



NEW CLAIMS

November 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: 16WC08726K

16WC08726K	KASTNER, JENINE	11		287.38	243.00	0.00	0.00	0.00	0.00	0.00	530.38
CLINTON ES	11/1/2016	11/1/2016	2/14/2017	287.38	243.00	0.00	0.00	0.00	0.00	0.00	530.38
RAN AFTER A STUDENT TRYING TO LEAVE SCHOOL PREMISES & SUSTAINED				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				287.38	243.00	0.00	0.00	0.00	0.00	0.00	530.38
				287.38	243.00	0.00	0.00	0.00	0.00	0.00	530.38
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08730Z

16WC08730Z	ISAACS, STEVEN	14		225.00	0.00	0.00	0.00	0.00	0.00	0.00	225.00
WILLIAM ANNIN MS	11/1/2016	11/1/2016	12/ 7/2016	225.00	0.00	0.00	0.00	0.00	0.00	0.00	225.00
ATTEMPTING TO SALVAGE A FRAME CUT HIS R THUMB WITH A PIECE OF GLA				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				225.00	0.00	0.00	0.00	0.00	0.00	0.00	225.00
				225.00	0.00	0.00	0.00	0.00	0.00	0.00	225.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08731Y

16WC08731Y	BORNSTAD, RONALD	11		238.87	243.00	0.00	0.00	0.00	0.00	0.00	481.87
MAINTENANCE BUILDING	11/1/2016	11/2/2016	12/27/2016	238.87	243.00	0.00	0.00	0.00	0.00	0.00	481.87
CHISELING OUT BATHROOM DOOR WHEN CHISEL SLIPPED CUTTING L INDEX				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				238.87	243.00	0.00	0.00	0.00	0.00	0.00	481.87
				238.87	243.00	0.00	0.00	0.00	0.00	0.00	481.87
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08735K





NEW CLAIMS

November 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: 16WC08735K

16WC08735K	PERCHUK, TARA	11		167.43	243.00	0.00	0.00	0.00	0.00	0.00	410.43
LLOYD ROAD ES	11/1/2016	11/1/2016	12/ 8/2016	167.43	243.00	0.00	0.00	0.00	0.00	0.00	410.43
ON THE CARPET WITH STUDENT, STUDENT HAD A BEHAVIORAL & KICKED HE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				167.43	243.00	0.00	0.00	0.00	0.00	0.00	410.43
				167.43	243.00	0.00	0.00	0.00	0.00	0.00	410.43
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08736K

16WC08736K	YANOSCHAK, BARBARA	11		576.77	243.00	0.00	0.00	0.00	0.00	0.00	819.77
LUMBERTON CAMPUS	11/1/2016	11/1/2016	2/10/2017	576.77	243.00	0.00	0.00	0.00	0.00	0.00	819.77
WALKING DOWN RAMP, SLIPPED & FELL INJURING RT LOWER LEG & LANDED				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				576.77	243.00	0.00	0.00	0.00	0.00	0.00	819.77
				576.77	243.00	0.00	0.00	0.00	0.00	0.00	819.77
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08739K

16WC08739K	GUAY, ALEXANDRA	11		166.95	243.00	0.00	0.00	0.00	0.00	0.00	409.95
BANKBRIDGE REG DEVELOPMENT.	11/1/2016	11/1/2016	12/ 8/2016	166.95	243.00	0.00	0.00	0.00	0.00	0.00	409.95
STUDENT SMACKED HER ON THE FACE CAUSING HER GLASSES TO INJURE F				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				166.95	243.00	0.00	0.00	0.00	0.00	0.00	409.95
				166.95	243.00	0.00	0.00	0.00	0.00	0.00	409.95
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08740B





NEW CLAIMS

November 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: 10 - WORKERS' COMPENSATION

Claim Number: 16WC08740B

16WC08740B	FINNEGAN, JAMES	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
DEVEL LC - NEW PROVIDENCE	11/1/2016	11/1/2016	12/22/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING BEHAVIORAL ISSUE BIT R MIDDLE FINGER				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: 16WC08741B

16WC08741B	THIELMAN, KRISTINE	11		155.23	243.00	0.00	0.00	0.00	0.00	398.23
MILL LAKE ES	11/1/2016	11/1/2016	12/20/2016	155.23	243.00	0.00	0.00	0.00	0.00	398.23
DURING CRISIS RESPONSE STUDENT HAVING BEHAVIORAL ISSUE BIT R FORI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				155.23	243.00	0.00	0.00	0.00	0.00	398.23
				155.23	243.00	0.00	0.00	0.00	0.00	398.23
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08745Y

16WC08745Y	MERCURO, DOMINICK	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
ADMINISTRATION BLDG. & GARAGE	11/1/2016	11/1/2016	12/ 5/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WELDING ON FOOTBALL FIELD SCORE BOARD HAD METAL IN R 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: 16WC08746W





NEW CLAIMS

November 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: 16WC08746W

16WC08746W	DRUDY, JESSICA	11	663.28	243.00	0.00	0.00	0.00	0.00	0.00	906.28
SOUTH RIVER ELEMENTARY SCHC	11/1/2016	11/1/2016	12/29/2016	663.28	243.00	0.00	0.00	0.00	0.00	906.28
STUDENT HAVING BEHAVIORAL ISSUE STARTED YANKING HER TOWARDS FL				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			663.28	243.00	0.00	0.00	0.00	0.00	0.00	906.28
			663.28	243.00	0.00	0.00	0.00	0.00	0.00	906.28
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08747B

16WC08747B	GLASSBERG, IRIS	11	57.42	243.00	0.00	0.00	0.00	0.00	0.00	300.42
SUNNYBRAE E.S.	11/1/2016	11/1/2016	12/ 9/2016	57.42	243.00	0.00	0.00	0.00	0.00	300.42
STUDENT SCRATCHED ON HER UPPER LT ARM BREAKING THE SKIN				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			57.42	243.00	0.00	0.00	0.00	0.00	0.00	300.42
			57.42	243.00	0.00	0.00	0.00	0.00	0.00	300.42
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08748K

16WC08748K	KAPUSTA, ARWEN	11	199.50	243.00	0.00	0.00	0.00	0.00	0.00	442.50
JOHN ADAMS SCHOOL	11/1/2016	11/2/2016	2/10/2017	199.50	243.00	0.00	0.00	0.00	0.00	442.50
WHILE IN CLASSROOM SITTING ON THE FLOOR WITH STUDENTS DURING AC1				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			199.50	243.00	0.00	0.00	0.00	0.00	0.00	442.50
			199.50	243.00	0.00	0.00	0.00	0.00	0.00	442.50
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08749B





NEW CLAIMS

November 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: 16WC08749B

16WC08749B	HEVENER, MARY	11		466.00	243.00	0.00	0.00	0.00	0.00	0.00	709.00
WARREN CTY SPEC SVCS BOE	11/1/2016	11/1/2016	12/27/2016	466.00	243.00	0.00	0.00	0.00	0.00	0.00	709.00
STUDENT HAVING A BEHAVIORAL THREW A CHAIR HITTING HER IN THE HEAD				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				466.00	243.00	0.00	0.00	0.00	0.00	0.00	709.00
				466.00	243.00	0.00	0.00	0.00	0.00	0.00	709.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08750K

16WC08750K	MELTON, ZENA	11		172.06	243.00	0.00	0.00	0.00	0.00	0.00	415.06
WEST END ELEMENTARY	11/1/2016	11/1/2016	1/ 3/2017	172.06	243.00	0.00	0.00	0.00	0.00	0.00	415.06
STUDENT WAS STANDING BEHIND HER, SHE WENT TO STEP AWAY QUICKLY				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				172.06	243.00	0.00	0.00	0.00	0.00	0.00	415.06
				172.06	243.00	0.00	0.00	0.00	0.00	0.00	415.06
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08752K

16WC08752K	LARDINELLI, CHRISTINA	11		969.00	243.00	0.00	0.00	0.00	0.00	0.00	1,212.00
VALLEY PROGRAM	11/1/2016	11/2/2016	1/ 3/2017	969.00	243.00	0.00	0.00	0.00	0.00	0.00	1,212.00
WORKING WITH SPEC ED STUDENT THAT BEGAN TO HAVE A BEHAVIORAL OL				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				969.00	243.00	0.00	0.00	0.00	0.00	0.00	1,212.00
				969.00	243.00	0.00	0.00	0.00	0.00	0.00	1,212.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08753Y





NEW CLAIMS

November 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: 16WC08753Y

16WC08753Y	FRECK, TAMMY	11		211.40	243.00	0.00	0.00	0.00	0.00	0.00	454.40
WESTAMPTON	11/1/2016	11/1/2016	12/27/2016	211.40	243.00	0.00	0.00	0.00	0.00	0.00	454.40
STUDENT STRUCK HER OVER THE HEAD WITH A PLASTIC BOTTLE, GRABBED				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				211.40	243.00	0.00	0.00	0.00	0.00	0.00	454.40
				211.40	243.00	0.00	0.00	0.00	0.00	0.00	454.40
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08754F

16WC08754F	ABDELSALAM, ALISA	10		20,500.00	1,193.00	1,500.00	0.00	0.00	0.00	0.00	23,193.00
RICHARD BUTLER BOE	11/1/2016	11/2/2016	Open	470.00	1,193.00	0.00	0.00	0.00	0.00	0.00	1,663.00
LEAVING SHOOL DID NOT NOTICE THE STEP ON THIRD FLOOR FELL TWISTIN				20,030.00	0.00	1,500.00	0.00	0.00	0.00	0.00	21,530.00
Total by Claim Number 1 Claim				20,500.00	1,193.00	1,500.00	0.00	0.00	0.00	0.00	23,193.00
				470.00	1,193.00	0.00	0.00	0.00	0.00	0.00	1,663.00
				20,030.00	0.00	1,500.00	0.00	0.00	0.00	0.00	21,530.00

Claim Number: 16WC08756Y

16WC08756Y	RON, LAUREN	11		320.00	243.00	0.00	0.00	0.00	0.00	0.00	563.00
TRANSPORTION	11/1/2016	11/2/2016	1/ 5/2017	320.00	243.00	0.00	0.00	0.00	0.00	0.00	563.00
IN BUS YARD, WIND CLOSED FRONT DOOR OF BUS AND WAS LOCKED SHE H				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				320.00	243.00	0.00	0.00	0.00	0.00	0.00	563.00
				320.00	243.00	0.00	0.00	0.00	0.00	0.00	563.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08757K





NEW CLAIMS

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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: 16WC08757K

16WC08757K	NORTON, JOSEPH	11	1,575.00	243.00	1,473.21	0.00	0.00	0.00	0.00	3,291.21
WOODROW WILSON SCHOOL	11/1/2016	11/1/2016	2/14/2017	1,575.00	243.00	1,473.21	0.00	0.00	0.00	3,291.21
RUNNING/DOING SOCCER DEMONSTRATIONS HE CAME TO A FELL STOP & FE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			1,575.00	243.00	1,473.21	0.00	0.00	0.00	0.00	3,291.21
			1,575.00	243.00	1,473.21	0.00	0.00	0.00	0.00	3,291.21
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08758Y

16WC08758Y	EXANTUS, GLORIA	11	291.96	243.00	0.00	0.00	0.00	0.00	0.00	534.96
BURNET HILL ES	11/2/2016	11/2/2016	12/13/2016	291.96	243.00	0.00	0.00	0.00	0.00	534.96
ACCIDENTALLY RAN INTO A WALL IN THE GYM INJURING HER CHIN & CHEST				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			291.96	243.00	0.00	0.00	0.00	0.00	0.00	534.96
			291.96	243.00	0.00	0.00	0.00	0.00	0.00	534.96
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08759W

16WC08759W	CAMPBELL, JACQUELYN	11	39.00	243.00	0.00	0.00	0.00	0.00	0.00	282.00
MEMORIAL INTERMEDIATE SCHOO	11/2/2016	11/2/2016	12/27/2016	39.00	243.00	0.00	0.00	0.00	0.00	282.00
STUDENT BECAME UPSET & SCRATCHED HER FACE & GRABBED HER GLASS				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			39.00	243.00	0.00	0.00	0.00	0.00	0.00	282.00
			39.00	243.00	0.00	0.00	0.00	0.00	0.00	282.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08760B





NEW CLAIMS

November 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: 16WC08760B

16WC08760B	BILINSKI, PAUL	11		772.45	243.00	0.00	0.00	0.00	0.00	0.00	1,015.45
LAWRENCE BROOK E.S.	11/2/2016	11/2/2016	1/19/2017	772.45	243.00	0.00	0.00	0.00	0.00	0.00	1,015.45
REACHED IN PUSHED BAR AND STRUCK HEAD ON DOOR				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				772.45	243.00	0.00	0.00	0.00	0.00	0.00	1,015.45
				772.45	243.00	0.00	0.00	0.00	0.00	0.00	1,015.45
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08761W

16WC08761W	FREEDMAN, JACQUELINE	11		196.08	243.00	0.00	0.00	0.00	0.00	0.00	439.08
EDISON SCHOOL	11/1/2016	11/2/2016	12/29/2016	196.08	243.00	0.00	0.00	0.00	0.00	0.00	439.08
STUDENT HAVING BEHAVIORAL ISSUE AND ANOTHER STUDENT SLID ON FLO				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				196.08	243.00	0.00	0.00	0.00	0.00	0.00	439.08
				196.08	243.00	0.00	0.00	0.00	0.00	0.00	439.08
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08762T

