical outreach and education to prescribing physicians, especially for the most complex claim cases. All prescription treatments are reviewed on an ongoing basis whereby clinical rules and evidence-based guidelines are being applied to identify prescription patterns or treatments that may necessitate alternative approaches.

Injured workers receive their prescriptions with no out-of-pocket expense. Our partnership goal with Healthsystems is to save injured workers time and effort while saving our clients money. We have increased our focus on the management of medication, as pharmacy costs now account for nearly 19% (Source: NCCI) of total workers' compensation medical costs. The primary cost drivers are pricing (Average Wholesale Price [AWP] and fee schedule changes), utilization and drug usage trends. In conjunction with our PBM, Johns Eastern has developed internal cost saving measures to mitigate rising costs through optimization of network penetration, increased generic dispensing, generic efficiency, utilization influence and increased mail order pharmacy use.



Johns Eastern delivers a unique solution to pharmacy management and clinical intervention with our integrated platform of cost containment workflow, bill review, PPO and PBM. We offer our clients a comprehensive pharmacy management and clinical intervention program. The Healthsystems program provides a flexible and customizable plan that helps reduce medication costs, increases the quality of care for injured workers, and empowers claims representatives with the necessary information required to drive more successful claims outcomes. Some of the PBM program components include:

- Point of sale (POS) network
- Third party biller & paper bill processing tools
- Bill conversion process for optimizing network penetration
- First fill program
- Mail order pharmacy services
- Clinical review services
- Opioid therapy management program
- Web-based tools including advanced data analytics and reporting tools
- Repackaged drug & physician dispensing adjudication tools

(continued)



## PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY

---

### PHARMACY PROGRAM *(continued)*

Unique in the industry, we are able to capture 100% of our clients' pharmacy transactions in a timely manner.

- Ability to capture first prescription
- Pharmacy bill review
- Reduced pharmacy calls
- Harmful interaction identification
- Generic substitution
- Early/unauthorized refill detection
- Compensability confirmation
- Excessive dosage identification
- Custom formulary for clients and individuals
- Drug interactions

The mail service program of Healthsystems delivers medications directly to the injured worker's home. This program offers even greater savings for our clients while providing the same compliance guidelines. Johns Eastern is best in class for home delivery.

Injured employees who are eligible for receiving prescription drug benefits are automatically enrolled into the pharmacy program as part of the claims first reporting process. The program design has been developed for ease of use and informational materials including first fill forms and instructions for use are integrated into the Johns Eastern claims packet. The injured employees can use web-based search tools provided on the Healthsystems website to identify participating pharmacy locations.

### Prescription Drug Utilization Management Tools and Services

Drug utilization management controls are applied for all prescription transactions regardless of whether they occur via the point of sale (real time) process or retrospectively for paper bills. Additional drug utilization management and clinical intervention tools are also applied beyond the traditional drug formulary and real-time point of sale edits. The types of service for these additional clinical controls are based on the complexity of therapy and the triggers are customizable by the client. The various tools are applied either prospectively or retrospectively depending on the level of service intensity required. Prospective or concurrent tools include capabilities such as:

- Advanced step therapy protocols for certain drugs
- Automated distribution and retrieval of Letters of Medical Necessity during the prior authorization process, specifically for opioid therapy
- Automated prior authorization workflow that includes multi-tiered authorizations by high-level nurses or medical professionals when questionable or high dosage opioid therapy is being requested

Additional clinical services of a higher level of intensity are retrospectively applied while entire treatment regimens are being monitored. These services range from therapy-specific outreach letters being distributed to prescribing physicians, to clinical pharmacists performing complete drug history reviews as well as an integrated medical history and drug history review. All services are authorized on a case-by-case basis and claim scenarios are automatically identified using Healthsystems' workers' compensation specific drug utilization management protocols. All protocols follow evidence-based medical guidelines. Physician interactions can include scheduled phone tele-consultations between the prescribing physician and clinical pharmacists. These services have been proven to dramatically and successfully impact inappropriate or ineffective drug prescribing activity.

*(continued)*



## PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY

### PHARMACY PROGRAM *(continued)*

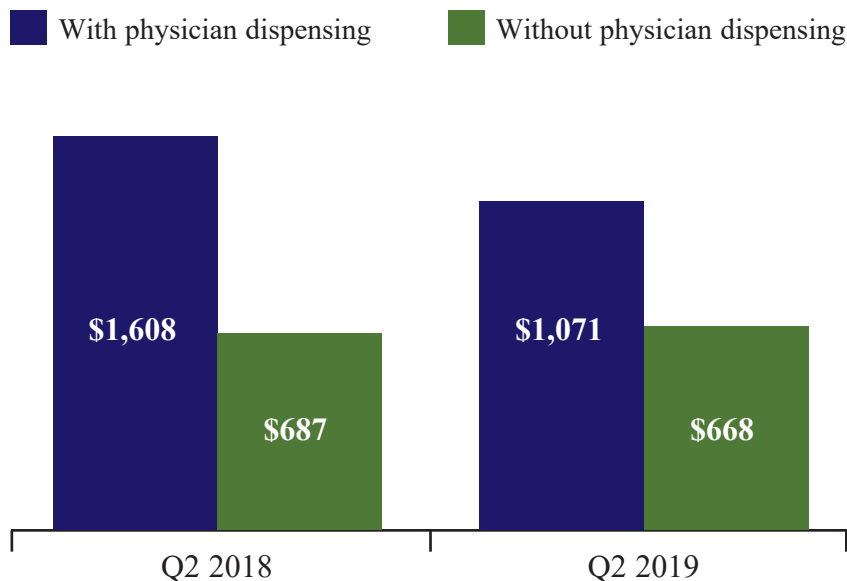
The Healthsystems PBM program has been at the forefront of the industry with regard to addressing the challenges associated with physician dispensing, repackaged drugs and compound drugs. Healthsystems developed and deployed their initial iteration of an aggressive solution for managing physician dispensing in 2009. During this time, it was the industry's only bill adjudication tool capable of processing physician dispensed script transactions of repackaged drugs using the allowable rules. Ever since the physician dispensing trend began, Johns Eastern and Healthsystems have taken the approach of more aggressively managing the process by:

1. applying the state-specific rules to remove the physician's profit motive by adjudicating the bills for these drugs to the lowest allowable amount and ultimately deterring the practice from occurring, unless specifically needed
2. identifying how to participate legislatively and enforce better rules in as many states as possible
3. communicating with physicians via the Healthsystems clinical pharmacy outreach program
4. assisting clients with incorporating contractual arrangements into PPO and/or clinic contracts
5. encouraging treating physicians not to dispense by outreach from Johns Eastern's Medical Management Quality Assurance Supervisor

### Impact on Physician Dispensing

In 2018, we effectively reduced physician dispensing costs for our clients by 28.8%.

#### Cost Per Claim







# PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY

---

## PHARMACY PROGRAM *(continued)*

### Physician Dispensing Study

#### **Claimant Safety Risks**

- Limited inventory limits the treatment options for the claimant when prescribers dispense in-house.
- Prescribers' offices lack sophisticated utilization software to identify risks associated with chosen therapies.
- Claimants with higher % of physician dispensed RXs spend more days in a "high risk" category. "High risk" includes claims with a high-risk drug, high-risk drug combination, or therapeutic mismatch.

#### **Cost Containment**

- Physician dispensing often requires the claimant to schedule an office visit for next fill (additional medical cost).
- Limited package sizes in office settings almost ensure that a 30-day supply will be filled, regardless of necessary treatment duration.
- In Florida, the state-mandated Physician Dispensed Fee Schedule is more than 20% higher than Johns Eastern's contracted In-Network rate.

#### **Physician Dispensing, Repackaged Drug and Compound Drug Management Tools**

Healthsystems developed a proprietary pharmacy bill adjudication system tool for managing physician dispensing of repackaged drugs. The tool is capable of applying the allowable rules for managing these drugs as defined by each respective state. In the case of Florida, the system logic can identify the underlying National Drug Code (NDC) of the submitted repackaged drug and therefore adjudicate the drug using the AWP value (at the time of dispensing) of the original manufactured drug (underlying NDC). Use of this tool has achieved savings of over 70% reductions from the original billed amounts. In some situations, physician dispensed bill volume has also shown to decline.



The management of repackaged drugs is integrated into the Johns Eastern and Healthsystems pharmacy retro/paper bill process. The Johns Eastern medical bill-processing environment identifies medical and/or physician office bills that include line item charges for physician-dispensed drugs. These transactions are electronically exchanged with Healthsystems and are processed in the Healthsystems pharmacy bill-processing environment. The repackaged drug adjudication system applies all the same rules, formulary edits, etc. as point of sale transactions. This includes the repackaged drug logic specific to the State of Florida (AWP of the underlying NDC). The physician-dispensed drugs are fully adjudicated to the lowest allowable amount per the State of Florida rules. In addition, should the prescription not pass any of the drug edits (i.e. eligibility, formulary, refill logic, etc.) the bill can be rejected for payment entirely.

*(continued)*



## PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY

---

### PHARMACY PROGRAM *(continued)*

This same program can also incorporate any pre-negotiated PPO contract rates or logic as defined by the City, Johns Eastern and/or Healthsystems. Healthsystems also maintains an active presence at the compliance and legislative level in all states specifically with addressing this issue. Healthsystems played an active role in all the legislative sessions when they have addressed any pharmacy-related topics. For example, Healthsystems was a test partner during the State of Florida's initial roll out of the pharmacy bill EDI protocols. Over the past several years, Healthsystems has presented data to the State regarding the challenges associated with physician dispensing. Healthsystems made various recommendations regarding the use of adjudication logic that was already being used in other states and proving to be successful with controlling and deterring this activity (i.e. California and Arizona being the largest).

Healthsystems developed a similar tool to manage compound drug prescriptions. Following a similar workflow as repackaged drugs, paper bills for compound drugs received by Johns Eastern are submitted to Healthsystems electronically. All compound drug data, including each line item for every ingredient, are entered into the Healthsystems pharmacy adjudication system where all line items are adjudicated using the AWP value of every ingredient.

In addition to the compound drug adjudication tools, Healthsystems incorporates an industry-unique program that proactively communicates with prescribers or dispensers associated with questionable compound drugs. The STAT Review Program is a clinical review process for both point of sale and retrospective compound drug transactions which monitors and scrutinizes the billing activity for these high-dollar drug compounds. The clinical intervention process helps determine whether compound prescriptions are being erroneously billed as well as identifies clinical concerns related to this type of therapy. The process includes a Healthsystems clinical pharmacist contacting either the dispensing pharmacy or prescribing physician.

Workers' compensation has seen a steady increase in prescriptions for topical compounded preparations, and prescriptions for sterile compounded drugs are appearing as well. The use of compounded drugs in workers' compensation has increased nearly five-fold in the past five years. Along with increased use, the prices charged for compounds have risen dramatically.

The quality of the preparation and the safety and efficacy of these "custom" compounds are largely unknown. Usually formulated with four to six different ingredients, compounded medications can come with staggeringly high costs, running into thousands of dollars per prescription.

Compound pharmacy marketing materials tout numerous benefits of topical compounds, which boil down to:

- Applying topical drugs to the site of the injury theoretically avoids systemic absorption and subsequent side effects
- Combining multiple agents into a single preparation reduces the number of tablets or capsules needed and helps patients who have trouble swallowing oral preparations
- Compounds can omit ingredients that cause an allergic or other adverse reaction in the patient

*(continued)*





# PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY

---

## PHARMACY PROGRAM *(continued)*

### Reporting & Data Analytics

Healthsystems has developed an advanced data analytics and reporting environment to monitor drug trends, prescribing activity and overall program performance. In addition to a proprietary data warehouse, examples of advanced clinical data visualization tools Healthsystems has developed include:

1. OpioidRx RISC Scoring tool – designed specifically for monitoring opioid use and trending the risk associated with a claimant's therapy
2. Polypharmacy reporting tool – monitors patients on multiple drug therapy and visually depicts overlapping and concurrent therapy trends
3. Rx Risk Management Dashboard – a dynamic data visualization tool that presents all high-risk drug therapy in a consolidated dashboard view.

The Rx Risk Management Dashboard aggregates and trends claim data involving opioid use while providing intuitive views of opioid usage data to assist clients in focusing on complex drug utilization areas. This includes identification of early intervention opportunities, and Morphine Equivalent Dose (MED) trending. It also provides clear visualization of opioid prescriber activities and legacy claim trending, while highlighting specific alerts that identify dangerous medication combinations that could indicate potential misuse, abuse or diversion activity.

### Opioid Therapy Management

Healthsystems provides a comprehensive Opioid Therapy Management (OTM) program that is fully integrated into the workers' compensation PBM program structure. Powered by VigilantRx - the Healthsystems clinical program - this evidence-based solution combines proprietary medication therapy management tools with easy to use technology tools to drive immediate detection and intervention of problematic opioid treatments. The multi-tiered program includes a suite of tools and protocols that proactively manage new claims during the initial stage of opioid therapy, as well as other tools for managing older and more costly chronic pain claims populations.



Nationally, the use of opioids for treating workers' compensation claimants frequently represents more than one-third of the cost for a workers' compensation prescription drug program and the escalating number of cases experiencing abuse, misuse and addiction has grown significantly. Focusing on early detection and intervention of inappropriate or excessive treatments is a critical requirement for increasing patient safety, lowering prescription drug costs, and improving overall treatment outcomes.

The OTM program monitors multiple stages of opioid drug therapy and is capable of systematically identifying cases where additional tools such as treatment reviews, physician outreaches and drug toxicology screenings are necessary. Real-time protocols are applied to identify various treatment red flags such as multiple prescribers, extended duration of treatment, and escalating daily MED levels, along with many other evidence-based opioid treatment criteria.

*(continued)*





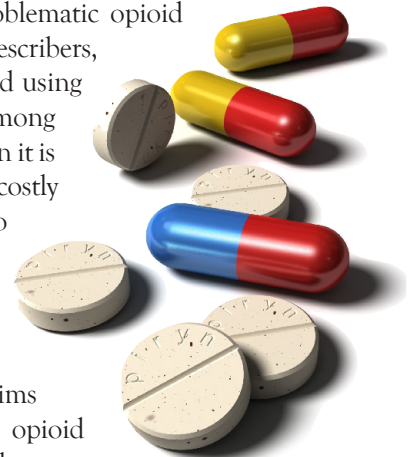
## PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY

---

### PHARMACY PROGRAM *(continued)*

Program results have shown significant improvements in drug therapy outcomes including cost savings and overall reduction in opioid use. Further analysis has shown that injured workers monitored by the program maintain average MED levels that are over 30% less than claims not being monitored – thus reducing the costs and risks associated with higher-dose opioid therapies. Additional analysis has shown a 40% reduction in the total number of prescribing physicians after claims were implemented into the program.

Healthsystems plays a key role in the early detection of potentially problematic opioid use. A series of real-time alerts and notifications aimed at informing prescribers, claims professionals and other key stakeholders of opioid use are employed using criteria such as dosage level, type of drug, and duplicate therapies, among others. A comprehensive opioid management strategy is only successful when it is proactive. Early detection and early intervention are proven to alter the costly and often unproductive path opioid treatments frequently follow. To support this process, Healthsystems has developed a proprietary tool to identify a claimant's current risk level of an existing opioid therapy regimen. The electronic tool, named OpioidRx RISC Score (OpioidRx Real-time Indicator & Severity Score), is integrated into the Healthsystems online web portal program Verticē. Using the tool, Johns Eastern claims professionals can analyze the risk level associated with a claimant's opioid treatment, which is based upon the MED valuation and other factors of all current drug therapies. Johns Eastern claims professionals are able to use the tool in real-time as part of the prior authorization review process.



The Healthsystems OTM program provides proactive and ongoing oversight of injured workers receiving opioid therapy and notifies Johns Eastern about potential issues such as inappropriate therapy, abuse and misuse. The OTM program fosters communication between all stakeholders – Johns Eastern, prescribing physician, Healthsystems' clinical pharmacist and the patient, if necessary. Electronic alerts and message protocols are integrated into the prior authorization process and communication escalations can be automatically routed to various stakeholders depending on our mutually defined therapy criteria. Claims meeting criteria for additional levels of clinical review could also include referral for advanced services such as urine drug screening, detox and cognitive behavioral therapy. Most importantly, Healthsystems monitors all communications – electronic authorizations, telephonic conversations, mail correspondence and prescriber feedback – and measures the resulting outcomes.

### Comprehensive Medication Monitoring

Opioid misuse is a long-standing and growing concern for workers' compensation payers. Identification of at-risk injured workers and early intervention can result in significantly lower costs and better claim outcomes. However, prescription use patterns are only one piece in understanding injured worker risk. Appropriate monitoring of worker compliance with a given treatment plan is the essential missing piece of the treatment puzzle.

This crucial missing piece is provided within Johns Eastern's PBM program by Cordant Health Solutions, which integrates PBM data with lab results to increase visibility into medication compliance and provides actionable insights to keep injured workers safe during recovery, promote recovery and improve outcomes.

*(continued)*



## PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY

---

### PHARMACY PROGRAM *(continued)*

A recent analysis of a large national workers' compensation payer confirms that Cordant's targeted drug testing and monitoring services are helping payers:

- Promote injured workers' safety and compliance
- Decrease claim durations
- Reduce claim costs

#### **Promotes Worker Safety and Compliance**

Injured workers show significant reductions in morphine milligram equivalent (MME) levels or were no longer prescribed opioids after testing with Cordant. 32% of injured workers showed improved medication compliance after initial testing.

#### **Decreased Claim Durations**

Medication monitoring that promotes greater medication compliance, timely, meaningful interventions and injured worker safety facilitates an earlier return to work and claim closure. Claims in Cordant's program closed 17% faster than claims identified but not tested by Cordant.

#### **Reduced Claim Costs**

Testing with Cordant results in fewer prescription refills, reducing the overall prescription costs of the claim. Combined with improved injured worker compliance and elimination of unnecessary testing, payers see significant cost reductions. One payer's testing costs were \$10.5 million lower using Cordant's solution compared to the workers' compensation fee schedule.

Cordant's RX Reveal report adds insights to clinical test results to help clients easily identify inconsistencies and potentially dangerous behaviors, allowing for quick intervention by the adjuster or nurse case manager.

Cordant's risk assessment protocols and RX Reveal alerts help adjusters and nurse case managers better understand where the greatest risk lies for injured workers. Injured workers who initially triggered an alert for potential addiction or abuse of prescription medications and/or illicit drugs demonstrated improved compliance and reduced risk with subsequent testing.



## PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY

---

### PHYSICAL AND OCCUPATIONAL THERAPY PROGRAM

Johns Eastern has partnered with SPNet Clinical Solutions to manage the physical and occupational therapy needs of our clients' injured workers. This partnership has delivered significant savings to our clients as we work with SPNet to prospectively manage the needs of all stakeholders throughout the episode of care, contributing to an industry-leading 97% network penetration rate.

We utilize cost containment strategies at three distinct junctions (or "gates") during the claim:

- Placement into the network (Prospective or Front Gate)
- Clinical oversight during the injured worker's care (Concurrent or Middle Gate)
- Discharge and discounting (Retrospective or Back Gate)

By placing your injured workers into a network facility, we're able to capture the benefits of SPNet's clinically focused model, which uses evidence-based solutions to provide predictable clinical outcomes and reduce your physical and occupational therapy costs. Using SPNet's peer-to-peer oversight (physical therapist talking to physical therapist), we are able to drive case velocity, resulting in a shorter duration of care. While typical industry averages for quarterly closure rates range from 45-60%, through our program, we are hitting rates of 85-90% closure with our clients. Operating and managing these "gates" allows us to deliver the right services at the right time, translating into a reduction in lost work days and a decrease in your overall claim costs.

According to current NCCI data, medical expenses make up about 58% of total workers' compensation claim costs. Physical and occupational therapy are generally associated with 25-35% of all work-related injuries, according to Workers' Compensation Research Institute (WCRI) data, and as a result, represent 18-22% of the medical costs related to the claim. In the State of Florida, according to the WCRI, the cost for physical and occupational therapy has fluctuated between \$1,294 and \$1,634 in a recent three-year period.

Johns Eastern has partnered with SPNet to create a managed care program that encompasses strategies insulating the payor around multiple touch points or "gates" that medical providers have access to claims. Our "gate system" provides a check and balance on how many claims access medical services, combined with our utilization management system on appropriate level of medical services and finalized through our gate with market-leading discounting. This multiple-gate approach ensures our clients have the "right" provider at the "right" amount for the "right" price.

The combined approach of clinical utilization management and competitive discounting with the oversight of Johns Eastern's claims team has created a unique balance between provider and employer through an outcomes-based model emphasizing quality medicine and competitive pricing. This allows us to offer a program that consistently delivers a 15-20% reduction in physical therapy/occupational therapy exposure.

### SAVINGS REPORTS

The successful plan will demonstrate a financial savings in overall workers' compensation costs. This can be documented by a reduction in medical expenses or reduced indemnity expenses. Achieving early return to work by injured employees reduces indemnity expenses and promotes medical savings. Johns Eastern started the development of a medical management savings program in early 1997 to document the savings directly associated with the work of nurse case managers. We are able to establish hard savings directly related to the medical management services.





# PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY

---

## PROJECTED BENEFITS OF MEDICAL MANAGEMENT SERVICES

- Optimal control of providers
- Consistency in treatment and return-to-work issues through provider knowledge of employer's policies and procedures and case manager involvement
- Increased savings in workers' compensation cost
- Earlier return-to-work
- Case managers communicate directly with providers securing the approval of treatment and resolving disagreements
- Keeps employee within a network of preferred physicians
- Savings by intervention

## PROVIDER BILL REVIEW AND REPRICING

We offer best-in-class technologies for Medical Bill Review with the compliance expertise to stay on top of requirements and understand changes. As your partner in preparing for regulatory compliance, Johns Eastern complies with current requirements, but also stays abreast of changes in the regulatory landscape.

Johns Eastern has developed our own cost containment/bill review department to enable us to offer our clients state-of-the-art cost containment programs at competitive rates. A unique combination of software and nurse review controls medical provider billings and allows us to identify maximum reductions for the City's benefit. The uniqueness is embodied in the program's ability to reduce bills according to five different sets of parameters. These parameters are:

- State Fee Schedule
- Specially Negotiated Rates
- Usual and Customary Billing
- Utilization Review
- Preferred Provider Organizations Discounts

Our review for accuracy includes the following components:

- Duplicate Billings
- Upcoding of Charges
- Unbundling of Charges
- Approval and Appropriate Pre-Certification

Our Lead Bill Reviewers in conjunction with CompIQ will review all medical bills that:

- Are not subject to fee schedule coding
- Are for services not specifically addressed in the fee schedule
- Need an in-depth medical interpretation of the rules and regulations
- In the exercise of professional judgement, specifically warrant review

Johns Eastern will pay all vendor bills within 20 days, and we will reimburse the City for any unrecovered overpayments made in the bill review process. We will also audit large in-network and out-of-network hospital/provider bills; bills where a departmental charge exceeds 10% of the total bill, excluding room and City charges; and others at our discretion or specific request by the City for accuracy and appropriateness.

Our QA bill reviewer reviews re-considerations and conducts interdepartmental audits of processed bills. Bills received and reviewed under provider disputes/AHCA are handled by our Bill Review Supervisor.



# PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY

---

## RISK MANAGEMENT INFORMATION SYSTEM (RMIS)

### **REPORTING CLAIMS**

The preferred method of reporting workers' compensation claims to Johns Eastern is by means of the On-Line First Report of Injury (iFROI). Accessible via the Internet 24/7 through the Johns Eastern website, claims can be reported at each location of the organization or control can be maintained by entering all losses in the risk management department. Access is controlled by the use of one or more passwords.

The iFROI is essentially an electronic DWC-1 which can be completed and transmitted at the client's convenience. The computer-controlled edits and validations help ensure proper responses and fully completed notices are submitted directly to our database. This allows for rapid setup of the claim, immediate contacts can be made and investigations started.

Upon submission, a control number is generated by the database confirming acceptance of the FROI record, and is your assurance that the information was successfully transmitted to us. The City has the option of printing a FROI recap of submitted information which the injured employee can sign for your files. In addition, a medical authorization, fraud statement, and pharmacy authorization card will print with the FROI. All hard copies of the DWC-1 will be generated and mailed by Johns Eastern. Johns Eastern electronically files required DWC-1s with the Division via EDI. We agree to reimburse the City for payment of any fines or penalties assigned by the State of Florida, or other regulatory agency, for failure to comply with rules and regulations associated with our performance or responsibility, including EDI reporting.

Johns Eastern is also able to receive injury notices by fax, email and telephone. Claims reported by telephone are entered directly into our claim system at the time they are reported, and if additional information is required, our support staff will follow up with our clients' contacts.

### **Liability Loss Reporting**

The preferred method of reporting property, general liability and automobile liability losses to Johns Eastern is by filling out the First Notice of Loss on our website, which enables our clients to quickly report claims electronically 24 hours a day, 7 days a week, 365 days a year. Once the form has been completed, a visual confirmation is displayed, assuring the client that the data was successfully transmitted to Johns Eastern. Loss notices may also be reported by fax or email.



# PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY

---

## CLAIMS MANAGEMENT SYSTEM

AIM 3.0 is our state-of-the-art, web-based claims system that stores all the dates, descriptions and other facts associated with a claim. But beyond that, it is a tool that actively assists the adjuster in working that claim. We released AIM 3.0 in April 2019. Its many user-friendly features include:

- Web-based claims system developed using Microsoft C# and ASP.NET
- Claims information organized into tables and stored in an encrypted SQL database
- “Alerts” that can be set on a claim to help the adjuster remain aware of certain situations
- “Warnings” which display if a claim reaches certain conditions
- “Reminders” that can be set to trigger on a particular date
- Advanced diary system to ensure each claim is examined periodically at a customizable interval
- Tool to assist in properly setting the reserves on a claim, including integration with ODG
- Tools for calculating any potential recoveries
- Litigation module which tracks legal expenses and all upcoming depositions, mediations, and hearings in the litigation calendar
- Imaged documents in paperless environment sorted by category
- Medicare Screens to document the status of the Query and identify Medicare recipients
- Limits which can be set to allow supervisors to monitor the progression of each claim’s resolution
- Email capabilities within the claim file
- Client-customizable dashboards to view pertinent program metrics
- Instant messaging within AIM 3.0

Our claims system also includes:

### Built-in Dashboards and Report Designer

AIM 3.0 will transform your company’s data into rich visuals built and defined by you. User-customizable screens, layouts, and reports allow you to modify the look and feel to meet your business’s needs and export those images and files into a wide range of file extensions including MS Word, Excel, PDF, JPG and PNG.

### Enhanced Business Rules

Attach business rules to virtually any button in the system and automatically generate emails, letters, reports, diaries, or notes on the completion of a task.

### Seamless Third Party Integrations

AIM 3.0 software integrates effortlessly with third parties. For example: EDI, ISO, Medicare, Medical Bill Review, Pharmacy Bill Review, OFAC, ODG and more.

### Browser Independent

AIM 3.0 is HTML 5 and CSS3 compliant, which also provides more freedom to use your favorite web browser, while also eliminating the need for Active X controls. This ensures a more personalized user experience as well as the ability to utilize mobile devices.







# PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY

---

## CLAIMS MANAGEMENT REPORTS

Johns Eastern will continue to provide the City with a full range of loss statistics reports on a monthly, quarterly or semi-annual basis as described in the RFP, or as specifically requested by the City.

Johns Eastern maintains a library of reports which are available to be run and delivered to our clients on a periodic basis. These reports have been developed to best illustrate claims-handling progress to our clients. The preferred means of delivering reports is via secure download from our claims system. We have a number of different methods of delivery depending on the restrictions of your IT systems.

If we do not have the desired report in our library, we may be able to create it. Johns Eastern maintains an Information Services department to support the needs of our staff and our clients. We can build a custom report to suit your requirements.

The City will also continue to have access to the Johns Eastern Ad Hoc reporting system, which allows you to access all of your claims and payment data in real time. This system not only provides the ability to run standard reports, but to also design and save your own custom reports to arrive at the answer you want. Once a report is run, it can be output to many formats, including Excel and PDF.

## 24/7 INTERNET ACCESSIBILITY

**At no additional charge**, the City will continue to have anytime access for multiple users to your claims information through our claims system, which is available 24/7 through Johns Eastern's website. This offers a comprehensive view, claim by claim, of all the details, payments, expenses, medical bills, reserves, adjuster notes, supervisor notes, diary items and more, *in real time*.

Our AIM 3.0 claims application works with any HTML 5-compliant browser, including Chrome, Firefox, Safari, Internet Explorer 11, Microsoft Edge and others. To make full use of the features we offer, your PC must have access to the Internet; receive e-mail; and view a document using Adobe Acrobat PDF Reader.

Risk Management personnel can enter a "Client Note" right to the claim file. When this is done, the adjuster is notified so they will know to look for a client note.

Here, with proper password access, the client can examine:

- |   |                        |
|---|------------------------|
| ■ Claim detail, including dates and descriptions    | ■ Diary notes          |
| ■ Payment summary and details of individual payment | ■ Doctor information   |
| ■ Reserve current levels                            | ■ Attorney information |
| ■ Recoveries (actual and potential)                 | ■ Litigation Calendar  |

The client can filter and summarize the list of payments based on:

- |                           |                               |
|---------------------------|-------------------------------|
| ■ Check issuance dates    | ■ Reserve types (one or more) |
| ■ Pay types (one or more) |                               |

The client can filter the list of diary notes based on:

- |                     |                                |
|---------------------|--------------------------------|
| ■ Date note entered | ■ The class of the note author |
| ■ Note author       | ■ Text string within the note  |
| ■ Note type         |                                |

# PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY

## ANALYTICS

Johns Eastern offers ODG analytics by MCG to all of our adjusters and nurse case managers as a value-added service. One of the major benefits of the ODG Comorbidity and Reserve Calculators is the Risk Assessment Score (RAS), used for interventional triage at the claims desk. The RAS leverages predictive analytics to assess claim risk, helping claims assessors identify problematic claims for early intervention.

The ODG Risk Assessment Scoring mechanism uses medical codes (ICD diagnosis, National Drug Codes, CPT procedure, DME, HCPCS, and FNOL Nature and Body Part codes) plus claim demographics to quantify relative risk level in a workers' compensation population. A score from 0 to 100 is generated and updated in real-time, ensuring claims adjusters never miss a warning sign, putting the right resources on problematic claims early, while not engaging complex and costly referrals unnecessarily.



**The Workers' Compensation Medicare Set-Aside Arrangement (WCMSA) Reference Guide, published on January 4, 2019, refers stakeholders to ODG when using "evidence-based guidelines as resources in determining future treatment."**

Claims are scored using inputs above (diagnosis codes, demographics, etc.), with ODG predicting claim risk, disability duration, and total medical/indemnity costs. Two internal scores are generated, which are averaged into an overall ODG Risk Assessment Score (the input scores can also be used individually). The first is a Magnitude Score, which measures the total claim duration/cost relative to other claims. The second is a Volatility Score, which measures the difference between a good outcome and a bad outcome.

Truly catastrophic claims have high Magnitude, but lower Volatility. "Creeper claims," or those that develop into high-dollar claims but are innocuous at intake, will have high Magnitude and Volatility. They will score very high on the ODG scale. Maximum benefit can be obtained from early intervention to prevent these claims from becoming outliers. Using the Risk Assessment Score, adjusters/supervisors can target these claims early, putting resources on high-risk claims first.

The outcomes speak for themselves. Adoption of ODG has led to:

- Medical cost-savings of 25%-60% (by state and payer)
- Average disability duration down 34%-66%, median duration down 30%
- Treatment delay (from date of injury to initial treatment) down 77%
- Access to care up 42% (more treating providers accepting patients under ODG)
- Improved health outcomes



# PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY

---

## WORKERS' COMPENSATION DATA CAPTURED

The following data is captured (additional fields can be added to the system and tracked at the client's request):

- Employer's Name and Address
- Employee's Name, Address and Telephone Number
- Employee's Social Security Number
- Employee's Sex
- Date of Birth - Employee
- Date of Hire - Employee
- Date of Death - Employee (if applicable)
- Date Case Closed
- Date Case Reopened (if applicable)
- Date Employee Injured
- Time Employee Injured
- Type Code (Is claim medical only, lost time, etc.?)
- Nature Code (Describes the injury/disease, such as "fracture"/"silicosis".)
- Body Code (Describes part of body injured, such as head.)
- Cause Code (Describes injury cause, such as "struck by falling object".)
- Reserves: Indemnity  
Medical  
Expense
- Recoveries: Subrogation  
Special Disability Trust Fund
- Excess: Actual  
Potential
- Status: (designates claims in the following status)  
Case in Rehabilitation  
Employee has Attorney  
Case has Subrogation Recovery Potential  
Case has Special Disability Trust Fund Potential  
Case has Excess Recovery Potential  
Employee is a Medicare Recipient
- Description of Accident
- Diary Review Date
- Controverted Case Designator
- Job Pay Classification Code
- Severity Code (Death)
- Wage Loss (Temporary Total, etc.)
- Compensation Rate - Average Weekly Wage
- Location or Department Code
- Claim Number





# PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY

---

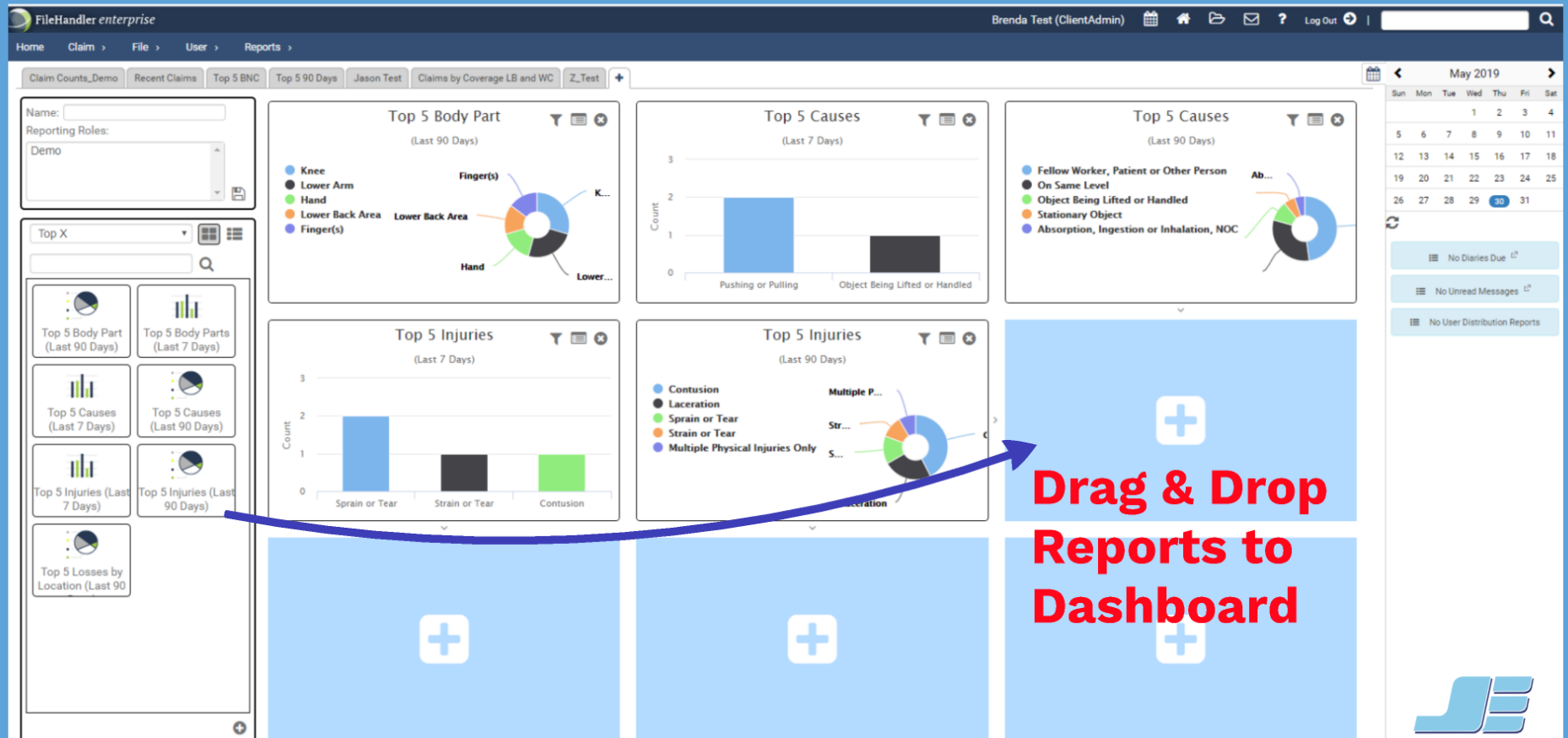
## LIABILITY DATA CAPTURED

The following data is captured (additional fields can be added to the system and tracked at the client's request):

- Insured
- Insured Entity; Group; Company; Division; Department Entity Names, Addresses & Phone Numbers
- Policy
- Policy Number, Dates, Financial Limits, Retention Levels
- Injured Party (Claimant)
- Name, Social Security Number
- Address & Phone
- 1st or 3rd Party Indicator
- Claim / Accident Facts
- Accident Description
- Accident Description by Codes (Cause, Nature, Body Part)
- Key Dates: Loss, Case Open, Closed, Reopen, Death Coverage Code/Description
- Adjusting Activities
- Reminders
- Date, Reminder text, Notes
- Note text, Author,
- Date Settlement
- Dates Denied
- Dates (claim made/reported)
- Financial Information
- Reserves
- Bodily Injury, Prop Damage, Comp/Coll, Expense, Etc.
- History of Reserve Changes Payments
- Vendors
- Fed ID, Address & Phone
- Recoveries: Potential & Actual
- Salvage, Subrogation, Indemnification, Excess of Retention
- Legal Information
- Attorney Names, Address & Phone Court Dates
- Vehicle
- Vehicle ID, Year, Make, Model
- Driver Name, Address, Phone, Sex, Age, License Number
- DUI Indicator, Years Employed
- Correspondence
- History of Letters Printed

