



NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07411B

| | | | | | | | | | | | |
|--|--------------------|----------|-----------|---------------|---------------|-----------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07411B | WILLIAMSON, RONALD | 15 | | 642.81 | 243.00 | 1,311.77 | 0.00 | 0.00 | 0.00 | 0.00 | 2,197.58 |
| ADMIN BLDG | 7/1/2016 | 7/5/2016 | 8/23/2016 | 642.81 | 243.00 | 1,311.77 | 0.00 | 0.00 | 0.00 | 0.00 | 2,197.58 |
| PUSHING BLEACHERS ON FIELD INJURED R HEEL/CALF | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 642.81 | 243.00 | 1,311.77 | 0.00 | 0.00 | 0.00 | 0.00 | 2,197.58 |
| | | | | 642.81 | 243.00 | 1,311.77 | 0.00 | 0.00 | 0.00 | 0.00 | 2,197.58 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07416K

| | | | | | | | | | | | |
|---|-------------|----------|-----------|-----------------|---------------|-----------------|-------------|-------------|-------------|-------------|------------------|
| 16WC07416K | KANE, KAREN | 15 | | 8,538.09 | 243.00 | 2,488.57 | 0.00 | 0.00 | 0.00 | 0.00 | 11,269.66 |
| FRANKLIN TWP E.S. | 7/1/2016 | 7/5/2016 | 8/26/2016 | 8,538.09 | 243.00 | 2,488.57 | 0.00 | 0.00 | 0.00 | 0.00 | 11,269.66 |
| WORKING WITH STUDENT HAVING BEHAVIORAL ISSUE TRIPPED OVER STUDE | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 8,538.09 | 243.00 | 2,488.57 | 0.00 | 0.00 | 0.00 | 0.00 | 11,269.66 |
| | | | | 8,538.09 | 243.00 | 2,488.57 | 0.00 | 0.00 | 0.00 | 0.00 | 11,269.66 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07418Y

| | | | | | | | | | | | |
|--|-------------|----------|-----------|-------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07418Y | DAROIS, RON | 11 | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| TAYLOR ST E.S. | 7/5/2016 | 7/5/2016 | 8/ 5/2016 | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| EMPTYING STEAM VACUUM IT ROLLED STRUCK HIM AND KNOCKED HIM DOW | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07419C



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com



NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|----------------|----------------|----------------------|----------------------|----------------|-----------------------|----------------|
| Location | Loss Date | Rpt Date | Status | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid |
| Description of Loss | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07419C

| | | | | | | | | | | |
|---|----------------|----------|----------|-----------------|---------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07419C | GRECO, ANTONIO | 10 | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| GARFIELD HS | 7/1/2016 | 7/5/2016 | Open | 1,109.42 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,352.42 |
| COMING DOWN LADDER MISSED LAST STEP AND FELL INJURED LOWER BACI | | | | 1,390.58 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,392.58 |
| Total by Claim Number 1 Claim | | | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| | | | | 1,109.42 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,352.42 |
| | | | | 1,390.58 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,392.58 |

Claim Number: 16WC07420A

| | | | | | | | | | | |
|---|--------------|----------|-----------|------------------|-----------------|-----------------|-------------|-------------|-------------|------------------|
| 16WC07420A | SOLLY, DAVID | 10 | 15,950.28 | 1,193.00 | 7,044.27 | 0.00 | 0.00 | 0.00 | 0.00 | 24,187.55 |
| OCEAN TWP INTERMEDIATE M.S. | 7/1/2016 | 7/5/2016 | 9/16/2016 | 15,950.28 | 1,193.00 | 7,044.27 | 0.00 | 0.00 | 0.00 | 24,187.55 |
| LIFTING A STUDENTS DESK TO PUT IT DOWN, DESK SLIPPED FROM HANDS L | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 15,950.28 | 1,193.00 | 7,044.27 | 0.00 | 0.00 | 0.00 | 24,187.55 |
| | | | | 15,950.28 | 1,193.00 | 7,044.27 | 0.00 | 0.00 | 0.00 | 24,187.55 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07423J

| | | | | | | | | | | |
|--|----------------|----------|-----------|------------------|-----------------|------------------|-------------|-----------------|-------------|------------------|
| 16WC07423J | CLARK, STEPHEN | 15 | 38,000.00 | 1,193.00 | 23,000.00 | 0.00 | 0.00 | 2,500.00 | 0.00 | 64,693.00 |
| RANOCAS VALLEY REG. HS | 7/5/2016 | 7/6/2016 | Open | 465.26 | 1,193.00 | 3,765.12 | 0.00 | 0.00 | 0.00 | 5,423.38 |
| CARRYING CHAIRS FROM CLASSROOM HE TURNED STRUCK R EYE ON LEG C | | | | 37,534.74 | 0.00 | 19,234.88 | 0.00 | 2,500.00 | 0.00 | 59,269.62 |
| Total by Claim Number 1 Claim | | | | 38,000.00 | 1,193.00 | 23,000.00 | 0.00 | 2,500.00 | 0.00 | 64,693.00 |
| | | | | 465.26 | 1,193.00 | 3,765.12 | 0.00 | 0.00 | 0.00 | 5,423.38 |
| | | | | 37,534.74 | 0.00 | 19,234.88 | 0.00 | 2,500.00 | 0.00 | 59,269.62 |

Claim Number: 16WC07424G





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|----------------|----------------|----------------------|----------------------|----------------|-----------------------|----------------|
| Location | Loss Date | Rpt Date | Status | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid |
| Description of Loss | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07424G

| | | | | | | | | | | |
|---|---------------|----------|------------------|-----------------|------------------|-------------|-------------|-------------|-------------|------------------|
| 16WC07424G | HALL, GREGORY | 11 | 17,500.00 | 1,195.00 | 50,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 68,695.00 |
| ASHER HOLMES E.S. | 7/5/2016 | 7/6/2016 | Open | 607.86 | 1,098.00 | 1,483.78 | 0.00 | 0.00 | 0.00 | 3,189.64 |
| CUTTING TREE BRANCHES AND LOADING THEM IN TRUCK, LOGS ROLLED OU | | | 16,892.14 | 97.00 | 48,516.22 | 0.00 | 0.00 | 0.00 | 0.00 | 65,505.36 |
| Total by Claim Number 1 Claim | | | 17,500.00 | 1,195.00 | 50,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 68,695.00 |
| | | | 607.86 | 1,098.00 | 1,483.78 | 0.00 | 0.00 | 0.00 | 0.00 | 3,189.64 |
| | | | 16,892.14 | 97.00 | 48,516.22 | 0.00 | 0.00 | 0.00 | 0.00 | 65,505.36 |

Claim Number: 16WC07425B

| | | | | | | | | | | |
|---|----------------|----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07425B | HORNYAK, NIKKI | 11 | 185.50 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 428.50 |
| P.J. HILL SCHOOL | 7/5/2016 | 7/6/2016 | 9/6/2016 | 185.50 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 428.50 |
| SETTING UP CLASSROOM STACKING UP CHAIRS CHAIR FELL ON R PINKY TOE | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | 185.50 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 428.50 |
| | | | 185.50 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 428.50 |
| | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07427Y

| | | | | | | | | | | |
|---|-------------------------|----------|-------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07427Y | JONES, HALEENUS CHARLES | 11 | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| NORTH MAIN STREET SCHOOL | 7/6/2016 | 7/6/2016 | 8/10/2016 | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| STRIPPING FLOORS SLIPPED AND FELL INJURED L ARM/WRIST, BACK | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07429B





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07429B

| | | | | | | | | | | |
|---|----------------|----------|-----------|-------------|---------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07429B | MENENDEZ, JOSE | 11 | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| HUNTERDON CENTRAL REG HS | 7/5/2016 | 7/6/2016 | 8/10/2016 | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| MOVING A TABLE AND THE LEG OF TABLE STRUCK R SIDE OF FACE/EYE | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07430K

| | | | | | | | | | | |
|--|----------------|----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07430K | STEIN, MICHAEL | 11 | | 600.57 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 843.57 |
| ALLEN W ROBERTS SCHOOL | 7/6/2016 | 7/6/2016 | 8/24/2016 | 600.57 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 843.57 |
| PICKING UP DESK TO REMOVE FROM CLASS FELT PAIN IN ABDOMEN AREA | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 600.57 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 843.57 |
| | | | | 600.57 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 843.57 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07431G

| | | | | | | | | | | |
|---|------------------|----------|------|-----------------|-----------------|-----------------|-------------|-------------|-------------|------------------|
| 16WC07431G | PROTOPAPAS, JOHN | 10 | | 9,000.00 | 1,195.00 | 5,000.00 | 0.00 | 0.00 | 0.00 | 15,195.00 |
| MT. PLEASANT MS | 7/6/2016 | 7/6/2016 | Open | 523.20 | 1,193.00 | 1,323.88 | 0.00 | 0.00 | 0.00 | 3,040.08 |
| CLIMBING UP ROOF HATCH ACCIDENTALLY STRUCK L KNEE AGAINST LADDE | | | | 8,476.80 | 2.00 | 3,676.12 | 0.00 | 0.00 | 0.00 | 12,154.92 |
| Total by Claim Number 1 Claim | | | | 9,000.00 | 1,195.00 | 5,000.00 | 0.00 | 0.00 | 0.00 | 15,195.00 |
| | | | | 523.20 | 1,193.00 | 1,323.88 | 0.00 | 0.00 | 0.00 | 3,040.08 |
| | | | | 8,476.80 | 2.00 | 3,676.12 | 0.00 | 0.00 | 0.00 | 12,154.92 |

Claim Number: 16WC07432Y





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | Status | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07432Y

| | | | | | | | | | | |
|---|-----------------|----------|-----------|-----------------|---------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07432Y | KHURANA, RACHNA | 11 | 2,900.27 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,143.27 |
| NUVIEW ACADEMY | 7/6/2016 | 7/6/2016 | 9/13/2016 | 2,900.27 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,143.27 |
| WALKING DOWN HALLWAY STUDENT KICKED HER R SIDE OF GROIN | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 2,900.27 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,143.27 |
| | | | | 2,900.27 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,143.27 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07433B

| | | | | | | | | | | |
|--|-----------------|----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07433B | SANER, NICHOLAS | 11 | 415.22 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 658.22 |
| HOWELL MS NORTH | 7/5/2016 | 7/7/2016 | 9/15/2016 | 415.22 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 658.22 |
| WORKING ON LADDER REMOVING WALLPAPER CLIMBED DOWN HITTING R EL | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 415.22 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 658.22 |
| | | | | 415.22 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 658.22 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07434G

| | | | | | | | | | | |
|---|------------------|----------|-----------|-------------|-----------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07434G | KARBOWSKI, DEBRA | 10 | 0.00 | 1,193.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,193.00 |
| OLD BRIDGE HS | 7/7/2016 | 7/7/2016 | 8/12/2016 | 0.00 | 1,193.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,193.00 |
| MOVING ITEMS OLD DRAFTING BOARDS FELL CUTTING R ANKLE | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 1,193.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,193.00 |
| | | | | 0.00 | 1,193.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,193.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07436K



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NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|----------|-----------------------|----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurred | Incurred | Incurred | Incurred | Incurred | Incurred |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07436K

| | | | | | | | | | | |
|--|------------------|----------|-----------|-------------|---------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07436K | WOLFRAM, CHRISTY | 11 | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| WINSLOW TWP #2 E.S. | 7/6/2016 | 7/7/2016 | 8/24/2016 | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| TEACHING SUMMER PROGRAM STUDENT HAVING AN OUTBURST GRABBED F | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07438K

| | | | | | | | | | | |
|--|--------------------|----------|-----------|-------------|---------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07438K | ADOCHIO, HENRIETTA | 11 | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| BRUNSWICK ACRES E. S. | 7/7/2016 | 7/7/2016 | 8/18/2016 | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| CARRYING EQUIPMENT AND A SCOOTER HIT HER HEAD ON DOOR WHILE IT V | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07440W

| | | | | | | | | | | |
|--|------------------|----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07440W | CORNELIO, ANDREA | 11 | | 612.93 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 855.93 |
| VETERANS MEMORIAL | 7/7/2016 | 7/7/2016 | 8/22/2016 | 612.93 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 855.93 |
| WALKING OUT BLDG TRIPPED ON AREA RUG AND FELL INJURED L KNEE | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 612.93 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 855.93 |
| | | | | 612.93 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 855.93 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07441B





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|----------------|----------------|----------------------|----------------------|----------------|-----------------------|----------------|
| Location | Loss Date | Rpt Date | Status | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid |
| Description of Loss | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07441B

| | | | | | | | | | | |
|---|-----------------|----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07441B | NAGEL, THEODORE | 11 | 119.56 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 362.56 |
| OCEAN ACADEMY | 7/7/2016 | 7/7/2016 | 8/23/2016 | 119.56 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 362.56 |
| STUDENT HAVING BEHAVIORAL OUTBURST STRUCK R SIDE OF HEAD CAUSIN | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | 119.56 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 362.56 |
| | | | 119.56 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 362.56 |
| | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07442Y

| | | | | | | | | | | |
|--|---------------|----------|-----------------|---------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07442Y | KENNY, LAUREN | 11 | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| THOMAS JEFFERSON ES | 7/7/2016 | 7/7/2016 | Open | 696.74 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 939.74 |
| WALKING DOWN HALLWAY A TABLE LEANING UP ON ITS SIDE FELL HITTING L | | | | 1,803.26 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,805.26 |
| Total by Claim Number 1 Claim | | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| | | | 696.74 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 939.74 |
| | | | 1,803.26 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,805.26 |

Claim Number: 16WC07443W

| | | | | | | | | | | |
|--|-----------------|----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07443W | MCMENAMIN, JOHN | 11 | 355.83 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 598.83 |
| HAMMARSKJOLD M.S. | 7/6/2016 | 7/7/2016 | 8/11/2016 | 355.83 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 598.83 |
| ASSEMBLING RISER/PLATFORM, RISER FELL ONTO L MIDDLE FINGER | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | 355.83 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 598.83 |
| | | | 355.83 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 598.83 |
| | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07444Y





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|----------------|----------------|----------------|----------------------|----------------------|----------------|-----------------------|----------------|
| Location | Loss Date | Rpt Date | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid |
| Description of Loss | | Status | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07444Y

| | | | | | | | | | | |
|--|---------------|----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07444Y | BLACK, DANIEL | 11 | 301.90 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 544.90 |
| THOMAS EDISON INTERMEDIATE S | 7/7/2016 | 7/7/2016 | 8/23/2016 | 301.90 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 544.90 |
| REMOVING TABLES FROM SUPPLY CLOSET WHEN TABLE RACK FELL AND ST | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | 301.90 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 544.90 |
| | | | 301.90 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 544.90 |
| | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07445K

| | | | | | | | | | | |
|---|-----------------|----------|-------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07445K | ELGAZZAR, NAGWA | 11 | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| SOUTH RIVER ELEMENTARY SCHC | 7/5/2016 | 7/8/2016 | 8/9/2016 | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| CHASING AFTER STUDENT ATTEMPTING TO LEAVE PLAY AREA FOOT GAVE C | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07446W

| | | | | | | | | | | |
|---|---------------|----------|--------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07446W | HERBERT, DAWN | 11 | 63.85 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 306.85 |
| MAYS LANDING CAMPUS | 7/7/2016 | 7/8/2016 | 8/30/2016 | 63.85 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 306.85 |
| WHILE OUTSIDE STUDENT PUNCEHD HER IN THE BACK TWICE AND R UPPER | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | 63.85 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 306.85 |
| | | | 63.85 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 306.85 |
| | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07447Z





