



**CUSTOMER LOSS REPORT
POLICY DETAIL**

Run Date: 07/30/2024

As Of: 07/26/2024

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 TIFIED,NOT IDENTIFIED	09/19/2014		08/11/2017	8888					576		C	
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
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