## AIM 3.0 DASHBOARDS

# Customizable Dashboards





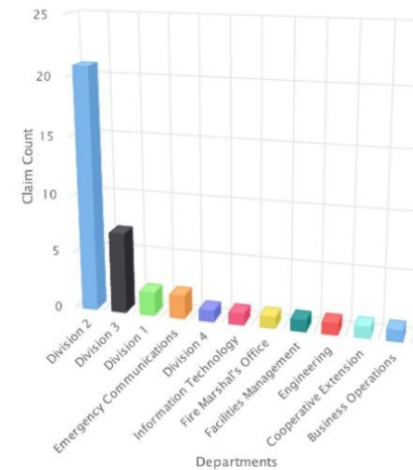
# Dashboards - Claim Counts

Claim Count by LOB

Series by Client



Claim Counts by Location



Claim Counts by Class Code

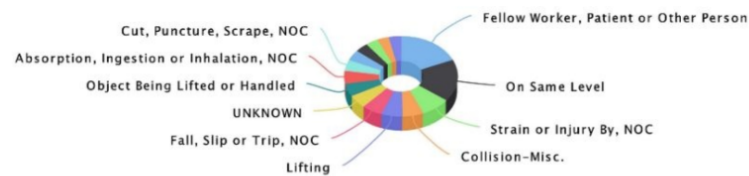


Claims by Handler

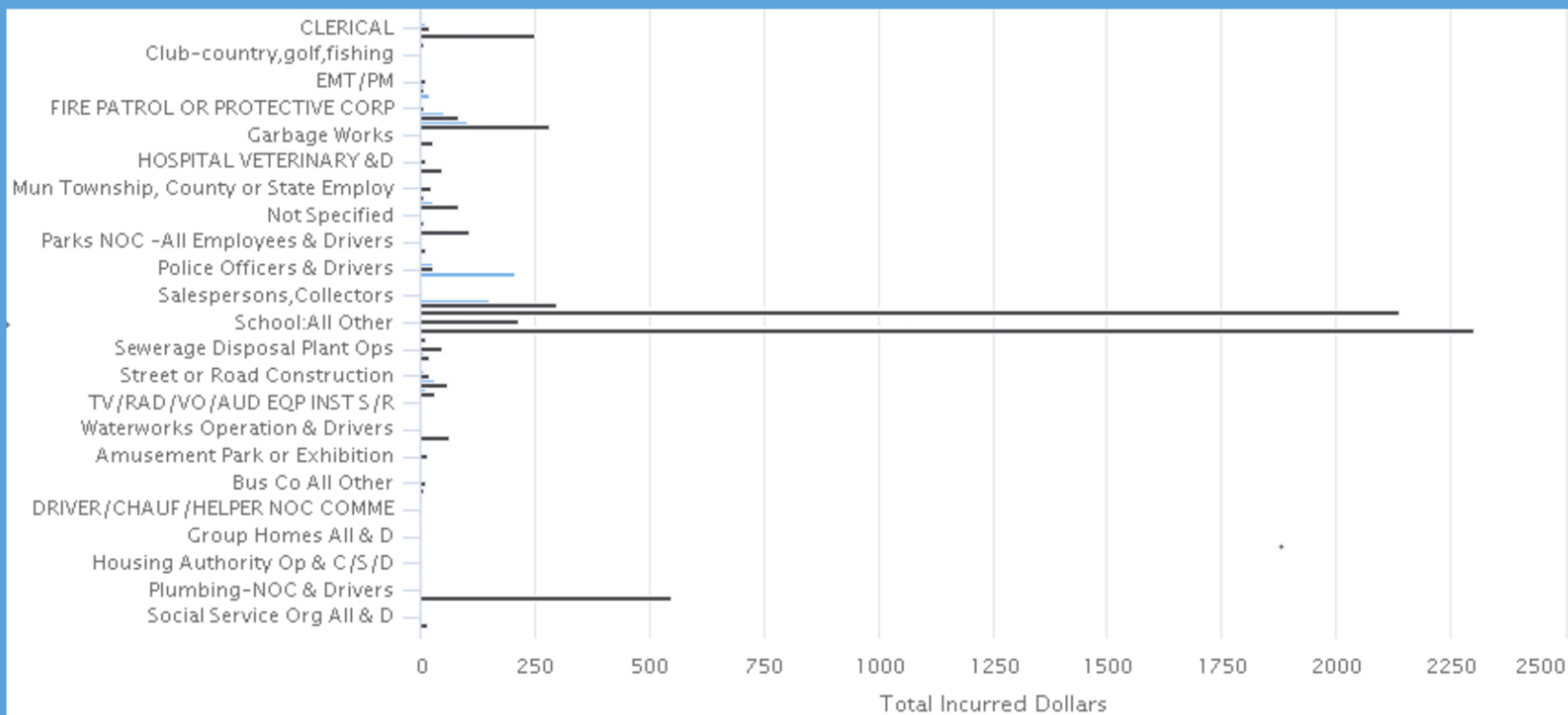


Claim Counts by Loss Cause

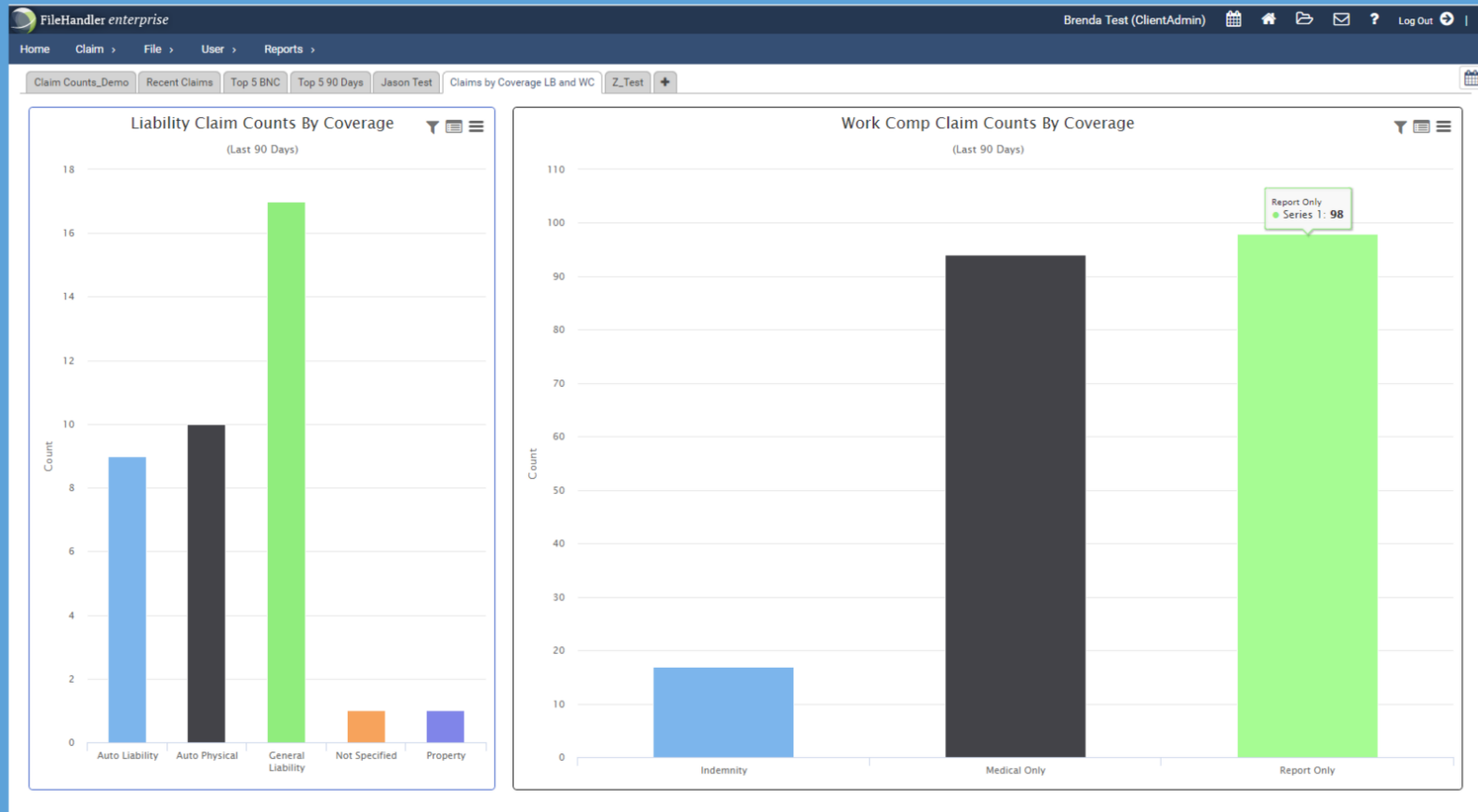
All Lines



# Dashboards - Total Incurred by Occupation



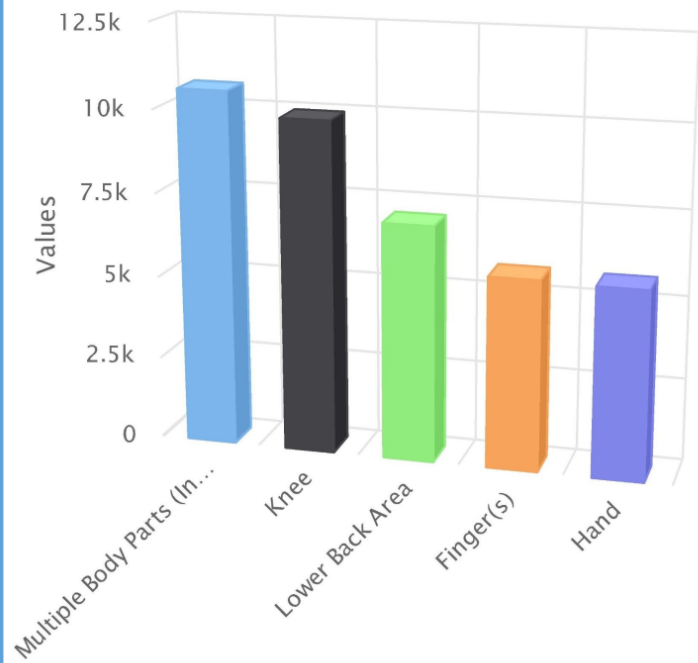
# Dashboards - Claim Count by Type





# Dashboards - Top 5

## Top 5 Body Parts

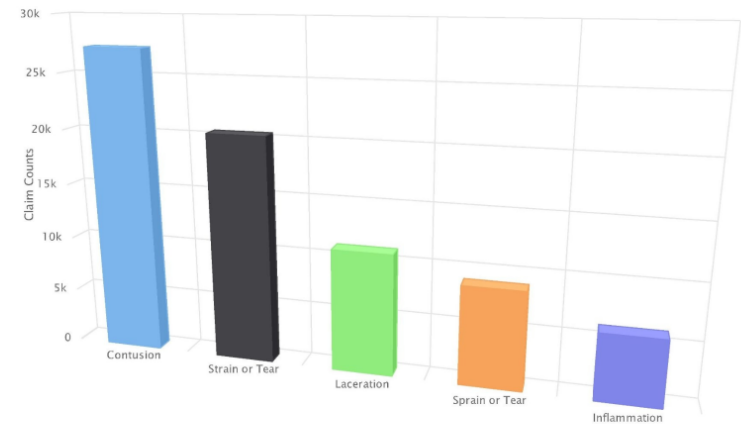


## Top 5 Occupations

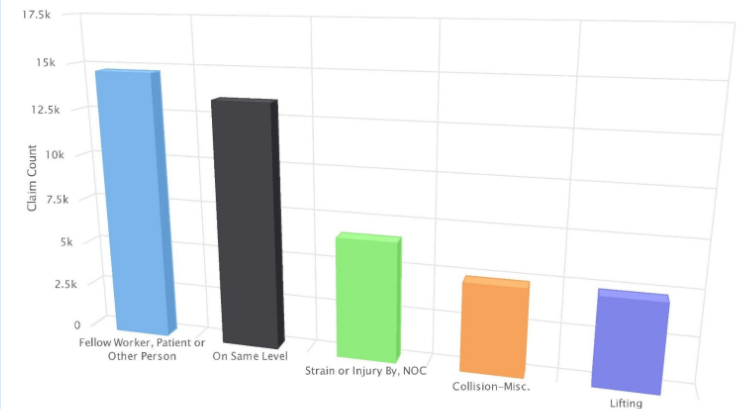


- School:Professional Employees
- School-all other employees
- Police or Detective Drivers
- Hospital:Professional
- School Bus Drivers

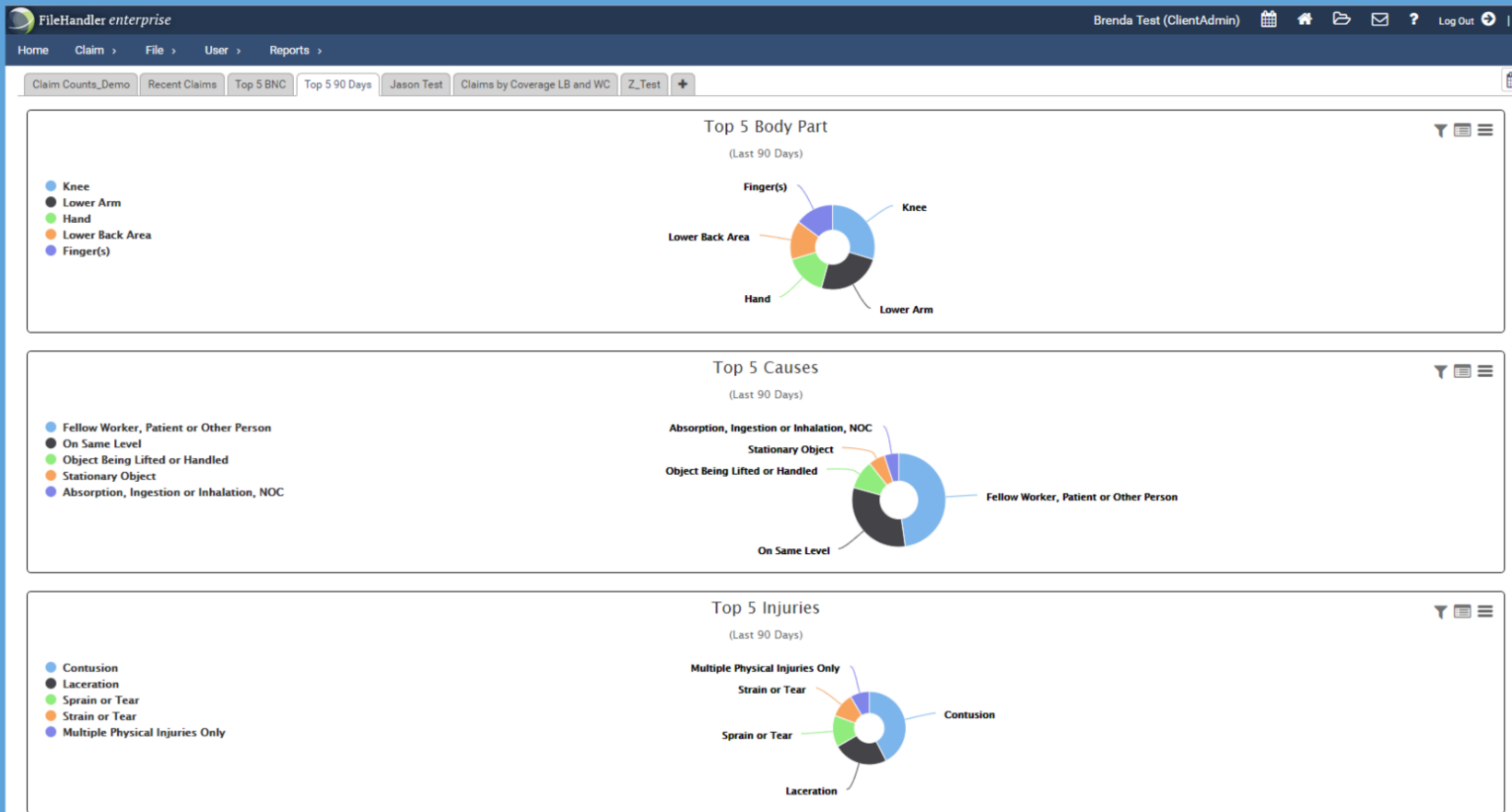
## Top 5 Injury



## Top 5 Loss Causes



# Dashboards - Top 5 Losses (90 Days)

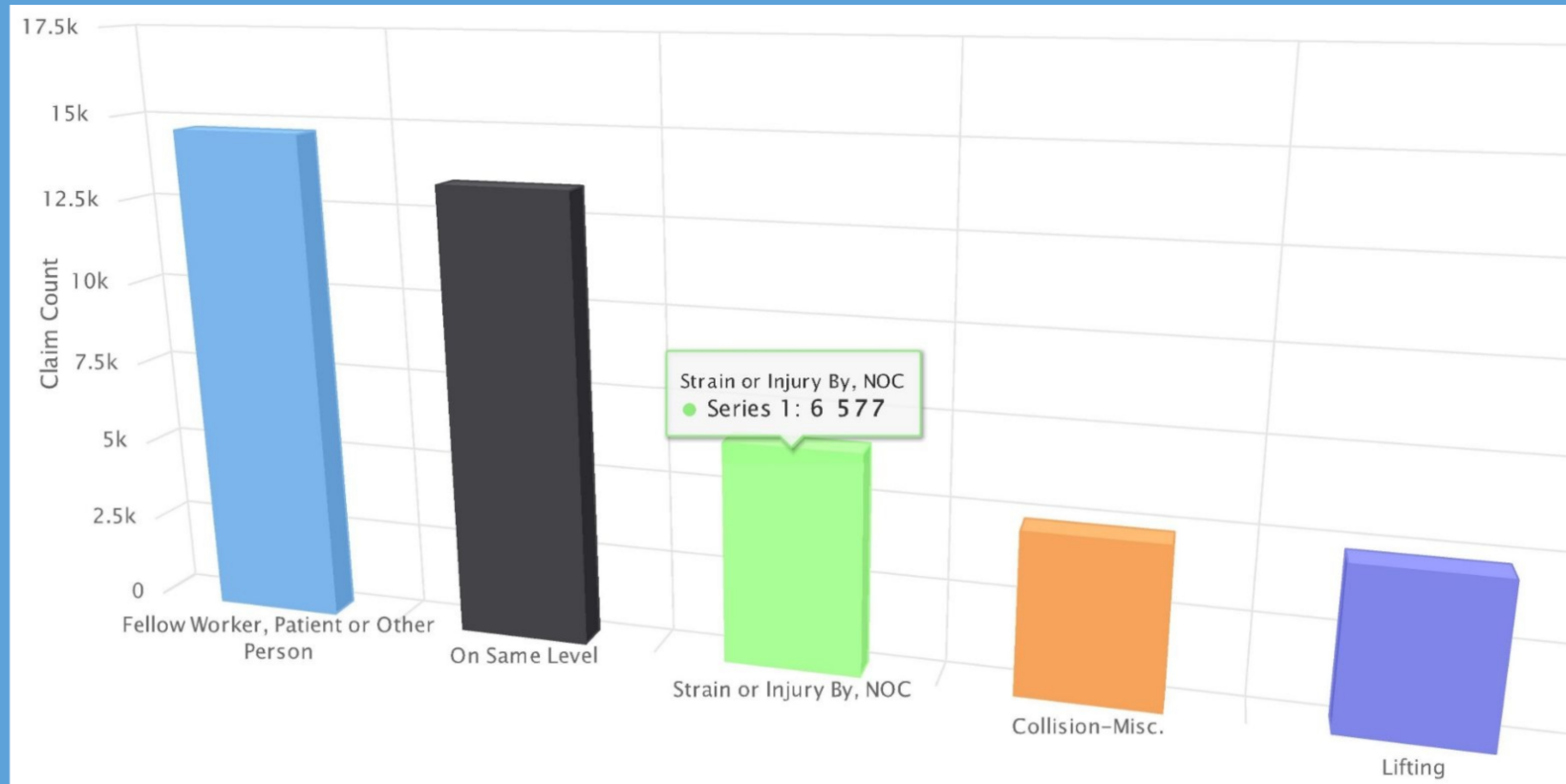


# Dashboards - Top 5 Losses (Detail)





# Dashboards - Top 5 Losses (Hover)





## PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY

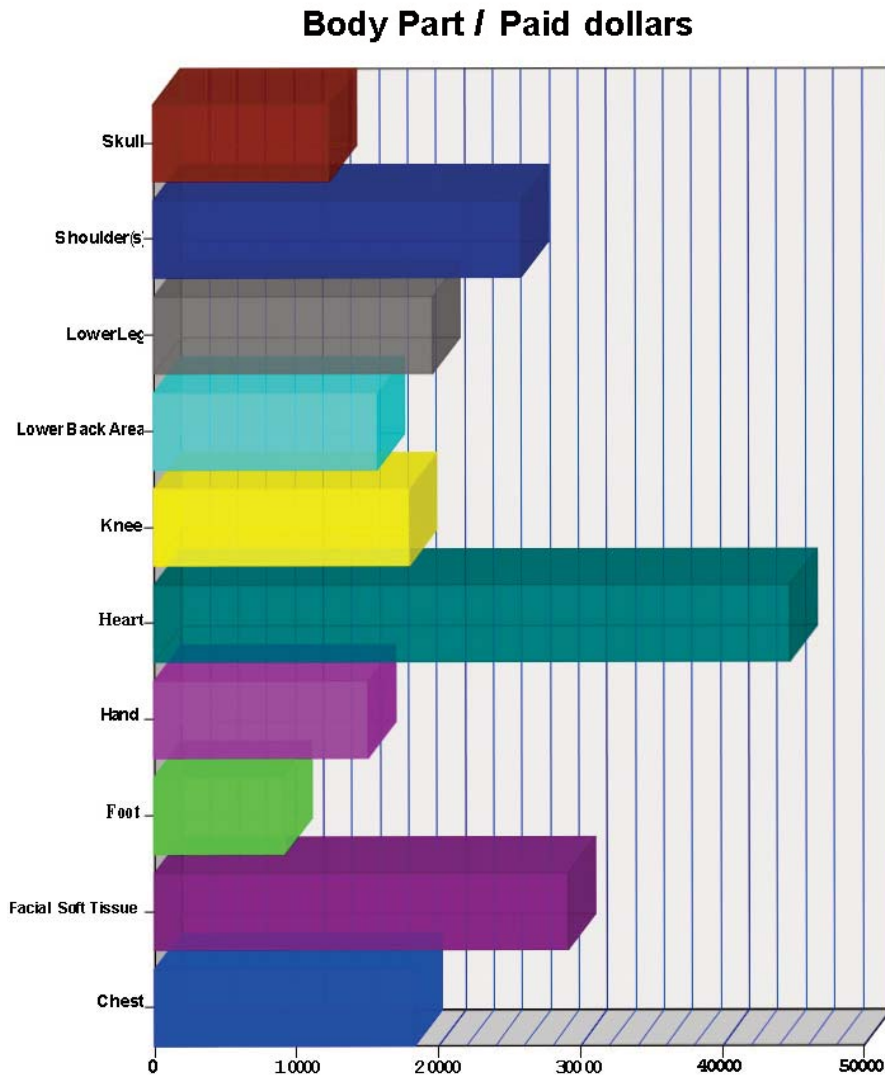
---

# AD HOC SAMPLE REPORTS

# AD HOC SAMPLE REPORTS

## (Workers' Compensation)

### Top 10 Paid To Date Totals By Body Part (2016-17 Policy Year)

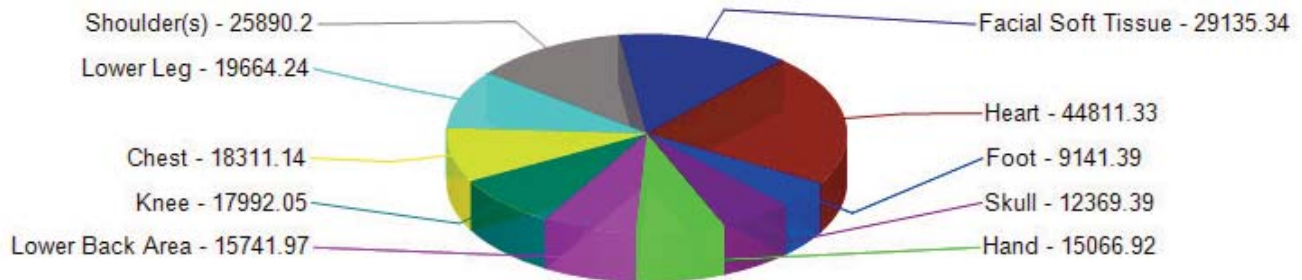


BODY_PART	WC - Total PTD
Heart Total	\$44,811.33
Facial Soft Tissue Total	\$29,135.34
Shoulder(s) Total	\$25,890.20
Lower Leg Total	\$19,664.24
Chest Total	\$18,311.14
Knee Total	\$17,992.05
Lower Back Area Total	\$15,741.97
Hand Total	\$15,066.92
Skull Total	\$12,369.39
Foot Total	\$9,141.39



## Top 10 Paid To Date Totals By Body Part (2016-17 Policy Year)

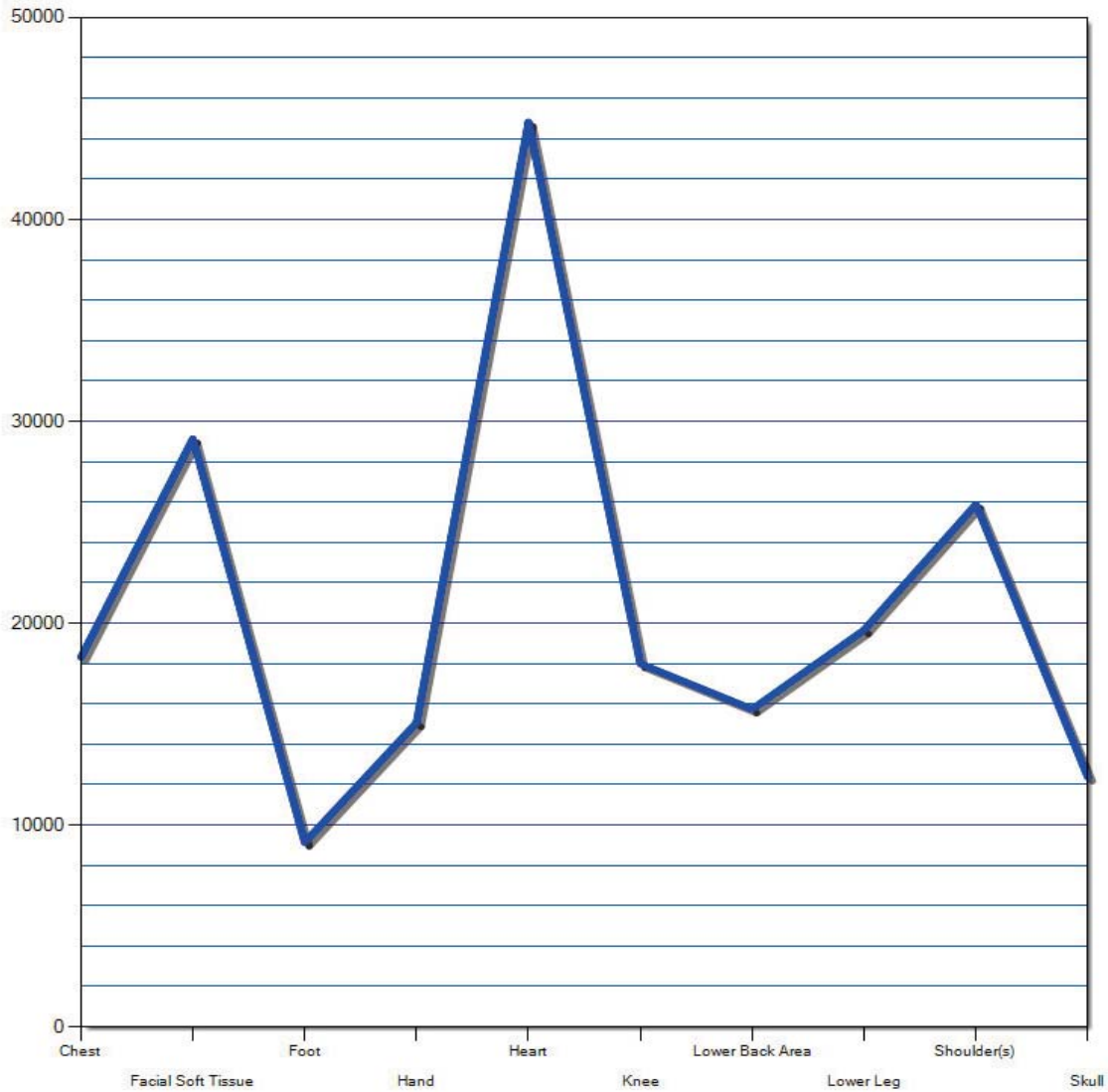
**Body Part / Paid dollars**



Foot (4.39 %)	Lower Back Area (7.56 %)	Lower Leg (9.45 %)	Facial Soft Tissue (14.00 %)
Skull (5.94 %)	Knee (8.64 %)	Shoulder(s) (12.44 %)	Heart (21.53 %)
Hand (7.24 %)	Chest (8.80 %)		

## Top 10 Paid To Date Totals By Body Part (2016-17 Policy Year)

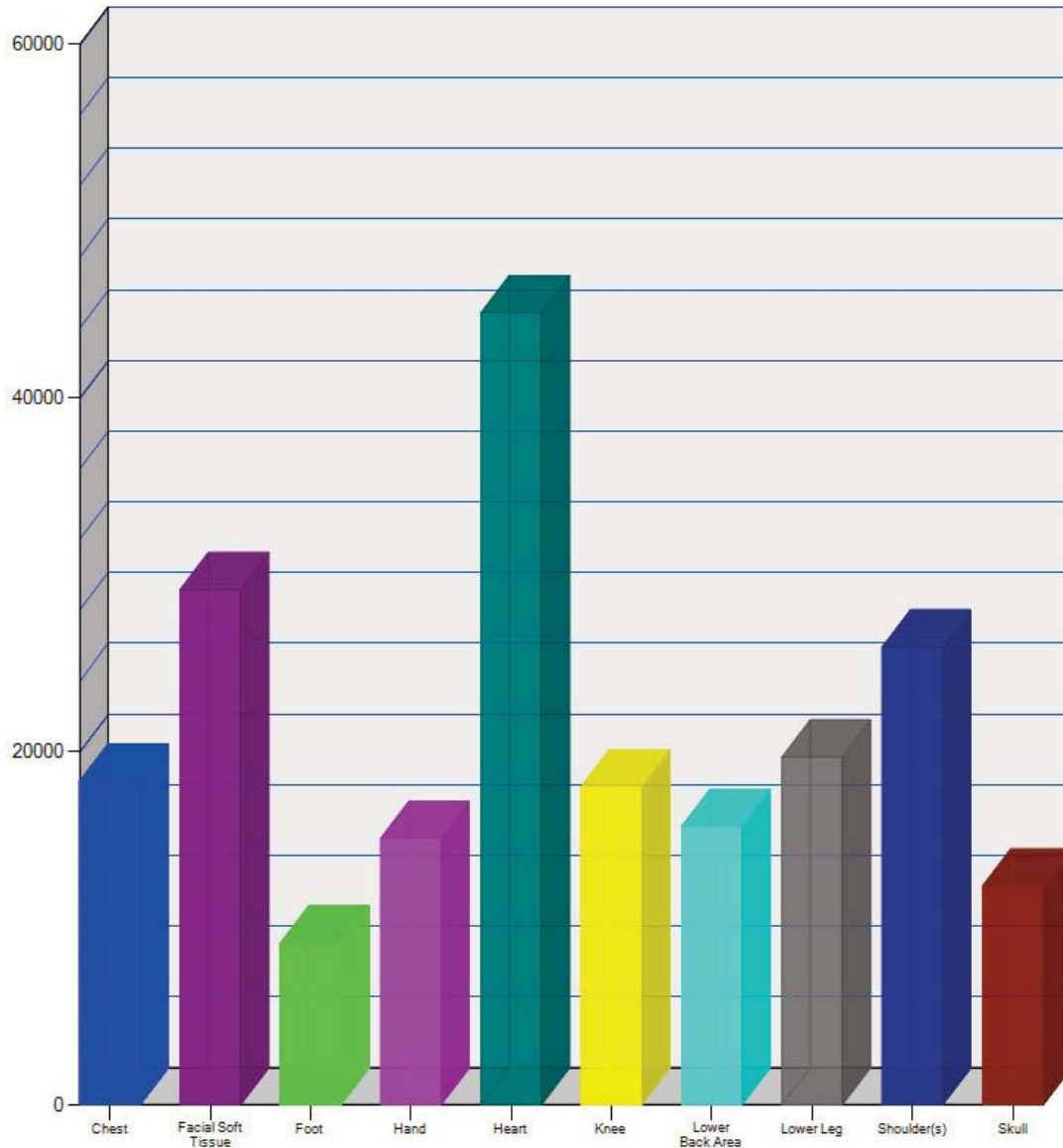
**Body Part / Paid dollars**



BODY_PART	WC - Total PTD
Heart Total	\$44,811.33
Facial Soft Tissue Total	\$29,135.34
Shoulder(s) Total	\$25,890.20
Lower Leg Total	\$19,664.24
Chest Total	\$18,311.14
Knee Total	\$17,992.05
Lower Back Area Total	\$15,741.97
Hand Total	\$15,066.92
Skull Total	\$12,369.39
Foot Total	\$9,141.39

## Top 10 Paid To Date Totals By Body Part (2016-17 Policy Year)

**Body Part / Paid dollars**

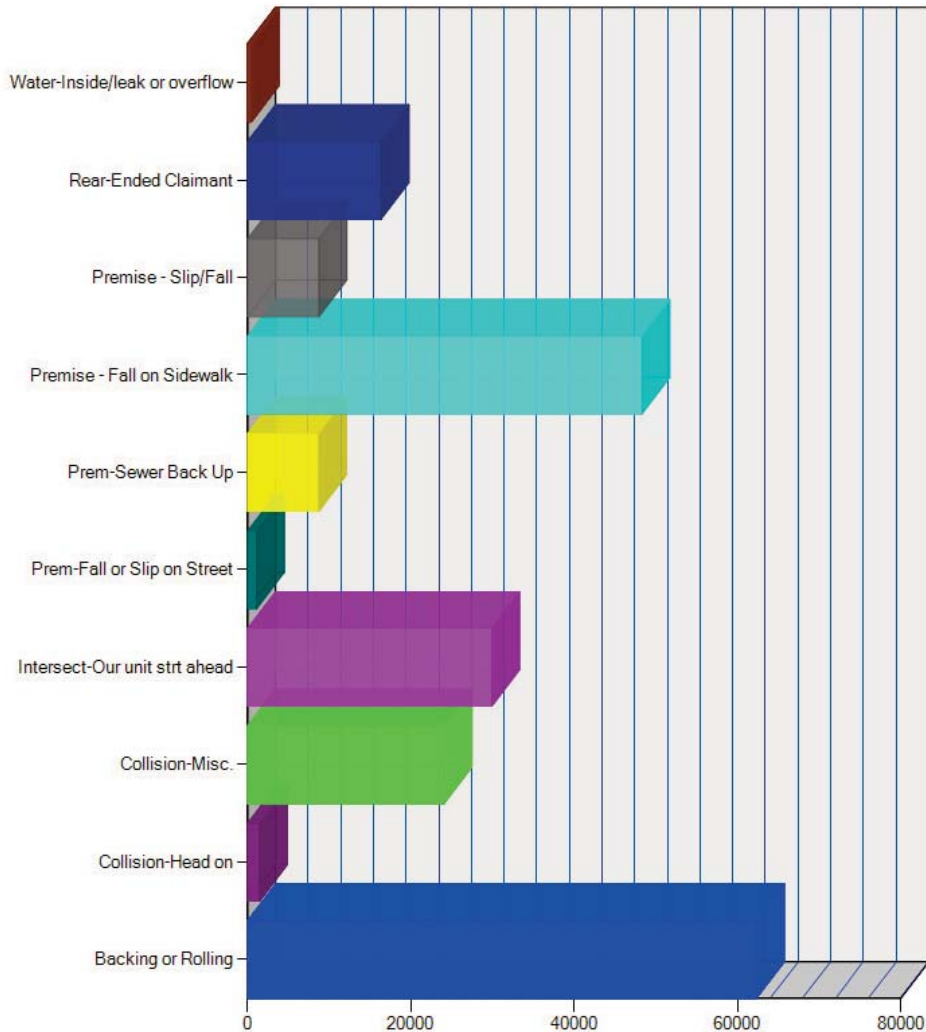


BODY_PART	WC - Total PTD
Heart Total	\$44,811.33
Facial Soft Tissue Total	\$29,135.34
Shoulder(s) Total	\$25,890.20
Lower Leg Total	\$19,664.24
Chest Total	\$18,311.14
Knee Total	\$17,992.05
Lower Back Area Total	\$15,741.97
Hand Total	\$15,066.92
Skull Total	\$12,369.39
Foot Total	\$9,141.39