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07447Z

| | | | | | | | | | | | |
|--|----------------|-----------|------|-----------------|---------------|-----------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07447Z | DIAMOND, JAMES | | 11 | 3,128.00 | 245.00 | 3,488.28 | 0.00 | 0.00 | 0.00 | 0.00 | 6,861.28 |
| PETER COOPER SCHOOL | 7/8/2016 | 7/11/2016 | Open | 1,199.90 | 243.00 | 2,574.68 | 0.00 | 0.00 | 0.00 | 0.00 | 4,017.58 |
| CLEANING LADIES RESTROOM SLIPPED IN WATER AND L KNEE TWISTED | | | | 1,928.10 | 2.00 | 913.60 | 0.00 | 0.00 | 0.00 | 0.00 | 2,843.70 |
| Total by Claim Number 1 Claim | | | | 3,128.00 | 245.00 | 3,488.28 | 0.00 | 0.00 | 0.00 | 0.00 | 6,861.28 |
| | | | | 1,199.90 | 243.00 | 2,574.68 | 0.00 | 0.00 | 0.00 | 0.00 | 4,017.58 |
| | | | | 1,928.10 | 2.00 | 913.60 | 0.00 | 0.00 | 0.00 | 0.00 | 2,843.70 |

Claim Number: 16WC07448Z

| | | | | | | | | | | | |
|--|--------------|-----------|------|------------------|-----------------|------------------|-------------|-------------|-------------|-------------|------------------|
| 16WC07448Z | HERRON, PAUL | | 10 | 35,431.25 | 1,193.00 | 10,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 46,624.25 |
| WARREN DEVELOP. LEARNING CTI | 7/11/2016 | 7/11/2016 | Open | 764.71 | 1,193.00 | 1,228.50 | 0.00 | 0.00 | 0.00 | 0.00 | 3,186.21 |
| LOOKING FOR STUDENTS GLOVES WHILE ON BUS, BUS MOVED HE FELL HITT | | | | 34,666.54 | 0.00 | 8,771.50 | 0.00 | 0.00 | 0.00 | 0.00 | 43,438.04 |
| Total by Claim Number 1 Claim | | | | 35,431.25 | 1,193.00 | 10,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 46,624.25 |
| | | | | 764.71 | 1,193.00 | 1,228.50 | 0.00 | 0.00 | 0.00 | 0.00 | 3,186.21 |
| | | | | 34,666.54 | 0.00 | 8,771.50 | 0.00 | 0.00 | 0.00 | 0.00 | 43,438.04 |

Claim Number: 16WC07449B

| | | | | | | | | | | | |
|---|------------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07449B | FAUST, ELIZABETH | | 11 | 329.65 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 572.65 |
| J. MASON TOMLIN ES | 7/11/2016 | 7/11/2016 | 8/10/2016 | 329.65 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 572.65 |
| CLEANING SHE TURNED TRIPPED OVER MILK CRATE FELL HITTING HEAD ANI | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 329.65 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 572.65 |
| | | | | 329.65 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 572.65 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07450K





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07450K

| | | | | | | | | | | | |
|--|---------------|-----------|-----------|---------------|---------------|---------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07450K | MEJIA, HECTOR | | 15 | 350.00 | 243.00 | 558.27 | 0.00 | 0.00 | 0.00 | 0.00 | 1,151.27 |
| FRELINGHUYSEN MS | 7/11/2016 | 7/11/2016 | 8/24/2016 | 350.00 | 243.00 | 558.27 | 0.00 | 0.00 | 0.00 | 0.00 | 1,151.27 |
| CLEANING A LAMP ACCIDENTLY CUT R THUMB ON METAL EDGE | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 350.00 | 243.00 | 558.27 | 0.00 | 0.00 | 0.00 | 0.00 | 1,151.27 |
| | | | | 350.00 | 243.00 | 558.27 | 0.00 | 0.00 | 0.00 | 0.00 | 1,151.27 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07451K

| | | | | | | | | | | | |
|---|--------------|-----------|------|-----------------|---------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07451K | CORBET, SEAN | | 11 | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| MIDDLETOWN-NORTH HS | 7/11/2016 | 7/11/2016 | Open | 513.48 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 756.48 |
| STEPPED DOWN OFF LAWN MOWER STEPPED ON WET GRASS HE SLIPPED A | | | | 1,986.52 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,988.52 |
| Total by Claim Number 1 Claim | | | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| | | | | 513.48 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 756.48 |
| | | | | 1,986.52 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,988.52 |

Claim Number: 16WC07452W

| | | | | | | | | | | | |
|--|----------------|-----------|-----------|-------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07452W | FOSSELL, ALICE | | 11 | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| CHERRY HILL HIGH WEST HS | 7/7/2016 | 7/11/2016 | 8/31/2016 | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| BENT DOWN TO EMPTY TRASH CAN STRUCK FOREHEAD ON FILE CABINET | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07453W





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07453W

| | | | | | | | | | | | |
|---|---------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07453W | YOBS, TIMOTHY | 11 | | 279.20 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 522.20 |
| THOMAS JEFFERSON M.S. | 7/11/2016 | 7/11/2016 | 8/16/2016 | 279.20 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 522.20 |
| SCRAPING TAPE OFF TABLE LOST HANDLE OF RAZOR SCRAPER IT FELL ON F | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 279.20 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 522.20 |
| | | | | 279.20 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 522.20 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07454W

| | | | | | | | | | | | |
|--|------------------|-----------|-----------|-------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07454W | TREADWELL, MARIA | 11 | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| TERRILL MS | 7/11/2016 | 7/11/2016 | 8/12/2016 | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| STANDING ON WINDOW LEDGE CLEANING WINDOW TRIED TO PULL DOWN ST | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07455K

| | | | | | | | | | | | |
|---|-----------------|-----------|-----------|--------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07455K | TOMKO, FREDRICK | 11 | | 86.84 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 329.84 |
| TRIANGLE ES | 7/11/2016 | 7/11/2016 | 8/ 5/2016 | 86.84 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 329.84 |
| WEED WHACKING WHILE COWORKER WAS MOWING LAWN WHEN A ROCK FL | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 86.84 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 329.84 |
| | | | | 86.84 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 329.84 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07456B





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07456B

| | | | | | | | | | | | |
|--|------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07456B | WARD, RYAN | | 11 | 268.90 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 511.90 |
| EDISON SCHOOL | 7/11/2016 | 7/11/2016 | 8/16/2016 | 268.90 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 511.90 |
| REMOVING CEILING TILE WHEN METAL BASE THAT HOLDS TILE FELL CUTTING | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 268.90 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 511.90 |
| | | | | 268.90 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 511.90 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07458W

| | | | | | | | | | | | |
|--|------------------|-----------|-----------|-------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07458W | TELEPAN, BRANDON | | 11 | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| ADMIN BLDG | 7/11/2016 | 7/11/2016 | 8/12/2016 | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| WEED WHACKING NOTICED A VERY RED RASH ON HIS FACE AND NECK | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07459K

| | | | | | | | | | | | |
|---|-----------------|-----------|-----------|-------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07459K | DIGNAZIO, RENEE | | 11 | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| HAMILTON SCHOOL | 7/11/2016 | 7/11/2016 | 8/19/2016 | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| WALKING DOWN STAIRS CARRYING SMALL CABINET SHE FELL INJURED L HIF | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07461W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com



NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07461W

| | | | | | | | | | | | |
|--|----------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07461W | MENDEZ, CARMEN | 11 | | 298.02 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 541.02 |
| THOMAS EDISON SCHOOL | 7/11/2016 | 7/11/2016 | 8/12/2016 | 298.02 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 541.02 |
| WALKING IN BATHROOM WHEN LIGHT FIXTURE CRASHED SHATTERED PIECE | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 298.02 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 541.02 |
| | | | | 298.02 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 541.02 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07462K

| | | | | | | | | | | | |
|---|---------------|-----------|-----------|--------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07462K | LANDON, DONNA | 11 | | 61.80 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 304.80 |
| HILLSBOROUGH HS | 7/5/2016 | 7/12/2016 | 7/28/2016 | 61.80 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 304.80 |
| WAS ESCORTING A SPEC ED STUDENT OFF THE BUS TO THE FOYER HAVING | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 61.80 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 304.80 |
| | | | | 61.80 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 304.80 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07463B

| | | | | | | | | | | | |
|---|----------------|-----------|-----------|-------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07463B | KNOPE, SHANNON | 11 | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| JUDD SCHOOL | 7/11/2016 | 7/12/2016 | 8/10/2016 | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| WALKING THROUGH CAFETERIA BEING USED AS A GYM WAS STRUCK BY A S | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07464V





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07464V

| | | | | | | | | | | | |
|--|---------------|-----------|------|------------------|-----------------|------------------|-------------|-------------|-------------|-------------|------------------|
| 16WC07464V | WOLFE, DENICE | 10 | | 52,000.00 | 1,193.00 | 15,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 68,193.00 |
| CAPE MAY CTY SPEC SERVICES H: | 7/11/2016 | 7/12/2016 | Open | 9,857.27 | 1,193.00 | 1,392.00 | 0.00 | 0.00 | 0.00 | 0.00 | 12,442.27 |
| CLMT WAS IN THE GIRLS LOCKER ROOM WHEN SHE SLIPPED ON WATER ON | | | | 42,142.73 | 0.00 | 13,608.00 | 0.00 | 0.00 | 0.00 | 0.00 | 55,750.73 |
| Total by Claim Number 1 Claim | | | | 52,000.00 | 1,193.00 | 15,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 68,193.00 |
| | | | | 9,857.27 | 1,193.00 | 1,392.00 | 0.00 | 0.00 | 0.00 | 0.00 | 12,442.27 |
| | | | | 42,142.73 | 0.00 | 13,608.00 | 0.00 | 0.00 | 0.00 | 0.00 | 55,750.73 |

Claim Number: 16WC07465P

| | | | | | | | | | | | |
|---|----------------|-----------|------|------------------|-----------------|------------------|-------------|-------------|-------------|-------------|-------------------|
| 16WC07465P | FEKETE, JOANNA | 10 | | 67,500.00 | 1,193.00 | 45,550.00 | 0.00 | 0.00 | 0.00 | 0.00 | 114,243.00 |
| SCHOOL 6 | 7/12/2016 | 7/12/2016 | Open | 830.47 | 1,193.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,023.47 |
| CLMT WAS MOPPING THE HALLWAY WHEN SHE SLIPPED AND FELL ON THE W | | | | 66,669.53 | 0.00 | 45,550.00 | 0.00 | 0.00 | 0.00 | 0.00 | 112,219.53 |
| Total by Claim Number 1 Claim | | | | 67,500.00 | 1,193.00 | 45,550.00 | 0.00 | 0.00 | 0.00 | 0.00 | 114,243.00 |
| | | | | 830.47 | 1,193.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,023.47 |
| | | | | 66,669.53 | 0.00 | 45,550.00 | 0.00 | 0.00 | 0.00 | 0.00 | 112,219.53 |

Claim Number: 16WC07466K

| | | | | | | | | | | | |
|--|-----------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07466K | SCIACCA, NICOLE | 11 | | 157.02 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 400.02 |
| PORT MONMOUTH ROAD ES | 7/12/2016 | 7/12/2016 | 8/ 9/2016 | 157.02 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 400.02 |
| A SPEC ED STUDENT WAS HAVING A BEHAVIORAL OUTBURST IN THE HALLW, | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 157.02 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 400.02 |
| | | | | 157.02 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 400.02 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07467Y





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07467Y

| | | | | | | | | | | | |
|--|----------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07467Y | BOGWALD, KATHY | 11 | | 390.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 633.00 |
| STONY BROOK ES | 7/12/2016 | 7/12/2016 | 8/25/2016 | 390.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 633.00 |
| SPEC ED STUDENT IN CLASSROOM HAVING A BEHAVIORAL OUTBURST CLMT | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 390.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 633.00 |
| | | | | 390.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 633.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07468B

| | | | | | | | | | | | |
|---|----------------|-----------|-----------|-------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07468B | CONLEY, DENISE | 11 | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| WINSLOW TWP #3 E.S. | 7/12/2016 | 7/12/2016 | 8/10/2016 | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| WORKING WITH A SPEC ED STUDENT THAT HAD A BEHAVIORAL OUTBURST T | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07469W

| | | | | | | | | | | | |
|--|--------------|-----------|----------|-----------------|---------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07469W | LOPEZ, MARIA | 11 | | 6,500.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 6,743.00 |
| EARLY CHILDHOOD PROGRAM | 7/12/2016 | 7/12/2016 | Reopened | 4,235.81 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4,478.81 |
| WALKING IN CLASSROOM WHEN SHE WAS TRIPPED BY A STUDENT'S LEG FEI | | | | 2,264.19 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,264.19 |
| Total by Claim Number 1 Claim | | | | 6,500.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 6,743.00 |
| | | | | 4,235.81 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4,478.81 |
| | | | | 2,264.19 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,264.19 |

Claim Number: 16WC07470K





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07470K

| | | | | | | | | | | | |
|--|---------------|-----------|-----------|-----------------|---------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07470K | ALGARIN, JOSE | 11 | | 3,294.20 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,537.20 |
| LEAP ACADEMY CHARTER SCHOOL | 7/12/2016 | 7/12/2016 | 8/23/2016 | 3,294.20 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,537.20 |
| POURING WATER INTO MACHINE ACCIDENTLY STRUCK HEAD AGAINST PIPE | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 3,294.20 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,537.20 |
| | | | | 3,294.20 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,537.20 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07471K

| | | | | | | | | | | | |
|--|----------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07471K | DRUMMOND, JOHN | 11 | | 938.73 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,181.73 |
| MIDDLE SCHOOL | 7/12/2016 | 7/13/2016 | 9/12/2016 | 938.73 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,181.73 |
| CLEANING & MOPPING THE FLOORS FELL ON WATER INJ GROIN AND LT HIP | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 938.73 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,181.73 |
| | | | | 938.73 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,181.73 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07472K

| | | | | | | | | | | | |
|---|---------------|-----------|------|-----------------|---------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07472K | VALERA, BRYAN | 11 | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| SOUTH CAMPUS | 7/12/2016 | 7/13/2016 | Open | 648.24 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 891.24 |
| WORKER WITH FLOOR STRIPPER MACHINE THE MACHINE GOT AWAY FROM HI | | | | 1,851.76 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,853.76 |
| Total by Claim Number 1 Claim | | | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| | | | | 648.24 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 891.24 |
| | | | | 1,851.76 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,853.76 |

Claim Number: 16WC07473W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com



NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07473W

| | | | | | | | | | | |
|--|-----------------|-----------|-----------|--------------|---------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07473W | SERVIS, CHELSEA | 11 | | 79.48 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 322.48 |
| OCEAN ACADEMY | 7/5/2016 | 7/13/2016 | 9/15/2016 | 79.48 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 322.48 |
| WORKING WITH STUDENT, THE CHILD PULLED L HAND PINKY FINGER | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 79.48 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 322.48 |
| | | | | 79.48 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 322.48 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07474B

| | | | | | | | | | | |
|--|----------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07474B | DENMAN, EDWARD | 11 | | 175.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 418.00 |
| GROUNDS AND PROPERTY MAINT | 7/7/2016 | 7/13/2016 | 8/10/2016 | 175.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 418.00 |
| WAS STUNG BY A BEE ON R SIDE OF HEAD WHILE CUTTING GRASS | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 175.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 418.00 |
| | | | | 175.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 418.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07475Y

| | | | | | | | | | | |
|--|------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07475Y | MEJIA, LUZ | 11 | | 424.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 667.00 |
| WEST DEPTFORD MS | 7/12/2016 | 7/13/2016 | 8/23/2016 | 424.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 667.00 |
| WAS BENDING/CLEANING FURNITURE WHEN SHE STOOD UP STRUCK HER HE | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 424.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 667.00 |
| | | | | 424.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 667.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07476B





