



CUSTOMER LOSS REPORT
POLICY DETAIL

Run Date: 01/16/2024

As Of: 01/12/2024

Current Policy Period: 06/01/2023 - 06/01/2024

Insured Name	Service Information	Agency
CAMPBELL UNIVERSI	Policy No 1027300581	AFFINITY INSURANCE SERVICES INC

Policy Premium Summary			Policy Loss Summary							
Product Group	Effective Date	Exp Date	# Claims	Paid Indemnity	Paid Losses	Paid Expenses	Reserve		Net Incurred	Gross Incurred
Nurses/Allied Healthcare	06/01/2023	06/01/2024	0							
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			576	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				Paid Losses	Paid Expenses		Catastrophe Code	Open/Closed	
Description Of Loss						Accident Type	Claimant Nature	PD Source	Reserve	Net Incurred			Gross Incurred	Claim Office	
HMA8188721	NOT IDEN	09/19/2014		08/11/2017	8888					576				C	
	TIFIED,NOT														
	IDENTIFIED														
CL:Childbirth at hospital;baby died 2 days later.										576			576		
TOTAL 06/01/2014 - 6/1/2015										576					
										576			576		
GRAND TOTAL FOR ALL POLICY YEARS:										0	576				
											576		576		