# AD HOC SAMPLE REPORTS (Liability)

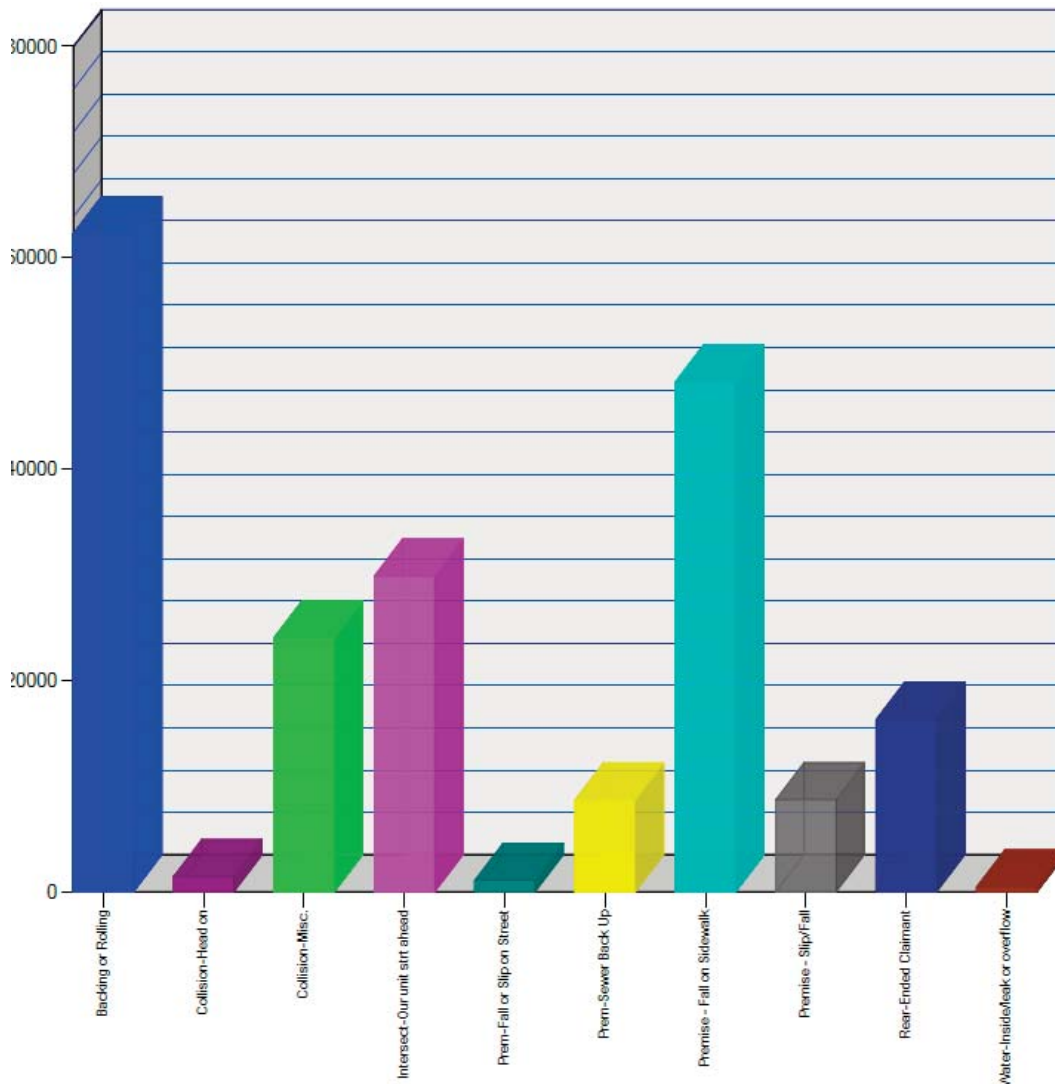
## Top 10 Paid To Date Totals By Cause (2016-17 Policy Year)



Loss_Cause	LB - Total PTD
Backing or Rolling Total	\$62,294.27
Premise - Fall on Sidewalk Total	\$48,270.69
Intersect-Our unit strt ahead Total	\$29,876.28
Collision-Misc. Total	\$24,036.71
Rear-Ended Claimant Total	\$16,316.58
Premise - Slip/Fall Total	\$8,719.90
Prem-Sewer Back Up Total	\$8,685.51
Collision-Head on Total	\$1,441.55
Prem-Fall or Slip on Street Total	\$1,066.90
Water-Inside/leak or overflow Total	\$450.03

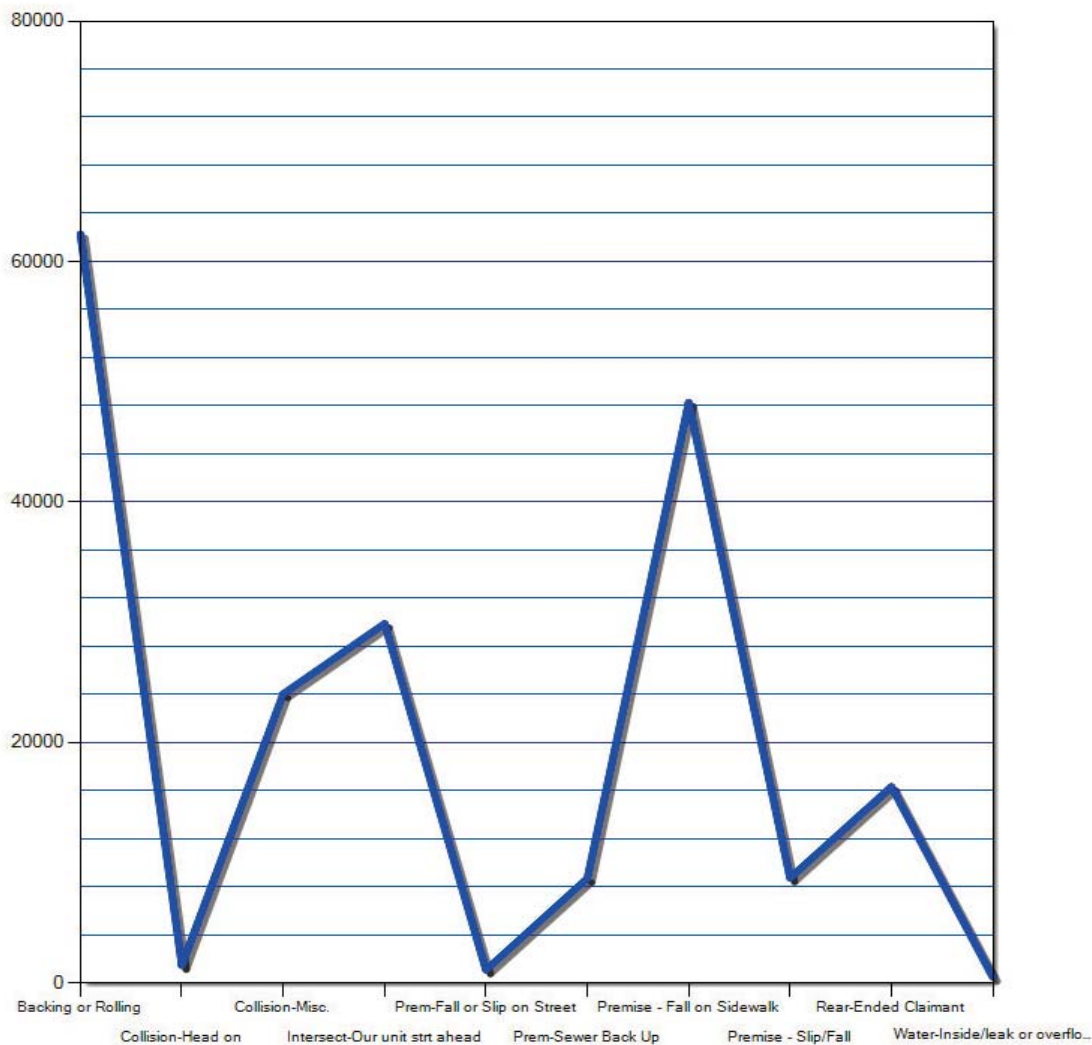
## Top 10 Paid To Date Totals By Cause (Liability)

(2016-17 Policy Year)



Loss_Cause	LB - Total PTD
Backing or Rolling Total	\$62,294.27
Premise - Fall on Sidewalk Total	\$48,270.69
Intersect-Our unit strt ahead Total	\$29,876.28
Collision-Misc. Total	\$24,036.71
Rear-Ended Claimant Total	\$16,316.58
Premise - Slip/Fall Total	\$8,719.90
Prem-Sewer Back Up Total	\$8,685.51
Collision-Head on Total	\$1,441.55
Prem-Fall or Slip on Street Total	\$1,066.90
Water-Inside/leak or overflow Total	\$450.03

## Top 10 Paid To Date Totals By Cause (Liability) (2016-17 Policy Year)



Loss_Cause	LB - Total PTD
Backing or Rolling Total	\$62,294.27
Premise - Fall on Sidewalk Total	\$48,270.69
Intersect-Our unit strt ahead Total	\$29,876.28
Collision-Misc. Total	\$24,036.71
Rear-Ended Claimant Total	\$16,316.58
Premise - Slip/Fall Total	\$8,719.90
Prem-Sewer Back Up Total	\$8,685.51
Collision-Head on Total	\$1,441.55
Prem-Fall or Slip on Street Total	\$1,066.90
Water-Inside/leak or overflow Total	\$450.03





## PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY

---

# SAMPLE OF STANDARD I.S. REPORTS

## List of Data Captured

### **Workers' Compensation**

#### **Employer**

Assured Entity; Group; Company; Division; Department  
Entity Names, Addresses & Phone Numbers

#### **Policy**

Policy Number, Dates, Financial Limits, Retention Levels

#### **Injured Employee**

Name, Social Security Number  
Address, Phone, Date of Birth, Marriage Status  
Job Description

#### **Claim / Accident Facts**

Accident Description in Words  
Accident Description by Codes (Cause, Nature, Body Part)  
Key Dates: Loss, Case Open, Closed, Reopen, Death  
NCCI Injury/Severity

#### **Loss Time**

Dates missed from work

#### **Compensation Info**

Salary Information, Pay frequency, amount  
Dates: Hire, Last Worked, Return to Work, Termination

#### **Adjusting Activities**

##### **Reminders**

Date, Reminder text,

##### **Notes**

Note text, Author, Date

##### **Settlement**

Dates

##### **Controvert**

Dates

#### **Financial Information**

##### **Reserves**

Indemnity, Medical, Expense  
History of Reserve Changes

##### **Payments**

Indemnity, Medical, Expense  
1099 Information

##### **Vendors**

Fed Id, Address & Phone

##### **Recoveries: Potential & Actual**

Special Disability Trust Fund, Subrogation, Excess of Retention

#### **Legal Information**

Attorney Names, Address & Phone  
Court Dates

#### **Physician**

Doctor(s) related to case, Address, Phone  
Certified Doctors  
PPO Providers

#### **Correspondence**

History of Letters Printed

# WORKERS' COMPENSATION

---

## *Standard Workcomp Reports*

<u>Report ID</u>	<u>Report Name</u>	<u>Report Description</u>	<u>Report Exhibit</u>
wc-c001-0	Alpha Claims List	Alphabetical Claims Listing	1
wc-c016-0	Loss Listing	Loss Report (Old Job 16)	
wc-c025-0	Detail Loss Run	Detailed Loss Report	2
wc-c025-3	Detail Loss Run - Total Pages Only	Detailed Loss Report (Total Pages Only)	3
wc-c017L-0	Unit Statistical Report (BSI-17)	Unit Statistical Report (BSI-17) (for state filing)	
wc-c030-0	Summary Report	Summary Report by Policy	
wc-c035-0	Full SIR	Full SIR Specific Excess Received or Anticipated	7
wc-c035-0	Half SIR	Half SIR Specific Excess Received or Anticipated	8
wc-k001-0	Payment Check Register	Check Register	4
wc-k002-0	Location Register	Check Register by Location.	5
wc-k003-0	Claim Year Register	Check Register by Claim Year.	6
wc-k005-0	Disbursement Report	Disbursement Report	
wc-r001-0	Potential Recovery	Potential Recoveries Report	9
wc-r007-0	Actual Recovery	Detailed Listing by Claim Year, all recoveries received.	10



# ALPHA LISTING

---

An alphabetical listing of all claims by claimant name. A manual reference to determine if a claim file has been created. This enables us to identify prior claims by the same individual.

Report Criteria: Filter: Tier 2 Name = 'Test Company (W)' and Party As Of Status <> 'Closed' and Line of business = 'Workers Compensation' and Client = 'Test Company' and As Of: 04/30/2016

## Group 1: Tier 1 Name is Test Company

Claimant	Claim	Claim Type	Division/Dept	Status	Loss Date	Open Date	Cause	Description of Loss
abctzk, Kenneth	720837	Indemnity	PUBLIC SAFETY/FIRE RESCUE	Open	02/13/2015	12/15/2015	Strain or Injury By, NOC	Since the start of tour at Station 24, EE started noticing certain physical changes in health.
adms, Albert	687972	Indemnity	PUBLIC SAFETY/ANIMAL CONTROL	Reopened	05/13/2015	05/19/2015	Striking Against or Stepping	Banged right middle finger against door.
aebdrn, Chad	306268	Indemnity	PUBLIC SAFETY/FIRE RESCUE	Open	04/06/2005	04/07/2005	Cumulative, NOC	Working on fire scene, EE's heart started racing and felt short of breath.
ankd, Robert	289899	Indemnity	PUBLIC SAFETY/FIRE RESCUE	Reopened	06/06/2003	04/14/2004	Other Than Physical Cause	While on duty EE felt chest pain and symptoms of what EE thought might be TIA or CVA
arlehcny, Pamela	720747	Medical Only	Constitutional Officers/TAX COLLECTOR	Open	12/10/2015	12/14/2015	Hand Tool, Utensil; Not Pov	Was using paper cutter, after finishing, was cleaning up scraps and bumped left knuckle
asrtk, Todd	727145	Medical Only	INFORMATION SERVICES/INFORMATION SEI	Open	03/23/2016	03/24/2016	Lifting	Went to help a team member up who fell out of chair and heard lower back pop.
bdnruamge, Eric	538590	Indemnity	PUBLIC SAFETY/FIRE RESCUE	Open	02/29/2012	05/08/2012	Other Than Physical Cause	New blockage of a cardiac blood vessel found during a stress test, WCP placed EE off duty .
bi, William	476749	Indemnity	PUBLIC SAFETY/FIRE RESCUE	Reopened	04/06/2010	04/07/2010	Other Than Physical Cause	Hypertension
btruon, David	721428	Indemnity	PUBLIC SAFETY/FIRE RESCUE	Open	12/23/2015	12/28/2015	Strain or Injury By, NOC	Twisted left shoulder while performing SCBA training at the SCTC in full turnout gear.
cekalry, Mark	724211	Medical Only	PUBLIC WORKS/FACILITIES MAINTENANCE	Open	02/10/2016	02/11/2016	From Ladder or Scaffolding	While climbing ladder missed the rung and lost balance. Fell and landed on right side of body.
ckeby, Bernard	289357	Indemnity	PUBLIC WORKS/FACILITIES MAINTENANCE	Open	03/27/2002	04/04/2004	Falling or Flying Object	While pressure washing at animal control, someone walked in front of him, moved to avoid
clpoak, Mark	411755	Indemnity	PUBLIC SAFETY/FIRE RESCUE	Open	02/26/2008	03/27/2008	Other Than Physical Cause	Post Traumatic Stress Disorder/ Hypertension.
cmoradi, David	291542	Indemnity	Sheriff Department/PATROL	Reopened	06/11/1988	05/19/2004	Fellow Worker, Patient or C	EE was struck in the face by a suspect resisting arrest
cop, Allen	409407	Indemnity	PUBLIC SAFETY/FIRE RESCUE	Open	02/25/2008	03/07/2008	Other Than Physical Cause	While installing fence EE experienced jaw and chest pain.
csnhek, Steven	570769	Indemnity	PUBLIC SAFETY/FIRE RESCUE	Reopened	06/23/2013	06/24/2013	Strain or Injury By, NOC	EE was engaged in horseplay with coworker and fractured left ankle.
dame, David	704173	Medical Only	PUBLIC SAFETY/FIRE RESCUE	Open	11/24/2015	12/01/2015	Lifting	While unloading equipment from back of truck, felt some pain in right upper arm and shoulder
dgorn, Diane	703509	Medical Only	PUBLIC SAFETY/FIRE RESCUE	Open	11/17/2015	11/17/2015	Collision or Sideswipe With	County vehicle was rear ended by another vehicle while at intersection waiting to make a
dholer, Daniel	444449	Indemnity	PUBLIC SAFETY/FIRE RESCUE	Reopened	04/15/2009	05/19/2009	Cumulative, NOC	Hearing loss over course of career as a firefighter.
dnlrae, Terry	419567	Indemnity	PUBLIC SAFETY/FIRE RESCUE	Open	06/29/2008	07/11/2008	Other Than Physical Cause	EE states: walking laps around fire station, and began to have minor chest pain. The claimant
ebnt, Edward	289356	Indemnity	PUBLIC SAFETY/FIRE RESCUE	Open	01/11/1990	04/04/2004	Other Than Physical Cause	Developed hypertension over course of career as a firefighter. Claimant is a 55 year old male.
efcrmay, Tracy	729597	Medical Only	PUBLIC SAFETY/FIRE RESCUE	Open	04/28/2016	04/29/2016	Absorption, Ingestion or Inf	While responding to traffic accident, patient was laying on ground with a significant laceration to
ehnas, John	577351	Indemnity	PUBLIC SAFETY/FIRE RESCUE	Open	10/20/2013	10/21/2013	Other Than Physical Cause	EE was found to have high blood pressure prior to taking a department physical fitness test.
eilmag, James	608648	Indemnity	PUBLIC WORKS/FACILITIES MAINTENANCE	Reopened	08/11/2014	08/13/2014	Lifting	Loaded and unloaded air conditioning equipment on and off stake body truck.
eitlga, Peter	515177	Indemnity	PUBLIC SAFETY/FIRE RESCUE	Open	04/15/2011	04/18/2011	Lifting	While removing ladder from wall, felt sharp pain in left shoulder.
ekchnt, Julia	392371	Indemnity	PUBLIC SAFETY/FIRE RESCUE	Open	09/07/2007	09/11/2007	Strain or Injury By, NOC	Following training drill, EE felt pain in RT arm and shoulder.

Report Criteria: Filter: Tier 2 Name = 'Test Company (W)' and Party As Of Status <> 'Closed' and Line of business = 'Workers Compensation' and Client = 'Test Company' and As Of: 04/30/2016

---

**Group 1 Test Company Totals**

Open Cases:	127	Closed Cases:	0	Total Cases:	127
Open Indemnity Cases:	92	Closed Indemnity Cases:	0	Total Indemnity Cases:	92
Open Medical Cases:	35	Closed Medical Cases:	0	Total Medical Cases:	35
Open Report Only Cases:	0	Closed Report Only Cases:	0	Total Report Only Cases:	0
Open Unassigned Cases:	0	Closed Unassigned Cases:	0	Total Unassigned Cases:	0

---

**Grand Totals**

Open Cases:	127	Closed Cases:	0	Total Cases:	127
Open Indemnity Cases:	92	Closed Indemnity Cases:	0	Total Indemnity Cases:	92
Open Medical Cases:	35	Closed Medical Cases:	0	Total Medical Cases:	35
Open Report Only Cases:	0	Closed Report Only Cases:	0	Total Report Only Cases:	0
Open Unassigned Cases:	0	Closed Unassigned Cases:	0	Total Unassigned Cases:	0



# DETAIL LOSS RUN

---

The Detail Loss Run reports on all losses and their associated claim detail. This report provides claim counts and financial totals by policy year, and by location.

## Loss Run by Claim Detail

Valuation :04/30/2016

Begin Period Date: 4/1/2016 Financials As Of 4/30/2016

Run Date: 05/10/2016 04:28 PM

Report Criteria: Filter: Tier 2 Name = 'Test Company (W)' and Loss Year >= '2010' and Line of business = 'Workers Compensation' and Client = 'Test Company' and Policy Set = Y

Group 1: Claim Year / Policy Age: Claim year 2010 01/01/10 - 12/31/2010 Policy Age: 75 Months

## Group 2: Party Current Coverage Type: Indemnity

Claimant Claim Number	Div/Dept Adjuster	Loss Date Opened Date	Closed Date Reopen Date	Party Status Coverage	Nature of Injury Body Part	Received Date (Class Code if claim is WC) Loss Cause	Description of Loss			
arcy, Andres L. 468519	PUBLIC SAFETY/ANIMAL CONTROL Sharon ufise	01/06/2010 01/08/2010	2/26/2010	Closed Indemnity	Strain or Tear	7704	After completing a set of squats with 15 lb. ball, felt tightness in low back.			
					Lower Back Area	Strain or Injury By, NOC				
					Reserve Type:	Paid in period		Paid to date	Reserve Balance	Incurred
					Expense	\$0.00		\$17.85	\$0.00	\$17.85
					Indemn	\$0.00		\$514.66	\$0.00	\$514.66
					Medical	\$0.00		\$252.30	\$0.00	\$252.30
Claim Total:	\$0.00	\$784.81	\$0.00	\$784.81						
niurpg, Edward 469924	PUBLIC SAFETY/FIRE RESCUE Sharon ufise	01/22/2010 01/25/2010	2/24/2010	Closed Indemnity	Myocardial Infarction	7704	Rapid heart rate after physical exertion.			
					Heart	Other Than Physical Cause of Injury				
					Reserve Type:	Paid in period		Paid to date	Reserve Balance	Incurred
					Expense	\$0.00		\$89.27	\$0.00	\$89.27
					Indemn	\$0.00		\$0.00	\$0.00	\$0.00
					Medical	\$0.00		\$1,326.60	\$0.00	\$1,326.60
Claim Total:	\$0.00	\$1,415.87	\$0.00	\$1,415.87						
haburg, Gloria M. 470007	PUBLIC SAFETY/COUNTY PROBATION Sharon ufise	01/25/2010 01/25/2010	5/25/2010	Closed Indemnity	Fracture	7720	Dropped coffee cup and went to pick up, when she went to go back on ramp slipped on wet ground.			
					Upper Arm	Fall, Slip or Trip, NOC				
					Reserve Type:	Paid in period		Paid to date	Reserve Balance	Incurred
					Expense	\$0.00		\$454.39	\$0.00	\$454.39
					Indemn	\$0.00		\$1,610.01	\$0.00	\$1,610.01
					Medical	\$0.00		\$27,728.34	\$0.00	\$27,728.34
Claim Total:	\$0.00	\$29,792.74	\$0.00	\$29,792.74						
erily, James M. 470070	PUBLIC SAFETY/FIRE RESCUE Sharon ufise	01/25/2010 01/26/2010	2/24/2010	Closed Indemnity	Myocardial Infarction	7704	EE participated in IPAT and had elevated heart rate post test.			
					Heart	Other Than Physical Cause of Injury				
					Reserve Type:	Paid in period		Paid to date	Reserve Balance	Incurred
					Expense	\$0.00		\$5.95	\$0.00	\$5.95
					Medical	\$0.00		\$64.00	\$0.00	\$64.00
					Claim Total:	\$0.00		\$69.95	\$0.00	\$69.95
olafnd, Susan L. 470130	PUBLIC SAFETY/FIRE RESCUE Sharon ufise	01/26/2010 01/26/2010	2/24/2010	Closed Indemnity	Myocardial Infarction	7704	Post heart rate did not meet standards.			
					Heart	Other Than Physical Cause of Injury				
					Reserve Type:	Paid in period		Paid to date	Reserve Balance	Incurred
					Expense	\$0.00		\$5.95	\$0.00	\$5.95
					Medical	\$0.00		\$64.00	\$0.00	\$64.00
					Claim Total:	\$0.00		\$69.95	\$0.00	\$69.95

Left Margin "IN PERIOD ACTIVITY" INDICATORS: "\$" Payments. "&" Reserves. "+" Opened. ""Closed. ""^" Reopened.

## Loss Run by Claim Detail

Valuation :04/30/2016

Begin Period Date: 4/1/2016 Financials As Of 4/30/2016

Run Date: 05/10/2016 04:28 PM

Report Criteria: Filter: Tier 2 Name = 'Test Company (W)' and Loss Year >= '2010' and Line of business = 'Workers Compensation' and Client = 'Test Company' and Policy Set = Y

Group 1: Claim Year / Policy Age: Claim year 2016 01/01/16 - 12/31/2016 Policy Age: 3 Months

## Group 2: Party Current Coverage Type: Medical Only

Claimant	Div/Dept	Loss Date	Closed Date	Party Status	Nature of Injury	Received Date (Class Code if claim is WC)	Description of Loss		
Claim Number	Adjuster	Opened Date	Reopen Date	Coverage	Body Part	Loss Cause			
efcrmay, Tracy	PUBLIC SAFETY/FIRE RESCUE	04/28/2016		Open	No Physical Injury		While responding to traffic accident, patient was		
729597	Lissa inobet	04/29/2016		Medical Only	Lower Arm	Absorption, Ingestion or Inhalation, NOC	laying on ground with a significant laceration to the		
					<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
					Expense	\$0.00	\$0.00	\$250.00	\$250.00
					Medical	\$0.00	\$0.00	\$750.00	\$750.00
& +					Claim Total:	\$0.00	\$0.00	\$1,000.00	\$1,000.00
ti zodbmle, Jazlyn	PUBLIC SAFETY/FIRE RESCUE	04/28/2016		Open	No Physical Injury		While responding to a vehicle accident, found		
729609	Lissa inobet	04/29/2016		Medical Only	Lower Arm	Absorption, Ingestion or Inhalation, NOC	patient with arterial bleeding from head laying in		
					<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
					Expense	\$0.00	\$0.00	\$250.00	\$250.00
					Medical	\$0.00	\$0.00	\$750.00	\$750.00
& +					Claim Total:	\$0.00	\$0.00	\$1,000.00	\$1,000.00
esmoim, Thomas	PUBLIC SAFETY/FIRE RESCUE	04/28/2016		Open	No Physical Injury		Exposure to blood on intact skin from HIV positive		
729612	Lissa inobet	04/29/2016		Medical Only	Unclassified - Insufficient Info to	Absorption, Ingestion or Inhalation, NOC	patient.		
					<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
					Expense	\$0.00	\$0.00	\$250.00	\$250.00
					Medical	\$0.00	\$0.00	\$750.00	\$750.00
& +					Claim Total:	\$0.00	\$0.00	\$1,000.00	\$1,000.00

## Group 2: Medical Only Totals

<u>Reserve Type:</u>	<u>Closed PTD</u>	<u>Open PTD</u>	<u>All Paid to Date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
Expense:	\$119.60	\$157.77	\$277.37	\$4,892.23	\$5,169.60
Medical:	\$5,479.18	\$5,850.43	\$11,329.61	\$14,087.34	\$25,416.95
Total:	\$5,598.78	\$6,008.20	\$11,606.98	\$18,979.57	\$30,586.55

Claim Count: Open: 17 in period: 9 Closed: 10 in period: 5 Total Claims: 27



Loss Run by Claim Detail

Valuation :04/30/2016

Begin Period Date: 4/1/2016 Financials As Of 4/30/2016

Run Date: 05/10/2016 04:28 PM

Report Criteria: Filter: Tier 2 Name = 'Test Company (W)' and Loss Year >= '2010' and Line of business = 'Workers Compensation' and Client = 'Test Company' and Policy Set = Y

Group 1: Claim year 2016 01/01/16 - 12/31/2016 Policy Age: 3 Months Totals

<u>Reserve Type:</u>	<u>Closed PTD</u>	<u>Open PTD</u>	<u>All Paid to Date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
Expense:	\$119.60	\$844.83	\$964.43	\$6,314.30	\$7,278.73
Indemn:	\$0.00	\$0.00	\$0.00	\$1,000.00	\$1,000.00
Medical:	\$5,479.18	\$8,950.49	\$14,429.67	\$17,465.98	\$31,895.65
Total:	\$5,598.78	\$9,795.32	\$15,394.10	\$24,780.28	\$40,174.38

Claim Count: Open: 20 in period: 10 Closed: 10 in period: 5 Total Claims: 30

Loss Run by Claim Detail

Valuation :04/30/2016

Begin Period Date: 4/1/2016 Financials As Of 4/30/2016

Run Date: 05/10/2016 04:28 PM

Report Criteria: Filter: Tier 2 Name = 'Test Company (W)' and Loss Year >= '2010' and Line of business = 'Workers Compensation' and Client = 'Test Company' and Policy Set = Y

Grand Totals				<u>Reserve Type:</u>	<u>Closed PTD</u>	<u>Open PTD</u>	<u>All Paid to Date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
				Expense:	\$416,438.22	\$300,605.47	\$717,043.69	\$89,847.18	\$806,890.87
				Indemn:	\$357,445.91	\$395,734.55	\$753,180.46	\$87,805.73	\$840,986.19
				Medical:	\$1,395,499.19	\$1,206,040.05	\$2,601,539.24	\$373,680.02	\$2,975,219.26
				Total:	\$2,169,383.32	\$1,902,380.07	\$4,071,763.39	\$551,332.93	\$4,623,096.32
RECOVERIES:									
SUB: \$28,806.33				Recoveries:			\$28,806.33		\$28,806.33
				Net w/Recvoeries:			\$4,042,957.06		\$4,594,289.99
Claim Count: Open: 78 in period: 10 Closed: 688 in period: 6 Total Claims: 766									

# DETAIL LOSS RUN - TOTAL PAGES ONLY

---

This is a summary report only. No claim detail is included. It provides claim counts and financial totals by policy year, and by location.

## Loss Run by Claim Detail

Valuation :04/30/2016

Begin Period Date: 4/1/2016 Financials As Of 4/30/2016

Run Date: 05/10/2016 04:33 PM

Report Criteria: Filter: Tier 2 Name = 'Test Company (W)' and Loss Year >= '2010' and Line of business = 'Workers Compensation' and Client = 'Test Company' and Policy Set = Y

Group 1: Claim Year / Policy Age: Claim year 2010 01/01/10 - 12/31/2010 Policy Age: 75 Months

Group 2: Party Current Coverage Type: Indemnity

Group 2: Indemnity Totals

	<u>Reserve Type:</u>	<u>Closed PTD</u>	<u>Open PTD</u>	<u>All Paid to Date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
	Expense:	\$114,811.11	\$33,946.49	\$148,757.60	\$12,470.30	\$161,227.90
	Indemn:	\$132,427.93	\$19,071.32	\$151,499.25	\$5,552.50	\$157,051.75
	Medical:	\$329,029.24	\$161,028.83	\$490,058.07	\$61,046.48	\$551,104.55
	Total:	\$576,268.28	\$214,046.64	<b>\$790,314.92</b>	<b>\$79,069.28</b>	<b>\$869,384.20</b>
RECOVERIES:				\$20,056.33		\$20,056.33
	Recoveries:			\$20,056.33		\$20,056.33
	Net w/Recoveries:			<b>\$770,258.59</b>		<b>\$849,327.87</b>

SUB: \$20,056.33

Claim Count: Open: 9 in period: 0 Closed: 58 in period: 0 Total Claims: 67



## Loss Run by Claim Detail

Valuation :04/30/2016

Begin Period Date: 4/1/2016 Financials As Of 4/30/2016

Run Date: 05/10/2016 04:33 PM

Report Criteria: Filter: Tier 2 Name = 'Test Company (W)' and Loss Year >= '2010' and Line of business = 'Workers Compensation' and Client = 'Test Company' and Policy Set = Y

Group 1: Claim year 2016 01/01/16 - 12/31/2016 Policy Age: 3 Months Totals

<u>Reserve Type:</u>	<u>Closed PTD</u>	<u>Open PTD</u>	<u>All Paid to Date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
Expense:	\$119.60	\$844.83	\$964.43	\$6,314.30	\$7,278.73
Indemn:	\$0.00	\$0.00	\$0.00	\$1,000.00	\$1,000.00
Medical:	\$5,479.18	\$8,950.49	\$14,429.67	\$17,465.98	\$31,895.65
Total:	\$5,598.78	\$9,795.32	\$15,394.10	\$24,780.28	\$40,174.38

Claim Count: Open: 20 in period: 10 Closed: 10 in period: 5 Total Claims: 30

Loss Run by Claim Detail

Valuation :04/30/2016

Begin Period Date: 4/1/2016 Financials As Of 4/30/2016

Run Date: 05/10/2016 04:33 PM

Report Criteria: Filter: Tier 2 Name = 'Test Company (W)' and Loss Year >= '2010' and Line of business = 'Workers Compensation' and Client = 'Test Company' and Policy Set = Y

Grand Totals				<u>Reserve Type:</u>	<u>Closed PTD</u>	<u>Open PTD</u>	<u>All Paid to Date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
				Expense:	\$416,438.22	\$300,605.47	\$717,043.69	\$89,847.18	\$806,890.87
				Indemn:	\$357,445.91	\$395,734.55	\$753,180.46	\$87,805.73	\$840,986.19
				Medical:	\$1,395,499.19	\$1,206,040.05	\$2,601,539.24	\$373,680.02	\$2,975,219.26
				Total:	\$2,169,383.32	\$1,902,380.07	\$4,071,763.39	\$551,332.93	\$4,623,096.32
RECOVERIES:									
SUB: \$28,806.33				Recoveries:			\$28,806.33		\$28,806.33
				Net w/Recvoeries:			\$4,042,957.06		\$4,594,289.99
Claim Count: Open: 78 in period: 10 Closed: 688 in period: 6 Total Claims: 766									

# PAYMENT CHECK REGISTER

---

This register lists all checks issued during the period, shows the amount, payee and the claim involved.

