



Run Date: 07/12/2023

As Of: 07/07/2023

Insured Name CAMPBELL UNIVERSI	Service Information Policy No 1027300581
AFFINITY INSURANCE SE	

Policy Premium Summary					Policy Loss Summary			
Product Group	Effective Date	Exp Date	# Claims	Paid Indemnity	Paid Losses	Paid Expenses	Reserve	
Nurses/Allied Healthcare	06/01/2022	06/01/2023	0					
Nurses/Allied Healthcare	06/01/2021	06/01/2022	0					
Nurses/Allied Healthcare	06/01/2020	06/01/2021	0					
Nurses/Allied Healthcare	06/01/2019	06/01/2020	0					
Nurses/Allied Healthcare	06/01/2018	06/01/2019	0					
Nurses/Allied Healthcare	06/01/2017	06/01/2018	0					
Nurses/Allied Healthcare	06/01/2016	06/01/2017	0					
Nurses/Allied Healthcare	06/01/2015	06/01/2016	0					
Nurses/Allied Healthcare	06/01/2014	06/01/2015	1				576	
Nurses/Allied Healthcare	06/01/2013	06/01/2014	0					
Nurses/Allied Healthcare	06/01/2012	06/01/2013	0					

Individual Claim Analysis

Claim Number	Claimant Name	Loss Date	Report Date	Notice Date	Location Code	TPA Claim Number	Claimant Nature		PD Source	Paid Losses	Paid Expenses	Net Incurred
							Accident Type	Reserve				
HMA8188721	NOT IDEN	09/19/2014		08/11/2017	8888						576	
	TIFIED, NOT IDENTIFIED											
CL: Childbirth at hospital; baby died 2 days later.												
TOTAL 06/01/2014 - 6/1/2015											576	
GRAND TOTAL FOR ALL POLICY YEARS:										0	576	576