16WC08762T	BISSIOTIS, MICHAEL	14		1,151.39	243.00	2,271.94	0.00	0.00	0.00	0.00	3,666.33
WALTER F. ROBINSON SCHOOL	11/2/2016	11/2/2016	1/12/2017	1,151.39	243.00	2,271.94	0.00	0.00	0.00	0.00	3,666.33
IN LUNCH ROOM REMOVING A TABLE ONE OF THE BENCHES TIPPED OVER S				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,151.39	243.00	2,271.94	0.00	0.00	0.00	0.00	3,666.33
				1,151.39	243.00	2,271.94	0.00	0.00	0.00	0.00	3,666.33
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08764Y



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

November 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: 16WC08764Y

16WC08764Y	ANDREWS, ERIN	11		428.22	243.00	0.00	0.00	0.00	0.00	0.00	671.22
INDIAN AVENUE E.S.	11/1/2016	11/1/2016	1/19/2017	428.22	243.00	0.00	0.00	0.00	0.00	0.00	671.22
MOVING A TABLE IN HER CLASSROOM SHE HIT HER RT FOOT/RT PINKY TOE (0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				428.22	243.00	0.00	0.00	0.00	0.00	0.00	671.22
				428.22	243.00	0.00	0.00	0.00	0.00	0.00	671.22
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08765K

16WC08765K	FREEMAN, THERESA	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ESTELLE V. MALBERG	11/1/2016	11/2/2016	12/23/2016	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING IN HALLWAY SLIPPED AND FELL TWISTING R ANKLE, L ARM ON DOC				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: 16WC08766Z

16WC08766Z	SIDMAN, NANCY	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TRANSPORTATION DEPT	11/1/2016	11/2/2016	11/30/2016	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
BROUGHT HER SCHOOL BUS HOME TO HOSE IT OUT AFTER STUDENT VOMIT				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: 16WC08767B





NEW CLAIMS

November 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: 16WC08767B

16WC08767B	ROCHFORD, WENDY	11	326.98	243.00	0.00	0.00	0.00	0.00	0.00	569.98
AUSTIN SCHOENLY SCHOOL	11/2/2016	11/2/2016	1/19/2017	326.98	243.00	0.00	0.00	0.00	0.00	569.98
STUDENT THREW A WOODEN TOY CAR @ HER NOSE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			326.98	243.00	0.00	0.00	0.00	0.00	0.00	569.98
			326.98	243.00	0.00	0.00	0.00	0.00	0.00	569.98
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08768K

16WC08768K	SMOLOKOFF, MARY BETH	11	140.00	243.00	0.00	0.00	0.00	0.00	0.00	383.00
MATAWAN AVENUE MS	11/1/2016	11/2/2016	12/29/2016	140.00	243.00	0.00	0.00	0.00	0.00	383.00
TRYING TO TAKE AWAY BOOK FROM STUDENT WHEN STUDENT SLAPPED HE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			140.00	243.00	0.00	0.00	0.00	0.00	0.00	383.00
			140.00	243.00	0.00	0.00	0.00	0.00	0.00	383.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08770W

16WC08770W	KOSTER, NANCY	11	169.88	243.00	0.00	0.00	0.00	0.00	0.00	412.88
WARREN DEVELOP. LEARNING CTI	11/1/2016	11/2/2016	12/27/2016	169.88	243.00	0.00	0.00	0.00	0.00	412.88
CHASING STUDENT WHO WAS RUNNING AWAY WHEN SHE STRAINED LOWER				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			169.88	243.00	0.00	0.00	0.00	0.00	0.00	412.88
			169.88	243.00	0.00	0.00	0.00	0.00	0.00	412.88
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08771B





NEW CLAIMS

November 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: 16WC08771B

16WC08771B	LLOYD, KYMIA	11		1,716.24	243.00	0.00	0.00	0.00	0.00	0.00	1,959.24
WEST END ELEMENTARY	11/1/2016	11/1/2016	2/ 7/2017	1,716.24	243.00	0.00	0.00	0.00	0.00	0.00	1,959.24
STUDENT HAVING A BEHAVIORAL PUSHED BACKWARDS CAUSING HER RT EA				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,716.24	243.00	0.00	0.00	0.00	0.00	0.00	1,959.24
				1,716.24	243.00	0.00	0.00	0.00	0.00	0.00	1,959.24
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08772B

16WC08772B	KICHLINE, ERIN	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
JOYCE KILMER SCHOOL	11/1/2016	11/2/2016	12/ 9/2016	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
BREAKING UP FIGHT BETWEEN STUDENTS STRAINED R SHOULDER				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: 16WC08773W

16WC08773W	SORIANO, MARIE	11		391.60	243.00	0.00	0.00	0.00	0.00	0.00	634.60
BELLEVILLE MS	11/2/2016	11/2/2016	12/20/2016	391.60	243.00	0.00	0.00	0.00	0.00	0.00	634.60
WALKING DOWN STAIRWELL TO BASEMENT SLIPPED ON STEP FELL ON BUTT				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				391.60	243.00	0.00	0.00	0.00	0.00	0.00	634.60
				391.60	243.00	0.00	0.00	0.00	0.00	0.00	634.60
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08774C





NEW CLAIMS

November 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: 16WC08774C

16WC08774C	CHATMAN, MELINDA	14		8,140.00	0.00	54,313.20	0.00	0.00	4,040.00	0.00	66,493.20
DEPT OF TRANSPORTATION	11/2/2016	11/2/2016	Open	140.00	0.00	0.00	0.00	0.00	1,322.75	0.00	1,462.75
DRIVING BUS THE DASHBOARD LIGHTS WENT ON AS THE BUS SUDDENLY CA				8,000.00	0.00	54,313.20	0.00	0.00	2,717.25	0.00	65,030.45
Total by Claim Number 1 Claim				8,140.00	0.00	54,313.20	0.00	0.00	4,040.00	0.00	66,493.20
				140.00	0.00	0.00	0.00	0.00	1,322.75	0.00	1,462.75
				8,000.00	0.00	54,313.20	0.00	0.00	2,717.25	0.00	65,030.45

Claim Number: 16WC08775K

16WC08775K	LAGRECA, ANTHONY	11		225.00	243.00	0.00	0.00	0.00	0.00	0.00	468.00
MOUNT PROSPECT ES	11/2/2016	11/2/2016	12/29/2016	225.00	243.00	0.00	0.00	0.00	0.00	0.00	468.00
STUDENT HAVING A BEHAVIORAL BIT ON HIS RT FOREARM, BREAKING THE S				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: 16WC08776W

16WC08776W	GANT, GEORGETTE	11		267.91	243.00	0.00	0.00	0.00	0.00	0.00	510.91
MORRIS AVE SCHOOL	11/2/2016	11/2/2016	12/15/2016	267.91	243.00	0.00	0.00	0.00	0.00	0.00	510.91
GO TUP FROM DESK WALKING SHE TRIPPED ON RUG AND FELL INTO WALL IN				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				267.91	243.00	0.00	0.00	0.00	0.00	0.00	510.91
				267.91	243.00	0.00	0.00	0.00	0.00	0.00	510.91
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08777B





NEW CLAIMS

November 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: 16WC08777B

16WC08777B	VOGEL, NICOLE	11		139.87	243.00	0.00	0.00	0.00	0.00	0.00	382.87
VALLEY PROGRAM	11/2/2016	11/2/2016	12/28/2016	139.87	243.00	0.00	0.00	0.00	0.00	0.00	382.87
STUDENT HAVING A BEHAVIORAL BIT ON HER LT ARM CAUSING THE SKIN TO				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				139.87	243.00	0.00	0.00	0.00	0.00	0.00	382.87
				139.87	243.00	0.00	0.00	0.00	0.00	0.00	382.87
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08778Y

16WC08778Y	SUCHAK, SUSANNE	11		170.33	243.00	0.00	0.00	0.00	0.00	0.00	413.33
SCHOOL #9 PORT READING	11/2/2016	11/2/2016	1/24/2017	170.33	243.00	0.00	0.00	0.00	0.00	0.00	413.33
TRYING TO PULL UP STUDENTS PANTS WHO HAD BEHAVIORAL ISSUE BITING				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				170.33	243.00	0.00	0.00	0.00	0.00	0.00	413.33
				170.33	243.00	0.00	0.00	0.00	0.00	0.00	413.33
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08779B

16WC08779B	AGINA, REBECCA	11		2,744.50	245.00	0.00	0.00	0.00	0.00	0.00	2,989.50
WANAQUE ES	11/2/2016	11/2/2016	Open	2,744.50	243.00	0.00	0.00	0.00	0.00	0.00	2,987.50
DURING FIRE DRILL OUTSIDE OF SCHOOL A STUDENT PULLED ON HER CAUS				0.00	2.00	0.00	0.00	0.00	0.00	0.00	2.00
Total by Claim Number 1 Claim				2,744.50	245.00	0.00	0.00	0.00	0.00	0.00	2,989.50
				2,744.50	243.00	0.00	0.00	0.00	0.00	0.00	2,987.50
				0.00	2.00	0.00	0.00	0.00	0.00	0.00	2.00

Claim Number: 16WC08780K





NEW CLAIMS

November 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: 16WC08780K

16WC08780K	MCCULLOUGH, COLLEEN	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
DWIGHT D. EISENHOWER SCHOOL	11/1/2016	11/2/2016	12/ 1/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT ACCIDENTLY THREW A ROCK TOWARDS HER UPPER BACK				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: 16WC08782W

16WC08782W	DANIELS, TASLEEMA	11		495.61	243.00	0.00	0.00	0.00	0.00	738.61
HILLSIDE HS	11/2/2016	11/2/2016	2/23/2017	495.61	243.00	0.00	0.00	0.00	0.00	738.61
STUDENT GOT UPSET AND PUNCHED HER IN CHEST, SCRATCHED BOTH HAN				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				495.61	243.00	0.00	0.00	0.00	0.00	738.61
				495.61	243.00	0.00	0.00	0.00	0.00	738.61
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08785Y

16WC08785Y	CINELLI, GLORIA	11		120.95	243.00	0.00	0.00	0.00	0.00	363.95
GEORGE WASHINGTON M.S.	11/2/2016	11/3/2016	2/28/2017	120.95	243.00	0.00	0.00	0.00	0.00	363.95
STUDENT DROPPED TO FLOOR PUT HER HAND OUT TO GET STUDENT UP, ST				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				120.95	243.00	0.00	0.00	0.00	0.00	363.95
				120.95	243.00	0.00	0.00	0.00	0.00	363.95
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08786Z





NEW CLAIMS

November 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: 16WC08786Z

16WC08786Z	TUNSTALL, ERIS	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JOYCE KILMER SCHOOL	11/2/2016	11/3/2016	Open	1,940.22	243.00	0.00	0.00	0.00	0.00	0.00	2,183.22
BREAKING UP FIGHT AMONG STUDENTS WAS PUSHED BY STUDENT IN LOWE				559.78	2.00	0.00	0.00	0.00	0.00	0.00	561.78
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				1,940.22	243.00	0.00	0.00	0.00	0.00	0.00	2,183.22
				559.78	2.00	0.00	0.00	0.00	0.00	0.00	561.78

Claim Number: 16WC08787B

16WC08787B	O'CONNOR, EDWARD	11		63.22	243.00	0.00	0.00	0.00	0.00	0.00	306.22
EAST HANOVER M S	11/2/2016	11/2/2016	12/27/2016	63.22	243.00	0.00	0.00	0.00	0.00	0.00	306.22
STUDENT HAVING A BEHAVIORAL GRABBED HIS RT ARM & SQUEEZED, DIGGI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				63.22	243.00	0.00	0.00	0.00	0.00	0.00	306.22
				63.22	243.00	0.00	0.00	0.00	0.00	0.00	306.22
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08789W

16WC08789W	FORVOUR, JAIME	11		192.96	243.00	0.00	0.00	0.00	0.00	0.00	435.96
WESTAMPTON	11/2/2016	11/3/2016	12/21/2016	192.96	243.00	0.00	0.00	0.00	0.00	0.00	435.96
CLEANING OUT A BOOK CLOSET ORGANIZING CRAFT ITEMS FELT A PINCH TH				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				192.96	243.00	0.00	0.00	0.00	0.00	0.00	435.96
				192.96	243.00	0.00	0.00	0.00	0.00	0.00	435.96
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08791B





NEW CLAIMS

November 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: 16WC08791B

16WC08791B	KOENIG, MELISSA	11		461.68	243.00	0.00	0.00	0.00	0.00	704.68
MEMORIAL E.S.	11/2/2016	11/3/2016	1/19/2017	461.68	243.00	0.00	0.00	0.00	0.00	704.68
PUT HER LT HAND UP TO BLOCK A FOOTBALL FROM HITTING A STAFF MEMBE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				461.68	243.00	0.00	0.00	0.00	0.00	704.68
				461.68	243.00	0.00	0.00	0.00	0.00	704.68
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08792M

16WC08792M	ETZKORN, RONALD	10		32,500.00	1,193.00	5,000.00	0.00	0.00	0.00	38,693.00
MIDDLETOWN SOUTH HS	11/2/2016	11/3/2016	Open	15,206.11	1,193.00	4,176.00	0.00	0.00	0.00	20,575.11
REMOVING TABLES, TABLE BECAME STUCK, HE KICKED IT CAUSING INJURY				17,293.89	0.00	824.00	0.00	0.00	0.00	18,117.89
Total by Claim Number 1 Claim				32,500.00	1,193.00	5,000.00	0.00	0.00	0.00	38,693.00
				15,206.11	1,193.00	4,176.00	0.00	0.00	0.00	20,575.11
				17,293.89	0.00	824.00	0.00	0.00	0.00	18,117.89