**Report Criteria:** Filter: Tier 2 Name = 'Test Company (W)' and Client = 'Test Company' and Lob = 'Workers Compensation' and Period As of Date: 04/30/2016  
and Excluding all Johns Eastern Payments

Group 1: Tier 1 Name is Test Company

CHECKS							CLAIMS				
Check #	Type	Date	Amount	Payee	Payment Type	Remarks / Service Dates	SSN	Claimant Name	Loss Dt	Claim	O/C
67527	C	04/07/2016	26.10	pdmaeo lthncr	MD-030-Physician's Fees	SVC: 03/09/16/03/09/16 2	**Privacy**	onmltav, Luis	06/18/2014	606489	R
67526	C	04/07/2016	48.60	pdaero ilnhtcm	MD-030-Physician's Fees	SVC: 03/09/16/03/09/16 2	**Privacy**	onmltav, Luis	06/18/2014	606489	R
67521	C	04/07/2016	150.00	etchoiwajnrpd	MD-030-Physician's Fees	SVC: 04/01/16/04/01/16 2	**Privacy**	taloyr, Dave	08/06/2015	692167	O
67519	C	04/07/2016	57.60	rpld fhmoatiesg	MD-030-Physician's Fees	SVC: 06/25/15/06/25/15 2	**Privacy**	ehpstn, Charles	06/19/2015	690011	C
67528	C	04/07/2016	78.30	crmod laetnhip	MD-030-Physician's Fees		**Privacy**	gavuhn, Dustin	05/12/2015	687533	R
67525	C	04/07/2016	31.45	d aimecrhol	MD-030-Physician's Fees	SVC: 03/18/16/03/18/16 2	**Privacy**	eonws, Thomas	03/10/2016	726328	O
67529	C	04/07/2016	20.70	caloeptsitr,	MD-030-Physician's Fees	SVC: 03/01/16/03/01/16 2	**Privacy**	lean, Joseph	02/11/1991	289345	O
67533	C	04/07/2016	29.70	trcipone uadhys	MD-030-Physician's Fees	SVC: 03/10/16/03/10/16 2	**Privacy**	tseropan, Kareema	01/25/2016	722958	C
67520	C	04/07/2016	150.00	ogtlyp fdnau	MD-030-Physician's Fees	SVC: 03/15/16/03/15/16 2	**Privacy**	ihers, Gary	02/15/2009	436878	R
67522	C	04/07/2016	80.75	a lnycihmdtreps	MD-030-Physician's Fees	SVC: 03/23/16/03/23/16 2	**Privacy**	imsth, Wendy	11/04/2004	299526	O
67518	C	04/07/2016	57.60	loi emafghprtsd	MD-030-Physician's Fees	SVC: 02/19/16/02/19/16 2	**Privacy**	psencr, Carolyn	02/02/2016	723800	C
67517	C	04/07/2016	1,014.23	pelcfdaohminsr	MD-031-Hospital Fees	SVC: 02/11/16/02/11/16 2	**Privacy**	cekalry, Mark	02/10/2016	724211	O
67524	C	04/07/2016	376.20	pc msiuogrn	MD-032-Drugs and Supplies	SVC: 12/08/14/01/07/15 2	**Privacy**	imsth, Wendy	11/04/2004	299526	O
67523	C	04/07/2016	32.53	mnuogscpri	MD-032-Drugs and Supplies	SVC: 04/23/15/04/23/15 2	**Privacy**	imsth, Wendy	11/04/2004	299526	O
67532	C	04/07/2016	84.15	tknor ,wcsipedvl.	MD-041-Physical Therapy	SVC: 03/21/16/03/21/16 2	**Privacy**	btruon, David	12/23/2015	721428	O
67530	C	04/07/2016	84.15	tdnwelcroskip v.,	MD-041-Physical Therapy	SVC: 03/25/16/03/25/16 2	**Privacy**	btruon, David	12/23/2015	721428	O
67531	C	04/07/2016	84.15	osi rceltpnk, wvd.	MD-041-Physical Therapy	SVC: 03/23/16/03/23/16 2	**Privacy**	btruon, David	12/23/2015	721428	O
67536	C	04/07/2016	241.40	l.nsjpe aoh	IN-002-Permanent Total (PTD)bi-weekly PTD		**Privacy**	lean, Joseph	02/11/1991	289345	O
67537	C	04/07/2016	679.50	nsle ojpah.	IN-003-Permanent Total Supplbi-weekly PTS		**Privacy**	lean, Joseph	02/11/1991	289345	O
67535	C	04/07/2016	46.13	lhsyteam	MD-032-Drugs and Supplies	Pharmacy	**Privacy**	starhi, Thomas	05/25/2002	289625	O
67535	C	04/07/2016	45.67	mhtsylea	MD-032-Drugs and Supplies	Pharmacy	**Privacy**	sornbe, Donald	07/31/2001	289803	O
67535	C	04/07/2016	209.36	htemasly	MD-032-Drugs and Supplies	Pharmacy	**Privacy**	preas, Jennifer	02/11/2003	193764	R
67535	C	04/07/2016	69.46	lasethym	MD-032-Drugs and Supplies	Pharmacy	**Privacy**	rwghit, Steven	02/01/2010	470698	R
67535	C	04/07/2016	41.93	hmleasty	MD-032-Drugs and Supplies	Pharmacy	**Privacy**	nkad, Robert	09/26/1989	289938	O
67535	C	04/07/2016	173.90	tmsyhael	MD-032-Drugs and Supplies	Pharmacy	**Privacy**	lbnoyugd, Shawn	01/09/2008	405034	O
67535	C	04/07/2016	1,146.40	estyhalm	MD-032-Drugs and Supplies	Pharmacy	**Privacy**	dnlrae, Terry	06/29/2008	419567	O
67535	C	04/07/2016	163.37	yamtlesh	MD-032-Drugs and Supplies	Pharmacy	**Privacy**	remys, David	12/02/2011	529373	O
67535	C	04/07/2016	76.00	ehsatlym	MD-032-Drugs and Supplies	Pharmacy	**Privacy**	eitlga, Peter	04/15/2011	515177	O
67535	C	04/07/2016	283.26	tlhmesay	MD-032-Drugs and Supplies	Pharmacy	**Privacy**	rnsoam, Mitchell	09/28/2011	526542	O
67534	C	04/07/2016	103.00	u silbcr,pa.e&don	EX-060-Defense Attorney		**Privacy**	ekchnt, Julia	09/07/2007	392371	O
67534	C	04/07/2016	187.00	ocduspae rln.b&,	EX-060-Defense Attorney		**Privacy**	thmaos, John	07/06/2000	292140	O
67534	C	04/07/2016	198.00	ar &lsb.nu,eocdp	EX-060-Defense Attorney		**Privacy**	rwghit, Steven	02/01/2010	470698	R
67534	C	04/07/2016	156.00	o&arc du.lb,senp	EX-060-Defense Attorney		**Privacy**	clpoak, Mark	02/26/2008	411755	O
67534	C	04/07/2016	160.50	ucor,se .lpadbn	EX-060-Defense Attorney		**Privacy**	rnsoam, Mitchell	09/28/2011	526542	O
67534	C	04/07/2016	230.50	ln.rd ,epsuco&ba	EX-060-Defense Attorney		**Privacy**	tveisr, Steven	08/10/2010	498845	O
67534	C	04/07/2016	165.00	rbe .nsua&dlo,cp	EX-060-Defense Attorney		**Privacy**	ercl, Damon	07/24/2012	542339	O



**Report Criteria:** Filter: Tier 2 Name = 'Test Company (W)' and Client = 'Test Company' and Lob = 'Workers Compensation' and Period As of Date: 04/30/2016  
and Excluding all Johns Eastern Payments

CHECKS							CLAIMS				
Check #	Type	Date	Amount	Payee	Payment Type	Remarks / Service Dates	SSN	Claimant Name	Loss Dt	Claim	O/C
67633	C	04/28/2016	250.32	idwt n.selymh	IN-003-Permanent Total Suppl	bi-weekly PTS	**Privacy**	imsth, Wendy	11/04/2004	299526	O
67629	C	04/28/2016	102.78	thseaylm	MD-032-Drugs and Supplies	Pharmacy	**Privacy**	preas, Jennifer	02/11/2003	193764	R
67629	C	04/28/2016	268.42	telasyhm	MD-032-Drugs and Supplies	Pharmacy	**Privacy**	mils, William	10/23/2013	609265	O
67629	C	04/28/2016	862.66	tlamsehy	MD-032-Drugs and Supplies	Pharmacy	**Privacy**	rwghit, Steven	02/01/2010	470698	R
67629	C	04/28/2016	25.52	teahslym	MD-032-Drugs and Supplies	Pharmacy	**Privacy**	niucmgs, Matthew	12/16/2003	285538	O
67629	C	04/28/2016	686.96	sehtlyam	MD-032-Drugs and Supplies	Pharmacy	**Privacy**	lean, Joseph	02/11/1991	289345	O
67629	C	04/28/2016	252.39	htasylem	MD-032-Drugs and Supplies	Pharmacy	**Privacy**	swet, John	04/09/2005	306678	O
67629	C	04/28/2016	285.15	aslythem	MD-032-Drugs and Supplies	Pharmacy	**Privacy**	dnlrae, Terry	06/29/2008	419567	O
67629	C	04/28/2016	1,138.97	sehtlaym	MD-032-Drugs and Supplies	Pharmacy	**Privacy**	remys, David	12/02/2011	529373	O
67629	C	04/28/2016	213.55	ahsteylm	MD-032-Drugs and Supplies	Pharmacy	**Privacy**	rtoyn, David	01/13/2012	531581	O
67629	C	04/28/2016	283.26	ealshtym	MD-032-Drugs and Supplies	Pharmacy	**Privacy**	rnsoam, Mitchell	09/28/2011	526542	O
67628	C	04/28/2016	448.50	u.ralondeb s&c,p	EX-060-Defense Attorney		**Privacy**	hal, Mark	12/27/2015	722154	O
67630	C	04/28/2016	18.79	pitsaeron hgu	EX-060-Defense Attorney		**Privacy**	hal, Mark	12/27/2015	722154	O
67628	C	04/28/2016	1,024.00	d alnr&csu.eb,op	EX-060-Defense Attorney		**Privacy**	hal, Mark	12/27/2015	722154	O
67628	C	04/28/2016	319.00	sbl,d rpu.cneoa&	EX-060-Defense Attorney		**Privacy**	ankd, Robert	06/06/2003	289899	R
67628	C	04/28/2016	61.50	sdcu ueabol,.n&p	EX-060-Defense Attorney		**Privacy**	thmaos, John	07/06/2000	292140	O
67628	C	04/28/2016	61.50	ebansp&ludco,.r	EX-060-Defense Attorney		**Privacy**	swet, John	04/09/2005	306678	O
67628	C	04/28/2016	1,572.00	,ersucan.b ldo&p	EX-060-Defense Attorney		**Privacy**	clpoak, Mark	02/26/2008	411755	O
67628	C	04/28/2016	127.50	,.sl opdrauc&ben	EX-060-Defense Attorney		**Privacy**	csmdhit, Gavin	07/03/2013	571258	C
67628	C	04/28/2016	61.50	or a,lsb.&cundep	EX-060-Defense Attorney		**Privacy**	ehnas, John	10/20/2013	577351	O
67628	C	04/28/2016	912.50	rosc l,&bepaund.	EX-060-Defense Attorney		**Privacy**	yhuerpms, Randel	07/28/2015	701014	O
67628	C	04/28/2016	122.00	bo&re,ldausc.np	EX-060-Defense Attorney		**Privacy**	ofalsent, Brenda	04/23/1993	289865	O
67628	C	04/28/2016	1,102.50	pradlusc,e.b o&n	EX-060-Defense Attorney		**Privacy**	taloyr, Dave	08/06/2015	692167	O
67628	C	04/28/2016	1,226.50	lcas,ued.&bornp	EX-060-Defense Attorney		**Privacy**	imsth, Wendy	11/04/2004	299526	O
67628	C	04/28/2016	85.50	soplu.,ndcbrea&	EX-060-Defense Attorney		**Privacy**	hsrped, Cynthia	01/04/1999	292661	R
67631	C	04/28/2016	30.90	antpeogirvcs mluy	EX-062-Court Reporters		**Privacy**	taloyr, Dave	08/06/2015	692167	O
67637	C	04/29/2016	10.00	nhems ftzapr.i	MD-032-Drugs and Supplies		**Privacy**	rifaze, Stephen	03/28/2016	727257	R

RECOVERIES							CLAIMS				
Check #	Type	DtRecvd	Amount	Recieved From	Remarks	Check Date	SSN	Claimant Name	Loss Dt	Claim	O/C
987898	SDF	04/18/2016	29,480.47	coinytelusmb	From: Dept of Financial Servs. in pa	04/27/2016	**Privacy**	lean, Joseph	02/11/1991	289345	O
201608	EXC	04/22/2016	448,112.95	lsc enoybtamirud	From Safety National	04/28/2016	**Privacy**	hesatl, Linda	08/16/1988	190512	C
410347	EXC	04/25/2016	10,644.99	oeynls mitcub	From United National Ins. Co. (Glot	04/29/2016	**Privacy**	sornbe, Donald	07/31/2001	289803	O

Test Company Totals

Indemnity		Medical		Expense		Total	
Count	Amount	Count	Amount	Count	Amount	Count	Amount
14	14,096.68	125	40,869.03	35	14,767.49	174	69,733.20

Report Criteria: Filter: Tier 2 Name = 'Test Company (W)' and Client = 'Test Company' and Lob = 'Workers Compensation' and Period As of Date: 04/30/2016  
and Excluding all Johns Eastern Payments

RECOVERIES:

Accounting Note:  
If recovery funds are deposited into your claims payment account refer to "NET TOTAL"  
figure for balancing the account.  
  
If recovery funds are NOT deposited in payment account use the "TOTAL" amount figure on  
the "SUBTOTAL" line in the "PAYMENTS:" section on the page.

	Count	Amount
SUBROGATION	0	0.00
SDF	1	29,480.47
TOTAL NON SPECIFIC EXCESS RECOVERIES	1	29,480.47
EXCESS	2	458,757.94
TOT Recoveries	3	488,238.41
	177	-418,505.21

NET TOTAL:

Report Criteria: Filter: Tier 2 Name = 'Test Company (W)' and Client = 'Test Company' and Lob = 'Workers Compensation' and Period As of Date: 04/30/2016  
and Excluding all Johns Eastern Payments

REPORT TOTALS:

Indemnity		Medical		Expense		Total	
Count	Amount	Count	Amount	Count	Amount	Count	Amount
14	14,096.68	125	40,869.03	35	14,767.49	174	69,733.20
Totals Reflect Recoveries of:			3	488,238.41	For a NET TOTAL:	-418,505.21	

# CHECK REGISTER BY LOCATION

---

This report lists all checks issued during the period, by department or location. This allows the client to allocate these reports to various income or cost centers if so desired.



Report Criteria: Filter: Tier 2 Name = 'Test Company (W)' and Client = 'Test Company' and Lob = 'Workers Compensation' and Period As of Date: 04/30/2016 and Excluding all Johns Eastern Payments

Group 1: Tier 1 Name is Test Company  
Group 2: Tier 3 Name is Test Division 12

CHECKS							CLAIMS				
Check #	Type	Date	Amount	Payee	Payment Type	Remarks / Service Dates	SSN	Claimant Name	Loss Dt	Claim	O/C
67588	C	04/21/2016	236.30	rdecintpokwv,l.	MD-041-Physical Therapy	SVC: 04/06/16/04/08/16 2	**Privacy**	asrtk, Todd	03/23/2016	727145	O
67593	C	04/21/2016	375.13	aehtsylv	MD-032-Drugs and Supplies	Pharmacy	**Privacy**	asrtk, Todd	03/23/2016	727145	O
67611	C	04/28/2016	135.90	lrpaf oistdemhg	MD-030-Physician's Fees	SVC: 03/24/16/03/24/16 2	**Privacy**	asrtk, Todd	03/23/2016	727145	O
67624	C	04/28/2016	96.90	nveticlrscp wok,.	MD-041-Physical Therapy	SVC: 04/12/16/04/12/16 2	**Privacy**	asrtk, Todd	03/23/2016	727145	O
67625	C	04/28/2016	96.90	edrosn i,vtklpcw.	MD-041-Physical Therapy	SVC: 04/13/16/04/13/16 2	**Privacy**	asrtk, Todd	03/23/2016	727145	O

Test Division 12 Totals

Indemnity		Medical		Expense		Total	
Count	Amount	Count	Amount	Count	Amount	Count	Amount
0	0.00	5	941.13	0	0.00	5	941.13

**Report Criteria: Filter: Tier 2 Name = 'Test Company (W)' and Client = 'Test Company' and Lob = 'Workers Compensation' and Period As of Date: 04/30/2016**  
**and Excluding all Johns Eastern Payments**

Group 2: Tier 3 Name is Test Division 9

CHECKS							CLAIMS				
Check #	Type	Date	Amount	Payee	Payment Type	Remarks / Service Dates	SSN	Claimant Name	Loss Dt	Claim	O/C
67527	C	04/07/2016	26.10	pdmaeo lthncr	MD-030-Physician's Fees	SVC: 03/09/16/03/09/16 2	**Privacy**	onmltav, Luis	06/18/2014	606489	R
67526	C	04/07/2016	48.60	pdaero ilnhtcm	MD-030-Physician's Fees	SVC: 03/09/16/03/09/16 2	**Privacy**	onmltav, Luis	06/18/2014	606489	R
67521	C	04/07/2016	150.00	etchoiwajnrpd	MD-030-Physician's Fees	SVC: 04/01/16/04/01/16 2	**Privacy**	taloyr, Dave	08/06/2015	692167	O
67525	C	04/07/2016	31.45	d aimecrhol	MD-030-Physician's Fees	SVC: 03/18/16/03/18/16 2	**Privacy**	eonws, Thomas	03/10/2016	726328	O
67535	C	04/07/2016	45.67	mhtsylea	MD-032-Drugs and Supplies	Pharmacy	**Privacy**	sornbe, Donald	07/31/2001	289803	O
67534	C	04/07/2016	752.00	u,senbrap&.odlc	EX-060-Defense Attorney		**Privacy**	yhuerpms, Randel	07/28/2015	701014	O
67534	C	04/07/2016	297.50	la. dc,unrboe&sp	EX-060-Defense Attorney		**Privacy**	taloyr, Dave	08/06/2015	692167	O
67556	C	04/14/2016	53.46	ltnerhja si	MD-030-Physician's Fees	SVC: 03/18/16/03/18/16 2	**Privacy**	taloyr, Dave	08/06/2015	692167	O
67558	C	04/14/2016	132.00	ga rembdcp	MD-030-Physician's Fees	SVC: 03/14/16/03/14/16 2	**Privacy**	sornbe, Donald	07/31/2001	289803	O
67551	C	04/14/2016	98.00	aolr ihncsdetfp	MD-030-Physician's Fees	SVC: 03/11/16/03/11/16 2	**Privacy**	rybd, Clyde	03/11/2016	726483	C
67567	C	04/14/2016	284.05	knm itrladogpec	EX-062-Court Reporters		**Privacy**	yhuerpms, Randel	07/28/2015	701014	O
67576	C	04/21/2016	9.05	darohtselicpfn	MD-030-Physician's Fees	SVC: 12/04/15/12/04/15 2	**Privacy**	ihoasm, Horace	12/03/2015	720106	O
67578	C	04/21/2016	132.00	ctoirn hdaeflsp	MD-030-Physician's Fees	SVC: 03/23/16/03/23/16 2	**Privacy**	ory, Nagunia	03/23/2016	727278	O
67577	C	04/21/2016	370.00	ithlaedcropsfn	MD-030-Physician's Fees	SVC: 03/25/16/03/25/16 2	**Privacy**	ekly, Cindy	03/24/2016	727137	O
67591	C	04/21/2016	363.16	tovalyder	IN-013-Impairment Benefits	wk 1-2 of 12 wks impairme	**Privacy**	taloyr, Dave	08/06/2015	692167	O
67593	C	04/21/2016	257.30	eyshatlm	MD-032-Drugs and Supplies	Pharmacy	**Privacy**	ekly, Cindy	03/24/2016	727137	O
67592	C	04/21/2016	179.50	rhtep lao	EX-063-Medical Records		**Privacy**	taloyr, Dave	08/06/2015	692167	O
67609	C	04/28/2016	99.00	c ialfrhondpset	MD-030-Physician's Fees	SVC: 03/24/16/03/24/16 2	**Privacy**	ekly, Cindy	03/24/2016	727137	O
67621	C	04/28/2016	149.40	dremapn ocilth	MD-030-Physician's Fees	SVC: 04/04/16/04/04/16 2	**Privacy**	ory, Nagunia	03/23/2016	727278	O
67610	C	04/28/2016	57.60	hsgtp lordfaime	MD-030-Physician's Fees	SVC: 04/05/16/04/05/16 2	**Privacy**	eonws, Thomas	03/10/2016	726328	O
67608	C	04/28/2016	71.00	r ocpihasentlfd	MD-030-Physician's Fees		**Privacy**	ren, Fredrick	03/07/2016	726161	C
67628	C	04/28/2016	912.50	rosc l,&bepaund.	EX-060-Defense Attorney		**Privacy**	yhuerpms, Randel	07/28/2015	701014	O
67628	C	04/28/2016	1,102.50	pradlusc,e.b o&n	EX-060-Defense Attorney		**Privacy**	taloyr, Dave	08/06/2015	692167	O
67631	C	04/28/2016	30.90	antpeogirvcs mluy	EX-062-Court Reporters		**Privacy**	taloyr, Dave	08/06/2015	692167	O

RECOVERIES							CLAIMS				
Check #	Type	DtRecvd	Amount	Recieved From	Remarks	Check Date	SSN	Claimant Name	Loss Dt	Claim	O/C
410347	EXC	04/25/2016	10,644.99	oeynls mitcub	From United National Ins. Co. (Glot	04/29/2016	**Privacy**	sornbe, Donald	07/31/2001	289803	O

Test Division 9 Totals

Indemnity		Medical		Expense		Total	
Count	Amount	Count	Amount	Count	Amount	Count	Amount
1	363.16	16	1,730.63	7	3,558.95	24	5,652.74

Report Criteria: Filter: Tier 2 Name = 'Test Company (W)' and Client = 'Test Company' and Lob = 'Workers Compensation' and Period As of Date: 04/30/2016  
and Excluding all Johns Eastern Payments

RECOVERIES:

Accounting Note:  
If recovery funds are deposited into your claims payment account refer to "NET TOTAL"  
figure for balancing the account.  
  
If recovery funds are NOT deposited in payment account use the "TOTAL" amount figure on  
the "SUBTOTAL" line in the "PAYMENTS:" section on the page.

	Count	Amount
SUBROGATION	0	0.00
SDF	0	0.00
TOTAL NON SPECIFIC EXCESS RECOVERIES	0	0.00
EXCESS	1	10,644.99
TOT Recoveries	1	10,644.99
	25	-4,992.25

NET TOTAL:

Report Criteria: Filter: Tier 2 Name = 'Test Company (W)' and Client = 'Test Company' and Lob = 'Workers Compensation' and Period As of Date: 04/30/2016  
and Excluding all Johns Eastern Payments

Test Company Totals

Indemnity		Medical		Expense		Total	
Count	Amount	Count	Amount	Count	Amount	Count	Amount
14	14,096.68	125	40,869.03	35	14,767.49	174	69,733.20

RECOVERIES:

Accounting Note:  
If recovery funds are deposited into your claims payment account refer to "NET TOTAL"  
figure for balancing the account.  
  
If recovery funds are NOT deposited in payment account use the "TOTAL" amount figure on  
the "SUBTOTAL" line in the "PAYMENTS:" section on the page.

	Count	Amount
SUBROGATION	0	0.00
SDF	1	29,480.47
TOTAL NON SPECIFIC EXCESS RECOVERIES	1	29,480.47
EXCESS	2	458,757.94
TOT Recoveries	3	488,238.41
	177	-418,505.21

NET TOTAL:



Report Criteria: Filter: Tier 2 Name = 'Test Company (W)' and Client = 'Test Company' and Lob = 'Workers Compensation' and Period As of Date: 04/30/2016  
and Excluding all Johns Eastern Payments

REPORT TOTALS:

Indemnity		Medical		Expense		Total	
Count	Amount	Count	Amount	Count	Amount	Count	Amount
14	14,096.68	125	40,869.03	35	14,767.49	174	69,733.20
Totals Reflect Recoveries of:			3	488,238.41	For a NET TOTAL:	-418,505.21	

# CHECK REGISTER BY CLAIM YEAR

---

This report lists all checks issued during the period, sorted by the claims loss year. This allows the client to allocate these payments to various policy periods, if so desired.

Report Criteria: Filter: Tier 2 Name = 'Test Company (W)' and Client = 'Test Company' and Lob = 'Workers Compensation' and Period As of Date: 04/30/2016  
and Excluding all Johns Eastern Payments

Group 1: Claim Year is 1988

CHECKS							CLAIMS				
Check #	Type	Date	Amount	Payee	Payment Type	Remarks / Service Dates	SSN	Claimant Name	Loss Dt	Claim	O/C
67535	C	04/07/2016	41.93	hmleasty	MD-032-Drugs and Supplies	Pharmacy	**Privacy**	nkad, Robert	09/26/1989	289938	O
67566	C	04/14/2016	41.10	ysthealm	MD-032-Drugs and Supplies	Pharmacy	**Privacy**	nkad, Robert	09/26/1989	289938	O

RECOVERIES							CLAIMS				
Check #	Type	DtRecvd	Amount	Recieved From	Remarks	Check Date	SSN	Claimant Name	Loss Dt	Claim	O/C
201608	EXC	04/22/2016	448,112.95	lsc enoybtamirud	From Safety National	04/28/2016	**Privacy**	hesatl, Linda	08/16/1988	190512	C

1988 Totals

Indemnity		Medical		Expense		Total	
Count	Amount	Count	Amount	Count	Amount	Count	Amount
0	0.00	2	83.03	0	0.00	2	83.03

RECOVERIES:

Accounting Note:  
If recovery funds are deposited into your claims payment account refer to "NET TOTAL"  
figure for balancing the account.

If recovery funds are NOT deposited in payment account use the "TOTAL" amount figure on  
the "SUBTOTAL" line in the "PAYMENTS:" section on the page.

	Count	Amount
SUBROGATION	0	0.00
SDF	0	0.00
TOTAL NON SPECIFIC EXCESS RECOVERIES	0	0.00
EXCESS	1	448,112.95
TOT Recoveries	1	448,112.95
	3	-448,029.92

NET TOTAL:

**Report Criteria:** Filter: Tier 2 Name = 'Test Company (W)' and Client = 'Test Company' and Lob = 'Workers Compensation' and Period As of Date: 04/30/2016  
and Excluding all Johns Eastern Payments

Group 1: Claim Year is 2015

CHECKS							CLAIMS				
Check #	Type	Date	Amount	Payee	Payment Type	Remarks / Service Dates	SSN	Claimant Name	Loss Dt	Claim	O/C
67521	C	04/07/2016	150.00	etchoiwajnrpd	MD-030-Physician's Fees	SVC: 04/01/16/04/01/16 2	**Privacy**	taloyr, Dave	08/06/2015	692167	O
67519	C	04/07/2016	57.60	rpld fhmoatiesg	MD-030-Physician's Fees	SVC: 06/25/15/06/25/15 2	**Privacy**	ehpstn, Charles	06/19/2015	690011	C
67528	C	04/07/2016	78.30	crmod laetnhip	MD-030-Physician's Fees		**Privacy**	gavuhn, Dustin	05/12/2015	687533	R
67532	C	04/07/2016	84.15	tknor ,wcsipedvl.	MD-041-Physical Therapy	SVC: 03/21/16/03/21/16 2	**Privacy**	btruon, David	12/23/2015	721428	O
67530	C	04/07/2016	84.15	tdnwelcroskip v..	MD-041-Physical Therapy	SVC: 03/25/16/03/25/16 2	**Privacy**	btruon, David	12/23/2015	721428	O
67531	C	04/07/2016	84.15	osi rceltpnk,wvd.	MD-041-Physical Therapy	SVC: 03/23/16/03/23/16 2	**Privacy**	btruon, David	12/23/2015	721428	O
67534	C	04/07/2016	134.00	budscpranlo,e.&	EX-060-Defense Attorney		**Privacy**	unlea, Jose	09/09/2015	694265	R
67534	C	04/07/2016	297.50	la. dc,unrboe&sp	EX-060-Defense Attorney		**Privacy**	taloyr, Dave	08/06/2015	692167	O
67534	C	04/07/2016	752.00	u,senbrap&.odlc	EX-060-Defense Attorney		**Privacy**	yhuerpms, Randel	07/28/2015	701014	O
67556	C	04/14/2016	53.46	ltnerhja si	MD-030-Physician's Fees	SVC: 03/18/16/03/18/16 2	**Privacy**	taloyr, Dave	08/06/2015	692167	O
67560	C	04/14/2016	240.92	y tnslihcaprou	MD-030-Physician's Fees	SVC: 03/17/16/03/17/16 2	**Privacy**	npdao, Edward	08/17/2015	692869	C
67563	C	04/14/2016	84.15	o isrlnetkd,cpvw.	MD-041-Physical Therapy	SVC: 04/01/16/04/01/16 2	**Privacy**	btruon, David	12/23/2015	721428	O
67564	C	04/14/2016	168.30	kci evotlrnspwd,.	MD-041-Physical Therapy	SVC: 03/28/16/03/30/16 2	**Privacy**	btruon, David	12/23/2015	721428	O
67565	C	04/14/2016	84.15	corldnstie ,pwvk.	MD-041-Physical Therapy	SVC: 04/04/16/04/04/16 2	**Privacy**	btruon, David	12/23/2015	721428	O
67567	C	04/14/2016	284.05	knm itrladogpec	EX-062-Court Reporters		**Privacy**	yhuerpms, Randel	07/28/2015	701014	O
67576	C	04/21/2016	9.05	darohtselicpfn	MD-030-Physician's Fees	SVC: 12/04/15/12/04/15 2	**Privacy**	ihoasm, Horace	12/03/2015	720106	O
67583	C	04/21/2016	57.60	eapdlcorit whjn	MD-030-Physician's Fees	SVC: 03/17/16/03/17/16 2	**Privacy**	dame, David	11/24/2015	704173	O
67586	C	04/21/2016	75.65	cetsvwrio ,lpdnk.	MD-041-Physical Therapy	SVC: 04/08/16/04/08/16 2	**Privacy**	btruon, David	12/23/2015	721428	O
67587	C	04/21/2016	84.15	nskewoptrdv ic,l.	MD-041-Physical Therapy	SVC: 04/06/16/04/06/16 2	**Privacy**	btruon, David	12/23/2015	721428	O
67591	C	04/21/2016	363.16	tovalydr	IN-013-Impairment Benefits	wk 1-2 of 12 wks impairme	**Privacy**	taloyr, Dave	08/06/2015	692167	O
67592	C	04/21/2016	179.50	rhtep lao	EX-063-Medical Records		**Privacy**	taloyr, Dave	08/06/2015	692167	O
0	C	04/28/2016	0.00	isaldhcrofpetn	MD-030-Physician's Fees	SVC: 12/12/15/12/12/15 2	**Privacy**	arlehcnv, Pamela	12/10/2015	720747	O
67613	C	04/28/2016	60.30	a goreidhtmfips	MD-030-Physician's Fees	SVC: 09/08/15/09/08/15 2	**Privacy**	aersotpn, Kareema	09/06/2015	694092	C
67622	C	04/28/2016	85.85	o,indcrev ktwspl.	MD-041-Physical Therapy	SVC: 04/11/16/04/11/16 2	**Privacy**	btruon, David	12/23/2015	721428	O
67623	C	04/28/2016	85.85	rvetsod c,pnwkl.	MD-041-Physical Therapy	SVC: 04/13/16/04/13/16 2	**Privacy**	btruon, David	12/23/2015	721428	O
67628	C	04/28/2016	1,102.50	pradlusc,e.b o&n	EX-060-Defense Attorney		**Privacy**	taloyr, Dave	08/06/2015	692167	O
67628	C	04/28/2016	912.50	rosc l,&bepaund.	EX-060-Defense Attorney		**Privacy**	yhuerpms, Randel	07/28/2015	701014	O
67628	C	04/28/2016	448.50	u.ralondeb s&c,p	EX-060-Defense Attorney		**Privacy**	hal, Mark	12/27/2015	722154	O
67630	C	04/28/2016	18.79	pitsaeron hgu	EX-060-Defense Attorney		**Privacy**	hal, Mark	12/27/2015	722154	O
67628	C	04/28/2016	1,024.00	d alnr&csu.eb,op	EX-060-Defense Attorney		**Privacy**	hal, Mark	12/27/2015	722154	O
67631	C	04/28/2016	30.90	antpeogirvcs mluy	EX-062-Court Reporters		**Privacy**	taloyr, Dave	08/06/2015	692167	O

2015 Totals

Indemnity		Medical		Expense		Total	
Count	Amount	Count	Amount	Count	Amount	Count	Amount
1	363.16	19	1,627.78	11	5,184.24	31	7,175.18



**Report Criteria:** Filter: Tier 2 Name = 'Test Company (W)' and Client = 'Test Company' and Lob = 'Workers Compensation' and Period As of Date: 04/30/2016  
and Excluding all Johns Eastern Payments

Group 1: Claim Year is 2016

CHECKS							CLAIMS				
Check #	Type	Date	Amount	Payee	Payment Type	Remarks / Service Dates	SSN	Claimant Name	Loss Dt	Claim	O/C
67525	C	04/07/2016	31.45	d aimecrhol	MD-030-Physician's Fees	SVC: 03/18/16/03/18/16 2	**Privacy**	eonws, Thomas	03/10/2016	726328	O
67533	C	04/07/2016	29.70	trciple uadhys	MD-030-Physician's Fees	SVC: 03/10/16/03/10/16 2	**Privacy**	tseropan, Kareema	01/25/2016	722958	C
67518	C	04/07/2016	57.60	loi emafghprtsd	MD-030-Physician's Fees	SVC: 02/19/16/02/19/16 2	**Privacy**	psencr, Carolyn	02/02/2016	723800	C
67517	C	04/07/2016	1,014.23	pelcdaohminsrt	MD-031-Hospital Fees	SVC: 02/11/16/02/11/16 2	**Privacy**	cekalry, Mark	02/10/2016	724211	O
67551	C	04/14/2016	98.00	aolr ihncsdetfp	MD-030-Physician's Fees	SVC: 03/11/16/03/11/16 2	**Privacy**	rybd, Clyde	03/11/2016	726483	C
67552	C	04/14/2016	55.00	a. ectrs,opdlfh	MD-030-Physician's Fees	SVC: 03/17/16/03/17/16 2	**Privacy**	psencr, Carolyn	02/02/2016	723800	C
67550	C	04/14/2016	3,061.91	enm ltiacofrdshp	MD-031-Hospital Fees	SVC: 02/07/16/02/07/16 2	**Privacy**	ecrl, Damon	02/07/2016	723953	C
67578	C	04/21/2016	132.00	ctoim hdaeflsp	MD-030-Physician's Fees	SVC: 03/23/16/03/23/16 2	**Privacy**	ory, Nagunia	03/23/2016	727278	O
67577	C	04/21/2016	370.00	ithlaedcropsfn	MD-030-Physician's Fees	SVC: 03/25/16/03/25/16 2	**Privacy**	ekly, Cindy	03/24/2016	727137	O
67589	C	04/21/2016	81.00	rictuo neahpdys	MD-030-Physician's Fees	SVC: 04/04/16/04/04/16 2	**Privacy**	tseropan, Kareema	01/25/2016	722958	C
67579	C	04/21/2016	191.00	delfp iratcsohn	MD-030-Physician's Fees	SVC: 03/31/16/03/31/16 2	**Privacy**	tzoi, Stephen	03/30/2016	727473	C
67588	C	04/21/2016	236.30	rdecstnpokwv,l.	MD-041-Physical Therapy	SVC: 04/06/16/04/08/16 2	**Privacy**	asrtk, Todd	03/23/2016	727145	O
67593	C	04/21/2016	257.30	eyshatlm	MD-032-Drugs and Supplies	Pharmacy	**Privacy**	ekly, Cindy	03/24/2016	727137	O
67593	C	04/21/2016	375.13	aehtsylv	MD-032-Drugs and Supplies	Pharmacy	**Privacy**	asrtk, Todd	03/23/2016	727145	O
67612	C	04/28/2016	60.30	gfodeirps tahlm	MD-030-Physician's Fees	SVC: 04/04/16/04/04/16 2	**Privacy**	rbgeilt, Kirstie	04/04/2016	727729	O
67607	C	04/28/2016	102.85	fimecgranhop sdyl	MD-030-Physician's Fees	SVC: 02/07/16/02/07/16 2	**Privacy**	ecrl, Damon	02/07/2016	723953	C
67609	C	04/28/2016	99.00	c ialfrhondpset	MD-030-Physician's Fees	SVC: 03/24/16/03/24/16 2	**Privacy**	ekly, Cindy	03/24/2016	727137	O
67621	C	04/28/2016	149.40	dremapn ocilth	MD-030-Physician's Fees	SVC: 04/04/16/04/04/16 2	**Privacy**	ory, Nagunia	03/23/2016	727278	O
67610	C	04/28/2016	57.60	hsgtp lordfaime	MD-030-Physician's Fees	SVC: 04/05/16/04/05/16 2	**Privacy**	eonws, Thomas	03/10/2016	726328	O
67611	C	04/28/2016	135.90	lrpaf oistdemhg	MD-030-Physician's Fees	SVC: 03/24/16/03/24/16 2	**Privacy**	asrtk, Todd	03/23/2016	727145	O
67608	C	04/28/2016	71.00	r ocpihasentlfd	MD-030-Physician's Fees		**Privacy**	ren, Fredrick	03/07/2016	726161	C
67615	C	04/28/2016	151.20	scueano diftl	MD-030-Physician's Fees	SVC: 03/25/16/03/25/16 2	**Privacy**	lzgaone, Zoilo	03/03/2016	725975	O
67617	C	04/28/2016	437.26	l modigwpuecran	MD-030-Physician's Fees	SVC: 03/31/16/03/31/16 2	**Privacy**	regn, Richard	03/02/2016	725733	O
67626	C	04/28/2016	10.00	tz.henmrfaspi	MD-032-Drugs and Supplies	SVC: 04/11/16/04/11/16 2	**Privacy**	rifaze, Stephen	03/28/2016	727257	R
67624	C	04/28/2016	96.90	nveticlrtdp wok,.	MD-041-Physical Therapy	SVC: 04/12/16/04/12/16 2	**Privacy**	asrtk, Todd	03/23/2016	727145	O
67625	C	04/28/2016	96.90	edrosl i,vtklpcw.	MD-041-Physical Therapy	SVC: 04/13/16/04/13/16 2	**Privacy**	asrtk, Todd	03/23/2016	727145	O
67637	C	04/29/2016	10.00	nhems ftzapr.i	MD-032-Drugs and Supplies		**Privacy**	rifaze, Stephen	03/28/2016	727257	R

2016 Totals

Indemnity		Medical		Expense		Total	
Count	Amount	Count	Amount	Count	Amount	Count	Amount
0	0.00	27	7,468.93	0	0.00	27	7,468.93

Report Criteria: Filter: Tier 2 Name = 'Test Company (W)' and Client = 'Test Company' and Lob = 'Workers Compensation' and Period As of Date: 04/30/2016  
and Excluding all Johns Eastern Payments

REPORT TOTALS:

Indemnity		Medical		Expense		Total	
Count	Amount	Count	Amount	Count	Amount	Count	Amount
14	14,096.68	125	40,869.03	35	14,767.49	174	69,733.20
Totals Reflect Recoveries of:			3	488,238.41	For a NET TOTAL:	-418,505.21	

# FULL SIR & HALF SIR

---

## Half SIR

This report list all claims whose incurred is 50% of the SIR. Amounts recovered are listed which allows the client and the adjuster a quick view of what additional recoveries are to be made.

## Full SIR

This report is designed to flag the adjuster and client on cases which may be ripe for recovery.