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07476B

| | | | | | | | | | | |
|--|---------------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07476B | VIEL-SHEPARD, LINDA | 11 | | 272.82 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 515.82 |
| MATAWAN AVENUE MS | 7/12/2016 | 7/13/2016 | 8/23/2016 | 272.82 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 515.82 |
| WAS MOVING A TOOL BOX AND A 2X4 WOOD FELL ONTO L ANKLE | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 272.82 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 515.82 |
| | | | | 272.82 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 515.82 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07477Y

| | | | | | | | | | | |
|---|----------------|-----------|-----------|-------------|---------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07477Y | SENCK, WILLIAM | 11 | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| ADMIN BLDG | 7/14/2016 | 7/14/2016 | 8/15/2016 | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| CUTTING A PIECE OF WOOD ON TABLE SAW THE WOOD JUMPED BACK HITTI | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07478Y

| | | | | | | | | | | |
|--|-----------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07478Y | MAYER, MARGARET | 11 | | 214.12 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 457.12 |
| ADMIN BLDG | 7/13/2016 | 7/14/2016 | 8/29/2016 | 214.12 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 457.12 |
| TRYING TO REMOVE STUDENT FROM BUS SEAT REFUSING TO LEAVE STRAI | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 214.12 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 457.12 |
| | | | | 214.12 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 457.12 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07479B



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NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|---------------|---------------|----------------------|----------------------|---------------|-----------------------|---------------|
| Location | Loss Date | Rpt Date | Status | Incurred Paid | Incurred Paid | Incurred Paid | Incurred Paid | Incurred Paid | Incurred Paid | Incurred Paid |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07479B

| | | | | | | | | | | |
|--|-----------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07479B | ETLINGER, PETER | 11 | | 206.97 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 449.97 |
| DWIGHT D EISENHOWER E.S. | 7/13/2016 | 7/14/2016 | 8/24/2016 | 206.97 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 449.97 |
| CARRYING CHAIR IT SLIPPED AS SHE WENT TO CATCH IF INJURED L PINKY FI | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 206.97 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 449.97 |
| | | | | 206.97 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 449.97 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07480B

| | | | | | | | | | | |
|--|--------------------|-----------|-----------|---------------|---------------|-----------------|-------------|-------------|-------------|-----------------|
| 16WC07480B | PEMBLETON, MICHAEL | 15 | | 305.78 | 243.00 | 1,125.00 | 0.00 | 0.00 | 0.00 | 1,673.78 |
| ADMIN BLDG | 7/13/2016 | 7/14/2016 | 8/29/2016 | 305.78 | 243.00 | 1,125.00 | 0.00 | 0.00 | 0.00 | 1,673.78 |
| TAKING APART WEIGHT MACHINE WHEN METAL BEAM FELL OFF AND HIT R H | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 305.78 | 243.00 | 1,125.00 | 0.00 | 0.00 | 0.00 | 1,673.78 |
| | | | | 305.78 | 243.00 | 1,125.00 | 0.00 | 0.00 | 0.00 | 1,673.78 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07481I

| | | | | | | | | | | |
|---|-------------------|-----------|------|-----------------|-----------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07481I | VASQUEZ, DEONICIA | 10 | | 5,750.00 | 1,193.00 | 0.00 | 0.00 | 0.00 | 0.00 | 6,943.00 |
| MILLVILLE SR HS | 7/11/2016 | 7/14/2016 | Open | 527.57 | 1,193.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,720.57 |
| LIFTED COMPUTER TO CLEAN UNDERNEATH IT COMPUTER FELL HITTING FO | | | | 5,222.43 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 5,222.43 |
| Total by Claim Number 1 Claim | | | | 5,750.00 | 1,193.00 | 0.00 | 0.00 | 0.00 | 0.00 | 6,943.00 |
| | | | | 527.57 | 1,193.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,720.57 |
| | | | | 5,222.43 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 5,222.43 |

Claim Number: 16WC07482K





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07482K

| | | | | | | | | | | | |
|--|-----------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07482K | SERVIS, CHELSEA | 11 | | 173.40 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 416.40 |
| OCEAN ACADEMY | 7/13/2016 | 7/14/2016 | 8/24/2016 | 173.40 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 416.40 |
| WORKING WITH STUDENT CHILD PULLED L PINKY FINGER | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 173.40 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 416.40 |
| | | | | 173.40 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 416.40 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07483B

| | | | | | | | | | | | |
|--|---------------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07483B | RODRIGUEZ, ANGELLIE | 11 | | 550.42 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 793.42 |
| PASSAIC COUNTY TECH. INSTITUT | 7/15/2016 | 7/15/2016 | 8/29/2016 | 550.42 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 793.42 |
| CUTTING MEAT ON SLICER ACCIDENTLY CUT L RING FINGER ON BLADE | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 550.42 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 793.42 |
| | | | | 550.42 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 793.42 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07484B

| | | | | | | | | | | | |
|--|-------------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07484B | DENNEHY, CATHLEEN | 11 | | 180.14 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 423.14 |
| JOHN HILL ES | 7/13/2016 | 7/15/2016 | 8/23/2016 | 180.14 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 423.14 |
| STUDENT HAVING BEHAVIOR HEAD BUTTED HER IN CHEST | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 180.14 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 423.14 |
| | | | | 180.14 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 423.14 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07486Y





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07486Y

| | | | | | | | | | | | |
|--|------------------|-----------|------|-----------------|---------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07486Y | DRAGONE, TATIANA | 11 | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| SCHOOL #5 ES | 7/15/2016 | 7/15/2016 | Open | 937.64 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,180.64 |
| CHANGING STUDENTS DIAPER CO-WORKER ENTERED ROOM STRIKING L 2NK | | | | 1,562.36 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,564.36 |
| Total by Claim Number 1 Claim | | | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| | | | | 937.64 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,180.64 |
| | | | | 1,562.36 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,564.36 |

Claim Number: 16WC07487Y

| | | | | | | | | | | | |
|--|-----------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07487Y | DICKHOLTZ, LISA | 11 | | 260.70 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 503.70 |
| HILLSBOROUGH HS | 7/5/2016 | 7/15/2016 | 8/16/2016 | 260.70 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 503.70 |
| STUDENT WAS JUMPING ON HER BACK REPEATEDLY CAUSED PAIN TO NECK | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 260.70 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 503.70 |
| | | | | 260.70 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 503.70 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07488Y

| | | | | | | | | | | | |
|--|------------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07488Y | BELGRAV, RUDOLPH | 11 | | 475.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 718.00 |
| MARION P THOMAS CHARTER SCH | 7/13/2016 | 7/15/2016 | 8/19/2016 | 475.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 718.00 |
| WORKING PLASTERING ON A CEILING AND WALL FELT PAIN IN NECK | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 475.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 718.00 |
| | | | | 475.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 718.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07489K



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com



NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07489K

| | | | | | | | | | | | |
|---|----------------|-----------|-----------|-----------------|---------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07489K | CAPOGNA, GRACE | 11 | | 4,343.86 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4,586.86 |
| MIDTOWN COMMUNITY | 7/18/2016 | 7/18/2016 | 9/ 1/2016 | 4,343.86 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4,586.86 |
| WASHING HALLWAY WALLS STANDING ON LADDER, MISSED A STEP AND FEL | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 4,343.86 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4,586.86 |
| | | | | 4,343.86 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4,586.86 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07490B

| | | | | | | | | | | | |
|--|---------------|-----------|-----------|-----------------|---------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07490B | WEAG, WILLIAM | 11 | | 1,278.95 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,521.95 |
| NJ REGIONAL DAY-JACKSON | 7/14/2016 | 7/18/2016 | 8/26/2016 | 1,278.95 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,521.95 |
| TRIMMING HEDGES USING TRIMMER HE CUT HIS R MIDDLE FINGER | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 1,278.95 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,521.95 |
| | | | | 1,278.95 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,521.95 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07491Y

| | | | | | | | | | | | |
|---|---------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07491Y | KURTZ, THOMAS | 11 | | 816.49 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,059.49 |
| WESTAMPTON | 7/14/2016 | 7/18/2016 | 9/13/2016 | 816.49 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,059.49 |
| ESCORTING STUDENT HAVING BEHAVIORAL WAS STRUCK IN CORNER OF L E | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 816.49 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,059.49 |
| | | | | 816.49 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,059.49 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07492Y





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|----------------|----------------|----------------|----------------------|----------------------|----------------|-----------------------|----------------|
| Location | Loss Date | Rpt Date | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid |
| Description of Loss | Status | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07492Y

| | | | | | | | | | | |
|--|------------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07492Y | PACKARD, DOUGLAS | 11 | 677.08 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 920.08 |
| NATHAN HALE E.S. | 7/18/2016 | 7/18/2016 | 8/16/2016 | 677.08 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 920.08 |
| STRIPPING FLOORS HE SLIPPED ON STRIPPER AND FELL LANDING ON L KNEE | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 677.08 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 920.08 |
| | | | | 677.08 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 920.08 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07493W

| | | | | | | | | | | |
|---|--------------|-----------|-----------|--------------|---------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07493W | ABREU, RAMON | 11 | 72.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 315.00 |
| VETERANS MEMORIAL | 7/18/2016 | 7/18/2016 | 8/30/2016 | 72.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 315.00 |
| USING A BOX CUTTER TO CUT BOXES HE SLIPPED AND CUT L KNEE | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 72.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 315.00 |
| | | | | 72.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 315.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07497B

| | | | | | | | | | | |
|---|---------------|-----------|----------|-----------------|---------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07497B | MAURER, SUSAN | 11 | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| RICHARD BUTLER BOE | 7/15/2016 | 7/19/2016 | Open | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| WAXING FLOORS MOVING FURNITURE STRAINED HER CHEST | | | | 2,500.00 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,502.00 |
| Total by Claim Number 1 Claim | | | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 2,500.00 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,502.00 |

Claim Number: 16WC07498Y





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07498Y

| | | | | | | | | | | | |
|---|-----------------|-----------|-----------|-----------------|---------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07498Y | IRIZARRY, MARIA | | 11 | 1,241.46 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,484.46 |
| LEAP ACADEMY CHARTER SCHOOL | 7/18/2016 | 7/19/2016 | 8/25/2016 | 1,241.46 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,484.46 |
| MOVING BOXES OF BOOKS SHE INJURED HER L ELBOW/ARM | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 1,241.46 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,484.46 |
| | | | | 1,241.46 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,484.46 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07499B

| | | | | | | | | | | | |
|---|---------------|-----------|------|-----------------|---------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07499B | FLOOD, MARCIA | | 11 | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| BRIGHT BEGINNINGS LEARNING CENTER | 7/18/2016 | 7/19/2016 | Open | 957.34 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,200.34 |
| STUDENT ATTEMPTED TO HIT HER, SHE BLOCKED STUDENTS HIT INJ L MIDDLE | | | | 1,542.66 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,544.66 |
| Total by Claim Number 1 Claim | | | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| | | | | 957.34 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,200.34 |
| | | | | 1,542.66 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,544.66 |

Claim Number: 16WC07500K

| | | | | | | | | | | | |
|--|----------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07500K | FLERES, CARLEY | | 11 | 112.80 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 355.80 |
| MEMORIAL MS | 7/19/2016 | 7/19/2016 | 8/19/2016 | 112.80 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 355.80 |
| BENT OVER HITTING HER HEAD ON COAT RACK LACERATION TO FOREHEAD | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 112.80 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 355.80 |
| | | | | 112.80 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 355.80 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07501W





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07501W

| | | | | | | | | | | | |
|--|--------------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07501W | TARRICONE, VINCENT | 11 | | 272.80 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 515.80 |
| HIGHLAND HS | 7/18/2016 | 7/19/2016 | 8/24/2016 | 272.80 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 515.80 |
| WORKING IN CLASS WAS STRUCK ON R SHOULDER, HAND BY TEMPORARY P | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 272.80 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 515.80 |
| | | | | 272.80 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 515.80 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07502K

| | | | | | | | | | | | |
|--|---------------|-----------|------|-----------------|---------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07502K | CELSO, ANGELO | 11 | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| SCHOOL #4 ES | 7/19/2016 | 7/19/2016 | Open | 700.74 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 943.74 |
| GETTING OUT OF WORK TRUCK SLAMMED R HAND/THUMB IN DOOR | | | | 1,799.26 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,801.26 |
| Total by Claim Number 1 Claim | | | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| | | | | 700.74 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 943.74 |
| | | | | 1,799.26 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,801.26 |

Claim Number: 16WC07503K

| | | | | | | | | | | | |
|--|-----------------|-----------|-----------|-------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07503K | PEREZ, REINALDO | 11 | | 9.87 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 252.87 |
| BUENA REGIONAL HS | 7/13/2016 | 7/19/2016 | 9/ 2/2016 | 9.87 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 252.87 |
| DRILL SLIPPED AND WENT THOROUGH 3RD FINGER TO THE L HAND | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 9.87 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 252.87 |
| | | | | 9.87 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 252.87 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07504Y





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07504Y

| | | | | | | | | | | |
|---|-------------------|-----------|-----------|-------------|---------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07504Y | TERRITO, DANIELLE | 11 | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| NUVIEW ACADEMY | 7/19/2016 | 7/19/2016 | 8/19/2016 | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| ATTEMPTING TO RESTRAIN CHILD HAVING BEHAVIORAL ISSUE TWISTED R KI | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07505T

| | | | | | | | | | | |
|--|-------------|-----------|------|------------------|-----------------|------------------|-------------|-------------|-------------|------------------|
| 16WC07505T | NGUYEN, LOC | 10 | | 25,000.00 | 1,195.00 | 25,433.04 | 0.00 | 0.00 | 0.00 | 51,628.04 |
| TRIANGLE ES | 7/14/2016 | 7/19/2016 | Open | 1,059.63 | 1,193.00 | 3,146.52 | 0.00 | 0.00 | 0.00 | 5,399.15 |
| SLIPPED IN WATER AND FELL LANDING ON R ELBOW | | | | 23,940.37 | 2.00 | 22,286.52 | 0.00 | 0.00 | 0.00 | 46,228.89 |
| Total by Claim Number 1 Claim | | | | 25,000.00 | 1,195.00 | 25,433.04 | 0.00 | 0.00 | 0.00 | 51,628.04 |
| | | | | 1,059.63 | 1,193.00 | 3,146.52 | 0.00 | 0.00 | 0.00 | 5,399.15 |
| | | | | 23,940.37 | 2.00 | 22,286.52 | 0.00 | 0.00 | 0.00 | 46,228.89 |

Claim Number: 16WC07506W

| | | | | | | | | | | |
|---|------------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07506W | GERDING, CRYSTAL | 11 | | 280.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 523.00 |
| THE SHORE CENTER FOR STUDEN | 7/19/2016 | 7/19/2016 | 8/24/2016 | 280.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 523.00 |
| STUDENT HAVING BEHAVIORAL HIT HER IN FACE/R EYE WITH HIS PLASTIC LL | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 280.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 523.00 |
| | | | | 280.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 523.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07507B





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|----------------|----------------|----------------|----------------------|----------------------|----------------|-----------------------|----------------|
| Location | Loss Date | Rpt Date | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid |
| Description of Loss | | Status | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07507B

| | | | | | | | | | | |
|---|-------------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07507B | RODRIGUEZ, RONALD | 11 | 201.47 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 444.47 |
| SCHOOL 6 | 7/13/2016 | 7/19/2016 | 8/23/2016 | 201.47 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 444.47 |
| SCRUBBING FLOORS STOOD UP ACCIDENTLY TRIPPED OVER MACHINE AND | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 201.47 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 444.47 |
| | | | | 201.47 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 444.47 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07508W

| | | | | | | | | | | |
|--|---------------|-----------|----------|-----------------|---------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07508W | JOHNSON, JOAN | 11 | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| TRANSPORTATION | 7/19/2016 | 7/19/2016 | Open | 1,622.46 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,865.46 |
| STANDING PREPARING TO REMOVE WHEELCHAIR OFF BUS WHEN THE BUS F | | | | 877.54 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 879.54 |
| Total by Claim Number 1 Claim | | | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| | | | | 1,622.46 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,865.46 |
| | | | | 877.54 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 879.54 |

Claim Number: 16WC07509Y

| | | | | | | | | | | |
|---|------------------|-----------|----------|-----------------|---------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07509Y | RIVERA, VERNETTA | 11 | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| MARION P THOMAS CHARTER SCH | 7/7/2016 | 7/19/2016 | Open | 262.16 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 505.16 |
| PACKING BOXES WITH FILES FOR ARCHIVE LIFTED A BOX TURNED AROUND I | | | | 2,237.84 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,239.84 |
| Total by Claim Number 1 Claim | | | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| | | | | 262.16 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 505.16 |
| | | | | 2,237.84 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,239.84 |