Claim Number: 16WC08793B

16WC08793B	ILIASICS, HELEN	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
MARLBORO EARLY LEARNING CEN	11/3/2016	11/3/2016	12/ 6/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
RESTRAINING AGGRESSIVE STUDENT, STUDENT BIT HER LT FOREARM CASU				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: 16WC08794V





NEW CLAIMS

November 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: 16WC08794V

16WC08794V	JOSEPH-LEE, KAREN	10		4,756.84	1,193.00	11,368.58	0.00	0.00	0.00	0.00	17,318.42
HOWARD B.BRUNNER ES	11/2/2016	11/3/2016	3/ 2/2017	4,756.84	1,193.00	11,368.58	0.00	0.00	0.00	0.00	17,318.42
PLAYING WITH STUDENTS ON PLAYGROUND TRIPPED OVER OWN FEET AND				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				4,756.84	1,193.00	11,368.58	0.00	0.00	0.00	0.00	17,318.42
				4,756.84	1,193.00	11,368.58	0.00	0.00	0.00	0.00	17,318.42
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08795K

16WC08795K	BULSARA, FORAM	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
COLUMBUS SCHOOL #8	11/3/2016	11/3/2016	12/ 5/2016	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING A BEHAVIORAL PUNCHED HER IN THE STOMACH				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: 16WC08796T

16WC08796T	AYALA, JEANAE	10		50,000.00	1,193.00	50,172.00	0.00	0.00	0.00	0.00	101,365.00
SHARON ELEMENTARY	11/3/2016	11/3/2016	Open	21,410.26	1,193.00	15,678.00	0.00	0.00	0.00	0.00	38,281.26
MISSED A STEP AND FELL INJURED HEAD, R KNEE, CALF, THIGH				28,589.74	0.00	34,494.00	0.00	0.00	0.00	0.00	63,083.74
Total by Claim Number 1 Claim				50,000.00	1,193.00	50,172.00	0.00	0.00	0.00	0.00	101,365.00
				21,410.26	1,193.00	15,678.00	0.00	0.00	0.00	0.00	38,281.26
				28,589.74	0.00	34,494.00	0.00	0.00	0.00	0.00	63,083.74

Claim Number: 16WC08797K





NEW CLAIMS

November 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: 16WC08797K

16WC08797K	BLOOM, TANYA	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
CHESTERFIELD E.S.	11/2/2016	11/3/2016	12/ 5/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
ASSISTING STUDENT WAS BITTEN ON L FOREARM				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: 16WC08798J

16WC08798J	RATTNER, KATE	11		655.23	243.00	2,986.28	0.00	0.00	0.00	3,884.51
ROOSEVELT SCHOOL	11/3/2016	11/3/2016	1/12/2017	655.23	243.00	2,986.28	0.00	0.00	0.00	3,884.51
WHEN MOVING BOXES AND INSTRUMENTS CLMT LIFTED A BOX FELT PAIN IN				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				655.23	243.00	2,986.28	0.00	0.00	0.00	3,884.51
				655.23	243.00	2,986.28	0.00	0.00	0.00	3,884.51
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08799B

16WC08799B	SHIELDS, BELLE	11		136.69	243.00	0.00	0.00	0.00	0.00	379.69
WESTAMPTON	11/3/2016	11/3/2016	12/12/2016	136.69	243.00	0.00	0.00	0.00	0.00	379.69
STUDENT SCRATCHED HER RT HAND/WRIST CAUSING THE SKIN TO BREAK				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				136.69	243.00	0.00	0.00	0.00	0.00	379.69
				136.69	243.00	0.00	0.00	0.00	0.00	379.69
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08800Y





NEW CLAIMS

November 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: 16WC08800Y

16WC08800Y	VALDIVIA, JACQUELINE	11		601.85	243.00	0.00	0.00	0.00	0.00	844.85
THOMAS EDISON SCHOOL	11/3/2016	11/3/2016	2/28/2017	601.85	243.00	0.00	0.00	0.00	0.00	844.85
STUDENT HAVING A BEHAVIORAL KICKED HER IN HER LT ANKLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				601.85	243.00	0.00	0.00	0.00	0.00	844.85
				601.85	243.00	0.00	0.00	0.00	0.00	844.85
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08801M

16WC08801M	BANZ, EILEEN	14		75,000.00	2,000.00	50,000.00	0.00	0.00	0.00	127,000.00
NATHAN HALE E.S.	11/3/2016	11/3/2016	Open	23,502.26	1,650.00	9,526.60	0.00	0.00	0.00	34,678.86
WALKING TRIPPED AND FELL DOWN STAIRS INJURED L WRIST, HEAD, BOTH H				51,497.74	350.00	40,473.40	0.00	0.00	0.00	92,321.14
Total by Claim Number 1 Claim				75,000.00	2,000.00	50,000.00	0.00	0.00	0.00	127,000.00
				23,502.26	1,650.00	9,526.60	0.00	0.00	0.00	34,678.86
				51,497.74	350.00	40,473.40	0.00	0.00	0.00	92,321.14

Claim Number: 16WC08802V

16WC08802V	CALLEJA, ROBERT	10		45,000.00	1,193.00	27,000.00	0.00	0.00	0.00	73,193.00
BOGOTA HS	11/1/2016	11/3/2016	Open	1,250.03	1,193.00	1,742.00	0.00	0.00	0.00	4,185.03
WALKING TRIPPED OVER STUDENTS BACKPACK INJURED R LEG/KNEE				43,749.97	0.00	25,258.00	0.00	0.00	0.00	69,007.97
Total by Claim Number 1 Claim				45,000.00	1,193.00	27,000.00	0.00	0.00	0.00	73,193.00
				1,250.03	1,193.00	1,742.00	0.00	0.00	0.00	4,185.03
				43,749.97	0.00	25,258.00	0.00	0.00	0.00	69,007.97

Claim Number: 16WC08805B





NEW CLAIMS

November 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: 16WC08805B

16WC08805B	MOSS, DANIELLE	11		119.36	243.00	0.00	0.00	0.00	0.00	0.00	362.36
OCEAN ACADEMY	11/3/2016	11/3/2016	12/ 6/2016	119.36	243.00	0.00	0.00	0.00	0.00	0.00	362.36
STUDENT HAVING A BEHAVIORAL GRABBED HER RT ARM CAUSING IT TO TWI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				119.36	243.00	0.00	0.00	0.00	0.00	0.00	362.36
				119.36	243.00	0.00	0.00	0.00	0.00	0.00	362.36
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08806K

16WC08806K	CONOVER, MICHELLE	11		188.68	243.00	0.00	0.00	0.00	0.00	0.00	431.68
LAFAYETT E.S.	11/1/2016	11/4/2016	12/27/2016	188.68	243.00	0.00	0.00	0.00	0.00	0.00	431.68
STANDING ON CHAIR HANGING STUDENTS WORK UP FELL ON BOTH KNEES,				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				188.68	243.00	0.00	0.00	0.00	0.00	0.00	431.68
				188.68	243.00	0.00	0.00	0.00	0.00	0.00	431.68
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08807Y

16WC08807Y	KAMENAS, JOSHUA	11		31.81	243.00	0.00	0.00	0.00	0.00	0.00	274.81
ADMINISTRATION BUILDING	11/3/2016	11/4/2016	12/22/2016	31.81	243.00	0.00	0.00	0.00	0.00	0.00	274.81
ATTEMPTING TO REMOVE BODY HARNESS WHILE SECURING IT WHEN STUDE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				31.81	243.00	0.00	0.00	0.00	0.00	0.00	274.81
				31.81	243.00	0.00	0.00	0.00	0.00	0.00	274.81
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08808K





NEW CLAIMS

November 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: 16WC08808K

16WC08808K	PARISI, CARLA	11		274.65	243.00	0.00	0.00	0.00	0.00	0.00	517.65
HALEDON PUBLIC SCHOOL	11/3/2016	11/4/2016	2/14/2017	274.65	243.00	0.00	0.00	0.00	0.00	0.00	517.65
STUDENT STEPPED ON HER TOES CAUSING R BIG TOE TO LOOSEN AND BLEI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				274.65	243.00	0.00	0.00	0.00	0.00	0.00	517.65
				274.65	243.00	0.00	0.00	0.00	0.00	0.00	517.65
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08809Y

16WC08809Y	CONNELL, MATTHEW	11		932.78	243.00	0.00	0.00	0.00	0.00	0.00	1,175.78
SOUTH PLAINFIELD H.S.	11/2/2016	11/4/2016	1/11/2017	932.78	243.00	0.00	0.00	0.00	0.00	0.00	1,175.78
WAS INSTRUCTING STUDENTS ON FOOTBALL SKILLS TWISTED L KNEE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				932.78	243.00	0.00	0.00	0.00	0.00	0.00	1,175.78
				932.78	243.00	0.00	0.00	0.00	0.00	0.00	1,175.78
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08810J

16WC08810J	PEKARSKY, JOYCE	10		3,570.29	1,193.00	3,553.03	0.00	0.00	0.00	0.00	8,316.32
CENTRAL ES	11/4/2016	11/4/2016	2/28/2017	3,570.29	1,193.00	3,553.03	0.00	0.00	0.00	0.00	8,316.32
RAN INTO DOOR DURING FIRE DRILL WHILE IT WAS OPENING				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				3,570.29	1,193.00	3,553.03	0.00	0.00	0.00	0.00	8,316.32
				3,570.29	1,193.00	3,553.03	0.00	0.00	0.00	0.00	8,316.32
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08811F





NEW CLAIMS

November 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: 16WC08811F

16WC08811F	NIVEN, VIRGINIA	10		6,547.71	1,193.00	3,222.16	0.00	0.00	0.00	0.00	10,962.87
NUT SWAMP ES	11/3/2016	11/4/2016	3/ 9/2017	6,547.71	1,193.00	3,222.16	0.00	0.00	0.00	0.00	10,962.87
TRIPPED BETWEEN CONCRETE AND ASPHALT, SHE FELL FRACTURED L FOO				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				6,547.71	1,193.00	3,222.16	0.00	0.00	0.00	0.00	10,962.87
				6,547.71	1,193.00	3,222.16	0.00	0.00	0.00	0.00	10,962.87
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08813T

16WC08813T	BERTOLDO, TRICIA	10		25,000.00	1,193.00	43,080.60	0.00	0.00	0.00	0.00	69,273.60
HUNTERDON COUNTY ED. SERVIC	11/3/2016	11/4/2016	Open	838.79	1,193.00	2,240.00	0.00	0.00	0.00	0.00	4,271.79
TRIPPED ON A BOOK BAG AND FELL INJURED LOWER BACK AND HEAD				24,161.21	0.00	40,840.60	0.00	0.00	0.00	0.00	65,001.81
Total by Claim Number 1 Claim				25,000.00	1,193.00	43,080.60	0.00	0.00	0.00	0.00	69,273.60
				838.79	1,193.00	2,240.00	0.00	0.00	0.00	0.00	4,271.79
				24,161.21	0.00	40,840.60	0.00	0.00	0.00	0.00	65,001.81

Claim Number: 16WC08814Y

16WC08814Y	HAZEL, GWENDOLYN	11		125.00	243.00	0.00	0.00	0.00	0.00	0.00	368.00
NORTH BERGEN HIGH SCHOOL	11/3/2016	11/3/2016	1/ 3/2017	125.00	243.00	0.00	0.00	0.00	0.00	0.00	368.00
TESTING A NEW HEARING MACHINE, THE EAR PROBE DISCONNECTED GETTI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				125.00	243.00	0.00	0.00	0.00	0.00	0.00	368.00
				125.00	243.00	0.00	0.00	0.00	0.00	0.00	368.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08815F





NEW CLAIMS

November 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: 16WC08815F

16WC08815F	KETCHEL, RAYMOND	10		36,500.00	1,193.00	67,000.00	0.00	0.00	0.00	0.00	104,693.00
WESTAMPTON	11/4/2016	11/4/2016	Open	1,534.00	1,193.00	1,088.66	0.00	0.00	0.00	0.00	3,815.66
RESTRAINING STUDENT, STUDENT PULLED AWAY YANKING ON L ARM/SHOUL				34,966.00	0.00	65,911.34	0.00	0.00	0.00	0.00	100,877.34
Total by Claim Number 1 Claim				36,500.00	1,193.00	67,000.00	0.00	0.00	0.00	0.00	104,693.00
				1,534.00	1,193.00	1,088.66	0.00	0.00	0.00	0.00	3,815.66
				34,966.00	0.00	65,911.34	0.00	0.00	0.00	0.00	100,877.34

Claim Number: 16WC08816Y

16WC08816Y	RUSHTON-ECHEVERRIA, TARA	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SCHOOL 2	11/3/2016	11/4/2016	12/22/2016	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
REMONGIN STUDENT FROM CLASSROOM, STUDENT HAD BEHAVIORAL ISSUE				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: 16WC08818V

16WC08818V	RODRIGUEZ, APPOINTMENT	10		48,000.00	1,193.00	33,500.00	0.00	0.00	0.00	0.00	82,693.00
PLEASANTVILLE MS	11/4/2016	11/4/2016	Open	1,449.95	1,193.00	0.00	0.00	0.00	0.00	0.00	2,642.95
BREAKING UP FIGHT BETWEEN STUDENTS STRUCK L SHOULDER AGAINST W				46,550.05	0.00	33,500.00	0.00	0.00	0.00	0.00	80,050.05
Total by Claim Number 1 Claim				48,000.00	1,193.00	33,500.00	0.00	0.00	0.00	0.00	82,693.00
				1,449.95	1,193.00	0.00	0.00	0.00	0.00	0.00	2,642.95
				46,550.05	0.00	33,500.00	0.00	0.00	0.00	0.00	80,050.05