**Test Company**  
**Claims With Excess Received or Anticipated**  
**Current Period: 01/01/1950 - 04/30/2016**

Evaluation: 04/30/2016

Run Date: 5/11/2016 04:26AM

**Report Criteria:**    **Filter: Tier 2 Name = 'Test Company (W)' and Claim As Of Status <> 'Closed' and Client = 'Test Company' and SIR Reporting Level (Incurred)**  
**= '100%' and Policy Set = 'Y'**

Policy Period: 01/01/1986 - 12/31/1986			SIR: \$125,000.00	Carrier: Safety Mutual Casualty Corp.						
Claimant Name	Claim ID	Loss Date		Indemnity	Medical	Expense	Total	SDF Rec'd	Subro Rec'd	Excess Rec'd
Ircao, Annie Ruth	289270	02/17/86	Paid:	747,810.00	116,169.80	19,504.72	883,484.52			
			Reserve:	0.00	0.00	495.28	495.28			
			Total:	747,810.00	116,169.80	20,000.00	883,979.80	632,641.70	0.00	118,339.39

Policy Period: 10/01/1990 - 09/30/1991			SIR: \$125,000.00	Carrier:						
Claimant Name	Claim ID	Loss Date		Indemnity	Medical	Expense	Total	SDF Rec'd	Subro Rec'd	Excess Rec'd
lean, Joseph A	289345	02/11/91	Paid:	400,839.51	451,128.55	117,664.25	969,632.31			
			Reserve:	206,260.49	103,500.77	16,286.51	326,047.77			
			Total:	607,100.00	554,629.32	133,950.76	1,295,680.08	338,897.83	0.00	455,763.32

Policy Period: 10/01/1992 - 09/30/1993			SIR: \$125,000.00	Carrier:						
Claimant Name	Claim ID	Loss Date		Indemnity	Medical	Expense	Total	SDF Rec'd	Subro Rec'd	Excess Rec'd
ofalsent, Brenda L	289865	04/23/93	Paid:	1,502.68	112,783.60	11,127.43	125,413.71			
			Reserve:	0.00	12,216.40	3,819.02	16,035.42			
			Total:	1,502.68	125,000.00	14,946.45	141,449.13	0.00	0.00	0.00

Policy Period: 10/01/2000 - 09/30/2001			SIR: \$100,000.00	Carrier: United National c/o Global Indemnity Grp						
Claimant Name	Claim ID	Loss Date		Indemnity	Medical	Expense	Total	SDF Rec'd	Subro Rec'd	Excess Rec'd
sornbe, Donald J	289803	07/31/01	Paid:	11,767.08	137,191.67	54,371.51	203,330.26			
			Reserve:	0.00	20,808.33	4,401.30	25,209.63			
			Total:	11,767.08	158,000.00	58,772.81	228,539.89	0.00	0.00	122,779.02



**Test Company**  
**Claims With Excess Recieved or Anticipated**  
**Current Period: 01/01/1950 - 04/30/2016**

Evaluation: 04/30/2016

Run Date: 5/11/2016 04:26AM

**Report Criteria:**    **Filter: Tier 2 Name = 'Test Company (W)' and Claim As Of Status <> 'Closed' and Client = 'Test Company' and SIR Reporting Level (Incurred)**  
**= '100%' and Policy Set = 'Y'**

Policy Period: 10/01/2001 - 09/30/2002		SIR: \$100,000.00	Carrier: United National c/o Global Indemnity Grp							
Claimant Name	Claim ID	Loss Date		Indemnity	Medical	Expense	Total	SDF Rec'd	Subro Rec'd	Excess Rec'd
entb, Edward M	193512	03/20/02	Paid:	25,406.74	51,709.94	12,848.85	89,965.53			
			Reserve:	0.00	13,290.06	1,935.50	15,225.56			
			Total:	25,406.74	65,000.00	14,784.35	105,191.09	0.00	0.00	0.00
ckeby, Bernard	289357	03/27/02	Paid:	13,841.96	84,227.35	5,885.84	103,955.15			
			Reserve:	0.00	3,027.65	5,344.91	8,372.56			
			Total:	13,841.96	87,255.00	11,230.75	112,327.71	0.00	0.00	2,958.62
hrias, David K	289628	10/03/01	Paid:	30,148.82	61,031.27	26,255.99	117,436.08			
			Reserve:	0.00	36,938.75	8,547.66	45,486.41			
			Total:	30,148.82	97,970.02	34,803.65	162,922.49	0.00	0.00	14,126.29

Policy Period: 10/01/2002 - 09/30/2003		SIR: \$200,000.00	Carrier: United National c/o Global Indemnity Grp							
Claimant Name	Claim ID	Loss Date		Indemnity	Medical	Expense	Total	SDF Rec'd	Subro Rec'd	Excess Rec'd
ankd, Robert H	289899	06/06/03	Paid:	31,613.47	20,649.42	103,706.22	155,969.11			
			Reserve:	0.00	39,350.58	6,293.78	45,644.36			
			Total:	31,613.47	60,000.00	110,000.00	201,613.47	0.00	0.00	0.00

Policy Period: 10/01/2003 - 09/30/2004		SIR: \$200,000.00		Carrier: United National c/o Global Indemnity Grp						
Claimant Name	Claim ID	Loss Date		Indemnity	Medical	Expense	Total	SDF Rec'd	Subro Rec'd	Excess Rec'd
niucmgs, Matthew L	285538	12/16/03	Paid:	250,834.68	184,990.37	41,566.37	477,391.42			
			Reserve:	249,165.32	39,009.63	3,129.69	291,304.64			
			Total:	500,000.00	224,000.00	44,696.06	768,696.06	0.00	0.00	200,000.00
kbsiur, David C	297617	09/30/04	Paid:	8,440.14	170,351.59	13,539.80	192,331.53			
			Reserve:	0.00	29,434.86	4,212.56	33,647.42			
			Total:	8,440.14	199,786.45	17,752.36	225,978.95	0.00	0.00	0.00

**Test Company**  
**Claims With Excess Recieved or Anticipated**  
**Current Period: 01/01/1950 - 04/30/2016**

Evaluation: 04/30/2016

Run Date: 5/11/2016 04:26AM

**Report Criteria:**    **Filter: Tier 2 Name = 'Test Company (W)' and Claim As Of Status <> 'Closed' and Client = 'Test Company' and SIR Reporting Level (Incurred)**  
**= '100%' and Policy Set = 'Y'**

Policy Period: 10/01/2004 - 09/30/2005			SIR: \$200,000.00	Carrier: Princeton Excess & Surplus						
Claimant Name	Claim ID	Loss Date		Indemnity	Medical	Expense	Total	SDF Rec'd	Subro Rec'd	Excess Rec'd
imsth, Wendy L	299526	11/04/04	Paid:	105,911.11	130,727.78	115,834.66	352,473.55			
			Reserve:	16,088.89	59,172.22	665.34	75,926.45			
			Total:	122,000.00	189,900.00	116,500.00	428,400.00	0.00	0.00	65,836.11

Policy Period: 10/01/2007 - 12/31/2008			SIR: \$200,000.00	Carrier: Lloyds of London (90%)						
Claimant Name	Claim ID	Loss Date		Indemnity	Medical	Expense	Total	SDF Rec'd	Subro Rec'd	Excess Rec'd
dnlrae, Terry	419567	06/29/08	Paid:	84,208.99	158,512.44	64,728.86	307,450.29			
			Reserve:	291.01	0.00	4,859.77	5,150.78			
			Total:	84,500.00	158,512.44	69,588.63	312,601.07	0.00	0.00	70,415.27

Policy Period: 01/01/2009 - 12/31/2009			SIR: \$200,000.00	Carrier: Lloyds - Brit Insur Serv, USA, Inc.						
Claimant Name	Claim ID	Loss Date		Indemnity	Medical	Expense	Total	SDF Rec'd	Subro Rec'd	Excess Rec'd
eltrip, Steven	438512	03/02/09	Paid:	64,904.99	12,509.00	105,562.15	182,976.14			
			Reserve:	0.00	17,491.00	1,437.85	18,928.85			
			Total:	64,904.99	30,000.00	107,000.00	201,904.99	0.00	0.00	0.00
uirnfg, Douglas S	450561	07/31/09	Paid:	175,745.36	1,039.55	58,346.17	235,131.08			
			Reserve:	0.00	0.00	0.00	0.00			
			Total:	175,745.36	1,039.55	58,346.17	235,131.08	0.00	0.00	0.00

Number of excess claims in this report: 14

**Test Company**  
**Claims With Excess Recieved or Anticipated**  
**Current Period: 01/01/1950 - 04/30/2016**

Evaluation: 04/30/2016

Run Date: 5/11/2016 09:36AM

**Report Criteria:**    **Filter: Tier 2 Name = 'Test Company (W)' and Claim As Of Status <> 'Closed' and Client = 'Test Company' and SIR Reporting Level (Incurred)**  
**= '50%' and Policy Set = 'Y'**

Policy Period: 01/01/1986 - 12/31/1986			SIR: \$125,000.00	Carrier: Safety Mutual Casualty Corp.						
Claimant Name	Claim ID	Loss Date		Indemnity	Medical	Expense	Total	SDF Rec'd	Subro Rec'd	Excess Rec'd
Iraao, Annie Ruth	289270	02/17/86	Paid:	747,810.00	116,169.80	19,504.72	883,484.52			
			Reserve:	0.00	0.00	495.28	495.28			
			Total:	747,810.00	116,169.80	20,000.00	883,979.80	632,641.70	0.00	118,339.39

Policy Period: 10/01/1988 - 09/30/1989			SIR: \$125,000.00	Carrier:						
Claimant Name	Claim ID	Loss Date		Indemnity	Medical	Expense	Total	SDF Rec'd	Subro Rec'd	Excess Rec'd
nkad, Robert H	289938	09/26/89	Paid:	0.00	55,618.49	11,705.98	67,324.47			
			Reserve:	0.00	0.00	3,066.68	3,066.68			
			Total:	0.00	55,618.49	14,772.66	70,391.15	0.00	0.00	0.00

Policy Period: 10/01/1989 - 09/30/1990			SIR: \$125,000.00	Carrier:						
Claimant Name	Claim ID	Loss Date		Indemnity	Medical	Expense	Total	SDF Rec'd	Subro Rec'd	Excess Rec'd
ebnt, Edward M	289356	01/11/90	Paid:	0.00	48,669.14	24,683.35	73,352.49			
			Reserve:	5,000.00	27,830.86	0.00	32,830.86			
			Total:	5,000.00	76,500.00	24,683.35	106,183.35	0.00	0.00	0.00

Policy Period: 10/01/1990 - 09/30/1991			SIR: \$125,000.00	Carrier:						
Claimant Name	Claim ID	Loss Date		Indemnity	Medical	Expense	Total	SDF Rec'd	Subro Rec'd	Excess Rec'd
lean, Joseph A	289345	02/11/91	Paid:	400,839.51	451,128.55	117,664.25	969,632.31			
			Reserve:	206,260.49	103,500.77	16,286.51	326,047.77			
			Total:	607,100.00	554,629.32	133,950.76	1,295,680.08	338,897.83	0.00	455,763.32

**Test Company**  
**Claims With Excess Recieved or Anticipated**  
**Current Period: 01/01/1950 - 04/30/2016**

Evaluation: 04/30/2016  
Run Date: 5/11/2016 09:36AM

**Report Criteria:**    **Filter: Tier 2 Name = 'Test Company (W)' and Claim As Of Status <> 'Closed' and Client = 'Test Company' and SIR Reporting Level (Incurred)**  
**= '50%' and Policy Set = 'Y'**

Policy Period: 01/01/2011 - 12/31/2011			SIR: \$200,000.00	Carrier: Lloyds - Brit Insur Serv, USA, Inc.						
Claimant Name	Claim ID	Loss Date		Indemnity	Medical	Expense	Total	SDF Rec'd	Subro Rec'd	Excess Rec'd
eitlga, Peter S	515177	04/15/11	Paid:	60,214.00	69,266.25	14,868.42	144,348.67			
			Reserve:	0.00	5,604.52	1,037.42	6,641.94			
			Total:	60,214.00	74,870.77	15,905.84	150,990.61	0.00	0.00	0.00
hmaetrs, Randall	526598	10/21/11	Paid:	24,991.42	101,107.52	11,870.97	137,969.91			
			Reserve:	9,416.58	28,981.39	697.38	39,095.35			
			Total:	34,408.00	130,088.91	12,568.35	177,065.26	0.00	0.00	0.00
Policy Period: 01/01/2012 - 12/31/2012			SIR: \$200,000.00	Carrier: Lloyds - Brit Insur Serv, USA, Inc.						
Claimant Name	Claim ID	Loss Date		Indemnity	Medical	Expense	Total	SDF Rec'd	Subro Rec'd	Excess Rec'd
rtoyn, David	531581	01/13/12	Paid:	20,978.55	95,400.63	15,520.65	131,899.83			
			Reserve:	21.45	54,599.37	4,275.82	58,896.64			
			Total:	21,000.00	150,000.00	19,796.47	190,796.47	0.00	0.00	0.00
ikcbweurz, James J	531592	01/19/12	Paid:	13,045.14	113,579.51	7,181.51	133,806.16			
			Reserve:	10,954.86	11,420.49	2,778.47	25,153.82			
			Total:	24,000.00	125,000.00	9,959.98	158,959.98	0.00	0.00	0.00
ercl, Damon M	542339	07/24/12	Paid:	62,813.52	49,276.02	20,362.09	132,451.63			
			Reserve:	0.00	14,423.28	2,549.85	16,973.13			
			Total:	62,813.52	63,699.30	22,911.94	149,424.76	0.00	0.00	0.00
etisvr, Steven R	545695	09/23/12	Paid:	51,966.33	86,970.10	12,678.73	151,615.16			
			Reserve:	3,033.67	1,029.90	3,200.50	7,264.07			
			Total:	55,000.00	88,000.00	15,879.23	158,879.23	0.00	0.00	0.00

Number of excess claims in this report: 33



# POTENTIAL RECOVERY REPORT

---

This report lists potential recovery available, by client, by claim year, and indicates whether or not various functions to perfect the claim have been completed.

**Report Criteria:** Line of business = 'Workers Compensation' Filter: LOB = 'Workers Compensation' and Claim As Of Status <> 'Closed'

**Group 1: Tier 1 Name is Test Company**

Claim #	Claimant Name	Potential Recovery	Future Potential	Adjustment	Compromise	Past Recovery	Remaining Potential	Recovery Type	MMI	AFF	Merger	SDF-1	SDF-2
193512	entb, Edward M	5,191.09	0.00	0.00	0.00	0.00	5,191.09	EXC	07/07/10		04/14/16		
285538	niucmgs, Matthew L	568,696.06	0.00	0.00	0.00	200,000.00	368,696.06	EXC	07/11/05		04/15/16		
289270	Ircao, Annie Ruth	126,338.10	0.00	0.00	0.00	118,339.39	7,998.71	EXC	06/05/06		03/03/16		
289270	Ircao, Annie Ruth	623,446.89	0.00	0.00	0.00	632,641.70	-9,194.81	SDF	06/05/06				03/16/15
289345	lean, Joseph A	831,782.25	0.00	0.00	0.00	455,763.32	376,018.93	EXC			03/01/16		
289345	lean, Joseph A	663,207.54	77,440.32	0.00	372,722.88	338,897.83	33,825.05	SDF		04/06/98		06/29/98	06/30/15
289357	ckeby, Bernard	12,327.71	0.00	0.00	0.00	2,958.62	9,369.09	EXC	04/22/04		03/28/16		
289628	hrias, David K	62,922.49	0.00	0.00	0.00	14,126.29	48,796.20	EXC	06/12/03		03/17/16		
289803	sornbe, Donald J	128,539.89	0.00	0.00	0.00	122,779.02	5,760.87	EXC	10/14/04		03/15/16		
289865	ofalsent, Brenda L	16,449.13	0.00	0.00	0.00	0.00	16,449.13	EXC	12/05/94		04/14/16		
289899	ankd, Robert H	1,613.47	0.00	0.00	0.00	0.00	1,613.47	EXC	06/30/03		02/17/16		
297617	kbsiur, David C	25,978.95	0.00	0.00	0.00	0.00	25,978.95	EXC	10/24/04		04/14/16		
299526	imsth, Wendy L	228,400.00	0.00	0.00	0.00	65,836.11	162,563.89	EXC	11/25/13		04/13/16		
419567	dnlrae, Terry	112,601.07	0.00	0.00	0.00	70,415.27	42,185.80	EXC	11/16/09		04/18/16		
438512	eltrip, Steven	1,904.99	0.00	0.00	0.00	0.00	1,904.99	EXC	06/02/09		04/27/16		
450561	uirnfg, Douglas S	35,131.08	0.00	0.00	0.00	0.00	35,131.08	EXC			04/29/15		

**Test Company Totals**

Remaining Potential

Excess	14 Claims	1,107,658.26
Subro	0 Claims	0.00
SDF	1 Claims	24,630.24
TOTAL	14 Claims	1,132,288.50

Past Recoveries

Excess	8 Claims	1,050,218.02
Subro	0 Claims	0.00
SDF	2 Claims	971,539.53
TOTAL	8 Claims	2,021,757.55

Report Criteria: Line of business = 'Workers Compensation'Filter: LOB = 'Workers Compensation' and Claim As Of Status <> 'Closed'

Report Totals:

Remaining Potential			
Excess	14	Claims	1,107,658.26
Subro	0	Claims	0.00
SDF	1	Claims	24,630.24
TOTAL	14	Claims	1,132,288.50

Past Recoveries			
Excess	8	Claims	1,050,218.02
Subro	0	Claims	0.00
SDF	2	Claims	971,539.53
TOTAL	8	Claims	2,021,757.55

# ACTUAL RECOVERY REPORT

---

Reports on actual recovery transactions received, by policy year.



**Test Company**  
**Potential and Actual Recovery**  
**Actual Recoveries Received Between: 01/01/1950 - 04/30/2015**  
**Potential Recoveries on All Claims**

**Report Criteria:** Line of business = 'Workers Compensation and 'Filter: Claim Year >= '2009'

Group 1: Claim Year / Policy Dates is Claim Year 2009 01/01/09 - 12/31/2009

RECOVERY TYPE: Potential

Claimant Name	Claim ID	Loss Date	Claim Type	Department Name	Recovery Type	Remaining Potential	Past Recovery	MMI Date	Aff Date
mfiug, Douglas	450561	07/31/09	Indemnity	FACILITIES MAINTENANCE	EXC	1,784.91	0.00		
Comments:					Accident Description:				
Irptie, Steven	438512	03/02/09	Indemnity	FIRE RESCUE	EXC	1,904.99	0.00	6/2/2009	
Comments: Brit claim #B0518077XXX Da , Adjuster Da.H@ABC.com					Accident Description: EE is experiencing hearing problems in RT ear. Employee is a firefighter and has experienced hearing loss as a result of his noise exposure at work. He was last seen by Dr. N on 8/22/13. A hearing test/audiogram was performed (last one				

RECOVERY TYPE: Actual

Claimant Name	Claim ID	Loss Date	Claim Type	Department Name	Recovery Type	Chk Num	Receive Dt	From Memo	Amount
arfto, Gregory	461246	10/09/09	Medical Only	FACILITIES MAINTENANCE	SUB	1917137807	6/4/2012	State Farm Mutual Auto	10,522.28

Claim Year 2009 01/01/09 - 12/31/2009 Totals  
(All Types)

REMAING POTENTIAL 3,689.90  
ACTUAL RECOVERIES 10,522.28

# WORKERS' COMPENSATION

## *Specialty Workcomp Reports*

<u>Report ID</u>	<u>Report Name</u>	<u>Report Description</u>
wc-c001-1	Alpha Claims List by Loc (Div/Dept)	One Company or All (By Location).
wc-c001-2	Alpha Claims List by Location (Div only)	One Company or All (By Location).
wc-c003-0	Open Claims Report	Alpha rpt listing claims opened in specified period of time.
wc-c004-0	Closure Report	List of claims closed within the reporting period.
wc-c006-0	Claim Cost Analysis - Injured Body Part	Claims of the current claim year by Injured Body Part
wc-c006-1	Claim Cost Analysis by Loc - Body Part	Claims of the current claim year by Injured Body Part by Loc
wc-c007-0	Claim Cost Analysis - Nature of Injury	Claims of the current claim year by the Nature of the Injury
wc-c007-1	Claim Cost Analysis by Loc - Nature	Claims of the current claim year by Nature by Location.
wc-c008-0	Claim Cost Analysis - Cause of Injury	Claims of the current claim year by the Cause of Injury.
wc-c008-1	Claim Cost Analysis by Loc - Cause	Claims of the current claim year by Cause by Location.
wc-c009-0	Claim Cost Analysis - Projected Cost	Claims of the current claim year by Projected Cost Level.
wc-c009-1	Claim Cost Analysis by Div -Projcted Cost	Claims of the current claim year by Projected Cost by Div.
wc-c011-0	Incurred Changes Comparison Report	Claims where Incurred change in period exceeds target amt.
wc-c012-1	Reserve Balance Comparison Report	Claims where Res Bal change in period exceeds target amount.
wc-c013-0	Action Reminder: DWC-13 Initial Report	List Claims that are 6 months old in the coming month.
wc-c013-1	Action Reminder: DWC-13 Annual Report	List Claims with anniversary date in the coming month.
wc-c013-2	Action Reminder: DWC-13 Final Report	List Claims closed in the previous month.
wc-c018-0	Aged Open Medical Claims	Lists Open Medical Claims that have been open for a period.
wc-c020-0	Out of Work >= 90 Days	Out of Work >= 90 Days
wc-c024-0	Loss Summary by Location	Count and Totals by Department/Division
wc-c025-1	Job 25 By Location	Job 25 By Location
wc-c031-0	Open Clms with 1 or 7 Prior 35 Days	Open Clms with PT 1 and 7 Exceeding 35 Days in Prior 90 Days
wc-c045-0	Excess By Type	Excess By Type
wc-c047-0	Claim & Lost Day Counts	Total counts & lost days by location
wc-c100-0	Loss By Location	Detailed Loss Report by Coverage, Policy, Division, Depart
wc-c100-1	Loss By Location - 1 Line Detail	1 line loss report by coverage, by policy, by location
wc-c101-0	Loss By Policy	Detailed Loss Report by Coverage, Policy Only
wc-c102-0	Legal Loss Report	1 line loss report to pull legal claims only
wc-c106-0	Claim Activity	Claims listed by Location within Coverage.
wc-c110-0	Average Cost Per Claim Evaluation	Summary Rpt, totals claims in prior 3 months only
wc-c110-1	Average Cost Per Claim Evaluation	Summary Rpt by Claim Year
wc-c111-0	Indoor Air Quality Loss Report	IAQ Causes - Detail by Location, by Claimant
wc-c116-0	Claims by Div/Dept Report	1 line Detail, Current Policy Only (similar to wc-c015-0)
wc-c117-0	Loss by Location - Mult. Injury Losses	Detail Loss Report by Policy, Division, Depart
wc-c123-1	Summary of Losses	Job 123 Sort and Totals by Group
wc-c123-2	Summary of Losses	Job 123 Sort and Totals by Group, Company
wc-c123-3	Summary of Losses	Job 123 Sort and Totals by Group, Company, Division, Depart
wc-k002L-0	Location Register (laser)	Check Register by Location. (laser, HP-4000 TN)
wc-k004-0	Location by Claim Year Register	Check Register by Location/Claim Year.
wc-k010-0	Payment Check Register by Paytype	Register by Paytype, w/ specific paytype(s) option
wc-k011-0	Payment Check Register by Claimant	Register by Claimant, w/ specific paytype(s) option
wc-m004-0	MCA Savings Utilization by Policy Year	MCA Savings Utilization by Policy Year
wc-m004-1	MCA Savings Utilization	MCA Savings Utilization
wc-r007-1	Actual Recovery Summary by Dept	Total recoveries and count of claims receiving recoveries

## List of Data Captured

### Liability

#### Assured

Assured Entity; Group; Company; Division; Department

Entity Names, Addresses & Phone Numbers

Policy

Policy Number, Dates, Financial Limits, Retention Levels

#### Injured Party (Claimant)

Name, Social Security Number

Address & Phone

1st or 3rd Party Indicator

#### Claim / Accident Facts

Accident Description in Words

Accident Description by Codes (Cause, Nature, Body Part)

Key Dates: Loss, Case Open, Closed, Reopen, Death

Coverage Code/Description

#### Adjusting Activities

Reminders

Date, Reminder text,

Notes

Note text, Author, Date

Settlement

Dates

Controvert

Dates

#### Financial Information

Reserves

Bodily Injury, Prop Damage, Comp/Coll, Expense, Etc.

History of Reserve Changes

Payments

Bodily Injury, Prop Damage, Comp/Coll, Expense, Etc.

Vendors

Fed Id, Address & Phone

Recoveries: Potential & Actual

Salvage, Subrogation, Indemnify, Excess of Retention

#### Legal Information

Attorney Names, Address & Phone

Court Dates

#### Vehicle

Vehicle ID, Year, Make, Model

Driver Name, Address, Phone, Sex, Age, License Number

DUI Indicator, Years Employed

#### Correspondence

History of Letters Printed

# NON WORK COMP & PROPERTY

---

## *Standard Non Work Comp & Property*

<u>Report ID</u>	<u>Report Name</u>	<u>Report Description</u>	<u>Report Exhibit</u>
lb-c001-0	Alpha Claims List	Alphabetical Claims Listing	11
lb-c010-0	Case List	Detailed Loss Run	12
lb-c011-0	Claims Alpha/Cross Reference List	Cross Reference to Case List	13
lb-c106-0	Claim Activity	Claims Loss Run by Location within Coverage.	
lb-k001-0	Payment Check Register	Check Register by Company. (Liability)	14
lb-k002-0	Payment Check Register By Location	Check Register by Location. (Liability)	15
lb-c100-0	Loss By Location	Detailed Loss Report by Coverage, Policy, Division,	16

# ALPHA LISTING

---

An alphabetical listing of all claims by claimant name. A manual reference to determine if a claim file has been created. This enables us to identify prior claims by the same individual.



**Report Criteria:**      **Filter: Tier 2 Name = 'Test Company (L)' and LOB in (General Liability, Property, Vehicle/Auto) and Party As Of Status <> 'Closed'**  
**and Client = 'Test Company' and As Of: 04/30/2016**

**Group 1: Tier 1 Name is Test Company**

Claimant	Claim	Coverage	Division/Dept	Status	Loss Date	Open Date	LOB	Description of Loss
acgdon, Godfrey	L580061	General Liability	PUBLIC WORKS/ROADS	Open	01/14/2011	12/04/2013	General Liability	Bicycle struck pothole, causing fall.
adivl, Debra	724494	Errors/Omissions	Constitutional Officers/PROPERTY APPRAISER	Open	02/02/2016	02/16/2016	General Liability	Alleged wrongful termination
aidvs, Alan	721515	Errors/Omissions	COUNTY ATTORNEY/COUNTY ATTORNEY	Open	09/03/2015	12/30/2015	General Liability	Code enforcement had Sheriffs Office remove personal property off claimants residence .
angtir, Henry	L695972	Auto Liability	ENVIRONMENTAL SERVICES/ES ADMINISTRATI	Open	09/22/2015	09/30/2015	Vehicle/Auto	Clmnt driver Orlando, 32817 was backed into by the IV in a
belyrds, Stanley	721854	Employr Liability	Constitutional Officers/PROPERTY APPRAISER	Open	01/04/2016	01/07/2016	General Liability	Alleged employment discrimination and retaliation
cbaeh, Dodie	L606933	General Liability	PUBLIC WORKS/ROADS	Open	08/31/2013	07/01/2014	General Liability	Trip and fall on raised sidewalk
dagnu, Patricia	L613733	Auto Liability	PUBLIC SAFETY/FIRE RESCUE	Reopened	10/20/2014	10/24/2014	Vehicle/Auto	the fire truck was making a left turn out of the station and struck clmt
eutsao Irf, Fabian	L576152	General Liability	PUBLIC WORKS/ROADS	Open	06/13/2011	10/01/2013	General Liability	Clmt struck by motorist, causing death. Allegation is client did not have street marked
frlgaeid, Michael	L611071	General Liability	PUBLIC WORKS/ROADS	Open	10/16/2011	09/17/2014	General Liability	alleged trip & fall due to raised sidewalk
gosunh, Elizabeth	L695972	Auto Liability	ENVIRONMENTAL SERVICES/ES ADMINISTRATI	Open	09/22/2015	01/12/2016	Vehicle/Auto	Clmnt driver Orlando, 32817 was backed into by the IV in a
gtiro, Juan	L577931	General Liability	PUBLIC WORKS/ROADS	Open	05/12/2010	10/29/2013	General Liability	trip and fall sidewalk
hod, Michelle	720704	General Liability	PUBLIC SAFETY/FIRE RESCUE	Open	06/13/2014	12/14/2015	General Liability	Piece of mechanical equipment fell atop claimant who was riding in Ambulance .
iars, Yemeseratch	L599664	Auto Liability	PUBLIC WORKS/STORMWATER	Open	11/07/2011	05/01/2014	Vehicle/Auto	Insured allegedly rear ended clmt vehicle
irabo, Juan	724110	Auto Physical	PUBLIC WORKS/STORMWATER	Open	01/11/2016	02/09/2016	Vehicle/Auto	Insured employee rear ended claimant
kseziw, Casmere	L571398	General Liability	PUBLIC WORKS/ROADS	Reopened	11/29/2009	07/11/2013	General Liability	Clmt riding motorcycle lost control after going over speedbump.
lamiws, Jordan	L605026	General Liability	LEISURE SERVICES/PARKS & RECREATION	Open	07/11/2013	05/21/2014	General Liability	clmt hit painted curb, falling off bicycle
nlefid, Adam	L517261	General Liability	PUBLIC WORKS/ROADS	Open	10/14/2010	05/17/2011	General Liability	Clmt riding bike. Sidewalk collapsed, causing clmt to fall into.
ntesv, Herbert	L576116	General Liability	PUBLIC WORKS/ROADS	Open	02/07/2010	10/01/2013	General Liability	Clmt fell on roadway while riding his bicycle due to washout
o urcmpsniaftdle	L689643	Auto Liability	ENVIRONMENTAL SERVICES/SOLID WASTE	Open	06/12/2015	06/12/2015	Vehicle/Auto	front loader was backing and struck recycle truck
pasnizo, Lee	704250	General Liability	LEISURE SERVICES/PARKS & RECREATION	Open	05/10/2015	12/02/2015	General Liability	While crossing Markam Wood Rd on bicycle , hit median.
pste, Christopher	L571394	General Liability	LEISURE SERVICES/LIBRARY SERVICES	Open	05/07/2008	07/11/2013	General Liability	trip and fall into a water meter hole that was allegedly broken
rkdvozs, Svitlana	L547585	General Liability	PUBLIC WORKS/ROADS	Open	01/30/2012	10/22/2012	General Liability	Alleged trip & fall due to cracking in sidewalk
sfoter, Jacqueline	L615856	General Liability	PUBLIC WORKS/ROADS	Open	09/16/2011	11/25/2014	General Liability	sidewalk trip & fall
sopltemu, John	703925	Employr Liability	Board of County Commissioners/BCC	Open	09/29/2015	11/24/2015	General Liability	Clmt alleges employment discrimination & retaliation
strnkacild, Cynthia	720712	General Liability	PUBLIC WORKS/ROADS	Open	03/01/2014	12/14/2015	General Liability	Claimant allegedly tripped and fell while walking home due to a piece of pipe sticking out of the
tora, Mary	L544358	General Liability	PUBLIC WORKS/ROADS	Open	05/29/2010	09/05/2012	General Liability	Clmt fell due to alleged uneven sidewalk.
youedng, Jayden	L685689	General Liability	PUBLIC SAFETY/ANIMAL CONTROL	Open	07/22/2013	04/20/2015	General Liability	Clmt daughter bitten by dog while playing at Animal Services to adopt

Report Criteria: Filter: Tier 2 Name = 'Test Company (L)' and LOB in (General Liability, Property, Vehicle/Auto) and Party As Of Status <> 'Closed'  
and Client = 'Test Company' and As Of: 04/30/2016

## Group 1 Test Company Totals

Open Cases	27	Closed Cases	0	Total Cases	27

## Grand Totals

Open Cases	27	Closed Cases	0	Total Cases	27

# CASE FILE LIST

---

This report provides detail on amounts incurred and paid by pay type, department and coverage type. It displays workers' compensation as well as property/casualty data showing an English description of accidents, open or closed status and other information. It shows paid in period as well as paid to date.

**Custom Loss Run by Party Detail**  
**Begin Period Date: 4/1/2016 Financials As Of 4/30/2016**

Run Date: 05/12/2016 09:44 AM

**Report Criteria:** Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

Group 1: Party As Of Cov Type: Auto Liability

Group 2: Claim Year / Policy Age: Claim year 2007 10/01/07 - 12/31/2008 Policy Age: 102 Months

Group 3: Tier3 Dept/Div Name: PUBWK PUBLIC WORKS

Party Name Claim Number	Div/Dept Adjuster	Loss Date Opened Date	Closed Date Reopen Date	Party Status Coverage	Nature of Injury Body Part	Received Date (Class Code if claim is WC) Loss Cause	Description of Loss			
.. Seminole County L427661	PUBLIC WORKS/ROADS Tim ivalfn	10/14/2008 10/16/2008	01/13/2009	Closed Auto Liability	UNKNOWN UNKNOWN	10/17/2008 Rear-Ended Claimant	Insured rear ended Clmt vehicle			
					<b>Reserve Type:</b>	<b>Paid in period</b>	<b>Paid to date</b>	<b>Reserve Balance</b>	<b>Incurred</b>	
					<b>Expense</b>	\$0.00	\$85.00	\$0.00	\$85.00	
					<b>Prop Dm</b>	\$0.00	\$4,738.79	\$0.00	\$4,738.79	
					<b>Party Totals:</b>	\$0.00	\$4,823.79	\$0.00	\$4,823.79	
<b>RECOVERIES:</b>					<b>Recoveries:</b>	\$0.00	\$151.00		\$151.00	
				<b>SAL:</b>	\$151.00	<b>Net Totals:</b>	0.00	4,672.79	4,672.79	
onb it1umy0es4c-3l L420139	PUBLIC WORKS/ROADS Lynn gnmlaiut	06/30/2008 07/21/2008	08/13/2008	Closed Auto Liability	UNKNOWN UNKNOWN	07/21/2008 Rear-Ended by Claimant	Insd vehicle rear ended			
					<b>Reserve Type:</b>	<b>Paid in period</b>	<b>Paid to date</b>	<b>Reserve Balance</b>	<b>Incurred</b>	
					<b>Party Totals:</b>	\$0.00	\$0.00	\$0.00	\$0.00	
qinuoes, Julio L410041	PUBLIC WORKS/STORMWATER Lynn gnmlaiut	02/25/2008 03/11/2008	05/23/2008	Closed Auto Liability	UNKNOWN UNKNOWN	03/11/2008 Collision-Sideswipe	Insd sideswiped Clmt's vehicle			
					<b>Reserve Type:</b>	<b>Paid in period</b>	<b>Paid to date</b>	<b>Reserve Balance</b>	<b>Incurred</b>	
					<b>Party Totals:</b>	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Group 3: PUBWK PUBLIC WORKS Totals</b>					<b>Reserve Type:</b>	<b>Paid in period</b>	<b>Paid to date</b>	<b>Reserve Balance</b>	<b>Incurred</b>	
					<b>Expense:</b>	\$0.00	\$85.00	\$0.00	\$85.00	
					<b>Prop Dm:</b>	\$0.00	\$4,738.79	\$0.00	\$4,738.79	
					<b>Total:</b>	<b>\$0.00</b>	<b>\$4,823.79</b>	<b>\$0.00</b>	<b>\$4,823.79</b>	
<b>RECOVERIES:</b>					<b>Recoveries:</b>	\$0.00	\$151.00		\$151.00	
				<b>SAL:</b>	\$151.00	<b>Net:</b>	<b>\$0.00</b>	<b>\$4,672.79</b>	<b>\$4,672.79</b>	
<b>Claim Count:</b>	<b>Open:</b> 0	<b>in period:</b> 0	<b>Closed:</b> 3	<b>in period:</b> 0	<b>Total Claims:</b> 3					
<b>Party Count:</b>	<b>Open:</b> 0	<b>in period:</b> 0	<b>Closed:</b> 3	<b>in period:</b> 0	<b>Total Parties:</b> 3					

Left Margin "IN PERIOD ACTIVITY" INDICATORS: "\$" Payments. "&amp;" Reserves. "+" Opened. "\*"Closed. "^" Reopened.

