

CNA

External Loss Run Report

Policy Number : 1027300581

Loss Basis : Gross

Suppress Reserve : No

Suppress Loss Description : No

Suppress Claimant: Yes

Policy Effective : All Data for this Policy is shown

Data as of : 5/21/2025

Policy Totals

Account Number	Policy Number	Policy Prefix	Indemnity Paid	Total Expenses	Indemnity Reserve	Total Incurred	Count of Claim Number
	1027300581		\$0	\$576	\$0	\$576	1

Policy Details

Account Number	Policy Number	Policy Prefix	Policy Effective	Policy Expiration	Producer	Producer Code	Insured Name	Indemnity Paid	Total Expenses	Indemnity Reserve	Total Incurred	Count of Claim Number
	1027300581		6/1/2012	6/1/2013	AFFINITY INSURANCE SERVICES INC	018098	CAMPBELL UNIVERSI0162	\$0	\$0	\$0	\$0	0
	1027300581		6/1/2013	6/1/2014	AFFINITY INSURANCE SERVICES INC	018098	CAMPBELL UNIVERSI0163	\$0	\$0	\$0	\$0	0
	1027300581		6/1/2014	6/1/2015	AFFINITY INSURANCE SERVICES INC	018098	CAMPBELL UNIVERSITY INCORPORATED	\$0	\$576	\$0	\$576	1
	1027300581		6/1/2015	6/1/2016	AFFINITY INSURANCE SERVICES INC	018098	CAMPBELL UNIVERSI0165	\$0	\$0	\$0	\$0	0
	1027300581		6/1/2016	6/1/2017	AFFINITY INSURANCE SERVICES INC	018098	CAMPBELL UNIVERSI0166	\$0	\$0	\$0	\$0	0
	1027300581		6/1/2017	6/1/2018	AFFINITY INSURANCE SERVICES INC	018098	CAMPBELL UNIVERSI0167	\$0	\$0	\$0	\$0	0
	1027300581		6/1/2018	6/1/2019	AFFINITY INSURANCE SERVICES INC	018098	CAMPBELL UNIVERSI0168	\$0	\$0	\$0	\$0	0
	1027300581		6/1/2019	6/1/2020	AFFINITY INSURANCE SERVICES INC	018098	CAMPBELL UNIVERSI0169	\$0	\$0	\$0	\$0	0
	1027300581		6/1/2020	6/1/2021	AFFINITY INSURANCE SERVICES INC	018098	CAMPBELL UNIVERSI0160	\$0	\$0	\$0	\$0	0
	1027300581		6/1/2021	6/1/2022	AFFINITY INSURANCE SERVICES INC	018098	CAMPBELL UNIVERSI0161	\$0	\$0	\$0	\$0	0
	1027300581		6/1/2022	6/1/2023	AFFINITY INSURANCE SERVICES INC	018098	CAMPBELL UNIVERSI0162	\$0	\$0	\$0	\$0	0
	1027300581		6/1/2023	6/1/2024	AFFINITY INSURANCE SERVICES INC	018098	CAMPBELL UNIVERSI0163	\$0	\$0	\$0	\$0	0
	1027300581		6/1/2024	6/1/2025	AFFINITY INSURANCE SERVICES INC	018098	CAMPBELL UNIVERSI0164	\$0	\$0	\$0	\$0	0
	Subtotals	-	-	-	-	-	-	\$0	\$576	\$0	\$576	1
Totals	-	-	-	-	-	-	-	\$0	\$576	\$0	\$576	1

Claim Details

Account Number	Policy Number	Policy Prefix	Policy Effective	Policy Expiration	Loss Description	Date Reported	Loss Date	Occur Date	Close Date	Claim Number	Suffix Number	Claimant Name	Claim Status	Location Address	Accident State	Loc Code	Insured Name	Insured DBA	KOL Code	Indemnity Paid	Total Expenses	Indemnity Reserve	Total Incurred
	1027300581		6/1/2014	6/1/2015	CL:Childbirth at hospital;baby died 2 days later.	8/11/2017	9/19/2014	9/19/2014	08/24/2017	HMA81887	21		Closed	489 State St, Bangor, ME 04401-6616	ME	N/A	Campbell University Incorporated	CAMPBELL UNIVERSITY INCORPORATED	PLIP	\$0	\$576	\$0	\$576