Claim Number: 16WC07510P





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07510P

| | | | | | | | | | | | |
|--|---------------|-----------|------|-----------------|---------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07510P | CAUDILL, JOHN | 11 | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| VINELAND MAINTENANCE | 7/19/2016 | 7/20/2016 | Open | 463.43 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 706.43 |
| INSTALLING ANTENNA ON TOP OF BUS STEPPED DOWN THE LADDER MISSE | | | | 2,036.57 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,038.57 |
| Total by Claim Number 1 Claim | | | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| | | | | 463.43 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 706.43 |
| | | | | 2,036.57 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,038.57 |

Claim Number: 16WC07511Y

| | | | | | | | | | | | |
|---|---------------------|-----------|-----------|---------------|---------------|---------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07511Y | CURSINELLA, PHILLIP | 15 | | 310.78 | 243.00 | 910.04 | 0.00 | 0.00 | 0.00 | 0.00 | 1,463.82 |
| ROBERT FULTON NO. 2 ELEM. | 7/19/2016 | 7/20/2016 | 8/29/2016 | 310.78 | 243.00 | 910.04 | 0.00 | 0.00 | 0.00 | 0.00 | 1,463.82 |
| CHANGING FILTERS IN RADIATORS, RADIATOR COVER FELL HITTING R GREA | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 310.78 | 243.00 | 910.04 | 0.00 | 0.00 | 0.00 | 0.00 | 1,463.82 |
| | | | | 310.78 | 243.00 | 910.04 | 0.00 | 0.00 | 0.00 | 0.00 | 1,463.82 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07512B

| | | | | | | | | | | | |
|--|---------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07512B | SANTOS, MARIA | 11 | | 422.42 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 665.42 |
| EAST BRUNSWICK CAMPUS | 7/20/2016 | 7/20/2016 | 8/24/2016 | 422.42 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 665.42 |
| SLIPPED AND FELL ON UNEVEN PAVEMENT INJURED L ELBOW AND L KNEE | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 422.42 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 665.42 |
| | | | | 422.42 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 665.42 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07513W





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07513W

| | | | | | | | | | | | |
|--|---------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07513W | SKYERS, LLOYD | | 11 | 116.18 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 359.18 |
| HAMILTON WEST WATSON H.S. | 7/20/2016 | 7/20/2016 | 8/26/2016 | 116.18 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 359.18 |
| MOVING FURNITURE CLEANING FLOORS FELT PAIN IN R SHOULDER | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 116.18 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 359.18 |
| | | | | 116.18 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 359.18 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07514K

| | | | | | | | | | | | |
|---------------------------------------|---------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07514K | VETRANO, JODY | | 11 | 266.56 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 509.56 |
| OCEAN AVENUE ES | 7/13/2016 | 7/20/2016 | 8/26/2016 | 266.56 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 509.56 |
| SCRUBBING TABLE TOPS STRAINED R ELBOW | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 266.56 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 509.56 |
| | | | | 266.56 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 509.56 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07515B

| | | | | | | | | | | | |
|--|-----------------|-----------|-----------|--------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07515B | BACHA, MUSTAPHA | | 11 | 92.51 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 335.51 |
| NORTH BERGEN HIGH SCHOOL | 7/19/2016 | 7/20/2016 | 8/29/2016 | 92.51 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 335.51 |
| CLOSING CABINET CAUGHT L MIDDLE FINGER IN DOOR | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 92.51 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 335.51 |
| | | | | 92.51 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 335.51 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07517W





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07517W

| | | | | | | | | | | | |
|---|-----------------|-----------|-----------|-----------------|---------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07517W | SALAZAR, BLANCA | 11 | | 1,582.78 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,825.78 |
| COLIN POWELL | 7/19/2016 | 7/20/2016 | 8/29/2016 | 1,582.78 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,825.78 |
| INJURED HEAD/NECK WHEN HE WAS STRUCK BY A SOCCER BALL DURING G/ | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 1,582.78 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,825.78 |
| | | | | 1,582.78 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,825.78 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07518W

| | | | | | | | | | | | |
|--|-----------------|-----------|-----------|-------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07518W | MENENDEZ, JAIRO | 11 | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| EAST AMWELL TWP ES | 7/14/2016 | 7/20/2016 | 8/18/2016 | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| MOVING SHELVES SCRAPED L SIDE OF HAND AGAINST METAL PIECE OF SHE | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07519W

| | | | | | | | | | | | |
|--|--------------------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07519W | WINTERS-MONTGOMERY, REBE | 11 | | 106.08 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 349.08 |
| LAURA DONOVAN E.S. | 7/14/2016 | 7/20/2016 | 8/16/2016 | 106.08 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 349.08 |
| RESTRAINING STUDENT HAVING OUTBURST STUDENT PUSHED AGAINST HEF | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 106.08 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 349.08 |
| | | | | 106.08 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 349.08 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07520B





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | Status | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07520B

| | | | | | | | | | | |
|---|-------------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07520B | ROBERTS, KATHLEEN | 11 | 374.71 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 617.71 |
| ADAMSVILLE E S | 7/20/2016 | 7/20/2016 | 8/22/2016 | 374.71 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 617.71 |
| CHILD HAVING BEHAVIORAL ISSUE BIT HER L FOREARM | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 374.71 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 617.71 |
| | | | | 374.71 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 617.71 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07521Y

| | | | | | | | | | | |
|--|-------------|-----------|-----------|-------------|---------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07521Y | MOORE, DAWN | 11 | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| ADMIN BLDG | 7/19/2016 | 7/20/2016 | 8/29/2016 | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| WALKING AND FELL FROM WET FLOOR INJURED L SIDE OF BODY | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07522Y

| | | | | | | | | | | |
|---|------------------|-----------|-----------|--------------|---------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07522Y | SANCHEZ, RAYMOND | 11 | 72.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 315.00 |
| WARREN DEVELOP. LEARNING CTI | 7/20/2016 | 7/20/2016 | 8/29/2016 | 72.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 315.00 |
| ATTEMPTED TO PLACE GLOVES ON TO REPAIR BROKEN WINDOW PIECE OF C | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 72.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 315.00 |
| | | | | 72.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 315.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07523B





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07523B

| | | | | | | | | | | | |
|--|-----------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07523B | AVELLAN, ALEXIS | 11 | | 189.80 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 432.80 |
| VALLEY PROGRAM | 7/20/2016 | 7/20/2016 | 9/13/2016 | 189.80 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 432.80 |
| STUDENT HAVING AN OUTBURST BIT HER R FOREARM | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 189.80 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 432.80 |
| | | | | 189.80 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 432.80 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07524W

| | | | | | | | | | | | |
|--|------------------|-----------|------|-----------------|---------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07524W | DONOHUE, CYNTHIA | 11 | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| KNOLLWOOD ES | 7/14/2016 | 7/20/2016 | Open | 219.80 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 462.80 |
| PLAYING BASKETBALL WITH STUDENTS JAMMED L PINKY/MIDDLE FINGER TR | | | | 2,280.20 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,282.20 |
| Total by Claim Number 1 Claim | | | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| | | | | 219.80 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 462.80 |
| | | | | 2,280.20 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,282.20 |

Claim Number: 16WC07525B

| | | | | | | | | | | | |
|--|----------------|-----------|-----------|-----------------|---------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07525B | BOJKO, ZEJADIN | 11 | | 1,014.56 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,257.56 |
| LACEY TWP H.S | 7/19/2016 | 7/21/2016 | 9/ 6/2016 | 1,014.56 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,257.56 |
| STRIPPING FLOORS ACCIDENTLY SPLASHED CHEMICAL ON CHEST | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 1,014.56 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,257.56 |
| | | | | 1,014.56 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,257.56 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07526C





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|----------------|----------------|----------------------|----------------------|----------------|-----------------------|----------------|
| Location | Loss Date | Rpt Date | Status | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid |
| Description of Loss | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07526C

| | | | | | | | | | | |
|---|----------------|-----------|-------------------|-------------------|------------------|------------------|-------------|-------------|-------------|-------------------|
| 16WC07526C | HOVERMAN, FRED | 10 | 110,772.80 | 1,193.00 | 30,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 141,965.80 |
| BROAD STREET SCHOOL | 7/20/2016 | 7/21/2016 | Open | 1,234.89 | 1,193.00 | 6,097.00 | 0.00 | 0.00 | 0.00 | 8,524.89 |
| INSTALLING LIGHT FIXTURES WAS CARRYING FRAME COVERS CUT L LOWER | | | | 109,537.91 | 0.00 | 23,903.00 | 0.00 | 0.00 | 0.00 | 133,440.91 |
| Total by Claim Number 1 Claim | | | 110,772.80 | 1,193.00 | 30,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 141,965.80 |
| | | | | 1,234.89 | 1,193.00 | 6,097.00 | 0.00 | 0.00 | 0.00 | 8,524.89 |
| | | | | 109,537.91 | 0.00 | 23,903.00 | 0.00 | 0.00 | 0.00 | 133,440.91 |

Claim Number: 16WC07527B

| | | | | | | | | | | |
|---|-------------|-----------|---------------|---------------|---------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07527B | DEAK, WAYNE | 11 | 148.12 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 391.12 |
| VILLAGE E.S. | 7/21/2016 | 7/21/2016 | 8/24/2016 | 148.12 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 391.12 |
| WORKING ON ROOF WHEN HE TRIPPED OVER ROPE AND FELL INJURED R CA | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | 148.12 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 391.12 |
| | | | | 148.12 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 391.12 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07528Y

| | | | | | | | | | | |
|---|------------------|-----------|---------------|---------------|---------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07528Y | CONTINO, LORETTA | 11 | 339.89 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 582.89 |
| BANKBRIDGE REG DEVELOPMENT. | 7/21/2016 | 7/21/2016 | 8/23/2016 | 339.89 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 582.89 |
| STUDENT SPILLED WATER ON FLOOR SHE SLIPPED AND FELL HITTING R SHC | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | 339.89 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 582.89 |
| | | | | 339.89 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 582.89 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07529A





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07529A

| | | | | | | | | | | | |
|---|------------------|-----------|------|------------------|-----------------|------------------|-------------|-------------|-----------------|-------------|-------------------|
| 16WC07529A | MARTINEZ, MIGUEL | 11 | | 30,216.67 | 2,743.00 | 75,626.00 | 0.00 | 0.00 | 3,500.00 | 0.00 | 112,085.67 |
| DAYLIGHT TWILIGHT HS BELLEVUE | 7/21/2016 | 7/21/2016 | Open | 2,911.34 | 243.00 | 3,614.20 | 0.00 | 0.00 | 0.00 | 0.00 | 6,768.54 |
| CARRYING DESK SLIPPED IN WATER AND FELL TWISTED HIS R KNEE, STRUC | | | | 27,305.33 | 2,500.00 | 72,011.80 | 0.00 | 0.00 | 3,500.00 | 0.00 | 105,317.13 |
| Total by Claim Number 1 Claim | | | | 30,216.67 | 2,743.00 | 75,626.00 | 0.00 | 0.00 | 3,500.00 | 0.00 | 112,085.67 |
| | | | | 2,911.34 | 243.00 | 3,614.20 | 0.00 | 0.00 | 0.00 | 0.00 | 6,768.54 |
| | | | | 27,305.33 | 2,500.00 | 72,011.80 | 0.00 | 0.00 | 3,500.00 | 0.00 | 105,317.13 |

Claim Number: 16WC07530Y

| | | | | | | | | | | | |
|---|---------------|-----------|----------|-----------------|---------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07530Y | AUSTIN, TASHA | 11 | | 3,558.09 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,801.09 |
| PARKER SCHOOL | 7/22/2016 | 7/22/2016 | Reopened | 58.09 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 301.09 |
| MOVING TABLE THROUGH DOOR, TABLE FELL AND STRUCK HER HEAD | | | | 3,500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,500.00 |
| Total by Claim Number 1 Claim | | | | 3,558.09 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,801.09 |
| | | | | 58.09 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 301.09 |
| | | | | 3,500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,500.00 |

Claim Number: 16WC07531B

| | | | | | | | | | | | |
|---|-----------------|-----------|-----------|--------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07531B | PERRINE, ROBERT | 11 | | 79.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 322.00 |
| RAHWAY HIGH SCHOOL | 7/22/2016 | 7/22/2016 | 8/24/2016 | 79.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 322.00 |
| CLEANING, CLEANING SOLUTION SPLEASHED INTO EYES | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 79.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 322.00 |
| | | | | 79.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 322.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07532M





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07532M

| | | | | | | | | | | |
|--|-----------------|-----------|-----------|-----------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07532M | CRAMPTON, SUSAN | 14 | | 1,147.08 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,147.08 |
| NORTH HUNTERDON H S | 7/21/2016 | 7/22/2016 | 9/15/2016 | 1,147.08 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,147.08 |
| CLEANING MOST OF THE MORNING HAD VERY STRONG ALLERGIC REACTION | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 1,147.08 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,147.08 |
| | | | | 1,147.08 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,147.08 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07533W

| | | | | | | | | | | |
|---|----------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07533W | BEHAN, GREGORY | 11 | | 262.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 505.00 |
| SCHOOL #4 ES | 7/22/2016 | 7/22/2016 | 9/ 6/2016 | 262.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 505.00 |
| WAS DESCENDING THE STAIRS WITH BOXES AT HAND MIJUDGED LAST STEP | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 262.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 505.00 |
| | | | | 262.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 505.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07534K

| | | | | | | | | | | |
|--|------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07534K | XAKA, BILL | 11 | | 292.29 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 535.29 |
| NORTHERN VALLEY OLD TAPPAN F | 7/21/2016 | 7/22/2016 | 9/ 2/2016 | 292.29 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 535.29 |
| PICKING UP CHAIR WHEN THE SEAT OF CHAIR FELL OFF INJURED L FOOT/GR | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 292.29 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 535.29 |
| | | | | 292.29 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 535.29 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07535B





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07535B

| | | | | | | | | | | | |
|--|-----------------|-----------|------|-----------------|---------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07535B | JANNEN, BARBARA | 11 | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| MIDDLE SCHOOL AT SPRINGSIDE | 7/21/2016 | 7/22/2016 | Open | 389.29 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 632.29 |
| WORKING WITH STUDENT RUNNING WITH STUDENT, STUDENT FELL TRIED TO | | | | 2,110.71 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,112.71 |
| Total by Claim Number 1 Claim | | | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| | | | | 389.29 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 632.29 |
| | | | | 2,110.71 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,112.71 |

Claim Number: 16WC07536K

| | | | | | | | | | | | |
|--|---------------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07536K | SUTHERLAND, REBECCA | 11 | | 225.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 468.00 |
| MOUNT HOREB ES | 7/22/2016 | 7/22/2016 | 8/30/2016 | 225.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 468.00 |
| USING HOT GLUE GUN FOR PROJECT, HOT GLUE FELL ON R PALM/HAND | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 225.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 468.00 |
| | | | | 225.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 468.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07537K

| | | | | | | | | | | | |
|--|-------------|-----------|-----------|-------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07537K | ALLIU, YLLI | 11 | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| HERITAGE MS | 7/13/2016 | 7/22/2016 | 8/29/2016 | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| WORKING ON PIPES WHEN A METAL WIRE CUT INTO FINGER | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07538W