**Custom Loss Run by Party Detail**  
**Begin Period Date: 4/1/2016 Financials As Of 4/30/2016**

Run Date: 05/12/2016 09:44 AM

**Report Criteria:** Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

**Group 1: Auto Liability Totals**

						<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
						Bod Inj:	\$0.00	\$745,271.50	\$42,500.00	\$787,771.50
						Col/Com:	\$0.00	\$20,506.10	\$305.00	\$20,811.10
						Def Atn:	\$0.00	\$295,921.64	\$7,374.40	\$303,296.04
						Expense:	\$100.00	\$201,749.36	\$13.50	\$201,762.86
						JE Fees:	\$0.00	\$424.78	\$0.00	\$424.78
						Per Inj:	\$0.00	\$10,000.00	\$0.00	\$10,000.00
						Prop Dm:	\$10,365.00	\$846,550.85	\$6,095.86	\$852,646.71
						<b>Total:</b>	<b>\$10,465.00</b>	<b>\$2,120,424.23</b>	<b>\$56,288.76</b>	<b>\$2,176,712.99</b>
<b>RECOVERIES:</b>						<b>Recoveries:</b>	<b>\$0.00</b>	<b>\$178,421.22</b>		<b>\$178,421.22</b>
<b>CON:</b> <b>EXC:</b> \$97,857.24 <b>SUB:</b> \$76,905.56 <b>SAL:</b> \$3,406.40						<b>Net:</b>	<b>\$10,465.00</b>	<b>\$1,942,003.01</b>		<b>\$1,998,291.77</b>
<b>Claim Count:</b> Open:   6                      in period:   0                      Closed:   668                      in period:   0 <b>Total Claims:</b> 674										
<b>Party Count:</b> Open:   8                      in period:   0                      Closed:   685                      in period:   0 <b>Total Parties:</b> 693										



**Custom Loss Run by Party Detail**  
**Begin Period Date: 4/1/2016 Financials As Of 4/30/2016**

Run Date: 05/12/2016 09:44 AM

**Report Criteria:** Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

Group 1: Party As Of Cov Type: Auto Physical

Group 2: Claim Year / Policy Age: Claim year 2016 01/01/16 - 12/31/2016 Policy Age: 3 Months

Group 3: Tier3 Dept/Div Name: PUBWK PUBLIC WORKS

Party Name Claim Number	Div/Dept Adjuster	Loss Date Opened Date	Closed Date Reopen Date	Party Status Coverage	Nature of Injury Body Part	Received Date (Class Code if claim is WC) Loss Cause	Description of Loss			
ecnsyuotl i 724110	PUBLIC WORKS/STORMWATER Nicholas limuns	01/11/2016 02/09/2016		Closed Auto Physical		02/09/2016 Rear-Ended Claimant	Insured employee rear ended claimant			
					<b>Reserve Type:</b>	<b>Paid in period</b>	<b>Paid to date</b>	<b>Reserve Balance</b>	<b>Incurred</b>	
					<b>Col/Com</b>	\$0.00	\$1,650.18	\$0.00	\$1,650.18	
					<b>Party Totals:</b>	\$0.00	\$1,650.18	\$0.00	\$1,650.18	
eo suintlmcy 728299	PUBLIC WORKS/ROADS Nicholas limuns	04/11/2016 04/12/2016		Closed Auto Physical		04/12/2016 Backing or Rolling	Insured struck parked car			
					<b>Reserve Type:</b>	<b>Paid in period</b>	<b>Paid to date</b>	<b>Reserve Balance</b>	<b>Incurred</b>	
					<b>Party Totals:</b>	\$0.00	\$0.00	\$0.00	\$0.00	
+ *										
hrsoian, Jessica 728299	PUBLIC WORKS/ROADS Nicholas limuns	04/11/2016 04/12/2016		Open Auto Physical		04/12/2016 Backing or Rolling	Insured struck parked car			
					<b>Reserve Type:</b>	<b>Paid in period</b>	<b>Paid to date</b>	<b>Reserve Balance</b>	<b>Incurred</b>	
					<b>Prop Dm</b>	\$4,073.73	\$4,073.73	\$2,000.00	\$6,073.73	
					<b>Party Totals:</b>	\$4,073.73	\$4,073.73	\$2,000.00	\$6,073.73	
\$ & +										
irabo, Juan 724110	PUBLIC WORKS/STORMWATER Nicholas limuns	01/11/2016 02/09/2016		Open Auto Physical		02/09/2016 Rear-Ended Claimant	Insured employee rear ended claimant			
					<b>Reserve Type:</b>	<b>Paid in period</b>	<b>Paid to date</b>	<b>Reserve Balance</b>	<b>Incurred</b>	
					<b>Bod Inj</b>	\$0.00	\$0.00	\$5,000.00	\$5,000.00	
					<b>Expense</b>	\$0.00	\$0.00	\$100.00	\$100.00	
					<b>Prop Dm</b>	\$0.00	\$0.00	\$3,500.00	\$3,500.00	
					<b>Party Totals:</b>	\$0.00	\$0.00	\$8,600.00	\$8,600.00	
&										
yscerb- tno, Gary 724110	PUBLIC WORKS/STORMWATER Nicholas limuns	01/11/2016 02/09/2016		Closed Auto Physical		02/09/2016 Rear-Ended Claimant	Insured employee rear ended claimant			
					<b>Reserve Type:</b>	<b>Paid in period</b>	<b>Paid to date</b>	<b>Reserve Balance</b>	<b>Incurred</b>	
					<b>Party Totals:</b>	\$0.00	\$0.00	\$0.00	\$0.00	
					<b>Reserve Type:</b>	<b>Paid in period</b>	<b>Paid to date</b>	<b>Reserve Balance</b>	<b>Incurred</b>	
					<b>Bod Inj:</b>	\$0.00	\$0.00	\$5,000.00	\$5,000.00	
					<b>Col/Com:</b>	\$0.00	\$1,650.18	\$0.00	\$1,650.18	
					<b>Expense:</b>	\$0.00	\$0.00	\$100.00	\$100.00	
					<b>Prop Dm:</b>	\$4,073.73	\$4,073.73	\$5,500.00	\$9,573.73	
					<b>Total:</b>	<b>\$4,073.73</b>	<b>\$5,723.91</b>	<b>\$10,600.00</b>	<b>\$16,323.91</b>	
<b>Group 3: PUBWK PUBLIC WORKS Totals</b>										
					<b>Reserve Type:</b>	<b>Paid in period</b>	<b>Paid to date</b>	<b>Reserve Balance</b>	<b>Incurred</b>	
					<b>Bod Inj:</b>	\$0.00	\$0.00	\$5,000.00	\$5,000.00	
					<b>Col/Com:</b>	\$0.00	\$1,650.18	\$0.00	\$1,650.18	
					<b>Expense:</b>	\$0.00	\$0.00	\$100.00	\$100.00	
					<b>Prop Dm:</b>	\$4,073.73	\$4,073.73	\$5,500.00	\$9,573.73	
					<b>Total:</b>	<b>\$4,073.73</b>	<b>\$5,723.91</b>	<b>\$10,600.00</b>	<b>\$16,323.91</b>	
Claim Count:	Open: 2	in period: 1	Closed: 0	in period: 0	Total Claims: 2					
Party Count:	Open: 2	in period: 2	Closed: 3	in period: 1	Total Parties: 5					

Left Margin "IN PERIOD ACTIVITY" INDICATORS: "\$" Payments. "&amp;" Reserves. "+" Opened. ""Closed. "A" Reopened.

**Custom Loss Run by Party Detail**  
**Begin Period Date: 4/1/2016 Financials As Of 4/30/2016**

Run Date: 05/12/2016 09:44 AM

**Report Criteria:** Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

Group 1: Party As Of Cov Type: Auto Physical

Group 2: Claim year 2016 01/01/16 - 12/31/2016 Policy Age: 3 Months Totals

<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
Bod Inj:	\$0.00	\$0.00	\$5,000.00	\$5,000.00
Col/Com:	\$0.00	\$1,650.18	\$0.00	\$1,650.18
Expense:	\$0.00	\$0.00	\$100.00	\$100.00
Prop Dm:	\$4,073.73	\$7,368.98	\$5,500.00	\$12,868.98
<b>Total:</b>	<b>\$4,073.73</b>	<b>\$9,019.16</b>	<b>\$10,600.00</b>	<b>\$19,619.16</b>

Claim Count:	Open: 2	in period: 1	Closed: 2	in period: 1	Total Claims: 4
Party Count:	Open: 2	in period: 2	Closed: 6	in period: 2	Total Parties: 8

Custom Loss Run by Party Detail  
Begin Period Date: 4/1/2016 Financials As Of 4/30/2016

Run Date: 05/12/2016 09:44 AM

Report Criteria: Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

Group 1: Auto Physical Totals

						<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
						Bod Inj:	\$0.00	\$0.00	\$5,000.00	\$5,000.00
						Col/Com:	\$0.00	\$1,598,667.31	\$11,107.33	\$1,609,774.64
						Expense:	\$0.00	\$28,832.59	\$100.00	\$28,932.59
						Prop Dm:	\$4,073.73	\$19,622.24	\$5,500.00	\$25,122.24
						Total:	\$4,073.73	\$1,647,122.14	\$21,707.33	\$1,668,829.47
RECOVERIES:			EXC:	\$62,705.31	SUB:	\$296,208.73	Recoveries:	\$0.00	\$403,512.80	\$403,512.80
	CON:		\$9,012.26		SAL:	\$35,586.50	Net:	\$4,073.73	\$1,243,609.34	\$1,265,316.67
Claim Count:	Open:	3	in period:	1	Closed:	547	in period:	1	Total Claims:	550
Party Count:	Open:	3	in period:	2	Closed:	554	in period:	2	Total Parties:	557

Report Criteria: Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

Group 1: Party As Of Cov Type: Crime/Surety/Fidelity  
Group 2: Claim Year / Policy Age: Claim year 1987 01/01/87 - 12/31/1987 Policy Age: 351 Months  
Group 3: Tier3 Dept/Div Name: ENVSV ENVIRONMENTAL SERVICES

Party Name	Div/Dept	Loss Date	Closed Date	Party Status	Nature of Injury	Received Date (Class Code if claim is WC)	Description of Loss
Claim Number	Adjuster	Opened Date	Reopen Date	Coverage	Body Part	Loss Cause	
btraon, Douglas	ENVIRONMENTAL SERVICES/SOLID W/	02/08/1987	12/09/1987	Closed	UNKNOWN	05/08/1987	THEFT ON EMPLOYEES TOOLS
L194111	Lynn gnmlaiut	05/08/1987		Crime/Surety/Fide	UNKNOWN		

Reserve Type:	Paid in period	Paid to date	Reserve Balance	Incurred
Party Totals:	\$0.00	\$0.00	\$0.00	\$0.00
Reserve Type:	Paid in period	Paid to date	Reserve Balance	Incurred
Total:	\$0.00	\$0.00	\$0.00	\$0.00

Group 3: ENVSV ENVIRONMENTAL SERVICES Totals

Claim Count: Open: 0 in period: 0 Closed: 1 in period: 0 Total Claims: 1  
Party Count: Open: 0 in period: 0 Closed: 1 in period: 0 Total Parties: 1

Custom Loss Run by Party Detail  
Begin Period Date: 4/1/2016 Financials As Of 4/30/2016

Run Date: 05/12/2016 09:44 AM

Report Criteria: Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

Group 1: Crime/Surety/Fidelity Totals

<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
Othr CV:	\$0.00	\$218.00	\$0.00	\$218.00
Total:	\$0.00	\$218.00	\$0.00	\$218.00

Claim Count: Open: 0 in period: 0 Closed: 2 in period: 0 Total Claims: 2  
Party Count: Open: 0 in period: 0 Closed: 2 in period: 0 Total Parties: 2



**Custom Loss Run by Party Detail**  
**Begin Period Date: 4/1/2016 Financials As Of 4/30/2016**

Run Date: 05/12/2016 09:44 AM

**Report Criteria:** Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

**Group 1: Party As Of Cov Type: Employr Liability**

**Group 2: Claim Year / Policy Age: Claim year 2015 01/01/15 - 12/31/2015      Policy Age: 15 Months**

**Group 3: Tier3 Dept/Div Name: BOCC Board of County Commissioners**

Party Name Claim Number	Div/Dept Adjuster	Loss Date Opened Date	Closed Date Reopen Date	Party Status Coverage	Nature of Injury Body Part	Received Date (Class Code if claim is WC) Loss Cause	Description of Loss
sopitemu, John 703925	Board of County Commissioners/BCC Nicholas Iimuns	09/29/2015 11/24/2015		Open Employer Liability		11/24/2015 Sexual Discr./Harassment	Clmt alleges employment discrimination & retaliation

\$		<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
		Bod Inj	\$0.00	\$0.00	\$5,000.00	\$5,000.00
		Def Atn	\$3,471.80	\$12,581.80	\$4,903.20	\$17,485.00
		Expense	\$0.00	\$0.00	\$2,500.00	\$2,500.00
		Party Totals:	\$3,471.80	\$12,581.80	\$12,403.20	\$24,985.00
Group 3: BOCC Board of County Commissioners Totals		<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
		Bod Inj:	\$0.00	\$0.00	\$5,000.00	\$5,000.00
		Def Atn:	\$3,471.80	\$12,581.80	\$4,903.20	\$17,485.00
		Expense:	\$0.00	\$0.00	\$2,500.00	\$2,500.00
		Total:	\$3,471.80	\$12,581.80	\$12,403.20	\$24,985.00

Claim Count:	Open:	1	in period:	0	Closed:	0	in period:	0	Total Claims:	1
Party Count:	Open:	1	in period:	0	Closed:	0	in period:	0	Total Parties:	1

Report Criteria:

Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

Group 1: Employr Liability Totals							Reserve Type:	Paid in period	Paid to date	Reserve Balance	Incurred
							Bod Inj:	\$0.00	\$0.00	\$6,000.00	\$6,000.00
							Def Atn:	\$3,471.80	\$12,581.80	\$4,903.20	\$17,485.00
							Expense:	\$0.00	\$11,700.36	\$2,500.00	\$14,200.36
							Total:	\$3,471.80	\$24,282.16	\$13,403.20	\$37,685.36
Claim Count:	Open:	2	in period:	0	Closed:	1	in period:	0	Total Claims:	3	
Party Count:	Open:	2	in period:	0	Closed:	1	in period:	0	Total Parties:	3	

Report Criteria: Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

Group 1: Party As Of Cov Type: Errors/Omissions  
Group 2: Claim Year / Policy Age: Claim year 1986 01/01/86 - 12/31/1986 Policy Age: 363 Months  
Group 3: Tier3 Dept/Div Name: PLDEV ECONOMIC & COMM DEVELOPMENT

Party Name	Div/Dept	Loss Date	Closed Date	Party Status	Nature of Injury	Received Date (Class Code if claim is WC)	Description of Loss			
Claim Number	Adjuster	Opened Date	Reopen Date	Coverage	Body Part	Loss Cause				
obktsa, Frank J.	ECONOMIC & COMM DEVELOPMENT/C	01/25/1986	04/06/1993	Closed	UNKNOWN	01/23/1992	CLAIMANT ALLEGES CODE ENFORCEMENT IS			
L194557	Tim ivalfn	01/23/1992		Errors/Omissions	UNKNOWN	UNKNOWN	UNCONSTITUTIONAL			
						<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
						Expense	\$0.00	\$20,827.57	\$0.00	\$20,827.57
						Party Totals:	\$0.00	\$20,827.57	\$0.00	\$20,827.57
<b>Group 3: PLDEV ECONOMIC &amp; COMM DEVELOPMENT Totals</b>						<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
						Expense:	\$0.00	\$20,827.57	\$0.00	\$20,827.57
						Total:	\$0.00	\$20,827.57	\$0.00	\$20,827.57
Claim Count:	Open: 0	in period: 0	Closed: 1	in period: 0	Total Claims:	1				
Party Count:	Open: 0	in period: 0	Closed: 1	in period: 0	Total Parties:	1				

Custom Loss Run by Party Detail  
Begin Period Date: 4/1/2016 Financials As Of 4/30/2016

Run Date: 05/12/2016 09:44 AM

Report Criteria: Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

Group 1: Party As Of Cov Type: Errors/Omissions

Group 2: Claim year 1986 01/01/86 - 12/31/1986 Policy Age: 363 Months

						<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
Totals						Expense:	\$0.00	\$20,827.57	\$0.00	\$20,827.57
						Total:	\$0.00	\$20,827.57	\$0.00	\$20,827.57
Claim Count:	Open:	0	in period:	0	Closed:	1	in period:	0	Total Claims:	1
Party Count:	Open:	0	in period:	0	Closed:	1	in period:	0	Total Parties:	1

Custom Loss Run by Party Detail  
Begin Period Date: 4/1/2016 Financials As Of 4/30/2016

Run Date: 05/12/2016 09:44 AM

Report Criteria: Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

Group 1: Errors/Omissions Totals								<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
								Bod Inj:	\$0.00	\$609,325.00	\$0.00	\$609,325.00
								Def Atn:	\$0.00	\$916,190.10	\$2,500.00	\$918,690.10
								Expense:	\$0.00	\$711,719.13	\$0.00	\$711,719.13
								Prop Dm:	\$0.00	\$126,500.00	\$0.00	\$126,500.00
								Total:	\$0.00	\$2,363,734.23	\$2,500.00	\$2,366,234.23
RECOVERIES:				EXC:		\$485,970.05		Recoveries:	\$0.00	\$486,055.95		\$486,055.95
CON:				\$85.90				Net:	\$0.00	\$1,877,678.28		\$1,880,178.28



**Custom Loss Run by Party Detail**  
**Begin Period Date: 4/1/2016 Financials As Of 4/30/2016**

Run Date: 05/12/2016 09:44 AM

**Report Criteria:** Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

Group 1: Party As Of Cov Type: General Liability

Group 2: Claim Year / Policy Age: Claim year 1977 09/07/77 - 09/06/1978 Policy Age: 463 Months

Group 3: Tier3 Dept/Div Name: BOCC Board of County Commissioners

Party Name	Div/Dept	Loss Date	Closed Date	Party Status	Nature of Injury	Received Date (Class Code if claim is WC)	Description of Loss
Claim Number	Adjuster	Opened Date	Reopen Date	Coverage	Body Part	Loss Cause	
lowgay, B Allison	Board of County Commissioners/BCC	08/01/1978	06/24/1986	Closed	UNKNOWN	11/07/1980	ALLEGES CLIENT ISOLATED HIS PROPERTY
L193951	Lynn gnmlaiut	11/07/1980		General Liability	UNKNOWN	UNKNOWN	

<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
Expense	\$0.00	\$1,296.46	\$0.00	\$1,296.46
Party Totals:	\$0.00	\$1,296.46	\$0.00	\$1,296.46
<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
Expense:	\$0.00	\$1,296.46	\$0.00	\$1,296.46
Total:	\$0.00	\$1,296.46	\$0.00	\$1,296.46

Group 3: BOCC Board of County Commissioners Totals

Claim Count: Open: 0 in period: 0 Closed: 1 in period: 0 Total Claims: 1  
 Party Count: Open: 0 in period: 0 Closed: 1 in period: 0 Total Parties: 1

Custom Loss Run by Party Detail  
Begin Period Date: 4/1/2016 Financials As Of 4/30/2016

Run Date: 05/12/2016 09:44 AM

Report Criteria: Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

Group 1: Party As Of Cov Type: General Liability

Group 2: Claim year 1977 09/07/77 - 09/06/1978 Policy Age: 463 Months

Totals						<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
						Expense:	\$0.00	\$1,296.46	\$0.00	\$1,296.46
						Total:	\$0.00	\$1,296.46	\$0.00	\$1,296.46
Claim Count:	Open:	0	in period:	0	Closed:	1	in period:	0	Total Claims:	1
Party Count:	Open:	0	in period:	0	Closed:	1	in period:	0	Total Parties:	1

Custom Loss Run by Party Detail  
Begin Period Date: 4/1/2016 Financials As Of 4/30/2016

Run Date: 05/12/2016 09:44 AM

Report Criteria: Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

Group 1: General Liability Totals

						<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
						Bod Inj:	\$45,500.00	\$2,919,188.81	\$70,500.00	\$2,989,688.81
						Def Atn:	\$0.00	\$1,335,939.46	\$115,882.65	\$1,451,822.11
						Expense:	\$0.00	\$1,856,274.63	\$5,654.46	\$1,861,929.09
						JE Fees:	\$0.00	\$12,269.21	\$0.00	\$12,269.21
						Med Pmt:	\$0.00	\$2,507.50	\$0.00	\$2,507.50
						Per Inj:	\$0.00	\$10,000.00	\$0.00	\$10,000.00
						Prop Dm:	\$3,415.69	\$1,330,260.35	\$334.31	\$1,330,594.66
						Total:	\$48,915.69	\$7,466,439.96	\$192,371.42	\$7,658,811.38
RECOVERIES:						Recoveries:	\$0.00	\$1,888,958.86		\$1,888,958.86
CON:						Net:	\$48,915.69	\$5,577,481.10		\$5,769,852.52
EXC:										
\$1,807,856.59										
SUB:										
\$72,722.25										
IND:										
\$7,883.70										
Claim Count:	Open:	18	in period:	1	Closed:	1,272	in period:	0	Total Claims:	1,290
Party Count:	Open:	18	in period:	1	Closed:	1,343	in period:	0	Total Parties:	1,361

Report Criteria: Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

Group 1: Party As Of Cov Type: Prof Liability  
Group 2: Claim Year / Policy Age: Claim year 2000 10/01/00 - 09/30/2001 Policy Age: 186 Months  
Group 3: Tier3 Dept/Div Name: ENVSV ENVIRONMENTAL SERVICES

Party Name	Div/Dept	Loss Date	Closed Date	Party Status	Nature of Injury	Received Date (Class Code if claim is WC)	Description of Loss
Claim Number	Adjuster	Opened Date	Reopen Date	Coverage	Body Part	Loss Cause	
Ir_indtoavsc.	ENVIRONMENTAL SERVICES/WATER &	12/01/2000	12/14/2007	Closed	UNKNOWN	04/07/2005	Climt challenging impact fees.
L306281	Lynn gnmlaiut	04/07/2005		Prof Liability	UNKNOWN	Professional Liab.	
					<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>
					Def Atn	\$0.00	\$110,357.29
					Expense	\$0.00	\$2,566.10
					Party Totals:	\$0.00	\$112,923.39
					<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>
					Def Atn:	\$0.00	\$110,357.29
					Expense:	\$0.00	\$2,566.10
					Total:	\$0.00	\$112,923.39
Claim Count:	Open: 0	in period: 0	Closed: 1	in period: 0	Total Claims:	1	
Party Count:	Open: 0	in period: 0	Closed: 1	in period: 0	Total Parties:	1	

Custom Loss Run by Party Detail  
Begin Period Date: 4/1/2016 Financials As Of 4/30/2016

Run Date: 05/12/2016 09:44 AM

Report Criteria: Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

Group 1: Party As Of Cov Type: Prof Liability

Group 2: Claim year 2000 10/01/00 - 09/30/2001 Policy Age: 186 Months

Totals										
						Def Atn:	\$0.00	\$110,357.29	\$0.00	\$110,357.29
						Expense:	\$0.00	\$2,566.10	\$0.00	\$2,566.10
						Total:	\$0.00	\$112,923.39	\$0.00	\$112,923.39
Claim Count:	Open:	0	in period:	0	Closed:	1	in period:	0	Total Claims:	1
Party Count:	Open:	0	in period:	0	Closed:	1	in period:	0	Total Parties:	1



Custom Loss Run by Party Detail  
Begin Period Date: 4/1/2016 Financials As Of 4/30/2016

Run Date: 05/12/2016 09:44 AM

Report Criteria: Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

Group 1: Prof Liability Totals

					<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
					Def Atn:	\$0.00	\$194,692.13	\$0.00	\$194,692.13
					Expense:	\$0.00	\$5,628.30	\$0.00	\$5,628.30
					Total:	\$0.00	\$200,320.43	\$0.00	\$200,320.43
RECOVERIES:					Recoveries:	\$0.00	\$94.50		\$94.50
					Net:	\$0.00	\$200,225.93		\$200,225.93

SUB: \$94.50

Claim Count: Open: 0 in period: 0 Closed: 8 in period: 0 Total Claims: 8  
Party Count: Open: 0 in period: 0 Closed: 8 in period: 0 Total Parties: 8

Report Criteria: Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

Group 1: Party As Of Cov Type: Property  
Group 2: Claim Year / Policy Age: Claim year 1980 10/01/80 - 12/31/1981 Policy Age: 426 Months  
Group 3: Tier3 Dept/Div Name: PUBWK PUBLIC WORKS

Party Name	Div/Dept	Loss Date	Closed Date	Party Status	Nature of Injury	Received Date (Class Code if claim is WC)	Description of Loss
Claim Number	Adjuster	Opened Date	Reopen Date	Coverage	Body Part	Loss Cause	
kfoaulcibrwpst	PUBLIC WORKS/TRAFFIC ENGINEERIN	09/20/1981	12/01/1988	Closed	UNKNOWN	10/05/1981	DRIVER COLLIDED WITH LIGHT POLE OWNED
L193955	Tim ivalfn	10/05/1981		Property	UNKNOWN	UNKNOWN	BY CLIENT

	Reserve Type:	Paid in period	Paid to date	Reserve Balance	Incurred
	Expense	\$0.00	\$385.65	\$0.00	\$385.65
	Party Totals:	\$0.00	\$385.65	\$0.00	\$385.65
RECOVERIES:	Recoveries:	\$0.00	\$50.00		\$50.00
	Net Totals:	0.00	335.65		335.65

	Reserve Type:	Paid in period	Paid to date	Reserve Balance	Incurred
	Expense:	\$0.00	\$385.65	\$0.00	\$385.65
	Total:	\$0.00	\$385.65	\$0.00	\$385.65
RECOVERIES:	Recoveries:	\$0.00	\$50.00		\$50.00
	Net:	\$0.00	\$335.65		\$335.65

Claim Count:	Open:	0	in period:	0	Closed:	1	in period:	0	Total Claims:	1
Party Count:	Open:	0	in period:	0	Closed:	1	in period:	0	Total Parties:	1

Custom Loss Run by Party Detail  
Begin Period Date: 4/1/2016 Financials As Of 4/30/2016

Run Date: 05/12/2016 09:44 AM

Report Criteria: Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

Group 1: Party As Of Cov Type: Property

Group 2: Claim year 1980 10/01/80 - 12/31/1981 Policy Age: 426 Months

Totals					<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
					Expense:	\$0.00	\$385.65	\$0.00	\$385.65
					Total:	\$0.00	\$385.65	\$0.00	\$385.65
RECOVERIES:					Recoveries:	\$0.00	\$50.00		\$50.00
SUB:					Net:	\$0.00	\$335.65		\$335.65

Claim Count:	Open:	0	in period:	0	Closed:	1	in period:	0	Total Claims:	1
Party Count:	Open:	0	in period:	0	Closed:	1	in period:	0	Total Parties:	1

Custom Loss Run by Party Detail  
Begin Period Date: 4/1/2016 Financials As Of 4/30/2016

Run Date: 05/12/2016 09:44 AM

Report Criteria: Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

Group 1: Property Totals

						<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
						Adl Epx:	\$0.00	\$493,466.75	\$0.00	\$493,466.75
						Col/Com:	\$0.00	\$463.00	\$0.00	\$463.00
						Contnts:	\$0.00	\$733,394.40	\$0.00	\$733,394.40
						Dwl/Bld:	\$0.00	\$443,482.36	\$0.00	\$443,482.36
						Expense:	\$0.00	\$24,709.44	\$0.00	\$24,709.44
						Improve:	\$0.00	\$15,010.06	\$0.00	\$15,010.06
						O Struc:	\$0.00	\$1,504,564.48	\$0.00	\$1,504,564.48
						Total:	\$0.00	\$3,215,090.49	\$0.00	\$3,215,090.49
RECOVERIES:						Recoveries:	\$0.00	\$670,530.36		\$670,530.36
						Net:	\$0.00	\$2,544,560.13		\$2,544,560.13
						EXC:	\$537,579.49	SUB:	\$132,950.87	
Claim Count:	Open:	0	in period:	0	Closed:	361	in period:	0	Total Claims:	361
Party Count:	Open:	0	in period:	0	Closed:	361	in period:	0	Total Parties:	361

**Custom Loss Run by Party Detail**  
**Begin Period Date: 4/1/2016 Financials As Of 4/30/2016**

Run Date: 05/12/2016 09:44 AM

**Report Criteria:** Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

<b>Grand Totals</b>								<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
								Adl Epx:	\$0.00	\$493,466.75	\$0.00	\$493,466.75
								Bod Inj:	\$45,500.00	\$4,273,785.31	\$124,000.00	\$4,397,785.31
								Col/Com:	\$0.00	\$1,619,636.41	\$11,412.33	\$1,631,048.74
								Contnts:	\$0.00	\$733,394.40	\$0.00	\$733,394.40
								Def Atn:	\$3,471.80	\$2,755,325.13	\$130,660.25	\$2,885,985.38
								Dwl/Bld:	\$0.00	\$443,482.36	\$0.00	\$443,482.36
								Expense:	\$100.00	\$2,840,613.81	\$8,267.96	\$2,848,881.77
								Improve:	\$0.00	\$15,010.06	\$0.00	\$15,010.06
								JE Fees:	\$0.00	\$12,693.99	\$0.00	\$12,693.99
								Med Pmt:	\$0.00	\$2,507.50	\$0.00	\$2,507.50
								O Struc:	\$0.00	\$1,504,564.48	\$1,504,564.48	\$1,504,564.48
								Othr CV:	\$0.00	\$218.00	\$0.00	\$218.00
								Per Inj:	\$0.00	\$20,000.00	\$0.00	\$20,000.00
								Prop Dmj:	\$17,854.42	\$2,322,933.44	\$11,930.17	\$2,334,863.61
								<b>Total:</b>	<b>\$66,926.22</b>	<b>\$17,037,631.64</b>	<b>\$286,270.71</b>	<b>\$17,323,902.35</b>
<b>RECOVERIES:</b>								<b>Recoveries:</b>	<b>\$0.00</b>	<b>\$3,627,573.69</b>		<b>\$3,627,573.69</b>
<b>CON:</b> \$9,846.50 <b>EXC:</b> \$2,991,968.68 <b>SUB:</b> \$578,881.91 <b>IND:</b> \$7,883.70 <b>SAL:</b> \$38,992.90								<b>Net:</b>	<b>\$66,926.22</b>	<b>\$13,410,057.95</b>		<b>\$13,696,328.66</b>
<b>Claim Count:</b> Open: 30      in period: 2      Closed: 2,914      in period: 1 <b>Total Claims:</b> 2,944 <b>Party Count:</b> Open: 33      in period: 4      Closed: 3,015      in period: 3 <b>Total Parties:</b> 3,048												



# **CLAIMS ALPHA/CROSS REFERENCE LIST**

---

This report contains one line of claim detail by claimant name. It serves as an alpha report and as a quick cross reference guide in locating claims listed on the Case List. This is achieved by listing the page number of the Case List report on which the claim appears.

# SAMPLE COMPANY

Apr 2001

## Liability Alpha List / Case File Cross Reference

lb-c011-0 Claimant

REPORT DOCUMENTATION
----------------------

**Report Source** : lb-c011-0  
**Run Date** : 03/13/02  
**Run Time** : 1:00:29PM  
**Report Name** : Liability Claims Alpha List / Case File Cross Reference

**File Type** : Coverage: Liability

**Data Source** : PRPTClaim

**Notes/Description** : One line list of Claims by Claimant Name.  
Lists the PAGE NUMBER of the Case List report on which the claim appears.

**Sort Order** : Claimant

**Run Time Options** :   **Date Range** : 04/01/01 - 04/30/01  
                          **OpenCloseStat** : All Claims  
                          **TotalsOnly** : N

REPORT DOCUMENTATION
----------------------

Johns Eastern Company, Inc.  
6015 Resource Lane  
Bradenton, Florida, USA 34202  
(941) 907-3100 Fax (941) 907-7227

## SAMPLE COMPANY

## Alpha List / Case File Cross Reference

## All Claims

Case List Page	Claimant	Case Number	Claim	Loss Date	Status	Coverage	Clm Year	Division / Department
256	YIVYS, LYN	000302006013A	35725	11/13/91	CLOSED	AUTO LIAB	91	2 Bridford County Buird of Public Ins / 040903 TR
540	YLDYR, JUSHUI, JUSHUI	000302012671A	38197	09/10/98	OPEN	AUTO LIAB	98	10 Putnim County Schuul Buird / 540042 TRINSPURIT
954	YILIM JUSHUI	000302007354C	36223	04/26/93	CLOSED	GEN LIAB	92	8 Lyvy County Schuul Buird / 380021 BRUNSUN HIGH
1,133	YILIM NUIH J	000302009619C	37085	09/01/95	CLOSED	GEN LIAB	95	8 Lyvy County Schuul Buird / 380021 BRUNSUN HIGH
1,209	YILIM THU	000302011027C	37594	12/14/96	CLOSED	GEN LIAB	96	0 UNKNOWN / 120011 CULUMBINY HIGH SCHUUL-SOUTH
426	YIUPOULUS, GRYGURY	000302010373A	37365	05/22/96	CLOSED	AUTO LIAB	95	7 Hyrnindu County Schuul Buird / 279602 BUS GIRIGY
668	YILXSUN, BRID	000302001732C	34352	11/21/83	CLOSED	GEN LIAB	83	11 Union County Schuul Buird / 630021 UNION COUNTY
278	YIKINS, CHRISTIY	000302006330A	35812	02/06/92	CLOSED	AUTO LIAB	91	10 Putnim County Schuul Buird / 540042 TRINSPURIT
851	YIKU, KIM	000302005715C	35650	02/08/91	CLOSED	GEN LIAB	90	7 Hyrnindu County Schuul Buird / 270251 CYNTRIL HI
854	YIL, Juhn	000302005587C	35601	05/15/91	CLOSED	GEN LIAB	90	7 Hyrnindu County Schuul Buird / 270261 DYLUNI YL
995	YILLIS, ILEBYT	000302007765C	36378	09/17/93	CLOSED	GEN LIAB	93	5 Fliglyr County Buird of Public Ins / 180131 WIS
447	YILLIS, JIM'S	000302011110A	37640	03/21/97	CLOSED	AUTO LIAB	96	3 Culumbii County Schuul Buird / 279602 BUS GIRIGY
1,044	YILLIS, JYNNIFYR	000302008565C	36686	08/11/94	CLOSED	GEN LIAB	94	3 Culumbii County Schuul Buird / 120071 MLRUSY YL
733	YILLISUN, WILLIY	000302002929C	34771	07/16/87	CLOSED	GEN LIAB	87	6 Gilchrist County Schuul Buird / 210021 RYNTUN HI
267	YILLIUTT, CHRISTUPHR	000302006456A	35848	04/03/92	CLOSED	AUTO LIAB	91	7 Hyrnindu County Schuul Buird / 279602 BUS GIRIGY
1,096	YILLIUTT, JUSYPH B	000302009577C	37073	05/25/95	CLOSED	GEN LIAB	94	0 UNKNOWN / 270052 BRUKSVILLY YLYM SCHUUL
447	YILLIUTT, JYSSICI	000302011110A	37631	03/21/97	CLOSED	AUTO LIAB	96	3 Culumbii County Schuul Buird / 279602 BUS GIRIGY
93	YILMURY, KRISTINY	000302002497A	34559	04/02/87	CLOSED	AUTO LIAB	86	3 Culumbii County Schuul Buird / 279602 BUS GIRIGY
100	YILMURY, KRISTINY	000302002498A	34597	04/02/87	CLOSED	AUTO LIAB	86	3 Culumbii County Schuul Buird / 279602 BUS GIRIGY
748	YILYR, LINDY	000302002865C	34749	09/28/87	CLOSED	GEN LIAB	87	10 Putnim County Schuul Buird / 540091 MILLUN YLYM
1,064	YILMURY, MLISSI	000302009375C	36984	09/20/94	CLOSED	GEN LIAB	94	6 Gilchrist County Schuul Buird / 210041 TRYNTUN Y
952	YISYBIUGH, MCHILLY	000302007291C	36213	02/28/93	CLOSED	GEN LIAB	92	7 Hyrnindu County Schuul Buird / 270161 WYSTIDY Y
1,441	YILYMENTIRY SCHUUL	000302003246E	34855	06/25/88	CLOSED	PROPERTY	87	7 Hyrnindu County Schuul Buird / 270241 DYLURYS S.
297	YMBIIR, BRINDY	000302006649A	35905	09/02/92	CLOSED	AUTO LIAB	92	6 Gilchrist County Schuul Buird / 210000 ISTRICIT I
297	YMBIIR, KYLLY	000302006649A	35902	09/02/92	CLOSED	AUTO LIAB	92	6 Gilchrist County Schuul Buird / 210000 ISTRICIT I
3	YMPIRY GIS CU	000302000496A	34083	04/18/83	CLOSED	AUTO LIAB	82	4 Dixiy County Schuul Buird / 157890 BUS GIRIGY
664	YNGLIND, STYVY	000302001157C	34208	04/11/84	CLOSED	GEN LIAB	83	8 Lyvy County Schuul Buird / 380051 CHYFLIND HIGH
451	YNGGLISH, FRYDI	000302011193A	37681	03/20/97	CLOSED	AUTO LIAB	96	3 Culumbii County Schuul Buird / 279602 BUS GIRIGY
333	YNGGLISH, HULLY	000302007859A	36417	10/26/93	CLOSED	AUTO LIAB	93	7 Hyrnindu County Schuul Buird / 279602 BUS GIRIGY
1,277	YNGLY, DINIYILLY, DINIYILLY	169004017	38260	01/11/99	OPEN	GEN LIAB	98	7 Hyrnindu County Schuul Buird / 270252 PINY GRUVY
726	YNGLYIGY, NICHULIS	000302003130C	34827	03/31/88	CLOSED	GEN LIAB	87	1 Bikyr County Public Schuul Buird / 020013 MCCLY
891	YNGYRS, JYF	000302006233C	35789	03/11/92	CLOSED	GEN LIAB	91	4 Dixiy County Schuul Buird / 157890 BUS GIRIGY
260	YNGYRS, JYFF T	000302006233A	35787	03/11/92	CLOSED	AUTO LIAB	91	4 Dixiy County Schuul Buird / 157890 BUS GIRIGY
1,243	YNSUR, IDRIYNNY, IDRIYNNY	000302011744C	37885	10/31/97	CLOSED	GEN LIAB	97	10 Putnim County Schuul Buird / 540113 C. H. PRICY
539	YNTYRPRISY	000302013210A	40134	05/11/99	CLOSED	AUTO LIAB	98	10 Putnim County Schuul Buird / 540042 TRINSPURIT
1,984	YNTYRPRISY BUILDING CURP, BUILDIN	000302005265E	35520	01/18/91	CLOSED	PROF LIAB	90	7 Hyrnindu County Schuul Buird / 279001 DISTRICT I
1,077	YRWUN, DAVID	000302008811C	36768	10/26/94	CLOSED	GEN LIAB	94	7 Hyrnindu County Schuul Buird / 270181 SPRINGSTYI

Case List Page	Claimant	Case Number	Claim	Loss Date	Status	Coverage	Clm Year	Division / Department
255	YSPUSITU, LURI	000302006991A	36034	01/28/92	CLOSED	AUTO LIAB	91	1 Bikyr County Public School Board / 029002 BUS GI
255	YSPUSITU, SHINY	000302006991A	36035	01/28/92	CLOSED	AUTO LIAB	91	1 Bikyr County Public School Board / 029002 BUS GI
927	YSPUSITU, SHINY	000302007568C	36296	05/12/93	CLOSED	GEN LIAB	92	1 Bikyr County Public School Board / 020032 BIKYR
966	YSTITY UF CHARLYS T. COUNCIL	000302008268C	36530	06/03/93	CLOSED	GEN LIAB	92	10 Putnam County School Board / 540001 DISTRICT ID
1, 078	YSTRIDGY, JIMMY	000302009075C	36867	02/06/95	CLOSED	GEN LIAB	94	7 Hyrnindu County School Board / 270253 WEST HYRNI
761	YSTYS, JOHN	000302003922C	35134	05/26/89	CLOSED	GEN LIAB	88	3 Culumbii County School Board / 120141 SUMMERS YL
49	YUBINKS, RYMUND	000302001089A	34197	07/10/84	CLOSED	AUTO LIAB	84	10 Putnam County School Board / 540042 TRANSPORTIT
1, 462	YULYY MIDDLY SCHOOL	000302003491F	34918	09/26/88	CLOSED	PROPERTY	88	9 Nissiu County School Board / 450112 YULYY JUNIOR
786	YULYY MTHUDIST CHURCH	000302003802C	35076	03/31/89	CLOSED	GEN LIAB	88	9 Nissiu County School Board / 450112 YULYY JUNIOR
487	YUNCKYR, SHUNI, SHUNI	000302011824A	37913	12/09/97	CLOSED	AUTO LIAB	97	2 Bridford County Board of Public Ins / 040903 TRI
1, 075	YUUNG, TONI M	000302009376C	36985	05/18/95	CLOSED	GEN LIAB	94	7 Hyrnindu County School Board / 270221 PUWILL MD
544	YUUNG, JUDY, JUDY	000302012554A	38164	10/02/98	CLOSED	AUTO LIAB	98	11 Union County School Board / 631063 TRANSPORTITI
1, 246	YUUNG, LIKIRI, LIKIRI	000302011992C	37968	01/23/98	CLOSED	GEN LIAB	97	10 Putnam County School Board / 540201 INTYRLICHEN
650	YVRYTT, ILLYTTI JYIN	000302000399C	34072	02/17/83	CLOSED	GEN LIAB	82	9 Nissiu County School Board / 450081 YMM LUVY HI
448	YXUM NITISH	000302011110A	37633	03/21/97	CLOSED	AUTO LIAB	96	3 Culumbii County School Board / 279602 BUS GIRIGY
448	YXUM TUNYI	000302011110A	37642	03/21/97	CLOSED	AUTO LIAB	96	3 Culumbii County School Board / 279602 BUS GIRIGY
448	YXUM YURI	000302011110A	37632	03/21/97	CLOSED	AUTO LIAB	96	3 Culumbii County School Board / 279602 BUS GIRIGY
756	YYUC	000302003667C	35004	02/06/89	CLOSED	GEN LIAB	88	2 Bridford County Board of Public Ins / 040900 DIS
552	Ydwards, Mky	160000766	126581	01/26/00	CLOSED	AUTO LIAB	99	7 Hyrnindu County School Board / 279602 BUS GIRIGY
553	Yimutis, Nincy	160002072	128928	03/29/00	OPEN	AUTO LIAB	99	7 Hyrnindu County School Board / 279602 BUS GIRIGY
1, 358	Yitys, Cirmyn		139602	12/14/00	CLOSED	GEN LIAB	00	7 Hyrnindu County School Board / 270241 DYLUKYS S.
597	Ymyrsum, Lysliy	160004640	145490	02/01/98	OPEN	ERR/OMN	97	10 Putnam County School Board / 540211 BRUWING-PY
594	Yuxthyimyr, Mchylly	160006598	136169	10/12/00	CLOSED	AUTO LIAB	00	10 Putnam County School Board / 540042 TRANSPORTIT
1, 349	Yyrgyr, Mrk		139603	11/08/00	CLOSED	GEN LIAB	00	3 Culumbii County School Board / 120121 FT. WHITY
419	ZIBILI, STYVYN	000302009748A	37138	09/29/95	CLOSED	AUTO LIAB	95	7 Hyrnindu County School Board / 279602 BUS GIRIGY
156	ZIPPYRYR, DYNISY	000302003742A	35028	03/20/89	CLOSED	AUTO LIAB	88	1 Bikyr County Public School Board / 029003 MINTI
640	ZIRITZIIN, RYBYCCI	000302000525C	34090	05/04/83	CLOSED	GEN LIAB	82	7 Hyrnindu County School Board / 270181 FRINK W S
240	ZIYLINSKI, RYBYCCI	000302004940A	35441	09/05/90	CLOSED	AUTO LIAB	90	7 Hyrnindu County School Board / 279602 BUS GIRIGY
863	ZIZU, JOHN	000302006167C	35771	05/01/91	CLOSED	GEN LIAB	90	8 Lyvy County School Board / 380091 WILLISTON HIGH
761	ZUK, TYRRINCY	000302003605C	34966	10/17/88	CLOSED	GEN LIAB	88	3 Culumbii County School Board / 120141 SUMMERS YL
381	ZULNUVSKY, BRINDUN	000302008930A	36808	12/12/94	CLOSED	AUTO LIAB	94	8 Lyvy County School Board / 389002 MINTIININCY &
1, 339	Zyichmin, Gini	160003609	130203	01/27/00	CLOSED	GEN LIAB	99	10 Putnam County School Board / 540231 GYURGY C. M
1, 905	myfyc/hyrnindu	169008455	41020	07/14/99	CLOSED	PROPERTY	99	7 Hyrnindu County School Board / 279602 BUS GIRIGY

Company: SAMPLE COMPANY

Open Cases: 198

Closed Cases: 4719

Total Cases: 4917

# PAYMENT CHECK REGISTER

---

This register lists all checks issued during the period, shows the amount, payee and the claim involved.