Claim Number: 16WC08822V





NEW CLAIMS

November 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: 16WC08822V

16WC08822V	LEWIS, FALONY	11		2,500.00	245.00	0.00	0.00	0.00	3,500.00	0.00	6,245.00
WEST ORANGE TRANSPORTATION	11/4/2016	11/4/2016	Open	1,968.65	243.00	0.00	0.00	0.00	0.00	0.00	2,211.65
DRIVING THE BUS & WAS STRUCK BY ANOTHER DRIVER ON DRIVER'S SIDE D				531.35	2.00	0.00	0.00	0.00	3,500.00	0.00	4,033.35
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	3,500.00	0.00	6,245.00
				1,968.65	243.00	0.00	0.00	0.00	0.00	0.00	2,211.65
				531.35	2.00	0.00	0.00	0.00	3,500.00	0.00	4,033.35

Claim Number: 16WC08823B

16WC08823B	BRENNAN, CORINE	11		820.96	243.00	0.00	0.00	0.00	0.00	0.00	1,063.96
FORREST DALE MS	11/3/2016	11/4/2016	2/16/2017	820.96	243.00	0.00	0.00	0.00	0.00	0.00	1,063.96
SHE TRIPPED AND FELL OVER CURB INJURED PALM AND WRIST OF L HAND				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				820.96	243.00	0.00	0.00	0.00	0.00	0.00	1,063.96
				820.96	243.00	0.00	0.00	0.00	0.00	0.00	1,063.96
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08824K

16WC08824K	MCCARTHY, DARRYL	11		306.80	243.00	0.00	0.00	0.00	0.00	0.00	549.80
STERLING H.S.	11/2/2016	11/2/2016	12/14/2016	306.80	243.00	0.00	0.00	0.00	0.00	0.00	549.80
PICKING UP TRASH, A PIECE OF CEILING TRACK RIPPED OUT OF BAG CUTTIN				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				306.80	243.00	0.00	0.00	0.00	0.00	0.00	549.80
				306.80	243.00	0.00	0.00	0.00	0.00	0.00	549.80
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08825T





NEW CLAIMS

November 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: 16WC08825T

16WC08825T	MCLAUGHLIN, CAITLIN	10		27,500.00	1,193.00	49,289.76	0.00	0.00	0.00	0.00	77,982.76
ACADAMY LEARNING CENTER	11/4/2016	11/4/2016	Open	9,158.06	1,193.00	5,012.74	0.00	0.00	0.00	0.00	15,363.80
STUDENT HAVING A BEHAVIORAL STRUCK HER HEAD WITH FOOT BRACE				18,341.94	0.00	44,277.02	0.00	0.00	0.00	0.00	62,618.96
Total by Claim Number 1 Claim				27,500.00	1,193.00	49,289.76	0.00	0.00	0.00	0.00	77,982.76
				9,158.06	1,193.00	5,012.74	0.00	0.00	0.00	0.00	15,363.80
				18,341.94	0.00	44,277.02	0.00	0.00	0.00	0.00	62,618.96

Claim Number: 16WC08826T

16WC08826T	MANN, EILEEN	14		0.00	42.00	0.00	0.00	0.00	0.00	0.00	42.00
CENTRAL E.S.	11/3/2016	11/4/2016	1/23/2017	0.00	42.00	0.00	0.00	0.00	0.00	0.00	42.00
BENDING DOWN TO LIFT IPADS FOR HER STUDENTS FELT A PINCH IN LOWER				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	42.00	0.00	0.00	0.00	0.00	0.00	42.00
				0.00	42.00	0.00	0.00	0.00	0.00	0.00	42.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08827G

16WC08827G	POWELL, WINTELLA	10		11,000.00	1,193.00	40,415.78	0.00	0.00	3,500.00	0.00	56,108.78
ADMIN BLDG	11/4/2016	11/4/2016	Open	7,845.42	1,193.00	415.78	0.00	0.00	0.00	0.00	9,454.20
ADJUSTING HER CHAIR, CHAIR GOT STUCK IN WATER DRAINAGE CAUSING H				3,154.58	0.00	40,000.00	0.00	0.00	3,500.00	0.00	46,654.58
Total by Claim Number 1 Claim				11,000.00	1,193.00	40,415.78	0.00	0.00	3,500.00	0.00	56,108.78
				7,845.42	1,193.00	415.78	0.00	0.00	0.00	0.00	9,454.20
				3,154.58	0.00	40,000.00	0.00	0.00	3,500.00	0.00	46,654.58

Claim Number: 16WC08828Y





NEW CLAIMS

November 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: 16WC08828Y

16WC08828Y	KELLY, SALLY	11		1,167.48	243.00	0.00	0.00	0.00	0.00	0.00	1,410.48
LAFAYETTE ES	11/4/2016	11/4/2016	2/28/2017	1,167.48	243.00	0.00	0.00	0.00	0.00	0.00	1,410.48
ACCIDENTALLY PRICKED HER FINGER WITH A NEEDLE WHEN ADMINISTERING				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,167.48	243.00	0.00	0.00	0.00	0.00	0.00	1,410.48
				1,167.48	243.00	0.00	0.00	0.00	0.00	0.00	1,410.48
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08829M

16WC08829M	GROSHOLZ, MARCI	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
MARSHALL	11/3/2016	11/4/2016	12/29/2016	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
HELPING STUDENT, THE STUDENT TURNED QUICKLY AND BUMPED INTO HEAD				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: 16WC08830F

16WC08830F	WILLIAMS, LISA	10		17,500.00	1,195.00	50,000.00	0.00	0.00	0.00	0.00	68,695.00
PINELANDS JR HIGH SCHOOL	11/4/2016	11/4/2016	Open	5,997.53	1,193.00	13,936.00	0.00	0.00	0.00	0.00	21,126.53
REPORTING TO LUNCH DUTY WAS KNOCKED DOWN BY A STUDENT INJURED				11,502.47	2.00	36,064.00	0.00	0.00	0.00	0.00	47,568.47
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
				5,997.53	1,193.00	13,936.00	0.00	0.00	0.00	0.00	21,126.53
				11,502.47	2.00	36,064.00	0.00	0.00	0.00	0.00	47,568.47

Claim Number: 16WC08831K





NEW CLAIMS

November 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: 16WC08831K

16WC08831K	SOCHACZEWSKI, NAOMI	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
LAND O PINES SCHOOL	11/4/2016	11/4/2016	12/ 5/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SPEC ED STUDENT HAVING A BEHAVIORAL OUTBURST BIT CLMT'S RT ARM BI				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: 16WC08832A

16WC08832A	GUERINGER, LISA	10		33,016.48	2,745.00	40,000.00	0.00	0.00	124.63	75,886.11
TRANSPORTATION	11/4/2016	11/4/2016	Open	17,431.09	1,193.00	5,110.08	0.00	0.00	124.63	23,858.80
MAKING HER WAY TO SCHOOL BUS, FOOT CAUGHT ON FLOOR SHE FELL HIT				15,585.39	1,552.00	34,889.92	0.00	0.00	0.00	52,027.31
Total by Claim Number 1 Claim				33,016.48	2,745.00	40,000.00	0.00	0.00	124.63	75,886.11
				17,431.09	1,193.00	5,110.08	0.00	0.00	124.63	23,858.80
				15,585.39	1,552.00	34,889.92	0.00	0.00	0.00	52,027.31

Claim Number: 16WC08833K

16WC08833K	LOMBARDI, ARIANA	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
DWIGHT D EISENHOWER E.S.	11/4/2016	11/4/2016	11/30/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
HOLDING STUDENTS HAND WALKING TO CLASS STUDENT BIT R HAND				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: 16WC08834V





NEW CLAIMS

November 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: 16WC08834V

16WC08834V	BUKHARI, TRINA	10		5,000.00	1,193.00	0.00	0.00	0.00	0.00	0.00	6,193.00
WEST ORANGE TRANSPORTATION	11/4/2016	11/4/2016	Open	3,107.38	1,193.00	0.00	0.00	0.00	0.00	0.00	4,300.38
DRIVING BUS WHEN BUS WAS STRUCK BY ANOTHER VEHICLE INJURED R KN				1,892.62	0.00	0.00	0.00	0.00	0.00	0.00	1,892.62
Total by Claim Number 1 Claim				5,000.00	1,193.00	0.00	0.00	0.00	0.00	0.00	6,193.00
				3,107.38	1,193.00	0.00	0.00	0.00	0.00	0.00	4,300.38
				1,892.62	0.00	0.00	0.00	0.00	0.00	0.00	1,892.62

Claim Number: 16WC08835Z

16WC08835Z	SWEENEY, MAUREEN	11		7,500.00	245.00	0.00	0.00	0.00	0.00	0.00	7,745.00
ARDENA SCHOOL	11/4/2016	11/7/2016	Open	4,245.72	243.00	0.00	0.00	0.00	0.00	0.00	4,488.72
TRIPPED OVER RUG EXITING BLDG, SHE FELL INJURED R HAND, SHIN				3,254.28	2.00	0.00	0.00	0.00	0.00	0.00	3,256.28
Total by Claim Number 1 Claim				7,500.00	245.00	0.00	0.00	0.00	0.00	0.00	7,745.00
				4,245.72	243.00	0.00	0.00	0.00	0.00	0.00	4,488.72
				3,254.28	2.00	0.00	0.00	0.00	0.00	0.00	3,256.28

Claim Number: 16WC08836W

16WC08836W	VINCI, CHRISTINA	11		1,238.94	243.00	0.00	0.00	0.00	0.00	0.00	1,481.94
WARREN DEVELOP. LEARNING CTI	11/4/2016	11/7/2016	12/27/2016	1,238.94	243.00	0.00	0.00	0.00	0.00	0.00	1,481.94
ATTEMPTING TO CALM DOWN STUDENT HAVING BEHAVIORAL ISSUE STUDEN				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,238.94	243.00	0.00	0.00	0.00	0.00	0.00	1,481.94
				1,238.94	243.00	0.00	0.00	0.00	0.00	0.00	1,481.94
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08838K





NEW CLAIMS

November 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: 16WC08838K

16WC08838K	BORCHIN, AMY	11		404.30	243.00	0.00	0.00	0.00	0.00	0.00	647.30
WARREN DEVELOP. LEARNING CTI	11/3/2016	11/3/2016	2/10/2017	404.30	243.00	0.00	0.00	0.00	0.00	0.00	647.30
STUDENT WENT TO GRAB & SCRATCH ON HER RT SHOULDER, INJURED LT SI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				404.30	243.00	0.00	0.00	0.00	0.00	0.00	647.30
				404.30	243.00	0.00	0.00	0.00	0.00	0.00	647.30
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08840K

16WC08840K	MAIDLOW, MARYANN	11		683.30	243.00	1,155.97	0.00	0.00	0.00	0.00	2,082.27
BAYSHORE MS	11/4/2016	11/4/2016	2/28/2017	683.30	243.00	1,155.97	0.00	0.00	0.00	0.00	2,082.27
STUDENT HAVING A BEHAVIORAL SPIT IN HER RT EYE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				683.30	243.00	1,155.97	0.00	0.00	0.00	0.00	2,082.27
				683.30	243.00	1,155.97	0.00	0.00	0.00	0.00	2,082.27
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08841Y

16WC08841Y	ADAMS, ROBERT	11		1,793.00	243.00	0.00	0.00	0.00	0.00	0.00	2,036.00
TRITON HS	11/5/2016	11/7/2016	3/ 2/2017	1,793.00	243.00	0.00	0.00	0.00	0.00	0.00	2,036.00
WAS LOADING BAND EQUIPMENT ONTO COACH BUS, STOOD UP QUICKLY AN				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,793.00	243.00	0.00	0.00	0.00	0.00	0.00	2,036.00
				1,793.00	243.00	0.00	0.00	0.00	0.00	0.00	2,036.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08843B





NEW CLAIMS

November 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: 16WC08843B

16WC08843B	DANDREA, DIANA	11		135.00	243.00	0.00	0.00	0.00	0.00	0.00	378.00
DWIGHT D EISENHOWER E.S.	11/7/2016	11/7/2016	12/19/2016	135.00	243.00	0.00	0.00	0.00	0.00	0.00	378.00
WAS BITTEN ON R HAND BY STUDENT				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				135.00	243.00	0.00	0.00	0.00	0.00	0.00	378.00
				135.00	243.00	0.00	0.00	0.00	0.00	0.00	378.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08844B

16WC08844B	AUGUSTINE, STACEY	11		166.95	243.00	0.00	0.00	0.00	0.00	0.00	409.95
WEST END ELEMENTARY	11/7/2016	11/7/2016	12/19/2016	166.95	243.00	0.00	0.00	0.00	0.00	0.00	409.95
STUDENT BIT L ELBOW AS SHE WAS ATTEMPTING TO PREVENT STUDENT FR				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				166.95	243.00	0.00	0.00	0.00	0.00	0.00	409.95
				166.95	243.00	0.00	0.00	0.00	0.00	0.00	409.95
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08846W

16WC08846W	DELANEY, MICHELLE	11		155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
OAKTREE ES	11/2/2016	11/7/2016	12/27/2016	155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
STUDENT HAVING BEHAVIORAL ISSUE KICKED AND SHOVED HER INJURED L				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
				155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08847B