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | Status | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07538W

| | | | | | | | | | | |
|---|-----------------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07538W | ROBERTS, ASHLEY | 11 | 424.59 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 667.59 |
| WARREN DEVELOP. LEARNING CTI | 7/22/2016 | 7/22/2016 | 8/29/2016 | 424.59 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 667.59 |
| STUDENT HAVING BEHAVIORAL ISSUE STRUCK HER IN L EYE | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | 424.59 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 667.59 |
| | | | 424.59 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 667.59 |
| | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07539K

| | | | | | | | | | | |
|--|---------------|-----------|-------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07539K | POSADA, NIKKO | 11 | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| WARREN DEVELOP. LEARNING CTI | 7/22/2016 | 7/22/2016 | 8/29/2016 | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| HELPING A CHILD HAVING AN OUTBURST CHILD KICKED STALL DOOR HITTING | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07540Y

| | | | | | | | | | | |
|---|----------------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07540Y | FRAME, RUSSELL | 11 | 682.35 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 925.35 |
| THOMAS EDISON INTERMEDIATE S | 7/22/2016 | 7/25/2016 | 8/23/2016 | 682.35 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 925.35 |
| CLEANING OUT COURTYARD EXPOSED TO POISON IVY ON BOTH ARMS | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | 682.35 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 925.35 |
| | | | 682.35 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 925.35 |
| | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07541W





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07541W

| | | | | | | | | | | | |
|--|----------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07541W | YAREMKO, KAREN | 11 | | 355.25 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 598.25 |
| FREEHOLD LEARNING CENTER ES | 7/21/2016 | 7/25/2016 | 8/26/2016 | 355.25 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 598.25 |
| TRYING TO ASSIST STUDENT WHO FELL ASLEEP ON BEAN BAG, SHE LIFTED I | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 355.25 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 598.25 |
| | | | | 355.25 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 598.25 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07542M

| | | | | | | | | | | | |
|--|----------------|-----------|------|-----------------|---------------|-----------------|-------------|-------------|-------------|-------------|------------------|
| 16WC07542M | BLAIR, MARILYN | 11 | | 3,000.00 | 245.00 | 7,500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 10,745.00 |
| WARETOWN E.S. | 7/25/2016 | 7/25/2016 | Open | 2,561.83 | 243.00 | 3,116.52 | 0.00 | 0.00 | 0.00 | 0.00 | 5,921.35 |
| SLIPPED ON WET FLOOR AND FELL HITTING HEAD ON GROUND | | | | 438.17 | 2.00 | 4,383.48 | 0.00 | 0.00 | 0.00 | 0.00 | 4,823.65 |
| Total by Claim Number 1 Claim | | | | 3,000.00 | 245.00 | 7,500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 10,745.00 |
| | | | | 2,561.83 | 243.00 | 3,116.52 | 0.00 | 0.00 | 0.00 | 0.00 | 5,921.35 |
| | | | | 438.17 | 2.00 | 4,383.48 | 0.00 | 0.00 | 0.00 | 0.00 | 4,823.65 |

Claim Number: 16WC07543B

| | | | | | | | | | | | |
|--|------------------|-----------|-----------|--------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07543B | BIKOWSKI, THOMAS | 11 | | 26.01 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 269.01 |
| SOUTH AMBOY MIDDLE SCHOOL | 7/20/2016 | 7/25/2016 | 8/29/2016 | 26.01 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 269.01 |
| PUTTING BOOKS IN RECYCLE BIN A WASP STUNG L HAND | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 26.01 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 269.01 |
| | | | | 26.01 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 269.01 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07545Y





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07545Y

| | | | | | | | | | | | |
|---|--------------|-----------|------|-----------------|---------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07545Y | TEWFIK, BEBA | 11 | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| WARREN DEVELOP. LEARNING CTI | 7/22/2016 | 7/25/2016 | Open | 583.01 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 826.01 |
| GOING AFTER STUDENT WHO WAS RUNNING SHE SLIPPED AND FELL INJURE | | | | 1,916.99 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,918.99 |
| Total by Claim Number 1 Claim | | | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| | | | | 583.01 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 826.01 |
| | | | | 1,916.99 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,918.99 |

Claim Number: 16WC07546W

| | | | | | | | | | | | |
|---|--------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07546W | RUSSO, LYNDA | 11 | | 291.08 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 534.08 |
| COLUMBUS E.S. | 7/25/2016 | 7/25/2016 | 8/31/2016 | 291.08 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 534.08 |
| STUDENT HAVING BEHAVIORAL ISSUE BIT L FOREARM | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 291.08 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 534.08 |
| | | | | 291.08 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 534.08 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07547B

| | | | | | | | | | | | |
|---|----------------|-----------|------|-----------------|---------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07547B | SALVATORE, AMY | 11 | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| SCHOOL #28 MATTHEW JAGO | 7/22/2016 | 7/25/2016 | Open | 100.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 343.00 |
| TRANSPORTING STUDENT FROM LAVATORY TO CHAIR STRAINED LOW BACK | | | | 2,400.00 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,402.00 |
| Total by Claim Number 1 Claim | | | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| | | | | 100.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 343.00 |
| | | | | 2,400.00 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,402.00 |

Claim Number: 16WC07548Z





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07548Z

| | | | | | | | | | | | |
|---|--------------|-----------|------|------------------|-----------------|------------------|-------------|-------------|-------------|-------------|------------------|
| 16WC07548Z | BROWN, SARAH | 10 | | 40,000.00 | 1,195.00 | 19,500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 60,695.00 |
| MILLVILLE SR HS | 7/25/2016 | 7/25/2016 | Open | 421.42 | 1,193.00 | 1,697.41 | 0.00 | 0.00 | 0.00 | 0.00 | 3,311.83 |
| MOVING FURNITURE IN AUTO SHOP FELT PAIN IN LOWER BACK | | | | 39,578.58 | 2.00 | 17,802.59 | 0.00 | 0.00 | 0.00 | 0.00 | 57,383.17 |
| Total by Claim Number 1 Claim | | | | 40,000.00 | 1,195.00 | 19,500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 60,695.00 |
| | | | | 421.42 | 1,193.00 | 1,697.41 | 0.00 | 0.00 | 0.00 | 0.00 | 3,311.83 |
| | | | | 39,578.58 | 2.00 | 17,802.59 | 0.00 | 0.00 | 0.00 | 0.00 | 57,383.17 |

Claim Number: 16WC07549B

| | | | | | | | | | | | |
|---|----------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07549B | CURRIE, DANIEL | 11 | | 167.35 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 410.35 |
| HUNTERDON CENTRAL REG HS | 7/25/2016 | 7/25/2016 | 8/22/2016 | 167.35 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 410.35 |
| WHILE WORKING CUT L MIDDLE FINGER OPENING A BOX | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 167.35 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 410.35 |
| | | | | 167.35 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 410.35 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07550A

| | | | | | | | | | | | |
|--|------------------|-----------|------|-----------------|---------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07550A | TOMASSO, PHILLIP | 11 | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| VINELAND BOE OFFICE | 7/25/2016 | 7/25/2016 | Open | 797.06 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,040.06 |
| LIFTING UP TRASH CAN FILLED WITH DEBRIS FELT SHARP PAIN IN L SHOULDR | | | | 1,702.94 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,704.94 |
| Total by Claim Number 1 Claim | | | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| | | | | 797.06 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,040.06 |
| | | | | 1,702.94 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,704.94 |

Claim Number: 16WC07551W





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07551W

| | | | | | | | | | | |
|--|------------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07551W | CESARIO, JANICIA | 11 | | 175.82 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 418.82 |
| DALLAGO IMPACT PRE SCHOOL | 7/25/2016 | 7/25/2016 | 9/ 1/2016 | 175.82 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 418.82 |
| STUDENT HAVING BEHAVIORAL ISSUE KICKED HER IN R KNEE | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 175.82 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 418.82 |
| | | | | 175.82 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 418.82 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07552B

| | | | | | | | | | | |
|---|------------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07552B | STEADY, LIZABETH | 11 | | 429.63 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 672.63 |
| CROSSROADS M S | 7/25/2016 | 7/25/2016 | 8/24/2016 | 429.63 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 672.63 |
| RESTRAINING A STUDENT HAVING OUTBURST STUDENT PUSHED HER BACK | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 429.63 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 672.63 |
| | | | | 429.63 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 672.63 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07553K

| | | | | | | | | | | |
|--|-------------|-----------|-----------|-----------------|---------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07553K | ROTH, DAVID | 11 | | 1,533.82 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,776.82 |
| BERLIN COMMUNITY ES | 7/25/2016 | 7/25/2016 | 9/13/2016 | 1,533.82 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,776.82 |
| PICKING UP A TABLE BASE LOWER BACK LOCKED CAUSING KNEES TO BUCKI | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 1,533.82 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,776.82 |
| | | | | 1,533.82 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,776.82 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07554Y





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07554Y

| | | | | | | | | | | | |
|--|--------------|-----------|------|-----------------|---------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07554Y | CARLO, FRANK | | 11 | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| MILTON AVE ES | 7/25/2016 | 7/26/2016 | Open | 734.03 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 977.03 |
| LOWERING CASES OF PAPER DOWN FROM SHELVES WHILE ON A LADDER PA | | | | 1,765.97 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,767.97 |
| Total by Claim Number 1 Claim | | | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| | | | | 734.03 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 977.03 |
| | | | | 1,765.97 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,767.97 |

Claim Number: 16WC07555Y

| | | | | | | | | | | | |
|---|---------------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07555Y | ROUNSAVILLE, RONALD | | 11 | 400.66 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 643.66 |
| MILFORD E.S. | 7/18/2016 | 7/26/2016 | 9/ 6/2016 | 400.66 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 643.66 |
| CHANGING LIGHT FIXTURES SUSTAINED INJURY TO L EYE UNAWARE EXACT | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 400.66 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 643.66 |
| | | | | 400.66 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 643.66 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07556W

| | | | | | | | | | | | |
|---|-------------|-----------|------|-----------------|---------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07556W | RUIZ, ELVIA | | 11 | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| LINCOLN ES | 7/25/2016 | 7/26/2016 | Open | 206.70 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 449.70 |
| STUDENT TRYING TO ESCAPE SCHOOL TRIED TO HOLD CHILD INJURED LOW | | | | 2,293.30 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,295.30 |
| Total by Claim Number 1 Claim | | | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| | | | | 206.70 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 449.70 |
| | | | | 2,293.30 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,295.30 |

Claim Number: 16WC07557M





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07557M

| | | | | | | | | | | | |
|--|------------------|-----------|------|-----------------|---------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07557M | COPPOLA, MATTHEW | 11 | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| BRADLEY GARDENS E S | 7/25/2016 | 7/26/2016 | Open | 809.45 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,052.45 |
| MOVING, SHIFTING TILES TO COMPLETE A JOB HE STRAINED HIS LOWER/MID | | | | 1,690.55 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,692.55 |
| Total by Claim Number 1 Claim | | | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| | | | | 809.45 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,052.45 |
| | | | | 1,690.55 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,692.55 |

Claim Number: 16WC07558K

| | | | | | | | | | | | |
|--|-----------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07558K | FINNEGAN, JAMES | 11 | | 101.90 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 344.90 |
| DEVEL LC - NEW PROVIDENCE | 7/26/2016 | 7/26/2016 | 8/26/2016 | 101.90 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 344.90 |
| ESCORTING STUDENT DURING EVACUATION DRILL STUDENT BIT HIM ON R S | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 101.90 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 344.90 |
| | | | | 101.90 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 344.90 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07559K

| | | | | | | | | | | | |
|--|-------------------|-----------|-----------|--------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07559K | MOSTOWSKI, JOSHUA | 11 | | 26.01 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 269.01 |
| KNOLLWOOD E.S. | 7/26/2016 | 7/27/2016 | 8/29/2016 | 26.01 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 269.01 |
| WHILE WEED WHACKING WALKED PAST BEES NEST, BEE STUNG HIM BY L EY | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 26.01 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 269.01 |
| | | | | 26.01 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 269.01 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07560Y





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07560Y

| | | | | | | | | | | | |
|--|--------------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07560Y | PERROTTA, DANIELLE | 11 | | 956.05 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,199.05 |
| BAYSHORE JOINTURE COMMISSIO | 7/26/2016 | 7/27/2016 | 8/25/2016 | 956.05 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,199.05 |
| RESTRAINING STUDENT INJURED LOWER BACK | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 956.05 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,199.05 |
| | | | | 956.05 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,199.05 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07561K

| | | | | | | | | | | | |
|--|---------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07561K | FARLOW, HEIDI | 11 | | 565.71 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 808.71 |
| JOHN F. KENNEDY MEMORIAL | 7/26/2016 | 7/27/2016 | 9/12/2016 | 565.71 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 808.71 |
| EXITING BUS STEPPED DOWN HER FOOT SLIPPED ON STEP AND ROLLED HEI | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 565.71 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 808.71 |
| | | | | 565.71 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 808.71 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07562B

| | | | | | | | | | | | |
|--|------------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07562B | WALTERS, RICHARD | 11 | | 654.64 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 897.64 |
| BLAIRSTOWN ES | 7/27/2016 | 7/27/2016 | 9/13/2016 | 654.64 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 897.64 |
| HANGING A SMART BOARD USING A POWER DRILL, DRILL BECAME STUCK IN | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 654.64 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 897.64 |
| | | | | 654.64 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 897.64 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07563V





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07563V

| | | | | | | | | | | | |
|--|-----------------|-----------|-----------|-----------------|-----------------|-----------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07563V | NATALE, CLAUDIA | 10 | | 3,891.10 | 1,193.00 | 1,318.74 | 0.00 | 0.00 | 0.00 | 0.00 | 6,402.84 |
| WARREN DEVELOP. LEARNING CTI | 7/26/2016 | 7/27/2016 | 9/15/2016 | 3,891.10 | 1,193.00 | 1,318.74 | 0.00 | 0.00 | 0.00 | 0.00 | 6,402.84 |
| STUDENT BECAME IRRATE STRIKING HER WITH OPEN HAND IN NOSE, FACE, | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 3,891.10 | 1,193.00 | 1,318.74 | 0.00 | 0.00 | 0.00 | 0.00 | 6,402.84 |
| | | | | 3,891.10 | 1,193.00 | 1,318.74 | 0.00 | 0.00 | 0.00 | 0.00 | 6,402.84 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07564J

| | | | | | | | | | | | |
|---|-------------------|-----------|------|------------------|-----------------|------------------|-------------|-------------|-------------|-------------|------------------|
| 16WC07564J | CZIMCHARO, JOSEPH | 10 | | 23,500.00 | 1,282.25 | 12,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 36,782.25 |
| CAMBRIDGE ES | 7/27/2016 | 7/27/2016 | Open | 1,897.02 | 1,282.25 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,179.27 |
| WALKING HE TRIPPED ON TREE DEBRIS TWISTED L ANKLE | | | | 21,602.98 | 0.00 | 12,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 33,602.98 |
| Total by Claim Number 1 Claim | | | | 23,500.00 | 1,282.25 | 12,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 36,782.25 |
| | | | | 1,897.02 | 1,282.25 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,179.27 |
| | | | | 21,602.98 | 0.00 | 12,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 33,602.98 |

Claim Number: 16WC07565B

| | | | | | | | | | | | |
|---|------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07565B | LEE, PETER | 11 | | 190.68 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 433.68 |
| SPOTSWOOD HS | 7/28/2016 | 7/28/2016 | 8/29/2016 | 190.68 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 433.68 |
| MOVING A TROPHY CASE WITH CO-WORKER USING A DOLLY THE CASE SLIP | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 190.68 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 433.68 |
| | | | | 190.68 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 433.68 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07566Y





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07566Y

| | | | | | | | | | | |
|---|--------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07566Y | HALL, HERMAN | | 11 | 518.36 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 761.36 |
| OCEAN TWP H.S. | 7/27/2016 | 7/28/2016 | 9/12/2016 | 518.36 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 761.36 |
| PAINTING STOOD ON A DESK, THE DESK COLLAPSED HE FELL INJURED R AR | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 518.36 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 761.36 |
| | | | | 518.36 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 761.36 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07568W

| | | | | | | | | | | |
|---|----------------|-----------|-----------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07568W | GALTIERI, ERIN | | 14 | 124.63 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 124.63 |
| WARREN DEVELOP. LEARNING CTI | 7/29/2016 | 7/29/2016 | 8/29/2016 | 124.63 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 124.63 |
| GETTING OUT OF HER CAR PICKING UP PERSONAL BAGS FELT PAIN IN BACK | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 124.63 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 124.63 |
| | | | | 124.63 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 124.63 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07569W

| | | | | | | | | | | |
|---|--------------|-----------|------|-----------------|---------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07569W | GOMEZ, MARIA | | 11 | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| JOSE MARTI SCHOOL | 7/27/2016 | 7/29/2016 | Open | 511.48 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 754.48 |
| SITTING AT DESK USED HER FEET TO MOVE CHAIR R FOOT ROLLED UNDER C | | | | 1,988.52 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,990.52 |
| Total by Claim Number 1 Claim | | | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| | | | | 511.48 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 754.48 |
| | | | | 1,988.52 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,990.52 |