**Report Criteria:** Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) Liability Only and Client = 'Test Company' and  
**Period As of Date: 04/30/2016**

Group 1: Tier 1 Name is Test Company

CHECKS						CLAIMS						
Check #	Type	Date	Amount	Payee	Payment Type	Remarks / Service Dates	Case #	Coverage	Claimant Name	Loss Dt	Claim	O/C
67540	C	04/07/2016	25,000.00	u psdarilnek	BI-066-Settlement Genera	Full & Final Settlement all claims		General Liability	eutsao lrf, Fabian	06/13/2011	L576152	O
67573	C	04/14/2016	3,415.69	ejlnyrohi.v	PD-025-Settlement-Vehicl	Full pmt for car repairs per estimat		General Liability	erivol, Henry	03/30/2016	728215	O
67572	C	04/14/2016	10,365.00	a uopnsemrcftlid	PD-025-Settlement-Vehicl			Auto Liability	o urcmpsniaftdle,	06/12/2015	L689643	O
67600	C	04/21/2016	100.00	ca npid.	EX-001-Appraisal		0	Auto Liability	angtir, Henry	09/22/2015	L695972	O
67598	C	04/21/2016	800.00	lfeihs&pr	DA-032-Defense Attorney			Employr Liability	sopltemu, John	09/29/2015	703925	O
67599	C	04/21/2016	500.00	anzsi.mp elo	BI-066-Settlement Genera	Full/final settlement all claims		General Liability	pasnizo, Lee	05/10/2015	704250	O
67634	C	04/28/2016	2,671.80	p felrish&	DA-032-Defense Attorney			Employr Liability	sopltemu, John	09/29/2015	703925	O
67636	C	04/28/2016	4,073.73	sjacrhon ei	PD-025-Settlement-Vehicl	Pmt for Property damage		Auto Liability	hrsoian, Jessica	04/11/2016	728299	O
67635	C	04/28/2016	20,000.00	clef imahgrd	BI-066-Settlement Genera	Full/final settlement all claims		General Liability	frlgaeid, Michael	10/16/2011	L611071	O

Test Company Totals

PAYMENTS:	Count	Amount
MANUAL	0	0.00
COMPUTER	9	66,926.22
REFUND	0	0.00
Non-Check	0	0.00
VOID	0	0.00
SUBTOTAL	9	66,926.22



Report Criteria: Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) Liability Only and Client = 'Test Company' and  
Period As of Date: 04/30/2016

---

**COVERAGE SUMMARY**

---

	<u>Policy Total</u>
AUTO LIABILITY	14,538.73
AUTO PHYSICAL	0.00
CARGO	0.00
CRIME/SURETY/FIDELITY	0.00
EMPLOYER LIABILITY	3,471.80
ERRORS & OMISSIONS	0.00
GARAGE KEEPER	0.00
GENERAL LIABILITY	48,915.69
INLAND MARINE	0.00
LAW ENFORCEMENT	0.00
OTHER COVERAGE	0.00
PROFESSIONAL LIABILITY	0.00
PROPERTY	0.00

## **CHECK REGISTER BY LOCATION**

---

This report lists all checks issued during the period, by department or location. This allows the client to allocate these reports to various income or cost centers if so desired.

**Report Criteria:** Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Period As of  
**Date: 04/30/2016**

Group 1: Tier 1 Name is Test Company

Group 2: Tier 3 Name is PUBLIC WORKS

CHECKS							CLAIMS					
Check #	Type	Date	Amount	Payee	Payment Type	Remarks / Service Dates	Case #	Coverage	Claimant Name	Loss Dt	Claim	O/C
67636	C	04/28/2016	4,073.73	sjacrhon ei	PD-025-Settlement-Vehicl	Pmt for Property damage		Auto Liability	hrsoian, Jessica	04/11/2016	728299	O

PUBLIC WORKS Totals

PAYMENTS:	Count	Amount
MANUAL	0	0.00
COMPUTER	1	4,073.73
REFUND	0	0.00
Non-Check	0	0.00
VOID	0	0.00
SUBTOTAL	1	4,073.73

**Report Criteria:**    **Filter:** Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Period As of  
**Date: 04/30/2016**

Test Company Totals

<u>PAYMENTS:</u>	<u>Count</u>	<u>Amount</u>
MANUAL	0	0.00
COMPUTER	9	66,926.22
REFUND	0	0.00
Non-Check	0	0.00
VOID	0	0.00
SUBTOTAL	9	66,926.22

# LOSS BY LOCATION

---

A one line loss report which details claim facts and financial information. This report is organized by policy, by location.

**Custom Loss Run by Party Detail**  
**Begin Period Date: 4/1/2016 Financials As Of 4/30/2016**

Run Date: 05/12/2016 10:27 AM

**Report Criteria:** Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

Group 1: Party As Of Cov Type: Auto Liability

Group 2: Claim Year / Policy Age: Claim year 2016 01/01/16 - 12/31/2016 Policy Age: 3 Months

**Group3: DEPARTMENT: COMMUNITY SERVICES**

Party Name	Div/Dept	Loss Date	Closed Date	Party Status	Nature of Injury	Received Date (Class Code if claim is WC)	Description of Loss
Claim Number	Adjuster	Opened Date	Reopen Date	Coverage	Body Part	Loss Cause	
eranmcht, Kamini	COMMUNITY SERVICES/PUBLIC HEALT	01/21/2016	03/08/2016	Closed		02/24/2016	IV hit CV pulling into parking space
725222	Tahri bietnck	02/25/2016		Auto Liability		Collision-Misc.	

<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
Prop Dm	\$0.00	\$398.55	\$0.00	\$398.55
Party Totals:	\$0.00	\$398.55	\$0.00	\$398.55
<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
Prop Dm:	\$0.00	\$398.55	\$0.00	\$398.55
Total:	\$0.00	\$398.55	\$0.00	\$398.55

**Group 3: COMMUNITY SERVICES Totals**

Claim Count: Open: 0 in period: 0 Closed: 1 in period: 0 Total Claims: 1  
 Party Count: Open: 0 in period: 0 Closed: 1 in period: 0 Total Parties: 1

**Group 2: Claim year 2016 01/01/16 - 12/31/2016 Policy Age: 3 Months Totals**

<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
Prop Dm:	\$0.00	\$398.55	\$0.00	\$398.55
Total:	\$0.00	\$398.55	\$0.00	\$398.55

Claim Count: Open: 0 in period: 0 Closed: 1 in period: 0 Total Claims: 1  
 Party Count: Open: 0 in period: 0 Closed: 1 in period: 0 Total Parties: 1



**Custom Loss Run by Party Detail**  
**Begin Period Date: 4/1/2016 Financials As Of 4/30/2016**

Run Date: 05/12/2016 10:27 AM

**Report Criteria:** Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

**Group 1: Auto Liability Totals**

						<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
						Bod Inj:	\$0.00	\$745,271.50	\$42,500.00	\$787,771.50
						Col/Com:	\$0.00	\$20,506.10	\$305.00	\$20,811.10
						Def Atn:	\$0.00	\$295,921.64	\$7,374.40	\$303,296.04
						Expense:	\$100.00	\$201,749.36	\$13.50	\$201,762.86
						JE Fees:	\$0.00	\$424.78	\$0.00	\$424.78
						Per Inj:	\$0.00	\$10,000.00	\$0.00	\$10,000.00
						Prop Dm:	\$10,365.00	\$846,550.85	\$6,095.86	\$852,646.71
						<b>Total:</b>	<b>\$10,465.00</b>	<b>\$2,120,424.23</b>	<b>\$56,288.76</b>	<b>\$2,176,712.99</b>
<b>RECOVERIES:</b>						<b>Recoveries:</b>	<b>\$0.00</b>	<b>\$178,421.22</b>		<b>\$178,421.22</b>
<b>CON:</b> <b>EXC:</b> \$97,857.24 <b>SUB:</b> \$76,905.56 <b>SAL:</b> \$3,406.40						<b>Net:</b>	<b>\$10,465.00</b>	<b>\$1,942,003.01</b>		<b>\$1,998,291.77</b>
Claim Count: Open: 6                      in period: 0                      Closed: 668                      in period: 0                      Total Claims: 674										
Party Count: Open: 8                      in period: 0                      Closed: 685                      in period: 0                      Total Parties: 693										

**Custom Loss Run by Party Detail**  
**Begin Period Date: 4/1/2016 Financials As Of 4/30/2016**

Run Date: 05/12/2016 10:27 AM

**Report Criteria:** Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

Group 1: Party As Of Cov Type: Auto Physical

Group 2: Claim Year / Policy Age: Claim year 2016 01/01/16 - 12/31/2016 Policy Age: 3 Months

**Group3: DEPARTMENT: PUBLIC WORKS**

Party Name Claim Number	Div/Dept Adjuster	Loss Date Opened Date	Closed Date Reopen Date	Party Status Coverage	Nature of Injury Body Part	Received Date (Class Code if claim is WC) Loss Cause	Description of Loss			
ecnsyuoit i 724110	PUBLIC WORKS/STORMWATER Nicholas limuns	01/11/2016 02/09/2016		Closed Auto Physical		02/09/2016 Rear-Ended Claimant	Insured employee rear ended claimant			
					<b>Reserve Type:</b>	<b>Paid in period</b>	<b>Paid to date</b>	<b>Reserve Balance</b>	<b>Incurred</b>	
					<b>Col/Com</b>	\$0.00	\$1,650.18	\$0.00	\$1,650.18	
					<b>Party Totals:</b>	\$0.00	\$1,650.18	\$0.00	\$1,650.18	
irabo, Juan 724110	PUBLIC WORKS/STORMWATER Nicholas limuns	01/11/2016 02/09/2016		Open Auto Physical		02/09/2016 Rear-Ended Claimant	Insured employee rear ended claimant			
					<b>Reserve Type:</b>	<b>Paid in period</b>	<b>Paid to date</b>	<b>Reserve Balance</b>	<b>Incurred</b>	
					<b>Bod Inj</b>	\$0.00	\$0.00	\$5,000.00	\$5,000.00	
					<b>Expense</b>	\$0.00	\$0.00	\$100.00	\$100.00	
					<b>Prop Dm</b>	\$0.00	\$0.00	\$3,500.00	\$3,500.00	
					<b>Party Totals:</b>	\$0.00	\$0.00	\$8,600.00	\$8,600.00	
& yscerb- tno, Gary 724110	PUBLIC WORKS/STORMWATER Nicholas limuns	01/11/2016 02/09/2016		Closed Auto Physical		02/09/2016 Rear-Ended Claimant	Insured employee rear ended claimant			
					<b>Reserve Type:</b>	<b>Paid in period</b>	<b>Paid to date</b>	<b>Reserve Balance</b>	<b>Incurred</b>	
					<b>Party Totals:</b>	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Group 3: PUBLIC WORKS Totals</b>										
					<b>Reserve Type:</b>	<b>Paid in period</b>	<b>Paid to date</b>	<b>Reserve Balance</b>	<b>Incurred</b>	
					<b>Bod Inj:</b>	\$0.00	\$0.00	\$5,000.00	\$5,000.00	
					<b>Col/Com:</b>	\$0.00	\$1,650.18	\$0.00	\$1,650.18	
					<b>Expense:</b>	\$0.00	\$0.00	\$100.00	\$100.00	
					<b>Prop Dm:</b>	\$0.00	\$0.00	\$3,500.00	\$3,500.00	
					<b>Total:</b>	<b>\$0.00</b>	<b>\$1,650.18</b>	<b>\$8,600.00</b>	<b>\$10,250.18</b>	
Claim Count:	Open: 1	in period: 0	Closed: 0	in period: 0	Total Claims:	1				
Party Count:	Open: 1	in period: 0	Closed: 2	in period: 0	Total Parties:	3				

**Group3: DEPARTMENT: PUBLIC WORKS**

Party Name Claim Number	Div/Dept Adjuster	Loss Date Opened Date	Closed Date Reopen Date	Party Status Coverage	Nature of Injury Body Part	Received Date (Class Code if claim is WC) Loss Cause	Description of Loss			
eo suintlmcy 728299	PUBLIC WORKS/ROADS Nicholas limuns	04/11/2016 04/12/2016		Closed Auto Physical		04/12/2016 Backing or Rolling	Insured struck parked car			
					<b>Reserve Type:</b>	<b>Paid in period</b>	<b>Paid to date</b>	<b>Reserve Balance</b>	<b>Incurred</b>	
					<b>Party Totals:</b>	\$0.00	\$0.00	\$0.00	\$0.00	

+ \*

Left Margin "IN PERIOD ACTIVITY" INDICATORS: "\$" Payments. "&amp;" Reserves. "+" Opened. "\*"Closed. "^" Reopened.

**Custom Loss Run by Party Detail**  
**Begin Period Date: 4/1/2016 Financials As Of 4/30/2016**

Run Date: 05/12/2016 10:27 AM

**Report Criteria:** Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

Group 1: Party As Of Cov Type: Auto Physical

Group 2: Claim Year / Policy Age: Claim year 2016 01/01/16 - 12/31/2016 Policy Age: 3 Months

**Group3: DEPARTMENT: PUBLIC WORKS**

Party Name	Div/Dept	Loss Date	Closed Date	Party Status	Nature of Injury	Received Date (Class Code if claim is WC)	Description of Loss
Claim Number	Adjuster	Opened Date	Reopen Date	Coverage	Body Part	Loss Cause	
hrsoian, Jessica	PUBLIC WORKS/ROADS	04/11/2016		Open		04/12/2016	Insured struck parked car
728299	Nicholas Iimuns	04/12/2016		Auto Physical		Backing or Rolling	

\$ &amp; +

**Group 3: PUBLIC WORKS Totals**

<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
Prop Dm	\$4,073.73	\$4,073.73	\$2,000.00	\$6,073.73
<b>Party Totals:</b>	<b>\$4,073.73</b>	<b>\$4,073.73</b>	<b>\$2,000.00</b>	<b>\$6,073.73</b>
<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
Prop Dm:	\$4,073.73	\$4,073.73	\$2,000.00	\$6,073.73
<b>Total:</b>	<b>\$4,073.73</b>	<b>\$4,073.73</b>	<b>\$2,000.00</b>	<b>\$6,073.73</b>

Claim Count:	Open:	1	in period:	1	Closed:	0	in period:	0	Total Claims:	1
Party Count:	Open:	1	in period:	2	Closed:	1	in period:	1	Total Parties:	2

**Group 2: Claim year 2016 01/01/16 - 12/31/2016 Policy Age: 3 Months Totals**

<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
Bod Inj:	\$0.00	\$0.00	\$5,000.00	\$5,000.00
Col/Com:	\$0.00	\$1,650.18	\$0.00	\$1,650.18
Expense:	\$0.00	\$0.00	\$100.00	\$100.00
Prop Dm:	\$4,073.73	\$7,368.98	\$5,500.00	\$12,868.98
<b>Total:</b>	<b>\$4,073.73</b>	<b>\$9,019.16</b>	<b>\$10,600.00</b>	<b>\$19,619.16</b>

Claim Count:	Open:	2	in period:	1	Closed:	2	in period:	1	Total Claims:	4
Party Count:	Open:	2	in period:	2	Closed:	6	in period:	2	Total Parties:	8

**Custom Loss Run by Party Detail**  
**Begin Period Date: 4/1/2016 Financials As Of 4/30/2016**

Run Date: 05/12/2016 10:27 AM

**Report Criteria:** Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

### Group 1: Auto Physical Totals

Group 1: Auto Physical Totals							Reserve Type:	Paid in period	Paid to date	Reserve Balance	Incurred		
							Bod Inj:	\$0.00	\$0.00	\$5,000.00	\$5,000.00		
							Col/Com:	\$0.00	\$1,598,667.31	\$11,107.33	\$1,609,774.64		
							Expense:	\$0.00	\$28,832.59	\$100.00	\$28,932.59		
							Prop Dm:	\$4,073.73	\$19,622.24	\$5,500.00	\$25,122.24		
							Total:	\$4,073.73	\$1,647,122.14	\$21,707.33	\$1,668,829.47		
RECOVERIES:		EXC:		\$62,705.31	SUB:		\$296,208.73	Recoveries:		\$0.00	\$403,512.80	\$403,512.80	
CON:		\$9,012.26				SAL:		\$35,586.50	Net:		\$4,073.73	\$1,243,609.34	\$1,265,316.67
Claim Count:	Open:	3	in period:	1	Closed:	547	in period:	1	Total Claims:	550			
Party Count:	Open:	3	in period:	2	Closed:	554	in period:	2	Total Parties:	557			

Left Margin "IN PERIOD ACTIVITY" INDICATORS: "\$" Payments. "&" Reserves. "+" Opened. "\*\*\*"Closed. "^" Reopened.

Report Criteria: Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

Group 1: Party As Of Cov Type: Crime/Surety/Fidelity  
Group 2: Claim Year / Policy Age: Claim year 1987 01/01/87 - 12/31/1987 Policy Age: 351 Months

Group3: DEPARTMENT: ENVIRONMENTAL SERVICES							
Party Name	Div/Dept	Loss Date	Closed Date	Party Status	Nature of Injury	Received Date (Class Code if claim is WC)	Description of Loss
Claim Number	Adjuster	Opened Date	Reopen Date	Coverage	Body Part	Loss Cause	
btraon, Douglas	ENVIRONMENTAL SERVICES/SOLID W/	02/08/1987	12/09/1987	Closed	UNKNOWN	05/08/1987	THEFT ON EMPLOYEES TOOLS
L194111	Lynn gnmlaiut	05/08/1987		Crime/Surety/Fide	UNKNOWN		
						<u>Reserve Type:</u>	<u>Paid in period</u>
						<u>Paid to date</u>	<u>Reserve Balance</u>
						<u>Incurred</u>	
Group 3: ENVIRONMENTAL SERVICES Totals							
						<u>Reserve Type:</u>	<u>Paid in period</u>
						<u>Paid to date</u>	<u>Reserve Balance</u>
						<u>Incurred</u>	
Total:						\$0.00	\$0.00
						\$0.00	\$0.00
Claim Count: Open: 0 in period: 0 Closed: 1 in period: 0 Total Claims: 1							
Party Count: Open: 0 in period: 0 Closed: 1 in period: 0 Total Parties: 1							
						<u>Reserve Type:</u>	<u>Paid in period</u>
						<u>Paid to date</u>	<u>Reserve Balance</u>
						<u>Incurred</u>	
Group 2: Claim year 1987 01/01/87 - 12/31/1987 Policy Age: 351 Months							
Totals							
						<u>Reserve Type:</u>	<u>Paid in period</u>
						<u>Paid to date</u>	<u>Reserve Balance</u>
						<u>Incurred</u>	
Total:						\$0.00	\$0.00
						\$0.00	\$0.00
Claim Count: Open: 0 in period: 0 Closed: 1 in period: 0 Total Claims: 1							
Party Count: Open: 0 in period: 0 Closed: 1 in period: 0 Total Parties: 1							

Custom Loss Run by Party Detail  
Begin Period Date: 4/1/2016 Financials As Of 4/30/2016

Run Date: 05/12/2016 10:27 AM

Report Criteria: Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

Group 1: Crime/Surety/Fidelity Totals

<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
Othr CV:	\$0.00	\$218.00	\$0.00	\$218.00
Total:	\$0.00	\$218.00	\$0.00	\$218.00

Claim Count:	Open:	0	in period:	0	Closed:	2	in period:	0	Total Claims:	2
Party Count:	Open:	0	in period:	0	Closed:	2	in period:	0	Total Parties:	2



**Custom Loss Run by Party Detail**  
**Begin Period Date: 4/1/2016 Financials As Of 4/30/2016**

Run Date: 05/12/2016 10:27 AM

**Report Criteria:** Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

Group 1: Party As Of Cov Type: Employr Liability

Group 2: Claim Year / Policy Age: Claim year 2016 01/01/16 - 12/31/2016 Policy Age: 3 Months

Group3: DEPARTMENT: Constitutional Officers

Party Name	Div/Dept	Loss Date	Closed Date	Party Status	Nature of Injury	Received Date (Class Code if claim is WC)	Description of Loss
Claim Number	Adjuster	Opened Date	Reopen Date	Coverage	Body Part	Loss Cause	
belyrds, Stanley P.	Constitutional Officers/PROPERTY APPR	01/04/2016		Open		01/07/2016	Alleged employment discrimination and retaliation
721854	Nicholas limuns	01/07/2016		Employr Liability		Wrongful Termination	

<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
Bod Inj	\$0.00	\$0.00	\$1,000.00	\$1,000.00
Party Totals:	\$0.00	\$0.00	\$1,000.00	\$1,000.00
<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
Bod Inj:	\$0.00	\$0.00	\$1,000.00	\$1,000.00
Total:	\$0.00	\$0.00	\$1,000.00	\$1,000.00

## Group 3: Constitutional Officers Totals

Claim Count: Open: 1 in period: 0 Closed: 0 in period: 0 Total Claims: 1  
 Party Count: Open: 1 in period: 0 Closed: 0 in period: 0 Total Parties: 1

Group 2: Claim year 2016 01/01/16 - 12/31/2016 Policy Age: 3 Months Totals

<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
Bod Inj:	\$0.00	\$0.00	\$1,000.00	\$1,000.00
Total:	\$0.00	\$0.00	\$1,000.00	\$1,000.00

Claim Count: Open: 1 in period: 0 Closed: 0 in period: 0 Total Claims: 1  
 Party Count: Open: 1 in period: 0 Closed: 0 in period: 0 Total Parties: 1

**Custom Loss Run by Party Detail**  
**Begin Period Date: 4/1/2016 Financials As Of 4/30/2016**

Run Date: 05/12/2016 10:27 AM

**Report Criteria:** Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

**Group 1: Employr Liability Totals**

<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
Bod Inj:	\$0.00	\$0.00	\$6,000.00	\$6,000.00
Def Atn:	\$3,471.80	\$12,581.80	\$4,903.20	\$17,485.00
Expense:	\$0.00	\$11,700.36	\$2,500.00	\$14,200.36
<b>Total:</b>	<b>\$3,471.80</b>	<b>\$24,282.16</b>	<b>\$13,403.20</b>	<b>\$37,685.36</b>

Claim Count:	Open: 2	in period: 0	Closed: 1	in period: 0	Total Claims: 3
Party Count:	Open: 2	in period: 0	Closed: 1	in period: 0	Total Parties: 3

**Custom Loss Run by Party Detail**  
**Begin Period Date: 4/1/2016 Financials As Of 4/30/2016**

Run Date: 05/12/2016 10:27 AM

**Report Criteria:** Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

Group 1: Party As Of Cov Type: Errors/Omissions

Group 2: Claim Year / Policy Age: Claim year 2016 01/01/16 - 12/31/2016 Policy Age: 3 Months

Group3: DEPARTMENT: Constitutional Officers

Party Name	Div/Dept	Loss Date	Closed Date	Party Status	Nature of Injury	Received Date (Class Code if claim is WC)	Description of Loss
Claim Number	Adjuster	Opened Date	Reopen Date	Coverage	Body Part	Loss Cause	
adivl, Debra	Constitutional Officers/PROPERTY APPR	02/02/2016		Open		02/16/2016	Alleged wrongful termination
724494	Nicholas limuns	02/16/2016		Errors/Omissions		Wrongful Termination	

<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
Def Atn	\$0.00	\$0.00	\$2,500.00	\$2,500.00
Party Totals:	\$0.00	\$0.00	\$2,500.00	\$2,500.00
<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
Def Atn:	\$0.00	\$0.00	\$2,500.00	\$2,500.00
Total:	\$0.00	\$0.00	\$2,500.00	\$2,500.00

## Group 3: Constitutional Officers Totals

Claim Count: Open: 1 in period: 0 Closed: 0 in period: 0 Total Claims: 1  
 Party Count: Open: 1 in period: 0 Closed: 0 in period: 0 Total Parties: 1

Group 2: Claim year 2016 01/01/16 - 12/31/2016 Policy Age: 3 Months Totals

<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
Def Atn:	\$0.00	\$0.00	\$2,500.00	\$2,500.00
Total:	\$0.00	\$0.00	\$2,500.00	\$2,500.00

Claim Count: Open: 1 in period: 0 Closed: 0 in period: 0 Total Claims: 1  
 Party Count: Open: 1 in period: 0 Closed: 0 in period: 0 Total Parties: 1

**Custom Loss Run by Party Detail**  
**Begin Period Date: 4/1/2016 Financials As Of 4/30/2016**

Run Date: 05/12/2016 10:27 AM

**Report Criteria:** Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

**Group 1: Errors/Omissions Totals**

	<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
	Bod Inj:	\$0.00	\$609,325.00	\$0.00	\$609,325.00
	Def Atn:	\$0.00	\$916,190.10	\$2,500.00	\$918,690.10
	Expense:	\$0.00	\$711,719.13	\$0.00	\$711,719.13
	Prop Dm:	\$0.00	\$126,500.00	\$0.00	\$126,500.00
	<b>Total:</b>	<b>\$0.00</b>	<b>\$2,363,734.23</b>	<b>\$2,500.00</b>	<b>\$2,366,234.23</b>
RECOVERIES:	Recoveries:	\$0.00	\$486,055.95		\$486,055.95
	Net:	<b>\$0.00</b>	<b>\$1,877,678.28</b>		<b>\$1,880,178.28</b>

RECOVERIES: EXC: \$485,970.05

CON: \$85.90

Claim Count:	Open:	2	in period:	0	Closed:	54	in period:	0	Total Claims:	56
Party Count:	Open:	2	in period:	0	Closed:	58	in period:	0	Total Parties:	60

**Custom Loss Run by Party Detail**  
**Begin Period Date: 4/1/2016 Financials As Of 4/30/2016**

Run Date: 05/12/2016 10:27 AM

**Report Criteria:** Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

Group 1: Party As Of Cov Type: General Liability

Group 2: Claim Year / Policy Age: Claim year 1977 09/07/77 - 09/06/1978 Policy Age: 463 Months

**Group3: DEPARTMENT: Board of County Commissioners**

Party Name	Div/Dept	Loss Date	Closed Date	Party Status	Nature of Injury	Received Date (Class Code if claim is WC)	Description of Loss
Claim Number	Adjuster	Opened Date	Reopen Date	Coverage	Body Part	Loss Cause	
lowgay, B Allison	Board of County Commissioners/BCC	08/01/1978	06/24/1986	Closed	UNKNOWN	11/07/1980	ALLEGES CLIENT ISOLATED HIS PROPERTY
L193951	Lynn gnmlaiut	11/07/1980		General Liability	UNKNOWN	UNKNOWN	

<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
Expense	\$0.00	\$1,296.46	\$0.00	\$1,296.46
Party Totals:	\$0.00	\$1,296.46	\$0.00	\$1,296.46
<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
Expense:	\$0.00	\$1,296.46	\$0.00	\$1,296.46
Total:	\$0.00	\$1,296.46	\$0.00	\$1,296.46

**Group 3: Board of County Commissioners Totals**

Claim Count: Open: 0 in period: 0 Closed: 1 in period: 0 Total Claims: 1  
 Party Count: Open: 0 in period: 0 Closed: 1 in period: 0 Total Parties: 1

**Group 2: Claim year 1977 09/07/77 - 09/06/1978 Policy Age: 463 Months**  
**Totals**

<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
Expense:	\$0.00	\$1,296.46	\$0.00	\$1,296.46
Total:	\$0.00	\$1,296.46	\$0.00	\$1,296.46

Claim Count: Open: 0 in period: 0 Closed: 1 in period: 0 Total Claims: 1  
 Party Count: Open: 0 in period: 0 Closed: 1 in period: 0 Total Parties: 1

**Custom Loss Run by Party Detail**  
**Begin Period Date: 4/1/2016 Financials As Of 4/30/2016**

Run Date: 05/12/2016 10:27 AM

**Report Criteria:** Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

**Group 1: General Liability Totals**

						<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
						<b>Bod Inj:</b>	\$45,500.00	\$2,919,188.81	\$70,500.00	\$2,989,688.81
						<b>Def Atn:</b>	\$0.00	\$1,335,939.46	\$115,882.65	\$1,451,822.11
						<b>Expense:</b>	\$0.00	\$1,856,274.63	\$5,654.46	\$1,861,929.09
						<b>JE Fees:</b>	\$0.00	\$12,269.21	\$0.00	\$12,269.21
						<b>Med Pmt:</b>	\$0.00	\$2,507.50	\$0.00	\$2,507.50
						<b>Per Inj:</b>	\$0.00	\$10,000.00	\$0.00	\$10,000.00
						<b>Prop Dm:</b>	\$3,415.69	\$1,330,260.35	\$334.31	\$1,330,594.66
						<b>Total:</b>	<b>\$48,915.69</b>	<b>\$7,466,439.96</b>	<b>\$192,371.42</b>	<b>\$7,658,811.38</b>
<b>RECOVERIES:</b>						<b>Recoveries:</b>	\$0.00	\$1,888,958.86		\$1,888,958.86
						<b>Net:</b>	<b>\$48,915.69</b>	<b>\$5,577,481.10</b>		<b>\$5,769,852.52</b>
						<b>CON:</b>	\$496.32			
						<b>EXC:</b>	\$1,807,856.59			
						<b>SUB:</b>	\$72,722.25			
						<b>IND:</b>	\$7,883.70			
						<b>Claim Count:</b>	<b>Open:</b>	<b>18</b>	<b>in period:</b>	<b>1</b>
						<b>Closed:</b>	<b>1,272</b>	<b>in period:</b>	<b>0</b>	<b>Total Claims:</b>
										<b>1,290</b>
						<b>Party Count:</b>	<b>Open:</b>	<b>18</b>	<b>in period:</b>	<b>1</b>
						<b>Closed:</b>	<b>1,343</b>	<b>in period:</b>	<b>0</b>	<b>Total Parties:</b>
										<b>1,361</b>



**Custom Loss Run by Party Detail**  
**Begin Period Date: 4/1/2016 Financials As Of 4/30/2016**

Run Date: 05/12/2016 10:27 AM

**Report Criteria:** Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

Group 1: Party As Of Cov Type: Prof Liability

Group 2: Claim Year / Policy Age: Claim year 2000 10/01/00 - 09/30/2001 Policy Age: 186 Months

**Group3: DEPARTMENT: ENVIRONMENTAL SERVICES**

Party Name	Div/Dept	Loss Date	Closed Date	Party Status	Nature of Injury	Received Date (Class Code if claim is WC)	Description of Loss
Claim Number	Adjuster	Opened Date	Reopen Date	Coverage	Body Part	Loss Cause	
Ir_indtoavsc.	ENVIRONMENTAL SERVICES/WATER &	12/01/2000	12/14/2007	Closed	UNKNOWN	04/07/2005	Clmt challenging impact fees.
L306281	Lynn gnmlaiut	04/07/2005		Prof Liability	UNKNOWN	Professional Liab.	