NEW CLAIMS

November 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: 16WC08847B

16WC08847B	PICCININNO, MARIA	11		24.57	243.00	0.00	0.00	0.00	0.00	0.00	267.57
PINES LAKE E.S.	11/3/2016	11/7/2016	12/22/2016	24.57	243.00	0.00	0.00	0.00	0.00	0.00	267.57
OPENING CAFETERIA DOOR TO LET STUDENTS OUT TO PLAYGROUND FELT F				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				24.57	243.00	0.00	0.00	0.00	0.00	0.00	267.57
				24.57	243.00	0.00	0.00	0.00	0.00	0.00	267.57
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08848K

16WC08848K	FITCH, WILLIAM	11		788.17	243.00	0.00	0.00	0.00	0.00	0.00	1,031.17
JOHN WITHERSPOON MS	11/7/2016	11/7/2016	2/23/2017	788.17	243.00	0.00	0.00	0.00	0.00	0.00	1,031.17
SEVERAL STUDENTS RUSHING OUTSIDE TO PLAYGROUND KNOCKED HER DC				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				788.17	243.00	0.00	0.00	0.00	0.00	0.00	1,031.17
				788.17	243.00	0.00	0.00	0.00	0.00	0.00	1,031.17
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08852W

16WC08852W	KLIMOWICH, KRISTEN	11		466.00	243.00	0.00	0.00	0.00	0.00	0.00	709.00
WARREN DEVELOP. LEARNING CTI	11/7/2016	11/7/2016	12/21/2016	466.00	243.00	0.00	0.00	0.00	0.00	0.00	709.00
RESTRAINING A STUDENT HAVING A BEHAVIORAL, HEAD BUTTED WITH ANOT				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				466.00	243.00	0.00	0.00	0.00	0.00	0.00	709.00
				466.00	243.00	0.00	0.00	0.00	0.00	0.00	709.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08853W





NEW CLAIMS

November 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: 16WC08853W

16WC08853W	MOSES, BRANDEE	11		1,667.35	243.00	0.00	0.00	0.00	0.00	0.00	1,910.35
WESTAMPTON	11/7/2016	11/7/2016	12/ 6/2016	1,667.35	243.00	0.00	0.00	0.00	0.00	0.00	1,910.35
STRUCK HER HEAD AGAINST WALL IN PROCESS OF CPI TRANSPORT OF STUI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,667.35	243.00	0.00	0.00	0.00	0.00	0.00	1,910.35
				1,667.35	243.00	0.00	0.00	0.00	0.00	0.00	1,910.35
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08854K

16WC08854K	PANEK, JENNIFER	11		466.00	243.00	0.00	0.00	0.00	0.00	0.00	709.00
WARREN DEVELOP. LEARNING CTI	11/7/2016	11/7/2016	12/ 9/2016	466.00	243.00	0.00	0.00	0.00	0.00	0.00	709.00
RESTRAINING A STUDENT HAVING A BEHAVIORAL, HEAD BUTTED WITH ANOT				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				466.00	243.00	0.00	0.00	0.00	0.00	0.00	709.00
				466.00	243.00	0.00	0.00	0.00	0.00	0.00	709.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08855K

16WC08855K	DUNLAP-DEAN, EVERDENE	11		246.00	243.00	0.00	0.00	0.00	0.00	0.00	489.00
AARON DECKER SCHOOL	11/2/2016	11/7/2016	2/14/2017	246.00	243.00	0.00	0.00	0.00	0.00	0.00	489.00
PUTTING AWAY SUPPLIES IN CLOSET SHE TURNED AROUND AND FELL OVER				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				246.00	243.00	0.00	0.00	0.00	0.00	0.00	489.00
				246.00	243.00	0.00	0.00	0.00	0.00	0.00	489.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08856C





NEW CLAIMS

November 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: 16WC08856C

16WC08856C	MILBOURNE, KEVIN	14	0.00	0.00	35,964.00	0.00	0.00	2,840.00	0.00	38,804.00
ADMIN OFFICE	11/4/2016	11/7/2016	Reopened	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WAS ON HIS WAY TO HOMECOMING WAS INVOLVED IN MVA INJURED L LEG, L				0.00	0.00	35,964.00	0.00	0.00	2,840.00	0.00
Total by Claim Number 1 Claim				0.00	0.00	35,964.00	0.00	0.00	2,840.00	0.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	35,964.00	0.00	0.00	2,840.00	0.00

Claim Number: 16WC08857Y

16WC08857Y	FINK, MARY	11	1,752.12	243.00	0.00	0.00	0.00	0.00	0.00	1,995.12
MONMOUTH REGIONAL H.S.	11/4/2016	11/7/2016	2/28/2017	1,752.12	243.00	0.00	0.00	0.00	0.00	1,995.12
CLMT WAS WALKING OUT OF THE SCHOOL WHEN SHE TRIPPED ON THE STEI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,752.12	243.00	0.00	0.00	0.00	0.00	1,995.12
				1,752.12	243.00	0.00	0.00	0.00	0.00	1,995.12
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08858W

16WC08858W	WARDELL, GERALD	11	1,125.78	243.00	0.00	0.00	0.00	0.00	0.00	1,368.78
DEPT OF TRANSPORTATION	11/3/2016	11/7/2016	1/30/2017	1,125.78	243.00	0.00	0.00	0.00	0.00	1,368.78
PICKING UP WORK BAG HE DROPPED ON BUS STEPS FELT TWINGE IN LOWEI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,125.78	243.00	0.00	0.00	0.00	0.00	1,368.78
				1,125.78	243.00	0.00	0.00	0.00	0.00	1,368.78
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08859K





NEW CLAIMS

November 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: 16WC08859K

16WC08859K	SILVERS, KARI	11		111.77	243.00	0.00	0.00	0.00	0.00	0.00	354.77
CHILD FAMILY CENTER ES	11/7/2016	11/7/2016	12/27/2016	111.77	243.00	0.00	0.00	0.00	0.00	0.00	354.77
STUDENT RAN & JUMPED ON HER LT LEG CAUSING HER KNEE TO SHIFT TO T				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				111.77	243.00	0.00	0.00	0.00	0.00	0.00	354.77
				111.77	243.00	0.00	0.00	0.00	0.00	0.00	354.77
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08860Z

16WC08860Z	FARRELL, CAROL	10		25,500.00	1,193.00	15,000.00	0.00	0.00	0.00	0.00	41,693.00
ADMIN BLDG	11/2/2016	11/7/2016	Open	590.93	1,193.00	1,709.88	0.00	0.00	0.00	0.00	3,493.81
FILING WHEN SHE ACCIDENTALLY STRUCH HER LT HAND ON THE FILING CAE				24,909.07	0.00	13,290.12	0.00	0.00	0.00	0.00	38,199.19
Total by Claim Number 1 Claim				25,500.00	1,193.00	15,000.00	0.00	0.00	0.00	0.00	41,693.00
				590.93	1,193.00	1,709.88	0.00	0.00	0.00	0.00	3,493.81
				24,909.07	0.00	13,290.12	0.00	0.00	0.00	0.00	38,199.19

Claim Number: 16WC08861V

16WC08861V	BRUGGER, ROSANNA	11		2,442.99	243.00	18,315.12	0.00	0.00	3,500.00	0.00	24,501.11
FAIRMOUNT	11/8/2016	11/8/2016	Reopened	2,442.99	243.00	1,315.12	0.00	0.00	0.00	0.00	4,001.11
TRIPPED AND FELL OVER STEP INJURED R FOOT/GREAT TOE, R HAND, R WR				0.00	0.00	17,000.00	0.00	0.00	3,500.00	0.00	20,500.00
Total by Claim Number 1 Claim				2,442.99	243.00	18,315.12	0.00	0.00	3,500.00	0.00	24,501.11
				2,442.99	243.00	1,315.12	0.00	0.00	0.00	0.00	4,001.11
				0.00	0.00	17,000.00	0.00	0.00	3,500.00	0.00	20,500.00

Claim Number: 16WC08862K





NEW CLAIMS

November 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: 16WC08862K

16WC08862K	LOPEZ, MARTA	11		656.80	243.00	0.00	0.00	0.00	0.00	899.80
EDWARD V WALTON E.S.	11/7/2016	11/8/2016	1/17/2017	656.80	243.00	0.00	0.00	0.00	0.00	899.80
STUDENT ACCIDENTALLY HIT HER IN THE NOSE/MOUTH WITH HULA HOOP				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				656.80	243.00	0.00	0.00	0.00	0.00	899.80
				656.80	243.00	0.00	0.00	0.00	0.00	899.80
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08863F

16WC08863F	ADAMS, KAITLYN	14		210.29	0.00	0.00	0.00	0.00	0.00	210.29
HILLSBOROUGH HS	11/8/2016	11/8/2016	12/22/2016	210.29	0.00	0.00	0.00	0.00	0.00	210.29
WAS GETTING READY TO DO YOGA TRIPPED OVER TOWEL TRIED TO BREAK				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				210.29	0.00	0.00	0.00	0.00	0.00	210.29
				210.29	0.00	0.00	0.00	0.00	0.00	210.29
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08864K

16WC08864K	SPINDLER, KRISTEN	11		1,637.63	243.00	0.00	0.00	0.00	0.00	1,880.63
ALLEN W ROBERTS SCHOOL	11/7/2016	11/8/2016	2/14/2017	1,637.63	243.00	0.00	0.00	0.00	0.00	1,880.63
SAT IN CHAIR TURNED AROUND TO FACE STUDENTS FELT PAIN IN UPPER/MII				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,637.63	243.00	0.00	0.00	0.00	0.00	1,880.63
				1,637.63	243.00	0.00	0.00	0.00	0.00	1,880.63
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08865K





NEW CLAIMS

November 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: 16WC08865K

16WC08865K	WEEKS, KAREN	11	225.00	243.00	0.00	0.00	0.00	0.00	0.00	468.00
BAYONNE H.S. AND ADMIN. OFFICE	11/7/2016	11/8/2016	12/14/2016	225.00	243.00	0.00	0.00	0.00	0.00	468.00
GOING UP STAIRCASE SHE MISSED A STEP AND FELL INJURED R KNEE, L WR				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: 16WC08866K

16WC08866K	FISHER, CARLA	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
zigler building	11/8/2016	11/8/2016	12/ 9/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SECURING CHAIR WITH HER HAND TO KEEP STUDENT FROM FLIPPING IT STL				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: 16WC08868C

16WC08868C	PROTOPAPAS, JOHN	10	1,920.06	1,193.00	0.00	0.00	0.00	0.00	0.00	3,113.06
BURNET HILL ES	11/7/2016	11/8/2016	2/ 2/2017	1,920.06	1,193.00	0.00	0.00	0.00	0.00	3,113.06
PUTTING AN EXTENSION LADDER ON ROOF FELT PAIN IN L SHOULDER				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			1,920.06	1,193.00	0.00	0.00	0.00	0.00	0.00	3,113.06
			1,920.06	1,193.00	0.00	0.00	0.00	0.00	0.00	3,113.06
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08869Y





NEW CLAIMS

November 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: 16WC08869Y

16WC08869Y	AMSDEN, RACHEL	11		277.19	243.00	0.00	0.00	0.00	0.00	520.19
CHERRY HILL HIGH WEST HS	11/8/2016	11/8/2016	12/27/2016	277.19	243.00	0.00	0.00	0.00	0.00	520.19
PERFORMING SCIENCE EXPERIMENT POURING HOT WATER BURNED BOTH H				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				277.19	243.00	0.00	0.00	0.00	0.00	520.19
				277.19	243.00	0.00	0.00	0.00	0.00	520.19
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08870K

16WC08870K	MEYER, GERHART	11		114.28	243.00	0.00	0.00	0.00	0.00	357.28
WEST AMWELL CAMPUS	11/8/2016	11/8/2016	3/ 2/2017	114.28	243.00	0.00	0.00	0.00	0.00	357.28
STRUCK HIS FOREHEAD ON WALL/LIGHT SWITCH CUTTING IT AS HE RAN AFT				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				114.28	243.00	0.00	0.00	0.00	0.00	357.28
				114.28	243.00	0.00	0.00	0.00	0.00	357.28
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08871Y

16WC08871Y	DESAI, KOSHA	11		267.29	243.00	0.00	0.00	0.00	0.00	510.29
CHURCHILL J.H.S.	11/2/2016	11/8/2016	12/29/2016	267.29	243.00	0.00	0.00	0.00	0.00	510.29
WALKING UP STEPS SHE FELL AND HIT HER L KNEE ON STEPS				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				267.29	243.00	0.00	0.00	0.00	0.00	510.29
				267.29	243.00	0.00	0.00	0.00	0.00	510.29
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08872K



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

November 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: 16WC08872K

16WC08872K	JOHNSON, JOSLYN	11	360.50	243.00	0.00	0.00	0.00	0.00	0.00	603.50
BEAR TAVERN ES	11/8/2016	11/8/2016	1/10/2017	360.50	243.00	0.00	0.00	0.00	0.00	603.50
REACHING INTO CABINET TO TAKE A LIGHT BOX THE CORD WAS WRAPPED A				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				360.50	243.00	0.00	0.00	0.00	0.00	603.50
				360.50	243.00	0.00	0.00	0.00	0.00	603.50
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08873K

16WC08873K	SCHAEFER, CLARE	11	225.00	243.00	0.00	0.00	0.00	0.00	0.00	468.00
LINCOLN SCHOOL	11/8/2016	11/8/2016	12/23/2016	225.00	243.00	0.00	0.00	0.00	0.00	468.00
TRYING TO CALM A STUDENT DOWN WENT TO TURN TO GET STUDENT TWIS				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: 16WC08875K