Claim Number: 16WC07571G





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07571G

| | | | | | | | | | | | |
|---|---------------|-----------|------|-------------------|-----------------|------------------|-------------|-------------|-------------|-------------|-------------------|
| 16WC07571G | REID, DESMOND | 10 | | 175,000.00 | 1,193.00 | 50,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 226,193.00 |
| JUNIOR HIGH SCHOOL, INCL. | 7/28/2016 | 7/29/2016 | Open | 7,417.00 | 1,193.00 | 2,394.92 | 0.00 | 0.00 | 0.00 | 0.00 | 11,004.92 |
| CHANGING PAD ON EQUIPMENT SLIPPED AN FELL FRACTURED R ARM | | | | 167,583.00 | 0.00 | 47,605.08 | 0.00 | 0.00 | 0.00 | 0.00 | 215,188.08 |
| Total by Claim Number 1 Claim | | | | 175,000.00 | 1,193.00 | 50,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 226,193.00 |
| | | | | 7,417.00 | 1,193.00 | 2,394.92 | 0.00 | 0.00 | 0.00 | 0.00 | 11,004.92 |
| | | | | 167,583.00 | 0.00 | 47,605.08 | 0.00 | 0.00 | 0.00 | 0.00 | 215,188.08 |

Claim Number: 16WC07572B

| | | | | | | | | | | | |
|--|----------------|-----------|------|-----------------|---------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07572B | MATHEWS, GLENN | 11 | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| PISCATAWAY TWP H.S. | 7/28/2016 | 7/29/2016 | Open | 135.32 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 378.32 |
| WAS TOSsing OUT BOXES WHEN HE HEARD A POP IN R WRIST | | | | 2,364.68 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,366.68 |
| Total by Claim Number 1 Claim | | | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| | | | | 135.32 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 378.32 |
| | | | | 2,364.68 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,366.68 |

Claim Number: 16WC07573K

| | | | | | | | | | | | |
|--|-----------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07573K | PERALTA, GERMAN | 11 | | 258.87 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 501.87 |
| UNION CITY BOARD OF EDUCATIOI | 7/29/2016 | 7/29/2016 | 8/29/2016 | 258.87 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 501.87 |
| WAS MOVING A 6 FT TABLE, FELL ON BOTH FEET | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 258.87 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 501.87 |
| | | | | 258.87 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 501.87 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07577Z





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07577Z

| | | | | | | | | | | | |
|---|----------------|----------|------|-----------------|-----------------|-----------------|-------------|-------------|-------------|-------------|------------------|
| 16WC07577Z | ESCOBAR, OSMAN | | 10 | 8,200.00 | 1,195.00 | 8,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 17,395.00 |
| HILLCREST ES | 7/29/2016 | 8/2/2016 | Open | 2,899.58 | 1,193.00 | 3,076.48 | 0.00 | 0.00 | 0.00 | 0.00 | 7,169.06 |
| CHANGING BLADE ON SCRAPPER AND CUT HIS INDEX FINGER | | | | 5,300.42 | 2.00 | 4,923.52 | 0.00 | 0.00 | 0.00 | 0.00 | 10,225.94 |
| Total by Claim Number 1 Claim | | | | 8,200.00 | 1,195.00 | 8,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 17,395.00 |
| | | | | 2,899.58 | 1,193.00 | 3,076.48 | 0.00 | 0.00 | 0.00 | 0.00 | 7,169.06 |
| | | | | 5,300.42 | 2.00 | 4,923.52 | 0.00 | 0.00 | 0.00 | 0.00 | 10,225.94 |

Claim Number: 16WC07578Y

| | | | | | | | | | | | |
|---|-----------------|----------|-----------|-------------|---------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07578Y | GERWER, MELISSA | | 11 | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| THE SHORE CENTER FOR STUDEN | 7/28/2016 | 8/2/2016 | 8/26/2016 | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| STUDENT HAVING BEHAVIORAL ISSUE BIT HER R HAND, R RING FINGER | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07586P

| | | | | | | | | | | | |
|---|----------------------|----------|------|------------------|---------------|------------------|-------------|-------------|-----------------|-------------|------------------|
| 16WC07586P | MACFARLAND, MICHELLE | | 11 | 10,000.00 | 245.00 | 46,000.00 | 0.00 | 0.00 | 2,500.00 | 0.00 | 58,745.00 |
| OCEAN TWP H.S. | 7/28/2016 | 8/2/2016 | Open | 3,671.33 | 243.00 | 3,816.02 | 0.00 | 0.00 | 0.00 | 0.00 | 7,730.35 |
| FILING CABINET FELL ON TOP OF HER INJURED NECK, BACK, L HIP, HEAD, BC | | | | 6,328.67 | 2.00 | 42,183.98 | 0.00 | 0.00 | 2,500.00 | 0.00 | 51,014.65 |
| Total by Claim Number 1 Claim | | | | 10,000.00 | 245.00 | 46,000.00 | 0.00 | 0.00 | 2,500.00 | 0.00 | 58,745.00 |
| | | | | 3,671.33 | 243.00 | 3,816.02 | 0.00 | 0.00 | 0.00 | 0.00 | 7,730.35 |
| | | | | 6,328.67 | 2.00 | 42,183.98 | 0.00 | 0.00 | 2,500.00 | 0.00 | 51,014.65 |

Claim Number: 16WC07591B





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07591B

| | | | | | | | | | | | |
|---|---------------|----------|------|-----------------|---------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07591B | TAMAYO, STEVE | 11 | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| JEFFERSON SCHOOL | 7/26/2016 | 8/3/2016 | Open | 434.91 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 677.91 |
| MOVING FURNITURE USING HAND TRUCK, HAND TRUCK SLIPPED BENDING R | | | | 2,065.09 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,067.09 |
| Total by Claim Number 1 Claim | | | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| | | | | 434.91 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 677.91 |
| | | | | 2,065.09 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,067.09 |

Claim Number: 16WC07593V

| | | | | | | | | | | | |
|--|------------|----------|-----------|---------------|-------------|-----------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07593V | SIMS, CARL | 14 | | 799.42 | 0.00 | 1,119.86 | 0.00 | 0.00 | 0.00 | 0.00 | 1,919.28 |
| MAPLEWOOD JUNIOR HIGH SCHO | 7/21/2016 | 8/3/2016 | 8/30/2016 | 799.42 | 0.00 | 1,119.86 | 0.00 | 0.00 | 0.00 | 0.00 | 1,919.28 |
| WORKING UP ON LADDER OVER REACHED AND FELL OFF LADDER LANDED C | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 799.42 | 0.00 | 1,119.86 | 0.00 | 0.00 | 0.00 | 0.00 | 1,919.28 |
| | | | | 799.42 | 0.00 | 1,119.86 | 0.00 | 0.00 | 0.00 | 0.00 | 1,919.28 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07613W

| | | | | | | | | | | | |
|---|----------------|----------|------|-----------------|---------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07613W | BREWER, ARNOLD | 11 | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| JUDD SCHOOL | 7/25/2016 | 8/5/2016 | Open | 896.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,139.00 |
| OUTSIDE CLEANING WINDOWS WENT INSIDE STATED HE HAD TO SIT DOWN, | | | | 1,604.00 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,606.00 |
| Total by Claim Number 1 Claim | | | | 2,500.00 | 245.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,745.00 |
| | | | | 896.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,139.00 |
| | | | | 1,604.00 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,606.00 |

Claim Number: 16WC07657K





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07657K

| | | | | | | | | | | |
|---|--------------|-----------|-----------|-------------|---------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07657K | NARDONE, LEO | 11 | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| BAYONNE H.S. AND ADMIN. OFFICE | 7/15/2016 | 8/15/2016 | 9/ 2/2016 | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| TURNING AROUND TO PLACE SOMETHING IN WORK TRUCK FELT POP IN LOW | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07659B

| | | | | | | | | | | |
|--------------------------------------|------------------|-----------|-----------|---------------|---------------|-------------|-------------|-------------|-------------|---------------|
| 16WC07659B | PAGANO, GIUSEPPE | 11 | | 225.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 468.00 |
| BAYONNE H.S. AND ADMIN. OFFICE | 7/29/2016 | 8/15/2016 | 9/ 6/2016 | 225.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 468.00 |
| STUNG BY A BEE INJURED R HAND | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 225.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 468.00 |
| | | | | 225.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 468.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16WC07678W

| | | | | | | | | | | |
|---|-----------------|-----------|------|-----------------|---------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07678W | MARZA, TAEISSER | 11 | | 2,501.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,744.00 |
| FALLONE E.S. | 7/28/2016 | 7/29/2016 | Open | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| ON A LADDER CLEANING CEILENG, MISSED A STEP, FELL INJURING HIS BACK | | | | 2,501.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,501.00 |
| Total by Claim Number 1 Claim | | | | 2,501.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,744.00 |
| | | | | 0.00 | 243.00 | 0.00 | 0.00 | 0.00 | 0.00 | 243.00 |
| | | | | 2,501.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,501.00 |

Claim Number: 16WC07748Z





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07748Z

| | | | | | | | | | | | |
|---|-------------------------|----------|------|-------------|-----------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07748Z | RIOS-SANTIAGO, JEANETTE | 10 | | 1.00 | 1,193.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,194.00 |
| EDWARD J. PATTEN ES | 7/25/2016 | 9/1/2016 | Open | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| STEPPED DOWN FROM BUS TO CROSS STUDENT FELT A POP ON L KNEE | | | | 1.00 | 1,193.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,194.00 |
| Total by Claim Number 1 Claim | | | | 1.00 | 1,193.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,194.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | 1.00 | 1,193.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,194.00 |

Claim Number: 16WC07841W

| | | | | | | | | | | | |
|--|---------------------|----------|------|-----------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| 16WC07841W | GIOVINAZZI, RICHARD | 14 | | 2,500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,500.00 |
| HIGHLAND HS | 7/15/2016 | 9/8/2016 | Open | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| WAS MOWING SOCCER FIELD DEBRIS WENT INTO L EYE | | | | 2,500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,500.00 |
| Total by Claim Number 1 Claim | | | | 2,500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,500.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | 2,500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,500.00 |

Total by Major Coverage 152 Claims

| | | | | | | | |
|-------------------|------------------|-------------------|-------------|-------------|-----------------|-------------|---------------------|
| 796,165.28 | 54,765.25 | 441,973.84 | 0.00 | 0.00 | 8,500.00 | 0.00 | 1,301,404.37 |
| 126,479.35 | 50,915.25 | 54,603.55 | 0.00 | 0.00 | 0.00 | 0.00 | 231,998.15 |
| 669,685.93 | 3,850.00 | 387,370.29 | 0.00 | 0.00 | 8,500.00 | 0.00 | 1,069,406.22 |

Major Coverage: 20 - GENERAL LIABILITY

Claim Number: 16GL00563L

| | | | | | | | | | | | |
|--|-----------------|-----------|-----------|------|------|--------|------|------|------|------|--------|
| 16GL00563L | JEFFERSON, GEAR | 21 | | 0.00 | 0.00 | 465.24 | 0.00 | 0.00 | 0.00 | 0.00 | 465.24 |
| PAUL ROBESON ES | 7/13/2016 | 7/14/2016 | 7/19/2016 | 0.00 | 0.00 | 465.24 | 0.00 | 0.00 | 0.00 | 0.00 | 465.24 |
| ALLEGES MAINTENANCE WEED WHACKING ROCK STRUCK CLMT'S VEHICLE | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---|-----------------|-----------|----------------|----------------|----------------|----------------------|----------------------|----------------|-----------------------|----------------|
| Location | Loss Date | Rpt Date | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid |
| Description of Loss | Status | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |
| Major Coverage: 20 - GENERAL LIABILITY | | | | | | | | | | |
| Total by Claim Number 1 Claim | | | 0.00 | 0.00 | 465.24 | 0.00 | 0.00 | 0.00 | 0.00 | 465.24 |
| | | | 0.00 | 0.00 | 465.24 | 0.00 | 0.00 | 0.00 | 0.00 | 465.24 |
| | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Claim Number: 16GL00576L | | | | | | | | | | |
| 16GL00576L | BETTY, LAWRENCE | 21 | 0.00 | 0.00 | 500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 500.00 |
| WOODBRIIDGE BOARD OF EDUCAT | 7/15/2016 | 7/19/2016 | Open | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| ALLEGES DAMAGE TO FENCE FROM FALLEN TREE | | | | 0.00 | 0.00 | 500.00 | 0.00 | 0.00 | 0.00 | 500.00 |
| Total by Claim Number 1 Claim | | | 0.00 | 0.00 | 500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 500.00 |
| | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | 0.00 | 0.00 | 500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 500.00 |
| Claim Number: 16GL00576L/01 | | | | | | | | | | |
| 16GL00576L/01 | KIBBEL, HOWARD | 21 | 0.00 | 0.00 | 500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 500.00 |
| WOODBRIIDGE BOARD OF EDUCAT | 7/15/2016 | 7/19/2016 | Open | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| ALLEGES DAMAGE TO FENCE FROM FALLEN TREE | | | | 0.00 | 0.00 | 500.00 | 0.00 | 0.00 | 0.00 | 500.00 |
| Total by Claim Number 1 Claim | | | 0.00 | 0.00 | 500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 500.00 |
| | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | 0.00 | 0.00 | 500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 500.00 |
| Claim Number: 16GL00581E | | | | | | | | | | |
| 16GL00581E | CALABRESE, RYAN | 20 | 25,000.00 | 1,100.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 26,100.00 |
| THE SHORE CENTER FOR STUDEN | 7/18/2016 | 7/22/2016 | Open | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| ALLEGES GIVEN ANOTHER STUDENTS MEDICATION | | | | 25,000.00 | 1,100.00 | 0.00 | 0.00 | 0.00 | 0.00 | 26,100.00 |





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|--|----------------------|-----------|------------------|-----------------|----------------|----------------------|----------------------|----------------|-----------------------|------------------|
| Location | Loss Date | Rpt Date | Status | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid |
| Description of Loss | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |
| Major Coverage: 20 - GENERAL LIABILITY | | | | | | | | | | |
| Total by Claim Number 1 Claim | | | 25,000.00 | 1,100.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 26,100.00 |
| | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | 25,000.00 | 1,100.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 26,100.00 |
| Claim Number: 16GL00585L | | | | | | | | | | |
| 16GL00585L | MAJOR, GAIL | 21 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 507.18 | 507.18 |
| RAHWAY BOARD OF EDUCATION | 7/19/2016 | 7/27/2016 | 8/30/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 507.18 | 507.18 |
| ALLEGES DURING STORM TREE BRANCHES FELL ON NEIGHBORS SMALL SHE | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 507.18 | 507.18 |
| | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 507.18 | 507.18 |
| | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Claim Number: 16GL00590S | | | | | | | | | | |
| 16GL00590S | AWAD, JEREMIAH | 20 | 15,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 15,000.00 |
| EDUCATIONAL SERVICES COMMIS | 7/27/2016 | 8/2/2016 | Open | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| ALLEGES FELL OFF CHAIR FX L ARM | | | | 15,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 15,000.00 |
| Total by Claim Number 1 Claim | | | 15,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 15,000.00 |
| | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | 15,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 15,000.00 |
| Claim Number: 16GL00603E | | | | | | | | | | |
| 16GL00603E | KURZ, EDWARD & ELLEN | 21 | 0.00 | 500.00 | 2,500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,000.00 |
| EDITH ORT THOMAS ES | 7/13/2016 | 8/8/2016 | Open | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| ALLEGES SCHOOL PAVING PARKING LOT, TRACTOR TRAILER CRACKED CON | | | | 0.00 | 500.00 | 2,500.00 | 0.00 | 0.00 | 0.00 | 3,000.00 |