<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
Def Atn	\$0.00	\$110,357.29	\$0.00	\$110,357.29
Expense	\$0.00	\$2,566.10	\$0.00	\$2,566.10
Party Totals:	\$0.00	\$112,923.39	\$0.00	\$112,923.39
<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
Def Atn:	\$0.00	\$110,357.29	\$0.00	\$110,357.29
Expense:	\$0.00	\$2,566.10	\$0.00	\$2,566.10
Total:	\$0.00	\$112,923.39	\$0.00	\$112,923.39

**Group 3: ENVIRONMENTAL SERVICES Totals**

Claim Count: Open: 0 in period: 0 Closed: 1 in period: 0 Total Claims: 1  
 Party Count: Open: 0 in period: 0 Closed: 1 in period: 0 Total Parties: 1

Group 2: Claim year 2000 10/01/00 - 09/30/2001 Policy Age: 186 Months

**Totals**

<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
Def Atn:	\$0.00	\$110,357.29	\$0.00	\$110,357.29
Expense:	\$0.00	\$2,566.10	\$0.00	\$2,566.10
Total:	\$0.00	\$112,923.39	\$0.00	\$112,923.39

Claim Count: Open: 0 in period: 0 Closed: 1 in period: 0 Total Claims: 1  
 Party Count: Open: 0 in period: 0 Closed: 1 in period: 0 Total Parties: 1

Custom Loss Run by Party Detail  
Begin Period Date: 4/1/2016 Financials As Of 4/30/2016

Run Date: 05/12/2016 10:27 AM

Report Criteria: Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

Group 1: Prof Liability Totals

Group 1: Prof Liability Totals							Reserve Type:	Paid in period	Paid to date	Reserve Balance	Incurred
							Def Atn:	\$0.00	\$194,692.13	\$0.00	\$194,692.13
							Expense:	\$0.00	\$5,628.30	\$0.00	\$5,628.30
							Total:	\$0.00	\$200,320.43	\$0.00	\$200,320.43
RECOVERIES:			SUB:		\$94.50		Recoveries:	\$0.00	\$94.50		\$94.50
							Net:	\$0.00	\$200,225.93		\$200,225.93
Claim Count:	Open:	0	in period:	0	Closed:	8	in period:	0	Total Claims:	8	
Party Count:	Open:	0	in period:	0	Closed:	8	in period:	0	Total Parties:	8	

**Custom Loss Run by Party Detail**  
**Begin Period Date: 4/1/2016 Financials As Of 4/30/2016**

Run Date: 05/12/2016 10:27 AM

**Report Criteria:** Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

Group 1: Party As Of Cov Type: Property

Group 2: Claim Year / Policy Age: Claim year 1980 10/01/80 - 12/31/1981 Policy Age: 426 Months

**Group3: DEPARTMENT: PUBLIC WORKS**

Party Name	Div/Dept	Loss Date	Closed Date	Party Status	Nature of Injury	Received Date (Class Code if claim is WC)	Description of Loss
Claim Number	Adjuster	Opened Date	Reopen Date	Coverage	Body Part	Loss Cause	
kfoaulcibrwpst	PUBLIC WORKS/TRAFFIC ENGINEERIN	09/20/1981	12/01/1988	Closed	UNKNOWN	10/05/1981	DRIVER COLLIDED WITH LIGHT POLE OWNED
L193955	Tim ivalfn	10/05/1981		Property	UNKNOWN	UNKNOWN	BY CLIENT

	<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
	Expense	\$0.00	\$385.65	\$0.00	\$385.65
	Party Totals:	\$0.00	\$385.65	\$0.00	\$385.65
RECOVERIES:	Recoveries:	\$0.00	\$50.00		\$50.00
	Net Totals:	0.00	335.65		335.65

**Group 3: PUBLIC WORKS Totals**

	<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
	Expense:	\$0.00	\$385.65	\$0.00	\$385.65
	Total:	\$0.00	\$385.65	\$0.00	\$385.65
RECOVERIES:	Recoveries:	\$0.00	\$50.00		\$50.00
	Net:	\$0.00	\$335.65		\$335.65

Claim Count:	Open:	0	in period:	0	Closed:	1	in period:	0	Total Claims:	1
Party Count:	Open:	0	in period:	0	Closed:	1	in period:	0	Total Parties:	1

Group 2: Claim year 1980 10/01/80 - 12/31/1981 Policy Age: 426 Months

**Totals**

	<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
	Expense:	\$0.00	\$385.65	\$0.00	\$385.65
	Total:	\$0.00	\$385.65	\$0.00	\$385.65
RECOVERIES:	Recoveries:	\$0.00	\$50.00		\$50.00
	Net:	\$0.00	\$335.65		\$335.65

Claim Count:	Open:	0	in period:	0	Closed:	1	in period:	0	Total Claims:	1
Party Count:	Open:	0	in period:	0	Closed:	1	in period:	0	Total Parties:	1

**Custom Loss Run by Party Detail**  
**Begin Period Date: 4/1/2016 Financials As Of 4/30/2016**

Run Date: 05/12/2016 10:27 AM

**Report Criteria:** Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

### Group 1: Property Totals

<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
Adl Epx:	\$0.00	\$493,466.75	\$0.00	\$493,466.75
Col/Com:	\$0.00	\$463.00	\$0.00	\$463.00
Contnts:	\$0.00	\$733,394.40	\$0.00	\$733,394.40
Dwl/Bid:	\$0.00	\$443,482.36	\$0.00	\$443,482.36
Expense:	\$0.00	\$24,709.44	\$0.00	\$24,709.44
Improve:	\$0.00	\$15,010.06	\$0.00	\$15,010.06
O Struc:	\$0.00	\$1,504,564.48	\$0.00	\$1,504,564.48
<b>Total:</b>	<b>\$0.00</b>	<b>\$3,215,090.49</b>	<b>\$0.00</b>	<b>\$3,215,090.49</b>
Recoveries:	\$0.00	\$670,530.36	\$670,530.36	
<b>Net:</b>	<b>\$0.00</b>	<b>\$2,544,560.13</b>		<b>\$2,544,560.13</b>

**RECOVERIES:** **EXC:** \$537,579.49 **SUB:** \$132,950.87

Claim Count:	Open:	0	in period:	0	Closed:	361	in period:	0	Total Claims:	361
Party Count:	Open:	0	in period:	0	Closed:	361	in period:	0	Total Parties:	361

**Custom Loss Run by Party Detail**  
**Begin Period Date: 4/1/2016 Financials As Of 4/30/2016**

Run Date: 05/12/2016 10:27 AM

**Report Criteria:** Filter: Tier 1 Name = 'Test Company' and LOB in (General Liability, Property, Vehicle/Auto) and Client = 'Test Company' and Policy Set = Y

<b>Grand Totals</b>								<u>Reserve Type:</u>	<u>Paid in period</u>	<u>Paid to date</u>	<u>Reserve Balance</u>	<u>Incurred</u>
								Adl Epx:	\$0.00	\$493,466.75	\$0.00	\$493,466.75
								Bod Inj:	\$45,500.00	\$4,273,785.31	\$124,000.00	\$4,397,785.31
								Col/Com:	\$0.00	\$1,619,636.41	\$11,412.33	\$1,631,048.74
								Contnts:	\$0.00	\$733,394.40	\$0.00	\$733,394.40
								Def Atn:	\$3,471.80	\$2,755,325.13	\$130,660.25	\$2,885,985.38
								Dwl/Bld:	\$0.00	\$443,482.36	\$0.00	\$443,482.36
								Expense:	\$100.00	\$2,840,613.81	\$8,267.96	\$2,848,881.77
								Improve:	\$0.00	\$15,010.06	\$0.00	\$15,010.06
								JE Fees:	\$0.00	\$12,693.99	\$0.00	\$12,693.99
								Med Pmt:	\$0.00	\$2,507.50	\$0.00	\$2,507.50
								O Struc:	\$0.00	\$1,504,564.48	\$1,504,564.48	\$1,504,564.48
								Othr CV:	\$0.00	\$218.00	\$0.00	\$218.00
								Per Inj:	\$0.00	\$20,000.00	\$0.00	\$20,000.00
								Prop Dmj:	\$17,854.42	\$2,322,933.44	\$11,930.17	\$2,334,863.61
								<b>Total:</b>	<b>\$66,926.22</b>	<b>\$17,037,631.64</b>	<b>\$286,270.71</b>	<b>\$17,323,902.35</b>
<b>RECOVERIES:</b>								<b>Recoveries:</b>	<b>\$0.00</b>	<b>\$3,627,573.69</b>		<b>\$3,627,573.69</b>
<b>CON:</b> \$9,846.50 <b>EXC:</b> \$2,991,968.68 <b>SUB:</b> \$578,881.91 <b>IND:</b> \$7,883.70 <b>SAL:</b> \$38,992.90								<b>Net:</b>	<b>\$66,926.22</b>	<b>\$13,410,057.95</b>		<b>\$13,696,328.66</b>
<b>Claim Count:</b> Open: 30      in period: 2      Closed: 2,914      in period: 1 <b>Total Claims:</b> 2,944 <b>Party Count:</b> Open: 33      in period: 4      Closed: 3,015      in period: 3 <b>Total Parties:</b> 3,048												

# NON WORK COMP & PROPERTY

---

## *Specialty Non Work Comp & Property*

<u>Report ID</u>	<u>Report Name</u>	<u>Report Description</u>
lb-c100-1	Loss By Location - 1 Line Detail	1 line loss report by coverage, by policy, by location
lb-c123-1	Summary of Losses	Job 123 Sort and Totals by Group, Coverage
lb-c123-2	Summary of Losses	Job 123 Sort and Totals by Group, Company, Coverage
lb-c123-3	Summary of Losses	Job 123 Sort and Totals by Group, Company, Coverage, Div. Do
lb-c127-0	Loss by Claimant	Detailed Loss Report by Coverage, Claimant
lb-c127-1	Loss By Claimant - 1 Line Detail	1 line loss report by coverage
lb-k001-1	Bordereaux Payment Check Register	Bordereaux Check Register by Company. By Underwriting Period
lb-k003-0	Check Register by Coverage	Sorts and totals by Coverage.
lb-k004-0	Check Register by Coverage by Location	Sorts and totals by Location within Coverage.
lb-k006-0	Pay Type Totals by UW Period, by Assured	For Companies with Underwriting Periods (Bordx)
lb-r003-0	Potential & Actual Recovery Report	Potential & Actual Recovery Report



# PACKAGE PROGRAM REPORTS

---

## *Standard Package Program Reports*

<u>Report ID</u>	<u>Report Name</u>	<u>Report Description</u>	<u>Report Exhibit</u>
wl-c016-0	Loss and Claim Experience	(Agg Rpt) Totals by Coverage for each Claim Year.	17
wl-c016-1	Loss and Claim Experience by Division	(Agg Rpt) Totals by Coverage for each Division / Claim Year.	
wl-c016-2	Loss and Claim Experience Summary	Totals for all Coverages for each Claim Year. (1 Page)	18
wl-c017-0	Loss and Claim Experience	(Agg Rpt) Totals by Coverage for each Claim Year. (Kielty)	
wl-c100-0	Loss By Location	Detailed Loss Report by Coverage, Policy, Division, Department	19
wl-r005-0	Specific Excess Report	Report on all incidents that have exceeded the Excess Amount	
wl-v001-4	Vendor Totals Report By Paytype	Vendor Total Report By Paytype	

**Test Company**  
**Loss and Claim Experience**  
**As of Date: 04/30/2016**

**Report Criteria:** Filter: Tier 1 Name = 'Test Company' and Client = 'Test Company' and Policy Set = 'Y' and Report Type = 'ST'

**Group 1: Claim Year / Policy Age is Claim year 2016 01/01/16 - 12/31/2016 Policy Age: 4 Months**

Coverage	Retention Level	Maint. Deduct	Closed Claims	Open Claims	Total Claims	Net Loss Paid to Date	Net Expense Paid to Date	Loss Reserve	Expense Reserve	Total Experience
	100,000	0	3	0	3	0.00	0.00	0.00	0.00	0.00
Auto Liability	100,000	0	1	0	1	398.55	0.00	0.00	0.00	398.55
Auto Physical	100,000	0	6	2	8	9,019.16	0.00	10,500.00	100.00	19,619.16
Employr Liability	350,000	0	0	1	1	0.00	0.00	1,000.00	0.00	1,000.00
Errors/Omissions	100,000	0	0	1	1	0.00	0.00	2,500.00	0.00	2,500.00
General Liability	100,000	0	3	1	4	4,590.69	0.00	334.31	0.00	4,925.00
Indemnity	350,000	0	0	3	3	3,100.06	687.06	4,378.64	1,422.07	9,587.83
Medical Only	350,000	0	10	17	27	11,329.61	277.37	14,087.34	4,892.23	30,586.55
Work Comp	350,000	0	10	20	30	14,429.67	964.43	18,465.98	6,314.30	40,174.38
Totals:			23	25	48	28,438.07	964.43	32,800.29	6,414.30	68,617.09

**AGGREGATE EXCESS SUMMARY**

Total Net Payments:	29,402.50	Total Incurred:	68,617.09
Less Payments Subject to Specific Excess:	0.00	Less Losses Excess of Specific Retention:	0.00
Total Payments Subject to Aggregate Excess:	29,402.50	Total Aggregate Experience:	68,617.09
		Plus IBNR-CFR Reserve:	6,861.71
Period Loss Fund:	0.00	Total:	75,478.80
Aggregate Limit:	0.00	Period Loss Fund:	0.00
Total Payments Excess Loss Fund:	29,402.50	Pro-Rata Loss Fund Ratio	0.00
Amount Received from Aggregate Carriers(s):	0.00	Total Non-Specific Claim Recoveries to Date:	0.00
Amount Due From Aggregate Carriers(s)	29,402.50		

NOTE: Net Paid to Date = Total Payments Minus Non-(Specific Excess) Recoveries.

**Test Company**  
**Loss and Claim Experience**  
**As of Date: 04/30/2016**

**Report Criteria:** Filter: Tier 1 Name = 'Test Company' and Client = 'Test Company' and Policy Set = 'Y' and Report Type = 'ST'

**Group 1: Claim Year / Policy Age is Claim year 2015 01/01/15 - 12/31/2015 Policy Age: 16 Months**

Coverage	Retention Level	Maint. Deduct	Closed Claims	Open Claims	Total Claims	Net Loss Paid to Date	Net Expense Paid to Date	Loss Reserve	Expense Reserve	Total Experience
Auto Liability	100,000	0	12	6	18	48,180.53	796.00	17,900.86	13.50	66,890.89
Auto Physical	100,000	0	23	1	24	37,736.40	590.00	11,107.33	0.00	49,433.73
Employr Liability	350,000	0	0	1	1	12,581.80	0.00	9,903.20	2,500.00	24,985.00
Errors/Omissions	100,000	0	1	1	2	440.00	0.00	0.00	0.00	440.00
General Liability	100,000	0	20	1	21	21,253.65	0.00	14,690.20	0.00	35,943.85
Indemnity	350,000	0	16	9	25	113,139.83	37,235.58	44,227.20	5,904.21	200,506.82
Medical Only	350,000	0	57	12	69	32,870.20	1,396.22	19,172.89	9,081.35	62,520.66
Work Comp	350,000	0	73	21	94	146,010.03	38,631.80	63,400.09	14,985.56	263,027.48
Totals:			129	31	160	266,202.41	40,017.80	117,001.68	17,499.06	440,720.95

**AGGREGATE EXCESS SUMMARY**

Total Net Payments:	306,220.21	Total Incurred:	440,720.95
Less Payments Subject to Specific Excess:	0.00	Less Losses Excess of Specific Retention:	0.00
Total Payments Subject to Aggregate Excess:	306,220.21	Total Aggregate Experience:	440,720.95
		Plus IBNR-CFR Reserve:	44,072.10
Period Loss Fund:	0.00	Total:	484,793.05
Aggregate Limit:	0.00	Period Loss Fund:	0.00
Total Payments Excess Loss Fund:	306,220.21	Pro-Rata Loss Fund Ratio	0.00
Amount Received from Aggregate Carriers(s):	0.00	Total Non-Specific Claim Recoveries to Date:	8,577.35
Amount Due From Aggregate Carriers(s)	306,220.21		

NOTE: Net Paid to Date = Total Payments Minus Non-(Specific Excess) Recoveries.

**Test Company**  
**Loss and Claim Experience**  
**As of Date: 04/30/2016**

**Report Criteria:** Filter: Tier 1 Name = 'Test Company' and Client = 'Test Company' and Policy Set = 'Y' and Report Type = 'ST'

**Group 1: Claim Year / Policy Age is Claim year 2014 01/01/14 - 12/31/2014 Policy Age: 28 Months**

Coverage	Retention Level	Maint. Deduct	Closed Claims	Open Claims	Total Claims	Net Loss Paid to Date	Net Expense Paid to Date	Loss Reserve	Expense Reserve	Total Experience
Auto Liability	100,000	0	14	1	15	35,666.23	455.00	20,000.00	0.00	56,121.23
Auto Physical	100,000	0	15	0	15	48,612.56	0.00	0.00	0.00	48,612.56
Errors/Omissions	100,000	0	1	0	1	78,774.12	2,305.00	0.00	0.00	81,079.12
General Liability	100,000	0	16	2	18	364,355.14	0.00	49,239.70	0.00	413,594.84
Property	100,000	0	4	0	4	11,868.28	0.00	0.00	0.00	11,868.28
Indemnity	350,000	0	24	4	28	300,440.58	43,432.19	20,232.08	8,064.36	372,169.21
Medical Only	350,000	0	92	2	94	76,520.00	7,305.30	602.47	2,795.07	87,222.84
Work Comp	350,000	0	116	6	122	376,960.58	50,737.49	20,834.55	10,859.43	459,392.05
Totals:			166	9	175	916,236.91	53,497.49	90,074.25	10,859.43	1,070,668.08

**AGGREGATE EXCESS SUMMARY**

Total Net Payments:	969,734.40	Total Incurred:	1,070,668.08
Less Payments Subject to Specific Excess:	256,410.00	Less Losses Excess of Specific Retention:	256,410.00
Total Payments Subject to Aggregate Excess:	713,324.40	Total Aggregate Experience:	814,258.08
		Plus IBNR-CFR Reserve:	81,425.81
Period Loss Fund:	0.00	Total:	895,683.89
Aggregate Limit:	0.00	Period Loss Fund:	0.00
Total Payments Excess Loss Fund:	713,324.40	Pro-Rata Loss Fund Ratio	0.00
Amount Received from Aggregate Carriers(s):	0.00	Total Non-Specific Claim Recoveries to Date:	14,588.53
Amount Due From Aggregate Carriers(s)	713,324.40		

NOTE: Net Paid to Date = Total Payments Minus Non-(Specific Excess) Recoveries.

# LOSS & CLAIM EXPERIENCE SUMMARY

---

This report shows a financial summary of each year by all lines of coverage combined.

The program calculates the assured's loss fund ratio by subtracting specific excess recoveries from the total experience (incurred). An IBNR is calculated and added to the resulting total to determine the total aggregate loss. The aggregate loss is divided by the loss fund to establish and display the loss fund ratio.

**Test Company**  
**Loss and Claim Experience Summary**  
**As of Date: 04/30/2016**

**Report Criteria:** Filter: Tier 1 Name = 'Test Company' and Client = 'Test Company' and Policy Set = 'Y' and Report Type = 'Summary'

Begin Date	End Date	Closed Claims	Open Claims	Total Claims	Net Paid to Date	Reserve Balance	Total Experience	Less: Spec. Excess Loss	Plus: IBNR-CFR	Aggregate Losses	Period Loss Fund	Loss Fund Ratio
01/01/16	12/31/16	23	25	48	29,402.50	39,214.59	68,617.09	0.00	0.00	68,617.09	0.00	0.00
01/01/15	12/31/15	129	31	160	306,220.21	134,500.74	440,720.95	0.00	0.00	440,720.95	0.00	0.00
01/01/14	12/31/14	166	9	175	969,734.40	100,933.68	1,070,668.08	265,801.66	0.00	804,866.42	0.00	0.00
01/01/13	12/31/13	171	11	182	923,636.39	121,191.09	1,044,827.48	0.00	0.00	1,044,827.48	0.00	0.00
01/01/12	12/31/12	180	6	186	1,350,837.52	163,028.46	1,513,865.98	15,408.07	0.00	1,498,457.91	0.00	0.00
01/01/11	12/31/11	183	14	197	1,468,885.70	159,799.04	1,628,684.74	52,067.44	0.00	1,576,617.30	0.00	0.00
01/01/10	12/31/10	247	13	260	1,388,440.26	116,083.34	1,504,523.60	0.00	0.00	1,504,523.60	0.00	0.00
01/01/09	12/31/09	271	11	282	2,043,785.10	84,389.36	2,128,174.46	177,536.07	0.00	1,950,638.39	0.00	0.00
10/01/07	12/31/08	286	8	294	2,493,542.45	92,835.38	2,586,377.83	192,428.38	0.00	2,393,949.45	0.00	0.00
10/01/06	09/30/07	257	2	259	2,291,624.65	16,357.06	2,307,981.71	481,480.15	0.00	1,826,501.56	3,577,500.00	51.06
10/01/05	09/30/06	291	2	293	1,690,112.69	28,426.89	1,718,539.58	75,567.75	0.00	1,642,971.83	2,830,000.00	58.06
10/01/04	09/30/05	289	3	292	1,807,509.10	149,456.69	1,956,965.79	228,400.00	0.00	1,728,565.79	2,705,000.00	63.90
10/01/03	09/30/04	427	4	431	3,237,981.07	349,070.67	3,587,051.74	1,163,502.57	0.00	2,423,549.17	3,300,000.00	73.44
10/01/02	09/30/03	387	2	389	3,159,522.87	49,101.70	3,208,624.57	976,037.05	0.00	2,232,587.52	2,200,000.00	101.48
10/01/01	09/30/02	427	5	432	3,044,993.97	110,261.28	3,155,255.25	578,451.46	0.00	2,576,803.79	1,300,000.00	198.22
10/01/00	09/30/01	379	2	381	3,548,268.30	45,111.51	3,593,379.81	1,325,270.75	0.00	2,268,109.06	1,025,000.00	221.28
10/01/99	09/30/00	326	2	328	2,634,763.52	26,526.91	2,661,290.43	925,067.52	0.00	1,736,222.91	900,000.00	192.91
10/01/98	09/30/99	302	2	304	2,492,868.01	20,193.50	2,513,061.51	1,408,922.35	0.00	1,104,139.16	900,000.00	122.68
10/01/97	09/30/98	315	0	315	1,797,090.09	0.00	1,797,090.09	797,508.57	0.00	999,581.52	850,000.00	117.60
10/01/96	09/30/97	324	0	324	1,614,866.38	0.00	1,614,866.38	405,757.34	0.00	1,209,109.04	1,300,000.00	93.01
10/01/95	09/30/96	299	0	299	805,225.20	0.00	805,225.20	350,136.20	0.00	455,089.00	1,300,000.00	35.01
10/01/94	09/30/95	289	0	289	893,144.44	0.00	893,144.44	44,245.60	0.00	848,898.84	1,600,000.00	53.06
10/01/93	09/30/94	278	0	278	748,255.62	0.00	748,255.62	104,146.53	0.00	644,109.09	1,800,000.00	35.78
10/01/92	09/30/93	273	1	274	742,073.81	16,035.42	758,109.23	28,918.37	0.00	729,190.86	1,550,000.00	47.04
10/01/91	09/30/92	311	1	312	480,795.96	6,192.84	486,988.80	0.00	0.00	486,988.80	1,600,000.00	30.44



**Test Company**  
**Loss and Claim Experience Summary**  
**As of Date: 04/30/2016**

Valuation: 04/30/2016  
Run Date: 05/12/2016 11:01 AM

**Report Criteria:** Filter: Tier 1 Name = 'Test Company' and Client = 'Test Company' and Policy Set = 'Y' and Report Type = 'Summary'

Begin Date	End Date	Closed Claims	Open Claims	Total Claims	Net Paid to Date	Reserve Balance	Total Experience	Less: Spec. Excess Loss	Plus: IBNR-CFR	Aggregate Losses	Period Loss Fund	Loss Fund Ratio
10/01/90	09/30/91	323	1	324	1,768,048.07	326,047.77	2,094,095.84	1,055,241.73	0.00	1,038,854.11	1,600,000.00	64.93
10/01/89	09/30/90	349	2	351	1,175,719.63	47,428.98	1,223,148.61	31,080.46	0.00	1,192,068.15	1,500,000.00	79.47
10/01/88	09/30/89	311	1	312	737,601.38	3,066.68	740,668.06	94,627.37	0.00	646,040.69	1,400,000.00	46.15
01/01/88	09/30/88	270	1	271	3,308,072.35	16,363.54	3,324,435.89	2,754,492.60	0.00	569,943.29	1,100,000.00	51.81
01/01/87	12/31/87	345	0	345	994,714.03	0.00	994,714.03	158,348.99	0.00	836,365.04	900,000.00	92.93
01/01/86	12/31/86	305	1	306	1,696,867.46	495.28	1,697,362.74	637,607.55	0.00	1,059,755.19	850,000.00	124.68
01/01/85	12/31/85	73	0	73	379,872.48	0.00	379,872.48	38,480.16	0.00	341,392.32	500,000.00	68.28
01/01/84	12/31/84	18	0	18	130,084.31	0.00	130,084.31	0.00	0.00	130,084.31	375,000.00	34.69
01/01/83	12/31/83	18	0	18	220,757.65	0.00	220,757.65	18,990.90	0.00	201,766.75	375,000.00	53.80
01/01/82	12/31/82	11	0	11	282,550.78	0.00	282,550.78	48,887.33	0.00	233,663.45	375,000.00	62.31
10/01/80	12/31/81	6	0	6	34,400.49	0.00	34,400.49	0.00	0.00	34,400.49	375,000.00	9.17
10/01/79	09/30/80	1	0	1	6,931.14	0.00	6,931.14	0.00	0.00	6,931.14	375,000.00	1.85
09/07/78	09/30/79	4	0	4	2,362.04	0.00	2,362.04	0.00	0.00	2,362.04	365,000.00	0.65
09/07/77	09/06/78	1	0	1	1,296.46	0.00	1,296.46	0.00	0.00	1,296.46	330,000.00	0.39
09/07/76	09/06/77	1	0	1	0.00	0.00	0.00	0.00	0.00	0.00	300,000.00	0.00
<b>Totals:</b>		<b>8,866</b>	<b>160</b>	<b>9,026</b>	<b>52,702,858.48</b>	<b>2,222,112.40</b>	<b>54,924,970.88</b>	<b>14,434,410.92</b>	<b>0.00</b>	<b>40,490,559.96</b>	<b>39,457,500.00</b>	<b>102.62</b>

# **SPECIFIC EXCESS REPORT**

---

Reports on occurrences where the experience has exceeded the specific retention level, the amount in excess of retention, amounts already recovered and the recovery amounts remaining.

Test Company  
Specific Excess Report

Report Criteria: Filter: Tier 1 Name = 'Test Company' and Client = 'Test Company' And Policy Begin Date Range From 01/01/1950 To 04/30/2016 SIR Percent =  
'100'Je Fees = 'Excluded'

Policy Period: 1/1/2014 - 12/31/2014 Maint Deduct: N/A

Location	Claim #	Coverage	Retention	Amount	Y/N	Claimant	Loss Date	Open Date	Reopen Date	Closed Date	O/C	Net Paid To Date	Reserve Bal	Incurred
*** OCCURANCE NUMBER :			14000607178	*** OCCURANCE DATE:			07/03/14							
087806	L607178	General Liability	100,000	0	N	eocnl sptmuyibh	07/03/14	07/07/14		12/11/15	CLOSED	356,410.00	0.00	356,410.00
Description:		Lift station shut off mistakenly by employee												
*** OCCURANCE NUMBER :								14000607178	Total:			356,410.00	0.00	356,410.00
*** Specific Retention:												100,000.00		100,000.00
*** Amount Excess of Retention												256,410.00		256,410.00
*** Received from Excess Carrier:												265,393.16		265,393.16
*** EXCESS MONIES DUE												-8,983.16		-8,983.16

Totals:	***Total Experience Excess Specific Retention	256,410.00
	***Total Payments Excess Specific Retention	256,410.00
	***Total Received from Excess Carrier	265,393.16

NOTE: Net Paid to Date = Total Payments minus Non-(Specific Excess) Recoveries.

Test Company  
Specific Excess Report

Report Criteria: Filter: Tier 1 Name = 'Test Company' and Client = 'Test Company' And Policy Begin Date Range From 01/01/1950 To 04/30/2016 SIR Percent = '100'Je Fees = 'Excluded'

Policy Period: 1/1/2012 - 12/31/2012 Maint Deduct: N/A

Location	Claim #	Coverage	Retention	Amount	Y/N	Claimant	Loss Date	Open Date	Reopen Date	Closed Date	O/C	Net Paid To Date	Reserve Bal	Incurred
087806	*** OCCURANCE NUMBER :		12000536805			*** OCCURANCE DATE:	04/10/12							
	L536805	General Liability	100,000	0	N	ilawms, Susan	04/10/12	04/10/12		12/10/12	CLOSED	113,016.77	0.00	113,016.77
	Description:		Power loss caused lift station to fail causing sewage to overflow into clmt residence											

Totals:	***Total Experience Excess Specific Retention	14,993.97
	***Total Payments Excess Specific Retention	13,016.77
	***Total Received from Excess Carrier	0.00

NOTE: Net Paid to Date = Total Payments minus Non-(Specific Excess) Recoveries.



## PAST PERFORMANCE AND REFERENCES

---

### CITY OF DUNEDIN

Theresa Smalling, Director of HR and Risk Mgmt.  
tsmallin@dunedinfl.net

(727) 298-3040 (727) 298-3052 Fax

750 Milwaukee Avenue  
Dunedin, FL 34698

**Services Provided:** Workers' Compensation,  
Automobile/General Liability, Medical  
Management, Cost Containment/Bill Review,  
Information Management Services

**Dates provided:** October 1999 to Present

**Contract Amount:** \$14,500 (WC)  
\$28,875 (Liability)

### BROWARD COUNTY SCHOOL BOARD

Aston Henry, Director of Risk Management  
aston.henry@browardschools.com

(754) 321-1907 (754) 321-2654 Fax

600 SE Third Avenue  
11th Floor

Fort Lauderdale, FL 33301

**Services Provided:** Automobile/General Liability,  
Property, Employment Practices Liability,  
Educators Legal Liability, Errors & Omissions,  
Information Management Services

**Dates Provided:** July 2006 to Present

**Contract Amount:** \$955,000

### CITRUS COUNTY BOCC

Mary Glancy, Risk Management Assistant  
mary.glancy@citrusbocc.com

(352) 527-5363 (352) 527-5300 Fax

3600 W. Sovereign Path, Suite 180  
Lecanto, FL 34461

**Services Provided:** Workers' Compensation,  
Medical Management, Automobile/General  
Liability, Property, Cost Containment/Bill  
Review, Information Management Services

**Dates Provided:** October 2005 to October 2015  
June 2017 to Present

**Contract Amount:** \$75,480 (WC & Liability)

### CITY OF CORAL SPRINGS

Tracey Szatkowski, Risk Manager  
tszatkowski@coralsprings.org

(954) 344-1010 (954) 344-5901 Fax

9551 West Sample Road  
Coral Springs, FL 33065

**Services Provided:** Workers' Compensation,  
Medical Management, Cost Containment/Bill  
Review, Information Management Services

**Dates Provided:** September 2016 to Present

**Contract Amount:** \$316,703

### CITY OF SUNRISE

Bill Mason, Risk Manager  
bmason@sunrisefl.gov

(954) 572-2496 (954) 578-4809 Fax

10770 W. Oakland Park Blvd., 3rd Floor  
Sunrise, FL 33351

**Services Provided:** Workers' Compensation,  
Medical Management, Cost Containment/Bill  
Review, Information Management Services

**Dates Provided:** October 1987 to Present

**Contract Amount:** \$54,200

## PAST PERFORMANCE AND REFERENCES

### TESTIMONIALS FROM CURRENT CLIENTS

"Johns Eastern Co. has been beneficial in lowering our Mod Factor significantly. Everyone is very knowledgeable and informative. We look forward to a continued partnership."



Tina Bowen,  
District School Board of Collier County

"Johns Eastern Company has provided excellent service and advice on old claims, resolving issues in a timely manner, thus reducing the District's overall exposure."



John Radcliffe  
Troup County School System

"The transition from our previous TPA to Johns Eastern was smooth and seamless. They provided us with full service and their customer service is very professional."



Mary Glancy,  
Citrus County BOCC

"The people at Johns Eastern make all the difference when it comes to customer service and client satisfaction. Their willingness to assist with minor claims questions all the way up to high level issues is unmatched. Often times we don't just get assistance, we get an education."



Mike Rowe,  
City of Dunedin

"The City of Sanford has partnered with Johns Eastern Company, Inc. in regards to workers' compensation claims administration for about 15 years. They are very professional, have a really good loss run library, and they value relationships."



Fred Fosson,  
City of Sanford

"The staff of Johns Eastern excel at providing phenomenal customer service. They truly invest their time and efforts into thoroughly understanding our program. Their hands-on approach coupled with their expertise in claims management has resulted in cost savings to our program."



Patrick L. McDaniel,  
Panhandle Area Educational Consortium

"Johns Eastern delivered at every step of the transition. They have done what they said they were going to do and have been responsive to our needs and requests at every level from claims entry personnel to senior management."



Keith A. Richards  
Union County Government

"Best claim practices, excellent customer service, and effective communication from JECO since 1987 has put us in a position to manage our occupational medicine program to perfection."



Bill Mason,  
City of Sunrise





## PAST PERFORMANCE AND REFERENCES

### CURRENT PUBLIC ENTITY CLIENTS

---

#### **School Districts**

Baker County School Board  
Bradford County School Board  
Broward County Public Schools  
Calhoun County School Board  
Clay County School Board  
Collier County Public Schools  
Columbia County School Board  
Dixie County School Board  
Duval County Public Schools  
Flagler County School Board  
Florida Virtual High School  
Franklin County School Board  
Gilchrist County School Board  
Gulf County School Board  
Hamilton County School District  
Hernando County School Board  
Holmes District School Board  
Jackson County School Board  
Jefferson County School Board  
Lee County Public Schools  
Levy County School Board  
Liberty County School Board  
Madison County Schools  
Manatee County School District  
Marion County Public Schools  
Monroe County School District  
Nassau County School Board  
Osceola County School District  
Pasco County School Board  
Pinellas County Public Schools  
Polk County School Board  
Putnam County School Board  
Sarasota County Public Schools  
Seminole County Public Schools  
Sumter County School Board  
Troup County School System  
Union County School Board  
Wakulla County School Board  
Walton County School District  
Washington County School District

#### **Pool**

Public Risk Management of Florida  
(includes approximately 62 public entities)

#### **Political Subdivisions**

City of Boca Raton  
Cayman Islands  
Citrus County BOCC  
Collier County BOCC  
City of Coral Gables  
City of Coral Springs  
City of Deerfield Beach  
City of Dunedin  
City of East Point  
Florida Public Housing Authority SIF  
Greater Orlando Aviation Authority  
Hernando County BOCC  
Hillsborough Area Regional Transit  
Hillsborough County BOCC  
Indian River County BOCC  
Indian River Sheriff's Office  
City of Jacksonville  
City of Largo  
City of Lauderhill  
Macon-Bibb County Transit Authority  
City of Melbourne  
City of Marco Island  
Marion County BOCC  
Maryland Transit Administration  
Miami Shores Village  
City of Naples  
City of Norfolk  
Nassau County BOCC  
Okaloosa County BOCC  
Orange County Sheriff's Office  
Palm Beach County Sheriff's Office  
City of Pensacola  
Pitt County BOCC  
Polk County BOCC  
City of Sanford  
Santa Rosa County BOCC  
City of Sarasota  
Sarasota County BOCC  
Sarasota County Sheriff's Office  
Seminole County BOCC  
South Florida Water Management District  
City of Sunrise  
City of Titusville  
Union County BOCC  
City of Winter Park





## PAST PERFORMANCE AND REFERENCES

### LITIGATION HISTORY

---

Johns Eastern has not been subject to any civil, criminal, administrative or other similar proceedings within the past five years.

## PRICE PROPOSAL

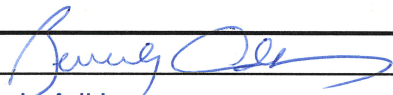
---

# PROPOSAL PRICING FORM



**PROPOSAL PRICING FORM**  
**RFP 2019-043 WORKERS COMPENSATION AND THIRD-PARTY LIABILITY CLAIMS**  
**ADMINISTRATIVE SERVICES**

Item	Description	Unit of Measure	Unit Price
1	Workers Compensation and Third-Party Liability Claims Administrative Services for Years 1 through 3	Flat Annual Fee	\$ <u>325,000</u>
2	Field Case Management Services	Hourly Rate	\$ <u>\$85/hour</u>
3	Workers Compensation and Third-Party Liability Claims Administrative Services for Renewal 1, Years 4 through 6, if exercised	Percent Change	% <u>6</u>
4	Workers Compensation and Third-Party Liability Claims Administrative Services for Renewal 2, Years 7 through 9, if exercised	Percent Change	% <u>7</u>

Authorized Signature:   
Print/Type Name: Beverly Adkins  
E-mail: badkins@johnseastern.com  
Firm Name: Johns Eastern Company, Inc.  
Address: P.O. Box 110259

Title: Executive Vice President  
Phone (866) 784-0583  
Fax (813) 402-7914  
F.E.I.N. No: 591115663  
City Lakewood Ranch State: FL

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF THE PROPOSER TO BE BOUND BY THE TERMS OF ITS PROPOSAL. FAILURE TO SIGN THIS PRICE PROPOSAL WHERE INDICATED ABOVE BY AN AUTHORIZED REPRESENTATIVE OR PROVIDE THE FORM AS PRESENTED MAY RENDER THE PROPOSER NON-RESPONSIVE.



## PRICE PROPOSAL

---

### ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE)

Charges for services below are billed at negotiated rates for strategic business partners selected by the City/ Johns Eastern unless otherwise outlined below. Allocated expenses are those expenses generated by the individual claim file which are charged back to the file. They include:

- Attorneys' and legal assistants' fees for claim and any lawsuits, before and at trial, or on appeal, or otherwise;
- Court and other litigation and settlement expenses, including, without limitation;
  - Independent Medical Examinations;
  - Expert medical and other testimony;
  - Laboratory, X-ray and other diagnostic tests;
  - Autopsy, surgical reviews, and other pathology services;
  - Physician and related fees and expenses in reading, interpreting, or performing any of the foregoing tests or services;
  - Stenographer, process server, and other related deposition preparation, hearings, settlement, and court costs;
  - Witnesses fees and expenses before and at hearing, deposition, settlement discussions, or otherwise; and
- Fees and expenses for surveillance, private investigators, or otherwise;
- Fees for any work done outside the office, in excess of 10 field assignments per year at \$85.00 per hour, \$0.55 a mile and \$1.00 per color photograph, and administrative expenses;
- Appraisals;
- Field case management;
- Medicare Set Aside (MSA) services to include: recommendation for MSA submission, MSA cost projection, MSA submission, liability MSA services, comprehensive drug utilization review, lien search, conditional lien dispute, and projection update.

### EXTENDED CLAIMS HANDLING

We will handle all claims received whose date of loss is within the terms of this proposal and contract. If and when the contract is terminated, we will handle the claims for a period of thirty (90) days thereafter at no additional charge. If the City wishes the claims to be handled beyond this point, fees will be negotiated at that time.