16WC08875K	KASILOWSKI, BRIAN	11	353.69	243.00	0.00	0.00	0.00	0.00	0.00	596.69
MANSION AVE ES	11/4/2016	11/9/2016	12/23/2016	353.69	243.00	0.00	0.00	0.00	0.00	596.69
WORKING WITH STUDENT ON GROUND, INJURED R WRIST ATTEMPTING TO G				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				353.69	243.00	0.00	0.00	0.00	0.00	596.69
				353.69	243.00	0.00	0.00	0.00	0.00	596.69
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08876K





NEW CLAIMS

November 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: 16WC08876K

16WC08876K	KENNEDY, TRESSIE	11		324.63	243.00	0.00	0.00	0.00	0.00	0.00	567.63
MIDDLE SCHOOL AT SPRINGSIDE	11/8/2016	11/9/2016	1/12/2017	324.63	243.00	0.00	0.00	0.00	0.00	0.00	567.63
SITTING ON BENCH THE BENCHES WERE NOT ALLIGNED SHE FELL INJURED I				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				324.63	243.00	0.00	0.00	0.00	0.00	0.00	567.63
				324.63	243.00	0.00	0.00	0.00	0.00	0.00	567.63
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08877K

16WC08877K	CUPANO, KAYLA	11		252.98	243.00	0.00	0.00	0.00	0.00	0.00	495.98
LLOYD ROAD ES	11/8/2016	11/9/2016	2/10/2017	252.98	243.00	0.00	0.00	0.00	0.00	0.00	495.98
STUDENT STANDING ON BENCH HAVING BEHAVIORAL ISSUE GRABBED HER I				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				252.98	243.00	0.00	0.00	0.00	0.00	0.00	495.98
				252.98	243.00	0.00	0.00	0.00	0.00	0.00	495.98
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08879Y

16WC08879Y	PROTOMASTRO, NICOLE	11		895.05	243.00	0.00	0.00	0.00	0.00	0.00	1,138.05
WANAQUE ES	11/7/2016	11/9/2016	2/14/2017	895.05	243.00	0.00	0.00	0.00	0.00	0.00	1,138.05
RESTRAINING STUDENT HAVING BEHAVIORAL ISSUE INJURED R KNEE BENDI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				895.05	243.00	0.00	0.00	0.00	0.00	0.00	1,138.05
				895.05	243.00	0.00	0.00	0.00	0.00	0.00	1,138.05
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08880Y





NEW CLAIMS

November 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: 16WC08880Y

16WC08880Y	REICHEY, THOMAS	11		121.14	243.00	0.00	0.00	0.00	0.00	0.00	364.14
MANASQUAN HS	11/8/2016	11/9/2016	12/27/2016	121.14	243.00	0.00	0.00	0.00	0.00	0.00	364.14
LIFTING TABLES UP AND ABOVE TWO COKE MACHINES IN STORAGE, TAKING				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				121.14	243.00	0.00	0.00	0.00	0.00	0.00	364.14
				121.14	243.00	0.00	0.00	0.00	0.00	0.00	364.14
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08882K

16WC08882K	SANTORA, DENISE	11		160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
ALAN B SHEPARD ES	11/8/2016	11/9/2016	2/23/2017	160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
DURING RESTRAINT TRAINING R PINKY FINGER GOT CAUGHT IN SHIRT POCK				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
				160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08883F

16WC08883F	ROSEBURGH, GREGORY	11		44,500.00	245.00	45,000.00	0.00	0.00	0.00	0.00	89,745.00
CARL SANDBURG MS	11/9/2016	11/9/2016	Open	2,635.51	243.00	0.00	0.00	0.00	0.00	0.00	2,878.51
SLIPPED IN WATER AND FELL INJURED LOWER BACK/TAILBONE				41,864.49	2.00	45,000.00	0.00	0.00	0.00	0.00	86,866.49
Total by Claim Number 1 Claim				44,500.00	245.00	45,000.00	0.00	0.00	0.00	0.00	89,745.00
				2,635.51	243.00	0.00	0.00	0.00	0.00	0.00	2,878.51
				41,864.49	2.00	45,000.00	0.00	0.00	0.00	0.00	86,866.49

Claim Number: 16WC08884Y





NEW CLAIMS

November 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: 16WC08884Y

16WC08884Y	ROBBINS, BRUCE	11		202.14	243.00	0.00	0.00	0.00	0.00	0.00	445.14
CAPE MAY COUNTY SPECIAL SERV	11/9/2016	11/9/2016	12/27/2016	202.14	243.00	0.00	0.00	0.00	0.00	0.00	445.14
WAS BITTEN ON L WRIST BY STUDENT HAVING BEHAVIORAL ISSUE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				202.14	243.00	0.00	0.00	0.00	0.00	0.00	445.14
				202.14	243.00	0.00	0.00	0.00	0.00	0.00	445.14
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08885K

16WC08885K	GERWALD, WERNER	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
GROUNDS OFFICE	11/8/2016	11/9/2016	12/21/2016	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
BLOWING LEAVES WITH LEAF BLOWER FELT L KNEE TWIST				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: 16WC08886K

16WC08886K	HAWKINS, LILLIE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JEFFERSON SCHOOL	11/9/2016	11/9/2016	Open	2,347.17	243.00	0.00	0.00	0.00	0.00	0.00	2,590.17
LIFTING A PAPER COPY BOX FELT SOMETHING POP IN SHOULDER BLADES				152.83	2.00	0.00	0.00	0.00	0.00	0.00	154.83
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				2,347.17	243.00	0.00	0.00	0.00	0.00	0.00	2,590.17
				152.83	2.00	0.00	0.00	0.00	0.00	0.00	154.83

Claim Number: 16WC08887K





NEW CLAIMS

November 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: 16WC08887K

16WC08887K	LIPTER, DARRA	11		175.48	243.00	0.00	0.00	0.00	0.00	0.00	418.48
MILLSTONE TWP ES	11/9/2016	11/9/2016	12/14/2016	175.48	243.00	0.00	0.00	0.00	0.00	0.00	418.48
TEACHING PLAYING WITH STUDENTS, WAS BITTEN ON L SHOULDER				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				175.48	243.00	0.00	0.00	0.00	0.00	0.00	418.48
				175.48	243.00	0.00	0.00	0.00	0.00	0.00	418.48
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08888K

16WC08888K	CRANMER, DARIN	11		568.16	243.00	0.00	0.00	0.00	0.00	0.00	811.16
CUISINE ON THE GREEN	11/9/2016	11/9/2016	1/13/2017	568.16	243.00	0.00	0.00	0.00	0.00	0.00	811.16
FIXING DISHWASHER WITH WRENCH WHEN HE FELT SHOOTING PAIN IN L HA				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				568.16	243.00	0.00	0.00	0.00	0.00	0.00	811.16
				568.16	243.00	0.00	0.00	0.00	0.00	0.00	811.16
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08889K

16WC08889K	CASE, COLLEEN	11		185.50	243.00	0.00	0.00	0.00	0.00	0.00	428.50
CHESTERFIELD E.S.	11/9/2016	11/9/2016	12/15/2016	185.50	243.00	0.00	0.00	0.00	0.00	0.00	428.50
COMING DOWN STAIRS WITH STUDENTS HOLDING RAILING FELT SHARP OBJ				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: 16WC08890Y





NEW CLAIMS

November 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: 16WC08890Y

16WC08890Y	MCCARTHY, CLAUDIA	11		350.65	243.00	0.00	0.00	0.00	0.00	593.65
MILLVILLE SR HS	11/9/2016	11/9/2016	2/28/2017	350.65	243.00	0.00	0.00	0.00	0.00	593.65
WAS STRUCK IN HEAD WITH SOCCER BALL DURING GYM CLASS INJURED NE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				350.65	243.00	0.00	0.00	0.00	0.00	593.65
				350.65	243.00	0.00	0.00	0.00	0.00	593.65
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08891K

16WC08891K	O'NEILL, KAITLIN	11		1,736.16	243.00	0.00	0.00	0.00	0.00	1,979.16
HOPE COMMUNITY CHARTER	11/9/2016	11/9/2016	2/10/2017	1,736.16	243.00	0.00	0.00	0.00	0.00	1,979.16
STUDENT WAS HOLDING DOOR FROM OUTSIDE SHE ATTEMPTED TO OPEN D				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,736.16	243.00	0.00	0.00	0.00	0.00	1,979.16
				1,736.16	243.00	0.00	0.00	0.00	0.00	1,979.16
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08893W

16WC08893W	LOPEZ, LUDUIN	11		590.57	243.00	0.00	0.00	0.00	0.00	833.57
MORRIS KNOLLS HIGH SCHOOL	11/10/2016	11/10/2016	2/28/2017	590.57	243.00	0.00	0.00	0.00	0.00	833.57
USING A LADDER TO FIX GARAGE DOOR WHEN HE PULLED LEVER LADDER F				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				590.57	243.00	0.00	0.00	0.00	0.00	833.57
				590.57	243.00	0.00	0.00	0.00	0.00	833.57
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08895R





NEW CLAIMS

November 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: 16WC08895R

16WC08895R	SCHER, BETH		11	6,600.00	243.00	0.00	0.00	0.00	0.00	0.00	6,843.00
WEST DEPTFORD MS	11/10/2016	11/10/2016	Open	3,568.77	243.00	0.00	0.00	0.00	0.00	0.00	3,811.77
TRIPPED AND FELL OVER ROLLED UP MAT FRACTURED L HUMERUS				3,031.23	0.00	0.00	0.00	0.00	0.00	0.00	3,031.23
Total by Claim Number 1 Claim				6,600.00	243.00	0.00	0.00	0.00	0.00	0.00	6,843.00
				3,568.77	243.00	0.00	0.00	0.00	0.00	0.00	3,811.77
				3,031.23	0.00	0.00	0.00	0.00	0.00	0.00	3,031.23

Claim Number: 16WC08896K

16WC08896K	CHANEY, EVETTE		11	317.00	243.00	0.00	0.00	0.00	0.00	0.00	560.00
HILLSBOROUGH HS	11/9/2016	11/10/2016	12/21/2016	317.00	243.00	0.00	0.00	0.00	0.00	0.00	560.00
WALKING SHE TRIPPED OVER STRAP ON COMPUTER WORK BAG FELL INJUR				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				317.00	243.00	0.00	0.00	0.00	0.00	0.00	560.00
				317.00	243.00	0.00	0.00	0.00	0.00	0.00	560.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08898K

16WC08898K	SETA, MALGORZATA		11	1,007.26	243.00	0.00	0.00	0.00	0.00	0.00	1,250.26
SOEHL MIDDLE SCHOOL	11/3/2016	11/11/2016	1/26/2017	1,007.26	243.00	0.00	0.00	0.00	0.00	0.00	1,250.26
WALKING UP STAIRS WHEN SHE TRIPPED AND LOST BALANCE SHE FELL INJL				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,007.26	243.00	0.00	0.00	0.00	0.00	0.00	1,250.26
				1,007.26	243.00	0.00	0.00	0.00	0.00	0.00	1,250.26
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08899Y



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

November 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: 16WC08899Y

16WC08899Y	GIBBS, JANET	11		118.06	243.00	0.00	0.00	0.00	0.00	0.00	361.06
WOODBIDGE HIGH SCHOOL	11/13/2016	11/14/2016	1/24/2017	118.06	243.00	0.00	0.00	0.00	0.00	0.00	361.06
OPENED DOUBLE DOORS METAL BAR USED TO SEPERATE DOOR STRUCK R				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				118.06	243.00	0.00	0.00	0.00	0.00	0.00	361.06
				118.06	243.00	0.00	0.00	0.00	0.00	0.00	361.06
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08900V

16WC08900V	KLIN, JAMES	14		41,501.00	0.00	20,000.00	0.00	0.00	0.00	0.00	61,501.00
TRITON HS	11/7/2016	11/14/2016	Open	7,934.09	0.00	3,804.51	0.00	0.00	0.00	0.00	11,738.60
MOVING SOCCER GOALS ON SOCCER FIELD FELT PAIN IN STOMACH/GROIN /				33,566.91	0.00	16,195.49	0.00	0.00	0.00	0.00	49,762.40
Total by Claim Number 1 Claim				41,501.00	0.00	20,000.00	0.00	0.00	0.00	0.00	61,501.00
				7,934.09	0.00	3,804.51	0.00	0.00	0.00	0.00	11,738.60
				33,566.91	0.00	16,195.49	0.00	0.00	0.00	0.00	49,762.40

Claim Number: 16WC08901W

16WC08901W	KRUSE, TORI	11		696.16	243.00	0.00	0.00	0.00	0.00	0.00	939.16
ADMINISTRATION BLDG. & GARAGE	11/2/2016	11/14/2016	2/27/2017	696.16	243.00	0.00	0.00	0.00	0.00	0.00	939.16
CLOSING FILE CABINET WHEN R THUMB BECAME WEDGED BETWEEN DRAWE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				696.16	243.00	0.00	0.00	0.00	0.00	0.00	939.16
				696.16	243.00	0.00	0.00	0.00	0.00	0.00	939.16
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08902T





NEW CLAIMS

November 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: 16WC08902T

16WC08902T	MUERMANN, JEREMY	10		25,000.00	1,193.00	47,664.00	0.00	0.00	0.00	0.00	73,857.00
LACEY TWP H.S	11/12/2016	11/14/2016	Open	2,340.70	1,193.00	0.00	0.00	0.00	0.00	0.00	3,533.70
BREAKING DOWN TV EQUIPMENT ON FIELD LIFTING CART FULL OF CABLES				22,659.30	0.00	47,664.00	0.00	0.00	0.00	0.00	70,323.30
Total by Claim Number 1 Claim				25,000.00	1,193.00	47,664.00	0.00	0.00	0.00	0.00	73,857.00
				2,340.70	1,193.00	0.00	0.00	0.00	0.00	0.00	3,533.70
				22,659.30	0.00	47,664.00	0.00	0.00	0.00	0.00	70,323.30