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|----------------|----------------|----------------------|----------------------|----------------|-----------------------|----------------|
| Location | Loss Date | Rpt Date | Status | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 20 - GENERAL LIABILITY

| | | | | | | | | | | |
|--------------------------------------|-------------|---------------|-----------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| Total by Claim Number 1 Claim | 0.00 | 500.00 | 2,500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,000.00 |
| | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 0.00 | 500.00 | 2,500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,000.00 |

Claim Number: 16GL00638D

| | | | | | | | | | | |
|--|---------------------|-----------|------|------------------|---------------|-------------|-------------|-------------|-------------|------------------|
| 16GL00638D | WARE-REED, ZAMIRRAH | 20 | | 10,000.00 | 500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 10,500.00 |
| TRENTON BOARD OF EDUCATION | 7/26/2016 | 9/13/2016 | Open | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| ALLEGES SPEC ED STUDENT WAS FORCED TO PERFORM SEXUAL ACT WHILE | | | | 10,000.00 | 500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 10,500.00 |
| Total by Claim Number 1 Claim | | | | 10,000.00 | 500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 10,500.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | 10,000.00 | 500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 10,500.00 |

| | | | | | | | | | |
|---|------------------|-----------------|-----------------|-------------|-------------|-------------|-------------|---------------|------------------|
| Total by Major Coverage 8 Claims | 50,000.00 | 2,100.00 | 3,965.24 | 0.00 | 0.00 | 0.00 | 0.00 | 507.18 | 56,572.42 |
| | 0.00 | 0.00 | 465.24 | 0.00 | 0.00 | 0.00 | 0.00 | 507.18 | 972.42 |
| | 50,000.00 | 2,100.00 | 3,500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 55,600.00 |

Major Coverage: 30 - AUTO LIABILITY

Claim Number: 16AL00384L

| | | | | | | | | | | |
|--------------------------------------|-------------|-----------|------|-------------|-------------|---------------|-------------|-------------|-------------|---------------|
| 16AL00384L | ASEM, AHMAD | 31 | | 0.00 | 0.00 | 500.00 | 0.00 | 0.00 | 0.00 | 500.00 |
| HUDSON CNTY VO-TECH | 7/6/2016 | 7/12/2016 | Open | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| IV STRUCK PARKED OV | | | | 0.00 | 0.00 | 500.00 | 0.00 | 0.00 | 0.00 | 500.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 0.00 | 500.00 | 0.00 | 0.00 | 0.00 | 500.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | 0.00 | 0.00 | 500.00 | 0.00 | 0.00 | 0.00 | 500.00 |

Claim Number: 16AL00387E





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|--------------|--------------|--------------|----------------------|----------------------|--------------|-----------------------|--------------|
| Location | Loss Date | Rpt Date | Inurred Paid | Inurred Paid | Inurred Paid | Inurred Paid | Inurred Paid | Inurred Paid | Inurred Paid | Inurred Paid |
| Description of Loss | Status | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 30 - AUTO LIABILITY

Claim Number: 16AL00387E

| | | | | | | | | | | |
|--------------------------------------|------------------|-----------|------------------|-----------------|-------------|-------------|-------------|-------------|-------------|------------------|
| 16AL00387E | NUNEZ, MAGDALENA | 30 | 25,000.00 | 1,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 26,000.00 |
| ATLANTIC COUNTY SPECIAL SERV | 7/13/2016 | 7/15/2016 | Open | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| IV STRUCK PEDESTRIAN | | | | 25,000.00 | 1,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 26,000.00 |
| Total by Claim Number 1 Claim | | | 25,000.00 | 1,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 26,000.00 |
| | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | 25,000.00 | 1,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 26,000.00 |

Claim Number: 16AL00393L

| | | | | | | | | | | |
|--------------------------------------|------------------|-----------|-------------|---------------|-----------------|-------------|-------------|-------------|-------------|-----------------|
| 16AL00393L | Patterson, Linda | 31 | 0.00 | 260.80 | 1,454.02 | 0.00 | 0.00 | 0.00 | 0.00 | 1,714.82 |
| SOMERSET CNTY ED.SERVICES CC | 7/19/2016 | 7/20/2016 | 9/ 1/2016 | 0.00 | 260.80 | 1,454.02 | 0.00 | 0.00 | 0.00 | 1,714.82 |
| IV STRUCK PARKED VEHICLE | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | 0.00 | 260.80 | 1,454.02 | 0.00 | 0.00 | 0.00 | 0.00 | 1,714.82 |
| | | | 0.00 | 260.80 | 1,454.02 | 0.00 | 0.00 | 0.00 | 0.00 | 1,714.82 |
| | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16AL00396L

| | | | | | | | | | | |
|--------------------------------------|---------------|-----------|-------------|-------------|---------------|-------------|-------------|-------------|-------------|---------------|
| 16AL00396L | STEM BROTHERS | 31 | 0.00 | 0.00 | 946.33 | 0.00 | 0.00 | 0.00 | 0.00 | 946.33 |
| DELAWARE VALLEY REG BOE | 7/19/2016 | 7/21/2016 | 8/16/2016 | 0.00 | 0.00 | 946.33 | 0.00 | 0.00 | 0.00 | 946.33 |
| IV STRUCK STATIONARY TRAILER | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | 0.00 | 0.00 | 946.33 | 0.00 | 0.00 | 0.00 | 0.00 | 946.33 |
| | | | 0.00 | 0.00 | 946.33 | 0.00 | 0.00 | 0.00 | 0.00 | 946.33 |
| | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16AL00400L





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|----------------|----------------|----------------|----------------------|----------------------|----------------|-----------------------|----------------|
| Location | Loss Date | Rpt Date | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid |
| Description of Loss | Status | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 30 - AUTO LIABILITY

Claim Number: 16AL00400L

| | | | | | | | | | | |
|--------------------------------------|-----------------|-----------|------|-------------|-------------|-----------------|-------------|-------------|-------------|-----------------|
| 16AL00400L | GIACCONE, DEBRA | 31 | 0.00 | 0.00 | 2,500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,500.00 |
| BLOOMFIELD BOARD OF EDUCATION | 7/21/2016 | 7/26/2016 | Open | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| BUS #37 ROLLED INTO OV AT RED LIGHT | | | | 0.00 | 0.00 | 2,500.00 | 0.00 | 0.00 | 0.00 | 2,500.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 0.00 | 2,500.00 | 0.00 | 0.00 | 0.00 | 2,500.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | 0.00 | 0.00 | 2,500.00 | 0.00 | 0.00 | 0.00 | 2,500.00 |

Claim Number: 16AL00402L

| | | | | | | | | | | |
|--|-------------------|-----------|------|-------------|---------------|-----------------|-------------|-------------|-------------|-----------------|
| 16AL00402L | BLANEY, KATHERINE | 31 | 0.00 | 500.00 | 6,500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 7,000.00 |
| HUNTERDON COUNTY ED. SERVICES | 7/28/2016 | 7/28/2016 | Open | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| IV MOVING PROPERTY TO ANOTHER BLDG, TABLE FELL OFF TRUCK HITTING | | | | 0.00 | 500.00 | 6,500.00 | 0.00 | 0.00 | 0.00 | 7,000.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 500.00 | 6,500.00 | 0.00 | 0.00 | 0.00 | 7,000.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | 0.00 | 500.00 | 6,500.00 | 0.00 | 0.00 | 0.00 | 7,000.00 |

Claim Number: 16AL00404S

| | | | | | | | | | | |
|--|------------------|-----------|-----------|-------------|-------------|---------------|-------------|-------------|-------------|---------------|
| 16AL00404S | DEPASQUALE, DAWN | 31 | 0.00 | 0.00 | 500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 500.00 |
| WAYNE TWP BOE | 7/11/2016 | 7/29/2016 | 9/15/2016 | 0.00 | 0.00 | 500.00 | 0.00 | 0.00 | 0.00 | 500.00 |
| IV STRUCK OV WHICH PASSED ON THE RIGHT | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 0.00 | 500.00 | 0.00 | 0.00 | 0.00 | 500.00 |
| | | | | 0.00 | 0.00 | 500.00 | 0.00 | 0.00 | 0.00 | 500.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---|---------------|----------|-------------|------------------|-----------------|----------------------|----------------------|----------------|-----------------------|------------------|
| Location | Loss Date | Rpt Date | Status | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |
| Total by Major Coverage 7 Claims | | | | 25,000.00 | 1,760.80 | 12,400.35 | 0.00 | 0.00 | 0.00 | 39,161.15 |
| | | | | 0.00 | 260.80 | 2,900.35 | 0.00 | 0.00 | 0.00 | 3,161.15 |
| | | | | 25,000.00 | 1,500.00 | 9,500.00 | 0.00 | 0.00 | 0.00 | 36,000.00 |

Major Coverage: 40 - AUTO PHYSICAL DAMAGE

Claim Number: 16AL00383L

| | | | | | | | | | | | |
|--------------------------------------|---------------|-----------|------|-------------|---------------|-----------------|-------------|-------------|-------------|-------------|-----------------|
| 16AL00383L | WAYNE TWP BOE | | 40 | 0.00 | 750.00 | 7,500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 8,250.00 |
| WAYNE TWP BOE | 7/11/2016 | 7/12/2016 | Open | 0.00 | 238.80 | 7,011.93 | 0.00 | 0.00 | 0.00 | 0.00 | 7,250.73 |
| OV STRUCK IV IN REAR | | | | 0.00 | 511.20 | 488.07 | 0.00 | 0.00 | 0.00 | 0.00 | 999.27 |
| Total by Claim Number 1 Claim | | | | 0.00 | 750.00 | 7,500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 8,250.00 |
| | | | | 0.00 | 238.80 | 7,011.93 | 0.00 | 0.00 | 0.00 | 0.00 | 7,250.73 |
| | | | | 0.00 | 511.20 | 488.07 | 0.00 | 0.00 | 0.00 | 0.00 | 999.27 |

Claim Number: 16AL00394L

| | | | | | | | | | | | |
|--------------------------------------|---------------------|-----------|-----------|-----------------|---------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| 16AL00394L | WOODBRIIDGE TWP BOE | | 40 | 2,640.67 | 252.80 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,893.47 |
| WOODBRIIDGE BOARD OF EDUCAT | 7/18/2016 | 7/20/2016 | 7/28/2016 | 2,640.67 | 252.80 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,893.47 |
| TREE FELL ON VEHICLE | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 2,640.67 | 252.80 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,893.47 |
| | | | | 2,640.67 | 252.80 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,893.47 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16AL00395L

| | | | | | | | | | | | |
|----------------------------|-----------------|-----------|-----------|--------|------|------|------|------|------|------|--------|
| 16AL00395L | JERSEY CITY BOE | | 40 | 157.50 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 157.50 |
| JERSEY CITY PUBLIC SCHOOLS | 7/19/2016 | 7/21/2016 | 8/30/2016 | 157.50 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 157.50 |
| OV STRUCK IV MIRROR | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|--|-------------------|-----------|-------------|-----------------|-----------------|----------------------|----------------------|----------------|-----------------------|------------------|
| Location | Loss Date | Rpt Date | Status | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |
| Major Coverage: 40 - AUTO PHYSICAL DAMAGE | | | | | | | | | | |
| Total by Claim Number 1 Claim | | | | 157.50 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 157.50 |
| | | | | 157.50 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 157.50 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Claim Number: 16AL00398L | | | | | | | | | | |
| 16AL00398L | OCEAN TWP BOE | | 40 | 0.00 | 500.00 | 2,500.00 | 0.00 | 0.00 | 0.00 | 3,000.00 |
| OCEAN TWP. BOARD OF EDUCATIC | 7/21/2016 | 7/25/2016 | Open | 0.00 | 257.30 | 322.18 | 0.00 | 0.00 | 0.00 | 579.48 |
| OV STRUCK IV | | | | 0.00 | 242.70 | 2,177.82 | 0.00 | 0.00 | 0.00 | 2,420.52 |
| Total by Claim Number 1 Claim | | | | 0.00 | 500.00 | 2,500.00 | 0.00 | 0.00 | 0.00 | 3,000.00 |
| | | | | 0.00 | 257.30 | 322.18 | 0.00 | 0.00 | 0.00 | 579.48 |
| | | | | 0.00 | 242.70 | 2,177.82 | 0.00 | 0.00 | 0.00 | 2,420.52 |
| Claim Number: 16AL00416L | | | | | | | | | | |
| 16AL00416L | VINELAND CITY BOE | | 40 | 0.00 | 500.00 | 2,500.00 | 0.00 | 0.00 | 0.00 | 3,000.00 |
| VINELAND TRANSPORTATION | 7/12/2016 | 8/22/2016 | Open | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| IV STRUCK PARKED OV | | | | 0.00 | 500.00 | 2,500.00 | 0.00 | 0.00 | 0.00 | 3,000.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 500.00 | 2,500.00 | 0.00 | 0.00 | 0.00 | 3,000.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | 0.00 | 500.00 | 2,500.00 | 0.00 | 0.00 | 0.00 | 3,000.00 |
| Total by Major Coverage 5 Claims | | | | 2,798.17 | 2,002.80 | 12,500.00 | 0.00 | 0.00 | 0.00 | 17,300.97 |
| | | | | 2,798.17 | 748.90 | 7,334.11 | 0.00 | 0.00 | 0.00 | 10,881.18 |
| | | | | 0.00 | 1,253.90 | 5,165.89 | 0.00 | 0.00 | 0.00 | 6,419.79 |

Major Coverage: 70 - PROPERTY

Claim Number: 16PR00206E



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com



NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|----------------|----------------|----------------------|----------------------|----------------|-----------------------|----------------|
| Location | Loss Date | Rpt Date | Status | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 70 - PROPERTY

Claim Number: 16PR00206E

| | | | | | | | | | | | |
|---|-----------------|----------|------|-------------|-------------|------------------|-------------|------------------|-------------|-----------------|------------------|
| 16PR00206E | HOLMDEL TWP BOE | | 70 | 0.00 | 0.00 | 80,000.00 | 0.00 | 10,000.00 | 0.00 | 5,000.00 | 85,000.00 |
| INDIAN HILL MS | 7/2/2016 | 7/6/2016 | Open | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| ALLEGES BURST PIPE IN WALL WATER DAMAGE | | | | 0.00 | 0.00 | 80,000.00 | 0.00 | 10,000.00 | 0.00 | 5,000.00 | 85,000.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 0.00 | 80,000.00 | 0.00 | 10,000.00 | 0.00 | 5,000.00 | 85,000.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | 0.00 | 0.00 | 80,000.00 | 0.00 | 10,000.00 | 0.00 | 5,000.00 | 85,000.00 |

Claim Number: 16PR00208E

| | | | | | | | | | | | |
|---|---------------|-----------|------|-------------|-------------|------------------|-------------|-------------|-------------|-----------------|------------------|
| 16PR00208E | EATONTOWN BOE | | 70 | 0.00 | 0.00 | 25,000.00 | 0.00 | 0.00 | 0.00 | 1,100.00 | 26,100.00 |
| EATONTOWN BOARD OF EDUCATI | 7/8/2016 | 7/12/2016 | Open | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| ALLEGES TRACTOR TRAILER MAKING U TURN DAMAGED WIRES | | | | 0.00 | 0.00 | 25,000.00 | 0.00 | 0.00 | 0.00 | 1,100.00 | 26,100.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 0.00 | 25,000.00 | 0.00 | 0.00 | 0.00 | 1,100.00 | 26,100.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | 0.00 | 0.00 | 25,000.00 | 0.00 | 0.00 | 0.00 | 1,100.00 | 26,100.00 |