Claim Number: 16WC08903K

16WC08903K	ARANGO, JULIO	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PETERSON E.S.	11/14/2016	11/14/2016	Open	1,945.99	243.00	0.00	0.00	0.00	0.00	0.00	2,188.99
INSTALLING WOODEN SHELVES LIFTED SHELF OVER RAILING FELT POP IN L				554.01	2.00	0.00	0.00	0.00	0.00	0.00	556.01
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				1,945.99	243.00	0.00	0.00	0.00	0.00	0.00	2,188.99
				554.01	2.00	0.00	0.00	0.00	0.00	0.00	556.01

Claim Number: 16WC08904K

16WC08904K	ALTAMURA, VINCENZA	11		408.64	243.00	0.00	0.00	0.00	0.00	0.00	651.64
ADMINISTRATOR BLDG	11/9/2016	11/14/2016	12/21/2016	408.64	243.00	0.00	0.00	0.00	0.00	0.00	651.64
WALKING IN HALLWAY SLIPPED AND FELL TWISTING R FOOT				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				408.64	243.00	0.00	0.00	0.00	0.00	0.00	651.64
				408.64	243.00	0.00	0.00	0.00	0.00	0.00	651.64
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08905V





NEW CLAIMS

November 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: 16WC08905V

16WC08905V	SERAFIN, GALE	11		2,500.00	243.00	0.00	0.00	0.00	0.00	0.00	2,743.00
DEPT OF TRANSPORTATION	11/14/2016	11/14/2016	Reopened	2,143.79	243.00	0.00	0.00	0.00	0.00	0.00	2,386.79
CLMT WAS STATIONED IN FRONT OF MIDDLE SCHOOL GETTING READY FOR I				356.21	0.00	0.00	0.00	0.00	0.00	0.00	356.21
Total by Claim Number 1 Claim				2,500.00	243.00	0.00	0.00	0.00	0.00	0.00	2,743.00
				2,143.79	243.00	0.00	0.00	0.00	0.00	0.00	2,386.79
				356.21	0.00	0.00	0.00	0.00	0.00	0.00	356.21

Claim Number: 16WC08906Y

16WC08906Y	HOFFMAN, JAMES	11		272.80	243.00	0.00	0.00	0.00	0.00	0.00	515.80
TRANSPORTATION DEPT	11/14/2016	11/14/2016	12/29/2016	272.80	243.00	0.00	0.00	0.00	0.00	0.00	515.80
CLMT WAS WALKING TO BUS WHEN HE TRIPPED AND FELL OVER A WATER 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: 16WC08907G

16WC08907G	RAMOS, MARIA	10		1,732.41	1,193.00	1,895.76	0.00	0.00	0.00	0.00	4,821.17
HILLSBOROUGH ES	11/8/2016	11/8/2016	2/21/2017	1,732.41	1,193.00	1,895.76	0.00	0.00	0.00	0.00	4,821.17
MOVING A 1/2 RACK OF CHAIRS SHE SPRAINED HER LT HIP, LOWER BACK GC				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,732.41	1,193.00	1,895.76	0.00	0.00	0.00	0.00	4,821.17
				1,732.41	1,193.00	1,895.76	0.00	0.00	0.00	0.00	4,821.17
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08908V





NEW CLAIMS

November 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: 16WC08908V

16WC08908V	CURRAN, MARISA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
DEPT OF TRANSPORTATION	11/14/2016	11/14/2016	Open	2,002.17	243.00	0.00	0.00	0.00	0.00	0.00	2,245.17
WAITING TO START THE NEXT BUS RUN WHILE PARKED AT MIDDLE SCHOOL				497.83	2.00	0.00	0.00	0.00	0.00	0.00	499.83
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				2,002.17	243.00	0.00	0.00	0.00	0.00	0.00	2,245.17
				497.83	2.00	0.00	0.00	0.00	0.00	0.00	499.83

Claim Number: 16WC08909W

16WC08909W	GALLAGHER, LISA	11		439.81	243.00	0.00	0.00	0.00	0.00	0.00	682.81
VAN DERVEER ES	11/14/2016	11/14/2016	1/12/2017	439.81	243.00	0.00	0.00	0.00	0.00	0.00	682.81
A SPEC ED STUDENT WAS HAVING A BEHAVIORAL ISSUE IN THE CLASSROOM				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				439.81	243.00	0.00	0.00	0.00	0.00	0.00	682.81
				439.81	243.00	0.00	0.00	0.00	0.00	0.00	682.81
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08910I

16WC08910I	DOBBS, SHARON	11		985.12	243.00	0.00	0.00	0.00	0.00	0.00	1,228.12
MAYS LANDING CAMPUS	11/1/2016	11/1/2016	2/15/2017	985.12	243.00	0.00	0.00	0.00	0.00	0.00	1,228.12
CHANGING A STUDENT'S UNDER GARMENTS SHE TWISTED HER RT WRIST				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				985.12	243.00	0.00	0.00	0.00	0.00	0.00	1,228.12
				985.12	243.00	0.00	0.00	0.00	0.00	0.00	1,228.12
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08911K





NEW CLAIMS

November 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: 16WC08911K

16WC08911K	GUIDO, ROSEMARIE	11		640.00	243.00	0.00	0.00	0.00	0.00	883.00
HENRY B. MILNES E.S.	11/14/2016	11/14/2016	2/10/2017	640.00	243.00	0.00	0.00	0.00	0.00	883.00
CLMT WAS PUSHING A STUDENT IN A WHEELCHAIR TO LUNCH FELT PAIN IN L				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				640.00	243.00	0.00	0.00	0.00	0.00	883.00
				640.00	243.00	0.00	0.00	0.00	0.00	883.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08912V

16WC08912V	RUCKERT, LESLIE	11		2,142.56	243.00	0.00	0.00	0.00	0.00	2,385.56
DEPT OF TRANSPORTATION	11/14/2016	11/14/2016	2/28/2017	2,142.56	243.00	0.00	0.00	0.00	0.00	2,385.56
CLMT WAS IN CO-WORKERS BUS GETTING READY TO GO ON NEXT RUN WHE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				2,142.56	243.00	0.00	0.00	0.00	0.00	2,385.56
				2,142.56	243.00	0.00	0.00	0.00	0.00	2,385.56
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08913K

16WC08913K	HARVIE, MADLYN	11		45.88	243.00	0.00	0.00	0.00	0.00	288.88
WOODROW WILSON SCHOOL	11/14/2016	11/15/2016	1/10/2017	45.88	243.00	0.00	0.00	0.00	0.00	288.88
SPEC ED STUDENT ATTEMPTING TO LEAVE THE LIBRARY TRYING BRING STU				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				45.88	243.00	0.00	0.00	0.00	0.00	288.88
				45.88	243.00	0.00	0.00	0.00	0.00	288.88
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08914B





NEW CLAIMS

November 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: 16WC08914B

16WC08914B	HARRISON, DONNA	11		160.00	243.00	0.00	0.00	0.00	0.00	403.00
MARY F JANVIER E.S.	11/15/2016	11/15/2016	1/19/2017	160.00	243.00	0.00	0.00	0.00	0.00	403.00
STANDING ON A ROLLER CHAIR TO HANG UP DECORATIONS SHE FELL INJUR				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				160.00	243.00	0.00	0.00	0.00	0.00	403.00
				160.00	243.00	0.00	0.00	0.00	0.00	403.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08915C

16WC08915C	DESOPO, CARMINE	10		11,500.00	1,193.00	70,310.00	0.00	0.00	0.00	83,003.00
LUMBERTON CAMPUS	11/15/2016	11/15/2016	Open	4,794.64	1,193.00	9,332.15	0.00	0.00	0.00	15,319.79
TWO FIGHTING STUDENTS BUMPED INTO HER SHE FELL BANGED R SIDE OF				6,705.36	0.00	60,977.85	0.00	0.00	0.00	67,683.21
Total by Claim Number 1 Claim				11,500.00	1,193.00	70,310.00	0.00	0.00	0.00	83,003.00
				4,794.64	1,193.00	9,332.15	0.00	0.00	0.00	15,319.79
				6,705.36	0.00	60,977.85	0.00	0.00	0.00	67,683.21

Claim Number: 16WC08916Y

16WC08916Y	IVEY, NIKI	11		1,356.59	243.00	0.00	0.00	0.00	0.00	1,599.59
CROSSROADS M S	11/15/2016	11/15/2016	1/ 5/2017	1,356.59	243.00	0.00	0.00	0.00	0.00	1,599.59
ASSISTING AND PLAYING WITH STUDENT DURING GYM ACTIVITY WHEN STUC				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,356.59	243.00	0.00	0.00	0.00	0.00	1,599.59
				1,356.59	243.00	0.00	0.00	0.00	0.00	1,599.59
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08917K





NEW CLAIMS

November 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: 16WC08917K

16WC08917K	BREWER, STEVEN	11		204.33	243.00	0.00	0.00	0.00	0.00	0.00	447.33
NELLIE K PARKER	11/15/2016	11/15/2016	1/17/2017	204.33	243.00	0.00	0.00	0.00	0.00	0.00	447.33
WAS CLEANING RAIN DRAIN WHEN HE STRUCK HIS HEAD AGAINST THE HOOD				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				204.33	243.00	0.00	0.00	0.00	0.00	0.00	447.33
				204.33	243.00	0.00	0.00	0.00	0.00	0.00	447.33
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08919K

16WC08919K	HANLON, VICTORIA	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
H.W. MOUNTZ E.S.	11/15/2016	11/15/2016	12/15/2016	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
LAMINATED CARD FELL OUT OF FOLDER CAUSING THE CORNER OF CARD TO				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: 16WC08920K

16WC08920K	CLEMENTS, SARAH	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CHILD FAMILY CENTER ES	11/15/2016	11/15/2016	Reopened	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING ACROSS PARKING LOT TRIPPED OVER A STONE CAUSING HER TO				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: 16WC08921Y





NEW CLAIMS

November 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: 10 - WORKERS' COMPENSATION

Claim Number: 16WC08921Y

16WC08921Y	COLLINS, LAURIE	11	92.00	243.00	0.00	0.00	0.00	0.00	0.00	335.00
RYERSON E.S.	11/15/2016	11/15/2016	12/29/2016	92.00	243.00	0.00	0.00	0.00	0.00	335.00
STUDENT HAVING BEHAVIORAL ISSUE BEGAN TO CHOKE AND SCRATCH HER			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			92.00	243.00	0.00	0.00	0.00	0.00	0.00	335.00
			92.00	243.00	0.00	0.00	0.00	0.00	0.00	335.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08922G

16WC08922G	COWLING, STELLA	10	2,311.83	1,193.00	1,790.76	0.00	0.00	0.00	0.00	5,295.59
ADULT REGIONAL HS	11/14/2016	11/15/2016	2/28/2017	2,311.83	1,193.00	1,790.76	0.00	0.00	0.00	5,295.59
CLEANING BATHROOM STALLS WHEN STALL DOOR COLLAPSED INJURED BA			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			2,311.83	1,193.00	1,790.76	0.00	0.00	0.00	0.00	5,295.59
			2,311.83	1,193.00	1,790.76	0.00	0.00	0.00	0.00	5,295.59
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08923B

16WC08923B	MENSING, JENNIFER	11	225.00	243.00	0.00	0.00	0.00	0.00	0.00	468.00
RIDGE HS	11/15/2016	11/15/2016	12/29/2016	225.00	243.00	0.00	0.00	0.00	0.00	468.00
STUDENT HAVING BEHAVIORAL ISSUE BIT TOP OF HER L SHOULDER			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: 16WC08924K





NEW CLAIMS

November 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: 16WC08924K

16WC08924K	GENTILE, ARMANDO	11		2,100.84	243.00	0.00	0.00	0.00	0.00	2,343.84
HORANCE MANN NO. 9 ELEM.	11/14/2016	11/15/2016	3/ 7/2017	2,100.84	243.00	0.00	0.00	0.00	0.00	2,343.84
SLIPPED ON SOAP AND FELL WHILE MOPPING INJURED L SHOULDER ON SINI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				2,100.84	243.00	0.00	0.00	0.00	0.00	2,343.84
				2,100.84	243.00	0.00	0.00	0.00	0.00	2,343.84
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08925G

16WC08925G	CUMMINGS, BRYAN	11		9,000.00	245.00	41,573.36	0.00	0.00	3,500.00	54,318.36
LUMBERTON CAMPUS	11/15/2016	11/15/2016	Open	1,014.07	243.00	1,573.36	0.00	0.00	0.00	2,830.43
ESCORTING STUDENT DUE TO BEHAVIORAL ISSUE A STRUGGLE BETWEEN T				7,985.93	2.00	40,000.00	0.00	0.00	3,500.00	51,487.93
Total by Claim Number 1 Claim				9,000.00	245.00	41,573.36	0.00	0.00	3,500.00	54,318.36
				1,014.07	243.00	1,573.36	0.00	0.00	0.00	2,830.43
				7,985.93	2.00	40,000.00	0.00	0.00	3,500.00	51,487.93

Claim Number: 16WC08927K

16WC08927K	MCMASTER, HEATH	11		246.33	243.00	0.00	0.00	0.00	0.00	489.33
WILDWOOD HIGH SCHOOL	11/8/2016	11/15/2016	1/17/2017	246.33	243.00	0.00	0.00	0.00	0.00	489.33
MOVING PORTABLE SOUND SYSTEM IN GYM WITH HIS FOOT HE TWISTED HIS				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				246.33	243.00	0.00	0.00	0.00	0.00	489.33
				246.33	243.00	0.00	0.00	0.00	0.00	489.33
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08928W