Claim Number: 16PR00209E

| | | | | | | | | | | | |
|--------------------------------------|------------|-----------|------|------------------|-------------|------------------|-------------|-------------|-------------|-----------------|------------------|
| 16PR00209E | ORANGE BOE | | 70 | 10,000.00 | 0.00 | 35,000.00 | 0.00 | 0.00 | 0.00 | 1,040.00 | 46,040.00 |
| LINCOLN AVENUE SCHOOL | 7/8/2016 | 7/12/2016 | Open | 10,000.00 | 0.00 | 1,701.47 | 0.00 | 0.00 | 0.00 | 1,039.46 | 12,740.93 |
| VEHICLE STRUCK BUILDING | | | | 0.00 | 0.00 | 33,298.53 | 0.00 | 0.00 | 0.00 | 0.54 | 33,299.07 |
| Total by Claim Number 1 Claim | | | | 10,000.00 | 0.00 | 35,000.00 | 0.00 | 0.00 | 0.00 | 1,040.00 | 46,040.00 |
| | | | | 10,000.00 | 0.00 | 1,701.47 | 0.00 | 0.00 | 0.00 | 1,039.46 | 12,740.93 |
| | | | | 0.00 | 0.00 | 33,298.53 | 0.00 | 0.00 | 0.00 | 0.54 | 33,299.07 |

Claim Number: 16PR00210E





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|----------------|----------------|----------------------|----------------------|----------------|-----------------------|----------------|
| Location | Loss Date | Rpt Date | Status | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 70 - PROPERTY

Claim Number: 16PR00210E

| | | | | | | | | | | | |
|--------------------------------------|------------------|-----------|------|-------------|-------------|------------------|-------------|-------------|-------------|-----------------|------------------|
| 16PR00210E | WESTWOOD REG BOE | | 70 | 0.00 | 0.00 | 25,100.00 | 0.00 | 0.00 | 0.00 | 1,100.00 | 26,200.00 |
| BERKELEY ES | 7/15/2016 | 7/18/2016 | Open | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| ALLEGES BAT INFESTATION | | | | 0.00 | 0.00 | 25,100.00 | 0.00 | 0.00 | 0.00 | 1,100.00 | 26,200.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 0.00 | 25,100.00 | 0.00 | 0.00 | 0.00 | 1,100.00 | 26,200.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | 0.00 | 0.00 | 25,100.00 | 0.00 | 0.00 | 0.00 | 1,100.00 | 26,200.00 |

Claim Number: 16PR00211D

| | | | | | | | | | | | |
|--------------------------------------|-----------------|-----------|----------|-------------|-------------|------------------|-------------|-------------|-------------|-------------|------------------|
| 16PR00211D | WINSLOW TWP BOE | | 70 | 0.00 | 0.00 | 10,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 10,000.00 |
| WINSLOW TWP #4 E.S. | 7/16/2016 | 7/18/2016 | Reopened | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| ALLEGES WIND DAMAGE TO BRIDGEWAY | | | | 0.00 | 0.00 | 10,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 10,000.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 0.00 | 10,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 10,000.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | 0.00 | 0.00 | 10,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 10,000.00 |

Claim Number: 16PR00212E

| | | | | | | | | | | | |
|---|---------------------|-----------|------|-------------|-------------|-----------------|-------------|-------------|-------------|-------------|-----------------|
| 16PR00212E | PASSAIC CTY VOC BOE | | 75 | 0.00 | 0.00 | 7,500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 7,500.00 |
| PASSAIC COUNTY TECH. INSTITUT | 7/15/2016 | 7/21/2016 | Open | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| ALLEGES FAN FOR FREEZER MALFUNCTIONED CAUSING FOOD SPOILAGE | | | | 0.00 | 0.00 | 7,500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 7,500.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 0.00 | 7,500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 7,500.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | 0.00 | 0.00 | 7,500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 7,500.00 |

Claim Number: 16PR00213D





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | Status | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 70 - PROPERTY

Claim Number: 16PR00213D

| | | | | | | | | | | |
|--------------------------------------|-----------------|-----------|------|-------------|-------------|------------------|-------------|-------------|-------------|------------------|
| 16PR00213D | SOUTH AMBOY BOE | 70 | 0.00 | 0.00 | 35,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 35,000.00 |
| ADMINISTRATIVE OFFICES | 7/25/2016 | 7/25/2016 | Open | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| ALLEGES LIGHTENING STRIKE | | | | 0.00 | 0.00 | 35,000.00 | 0.00 | 0.00 | 0.00 | 35,000.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 0.00 | 35,000.00 | 0.00 | 0.00 | 0.00 | 35,000.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | 0.00 | 0.00 | 35,000.00 | 0.00 | 0.00 | 0.00 | 35,000.00 |

Claim Number: 16PR00217L

| | | | | | | | | | | |
|---|---------------|-----------|------|-------------|-------------|-----------------|-------------|-------------|-------------|-----------------|
| 16PR00217L | MONTCLAIR BOE | 70 | 0.00 | 0.00 | 5,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 5,000.00 |
| RENAISSANCE MS | 7/20/2016 | 7/26/2016 | Open | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| ALLEGES LARGE TREE LIMB FELL DEMOLISHED A FEW METAL STAIR RAILS | | | | 0.00 | 0.00 | 5,000.00 | 0.00 | 0.00 | 0.00 | 5,000.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 0.00 | 5,000.00 | 0.00 | 0.00 | 0.00 | 5,000.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | 0.00 | 0.00 | 5,000.00 | 0.00 | 0.00 | 0.00 | 5,000.00 |

Claim Number: 16PR00218D

| | | | | | | | | | | |
|--------------------------------------|--------------------|-----------|------|-------------|-------------|-----------------|-------------|-------------|-------------|-----------------|
| 16PR00218D | CAMDEN CTY VOC BOE | 70 | 0.00 | 0.00 | 5,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 5,000.00 |
| CAMDEN CO. VOC-TECH V.S. (PENI | 7/26/2016 | 7/26/2016 | Open | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| ALLEGES WATER DAMAGE TO FLOOR | | | | 0.00 | 0.00 | 5,000.00 | 0.00 | 0.00 | 0.00 | 5,000.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 0.00 | 5,000.00 | 0.00 | 0.00 | 0.00 | 5,000.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | 0.00 | 0.00 | 5,000.00 | 0.00 | 0.00 | 0.00 | 5,000.00 |

Claim Number: 16PR00219E





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|----------------|----------------|----------------------|----------------------|----------------|-----------------------|----------------|
| Location | Loss Date | Rpt Date | Status | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid | Incurring Paid |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 70 - PROPERTY

Claim Number: 16PR00219E

| | | | | | | | | | | | |
|---|---------------------|-----------|------|-------------|-----------------|------------------|-------------|-------------|-------------|-------------|------------------|
| 16PR00219E | PASSAIC CTY VOC BOE | 70 | | 0.00 | 2,000.00 | 25,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 27,000.00 |
| PASSAIC COUNTY TECH. INSTITUT | 7/28/2016 | 7/28/2016 | Open | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| ALLEGES COLUMNS OF BLDG IN ADUITORIUM ARE PULLING AWAY FROM BLD | | | | 0.00 | 2,000.00 | 25,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 27,000.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 2,000.00 | 25,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 27,000.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | 0.00 | 2,000.00 | 25,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 27,000.00 |

Claim Number: 16PR00220D

| | | | | | | | | | | | |
|---|---------------|-----------|------|-------------|-----------------|------------------|-------------|-------------|-------------|-------------|------------------|
| 16PR00220D | BRIDGETON BOE | 70 | | 0.00 | 2,500.00 | 40,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 42,500.00 |
| BUCKSHUTEM ROAD E.S. | 7/8/2016 | 7/29/2016 | Open | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| ALLEGES INTERCOM SYSTEM WAS DAMAGED DURING STORM DUE TO LIGHT | | | | 0.00 | 2,500.00 | 40,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 42,500.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 2,500.00 | 40,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 42,500.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | 0.00 | 2,500.00 | 40,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 42,500.00 |

Claim Number: 16PR00221E

| | | | | | | | | | | | |
|--------------------------------------|----------------------|----------|------|-------------|-------------|-------------------|-------------|-------------|-------------|-----------------|-------------------|
| 16PR00221E | PRINCETON PUBLIC BOE | 70 | | 0.00 | 0.00 | 400,000.00 | 0.00 | 0.00 | 0.00 | 5,000.00 | 405,000.00 |
| PRINCETON HS | 7/29/2016 | 8/1/2016 | Open | 0.00 | 0.00 | 100,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 100,000.00 |
| ALLEGES WATER DAMAGE FROM RAIN | | | | 0.00 | 0.00 | 300,000.00 | 0.00 | 0.00 | 0.00 | 5,000.00 | 305,000.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 0.00 | 400,000.00 | 0.00 | 0.00 | 0.00 | 5,000.00 | 405,000.00 |
| | | | | 0.00 | 0.00 | 100,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 100,000.00 |
| | | | | 0.00 | 0.00 | 300,000.00 | 0.00 | 0.00 | 0.00 | 5,000.00 | 305,000.00 |

Claim Number: 16PR00222D





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 70 - PROPERTY

Claim Number: 16PR00222D

| | | | | | | | | | | | |
|--|-------------------------|----------|------|-----------------|-----------------|-------------------|-------------|-------------|-------------|-----------------|-------------------|
| 16PR00222D | SOUTH BRUNSWICK TWP BOE | 70 | | 5,000.00 | 2,500.00 | 110,000.00 | 0.00 | 0.00 | 0.00 | 1,200.00 | 118,700.00 |
| SOUTH BRUNSWICK BOE | 7/29/2016 | 8/2/2016 | Open | 5,000.00 | 0.00 | 58,864.59 | 0.00 | 0.00 | 0.00 | 0.00 | 63,864.59 |
| ALLEGES MINOR LEAKING FROM WINDOWS AND CEILING | | | | 0.00 | 2,500.00 | 51,135.41 | 0.00 | 0.00 | 0.00 | 1,200.00 | 54,835.41 |
| Total by Claim Number 1 Claim | | | | 5,000.00 | 2,500.00 | 110,000.00 | 0.00 | 0.00 | 0.00 | 1,200.00 | 118,700.00 |
| | | | | 5,000.00 | 0.00 | 58,864.59 | 0.00 | 0.00 | 0.00 | 0.00 | 63,864.59 |
| | | | | 0.00 | 2,500.00 | 51,135.41 | 0.00 | 0.00 | 0.00 | 1,200.00 | 54,835.41 |

Claim Number: 16PR00223D

| | | | | | | | | | | | |
|---|--------------------------|----------|-----------|-----------------|-------------|------------------|-------------|-------------|-------------|---------------|------------------|
| 16PR00223D | EDUCATIONAL SVCS COMM OF | 70 | | 5,000.00 | 0.00 | 11,525.00 | 0.00 | 0.00 | 0.00 | 498.12 | 17,023.12 |
| EDUCATIONAL SERVICES COMMIS | 7/23/2016 | 8/3/2016 | 9/ 1/2016 | 5,000.00 | 0.00 | 11,525.00 | 0.00 | 0.00 | 0.00 | 498.12 | 17,023.12 |
| ALLEGES LIGHTNING STRIKE CAUSED DAMGE TO ELECTRICAL PANEL | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total by Claim Number 1 Claim | | | | 5,000.00 | 0.00 | 11,525.00 | 0.00 | 0.00 | 0.00 | 498.12 | 17,023.12 |
| | | | | 5,000.00 | 0.00 | 11,525.00 | 0.00 | 0.00 | 0.00 | 498.12 | 17,023.12 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim Number: 16PR00224D

| | | | | | | | | | | | |
|---|-----------------|----------|------|-------------|-----------------|-----------------|-------------|-------------|-------------|-------------|-----------------|
| 16PR00224D | MULLICA TWP BOE | 75 | | 0.00 | 1,000.00 | 2,500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,500.00 |
| MULLICA TWP BOE | 7/16/2016 | 8/4/2016 | Open | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| ALLEGES WALK-IN FREEZER BROKE DOWN OVER WEEKEND | | | | 0.00 | 1,000.00 | 2,500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,500.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 1,000.00 | 2,500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,500.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | 0.00 | 1,000.00 | 2,500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,500.00 |

Claim Number: 16PR00225E





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|---------------------|---------------|----------|-------------|-----------|-------------|----------------------|----------------------|-----------|-----------------------|-----------|
| Location | Loss Date | Rpt Date | Status | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | | | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |

Major Coverage: 70 - PROPERTY

Claim Number: 16PR00225E

| | | | | | | | | | | | |
|---|-----------------|----------|------|-------------|-----------------|------------------|-------------|-------------|-------------|-------------|------------------|
| 16PR00225E | PERTH AMBOY BOE | 70 | | 0.00 | 2,500.00 | 35,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 37,500.00 |
| ADMINISTRATION BLDG | 7/28/2016 | 8/4/2016 | Open | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| ALLEGES LOSS OF POWER DUE TO DEMOLITION OF BLDG ACROSS THE STRE | | | | 0.00 | 2,500.00 | 35,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 37,500.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 2,500.00 | 35,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 37,500.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | 0.00 | 2,500.00 | 35,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 37,500.00 |

Claim Number: 16PR00230D

| | | | | | | | | | | | |
|--|----------------------------|-----------|------|-------------|-----------------|------------------|-------------|-------------|-------------|-------------|------------------|
| 16PR00230D | BURLINGTON CTY SPEC SVCS E | 70 | | 0.00 | 1,000.00 | 25,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 26,000.00 |
| BURLINGTON CO SPEC SER SCH V | 7/28/2016 | 8/10/2016 | Open | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| ALLEGES LIGHTNING STRIKE CAUSED DAMAGE TO HVAC CONTROL | | | | 0.00 | 1,000.00 | 25,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 26,000.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 1,000.00 | 25,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 26,000.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | 0.00 | 1,000.00 | 25,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 26,000.00 |

Claim Number: 16PR00247D

| | | | | | | | | | | | |
|--|-------------------|-----------|------|-------------|---------------|------------------|-------------|-------------|-------------|-------------|------------------|
| 16PR00247D | CARTERET BORO BOE | 70 | | 0.00 | 500.00 | 90,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 90,500.00 |
| CARTERET H. S. | 7/1/2016 | 8/30/2016 | Open | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| ALLEGES SEWER PIPE IN BAND ROOM OVERFLOWED DAMAGING BAND EQUII | | | | 0.00 | 500.00 | 90,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 90,500.00 |
| Total by Claim Number 1 Claim | | | | 0.00 | 500.00 | 90,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 90,500.00 |
| | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | 0.00 | 500.00 | 90,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 90,500.00 |





NEW CLAIMS

July 2016

| Claim Number | Claimant Name | Cov | Med/BI/Comp | Expense | Ind/Pd/Coll | Subrogation Recovery | Reinsurance Recovery | Legal | Rehab/Pmp/Pip Adj Exp | Total |
|--|---------------|----------|-------------------|------------------|---------------------|----------------------|----------------------|-----------------|-----------------------|---------------------|
| Location | Loss Date | Rpt Date | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring | Incurring |
| Description of Loss | Status | | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv | Out Rsv |
| Total by Major Coverage 18 Claims | | | 20,000.00 | 12,000.00 | 966,625.00 | 0.00 | 10,000.00 | 0.00 | 14,938.12 | 1,013,563.12 |
| | | | 20,000.00 | 0.00 | 172,091.06 | 0.00 | 0.00 | 0.00 | 1,537.58 | 193,628.64 |
| | | | 0.00 | 12,000.00 | 794,533.94 | 0.00 | 10,000.00 | 0.00 | 13,400.54 | 819,934.48 |
| Grand Totals: 190 Claims | | | 893,963.45 | 72,628.85 | 1,437,464.43 | 0.00 | 10,000.00 | 8,500.00 | 15,445.30 | 2,428,002.03 |
| | | | 149,277.52 | 51,924.95 | 237,394.31 | 0.00 | 0.00 | 0.00 | 2,044.76 | 440,641.54 |
| | | | 744,685.93 | 20,703.90 | 1,200,070.12 | 0.00 | 10,000.00 | 8,500.00 | 13,400.54 | 1,987,360.49 |