NEW CLAIMS

November 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: 16WC08928W

16WC08928W	QUESADA, NATALIE	11	1,021.35	243.00	0.00	0.00	0.00	0.00	0.00	1,264.35
ROSEVILLE COMMUNITY CHARTER	11/8/2016	11/15/2016	2/28/2017	1,021.35	243.00	0.00	0.00	0.00	0.00	1,264.35
STUDENT RAN OUT OF CLASS STUDENT HUDDLED INTO CORNER TRIED TO F				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			1,021.35	243.00	0.00	0.00	0.00	0.00	0.00	1,264.35
			1,021.35	243.00	0.00	0.00	0.00	0.00	0.00	1,264.35
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08929W

16WC08929W	DUBOIS, KAREN	11	759.88	243.00	1,617.57	0.00	0.00	0.00	0.00	2,620.45
OLIVET ES	11/14/2016	11/15/2016	2/28/2017	759.88	243.00	1,617.57	0.00	0.00	0.00	2,620.45
WALKING DOWN STAIRS TRIPPED ON BOTTOM STEP AND FELL INJURED L FC				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			759.88	243.00	1,617.57	0.00	0.00	0.00	0.00	2,620.45
			759.88	243.00	1,617.57	0.00	0.00	0.00	0.00	2,620.45
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08930Y

16WC08930Y	BOWENS, MEGAN	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
BERKELEY ES	11/15/2016	11/15/2016	12/29/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
CARRYING WORK/PERSONAL ITEMS SLIPPED ON BOX OF BOOKS AND FELL IN				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: 16WC08931T





NEW CLAIMS

November 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	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Description of Loss	Status		Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC08931T

16WC08931T	NOLAN, SHARON	10	6,169.18	1,193.00	5,848.15	0.00	0.00	0.00	0.00	13,210.33
OLD BRIDGE HS	11/15/2016	11/15/2016	3/2/2017	6,169.18	1,193.00	5,848.15	0.00	0.00	0.00	13,210.33
SLIPPED IN WATER FROM RAIN AND FELL INJURED R LEG, HIP, ANKLE, KNEE,				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			6,169.18	1,193.00	5,848.15	0.00	0.00	0.00	0.00	13,210.33
			6,169.18	1,193.00	5,848.15	0.00	0.00	0.00	0.00	13,210.33
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08932K

16WC08932K	FERRELL, KATHLEEN	11	259.11	243.00	0.00	0.00	0.00	0.00	0.00	502.11
MARGARET C CLIFFORD ES	11/15/2016	11/15/2016	12/20/2016	259.11	243.00	0.00	0.00	0.00	0.00	502.11
STUDENT TOSSED A MAGNETIC CLIP ACROSS ROOM HITTING HER FACE/NOSE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			259.11	243.00	0.00	0.00	0.00	0.00	0.00	502.11
			259.11	243.00	0.00	0.00	0.00	0.00	0.00	502.11
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08933M

16WC08933M	MUHAMMAD, ABDUL ALEEM	11	6,000.00	245.00	7,500.00	0.00	0.00	0.00	0.00	13,745.00
ESSEX JR ACADEMY	11/15/2016	11/16/2016	Open	2,690.62	243.00	2,544.99	0.00	0.00	0.00	5,478.61
RESTRAINING STUDENT HAVING BEHAVIORAL ISSUE INJURED R HAND/POINT				3,309.38	2.00	4,955.01	0.00	0.00	0.00	8,266.39
Total by Claim Number 1 Claim			6,000.00	245.00	7,500.00	0.00	0.00	0.00	0.00	13,745.00
			2,690.62	243.00	2,544.99	0.00	0.00	0.00	0.00	5,478.61
			3,309.38	2.00	4,955.01	0.00	0.00	0.00	0.00	8,266.39

Claim Number: 16WC08934G





NEW CLAIMS

November 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: 16WC08934G

16WC08934G	LUGO, JOELLE	10		17,500.00	1,193.00	20,000.00	0.00	0.00	3,500.00	0.00	42,193.00
CLIFTON T BARKALOW E.S.	11/15/2016	11/16/2016	Open	3,272.10	1,193.00	4,230.58	0.00	0.00	0.00	0.00	8,695.68
STUDENT HAVING BEHAVIORAL ISSUE STRUCK HER USING FIST ON L SIDE O				14,227.90	0.00	15,769.42	0.00	0.00	3,500.00	0.00	33,497.32
Total by Claim Number 1 Claim				17,500.00	1,193.00	20,000.00	0.00	0.00	3,500.00	0.00	42,193.00
				3,272.10	1,193.00	4,230.58	0.00	0.00	0.00	0.00	8,695.68
				14,227.90	0.00	15,769.42	0.00	0.00	3,500.00	0.00	33,497.32

Claim Number: 16WC08935Y

16WC08935Y	HALDEN, LILLIAN	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ROSA INTERNATIONAL MS	11/15/2016	11/16/2016	12/12/2016	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
HANDING STUDENTS CARDBOARD DIVIDERS SHE DROPPED A DIVIDER TRIPP				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: 16WC08936K

16WC08936K	PIGOTT, REBECCA	11		121.14	243.00	0.00	0.00	0.00	0.00	0.00	364.14
PORT MONMOUTH ROAD ES	11/16/2016	11/16/2016	12/27/2016	121.14	243.00	0.00	0.00	0.00	0.00	0.00	364.14
STUDENT HAVING BEHAVIORAL ISSUE BIT R FOREARM				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				121.14	243.00	0.00	0.00	0.00	0.00	0.00	364.14
				121.14	243.00	0.00	0.00	0.00	0.00	0.00	364.14
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08937B





NEW CLAIMS

November 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: 10 - WORKERS' COMPENSATION

Claim Number: 16WC08937B

16WC08937B	ABURAS, MUHSEN	11		171.00	243.00	0.00	0.00	0.00	0.00	0.00	414.00
WAYNE HILLS H.S.	11/13/2016	11/16/2016	12/27/2016	171.00	243.00	0.00	0.00	0.00	0.00	0.00	414.00
DUMPING WOOD AND GARBAGE OUT WHEN HE STEPPED ON PERTRUDING N				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				171.00	243.00	0.00	0.00	0.00	0.00	0.00	414.00
				171.00	243.00	0.00	0.00	0.00	0.00	0.00	414.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08938M

16WC08938M	MCGRANE, NICKI	10		5,000.00	1,193.00	35,000.00	0.00	0.00	2,500.00	0.00	43,693.00
WASHINGTON PARK ES	11/16/2016	11/16/2016	Open	1,925.25	1,193.00	1,493.10	0.00	0.00	0.00	0.00	4,611.35
BACKING UP SHE TRIPPED OVER A POCKET CHART ON THE FLOOR FELL INJ				3,074.75	0.00	33,506.90	0.00	0.00	2,500.00	0.00	39,081.65
Total by Claim Number 1 Claim				5,000.00	1,193.00	35,000.00	0.00	0.00	2,500.00	0.00	43,693.00
				1,925.25	1,193.00	1,493.10	0.00	0.00	0.00	0.00	4,611.35
				3,074.75	0.00	33,506.90	0.00	0.00	2,500.00	0.00	39,081.65

Claim Number: 16WC08939G

16WC08939G	GOLDRICK, WILLIAM	10		42,500.00	1,193.00	60,000.00	0.00	0.00	0.00	0.00	103,693.00
MARKHAM PLACE E.S.	11/15/2016	11/16/2016	Open	22,281.75	1,193.00	2,589.36	0.00	0.00	0.00	0.00	26,064.11
MOPPING FLOOR SLIPPED AND FELL INJURED L SHOULDER				20,218.25	0.00	57,410.64	0.00	0.00	0.00	0.00	77,628.89
Total by Claim Number 1 Claim				42,500.00	1,193.00	60,000.00	0.00	0.00	0.00	0.00	103,693.00
				22,281.75	1,193.00	2,589.36	0.00	0.00	0.00	0.00	26,064.11
				20,218.25	0.00	57,410.64	0.00	0.00	0.00	0.00	77,628.89

Claim Number: 16WC08940K





NEW CLAIMS

November 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: 16WC08940K

16WC08940K	BASEDOW, MARYBETH	11		467.34	243.00	0.00	0.00	0.00	0.00	0.00	710.34
ROOSEVELT E.S.	11/16/2016	11/16/2016	1/11/2017	467.34	243.00	0.00	0.00	0.00	0.00	0.00	710.34
ACCIDENTALLY CUT L MIDDLE FINGER WHILE USING PAPER CUTTER				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				467.34	243.00	0.00	0.00	0.00	0.00	0.00	710.34
				467.34	243.00	0.00	0.00	0.00	0.00	0.00	710.34
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08941K

16WC08941K	EVANS, MICHELE	11		234.64	243.00	0.00	0.00	0.00	0.00	0.00	477.64
GERALDINE FOSTER EARLY CHILD	11/16/2016	11/16/2016	12/29/2016	234.64	243.00	0.00	0.00	0.00	0.00	0.00	477.64
STUDENT HAVING BEHAVIORAL ISSUE BIT HER L HAND				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				234.64	243.00	0.00	0.00	0.00	0.00	0.00	477.64
				234.64	243.00	0.00	0.00	0.00	0.00	0.00	477.64
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08942K

16WC08942K	LOIHLE, DAVID	11		361.22	243.00	0.00	0.00	0.00	0.00	0.00	604.22
BLDG & GRDS	11/15/2016	11/16/2016	1/26/2017	361.22	243.00	0.00	0.00	0.00	0.00	0.00	604.22
SIZING A BELT FOR AN A/C UNIT WAS CLOSING SLIDING TRUCK DOOR IT BEC				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				361.22	243.00	0.00	0.00	0.00	0.00	0.00	604.22
				361.22	243.00	0.00	0.00	0.00	0.00	0.00	604.22
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08943T



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

November 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: 16WC08943T

16WC08943T	RAY, HELEN	10	27,500.00	1,193.00	40,890.00	0.00	0.00	0.00	0.00	69,583.00
NIXON ES	11/16/2016	11/16/2016	Open	3,364.29	1,193.00	0.00	0.00	0.00	0.00	4,557.29
WALKING IN SINGLE FILE LINE, TRIPPED AND FELL OVER A STUDENT INJUREI			24,135.71	0.00	40,890.00	0.00	0.00	0.00	0.00	65,025.71
Total by Claim Number 1 Claim			27,500.00	1,193.00	40,890.00	0.00	0.00	0.00	0.00	69,583.00
			3,364.29	1,193.00	0.00	0.00	0.00	0.00	0.00	4,557.29
			24,135.71	0.00	40,890.00	0.00	0.00	0.00	0.00	65,025.71

Claim Number: 16WC08944Y

16WC08944Y	EISENHAUER, MARK	11	340.00	243.00	0.00	0.00	0.00	0.00	0.00	583.00
MANCHESTER TWP. MS	11/15/2016	11/16/2016	12/29/2016	340.00	243.00	0.00	0.00	0.00	0.00	583.00
WAS RUNNING DOWN THE STAIRS WHEN HE BEGAN TO EXPERIENCE PAIN IN			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			340.00	243.00	0.00	0.00	0.00	0.00	0.00	583.00
			340.00	243.00	0.00	0.00	0.00	0.00	0.00	583.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08945K

16WC08945K	BEAL, SUSAN	11	268.03	243.00	0.00	0.00	0.00	0.00	0.00	511.03
LOWER ALLOWAYS CREEK ES	11/16/2016	11/16/2016	1/19/2017	268.03	243.00	0.00	0.00	0.00	0.00	511.03
PUSHING TABLE ON WHEELS, THE WHEELS BECAME WEDGED CAUSING TABI			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			268.03	243.00	0.00	0.00	0.00	0.00	0.00	511.03
			268.03	243.00	0.00	0.00	0.00	0.00	0.00	511.03
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08946K





NEW CLAIMS

November 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: 16WC08946K

16WC08946K	D'ANGELO, NINA	11		828.00	243.00	0.00	0.00	0.00	0.00	0.00	1,071.00
JUDD SCHOOL	11/16/2016	11/16/2016	2/10/2017	828.00	243.00	0.00	0.00	0.00	0.00	0.00	1,071.00
ESCORTING CHILD OUT OF CLASS, STUDENT STOPPED SUDDENLY TO PICK U				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				828.00	243.00	0.00	0.00	0.00	0.00	0.00	1,071.00
				828.00	243.00	0.00	0.00	0.00	0.00	0.00	1,071.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08947K

16WC08947K	VONUSTRUP, KATHERINE	11		105.21	243.00	0.00	0.00	0.00	0.00	0.00	348.21
DELAWARE VALLEY REG HS	11/16/2016	11/16/2016	12/21/2016	105.21	243.00	0.00	0.00	0.00	0.00	0.00	348.21
MOVING TABLES TO PUT AWAY STRUCK FOREHEAD AGAINST UPRIGHT TABL				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				105.21	243.00	0.00	0.00	0.00	0.00	0.00	348.21
				105.21	243.00	0.00	0.00	0.00	0.00	0.00	348.21
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08948W

16WC08948W	STELL, JENNIFER	11		292.75	243.00	0.00	0.00	0.00	0.00	0.00	535.75
WEST END ELEMENTARY	11/16/2016	11/16/2016	12/29/2016	292.75	243.00	0.00	0.00	0.00	0.00	0.00	535.75
STUDENT HAVING BEHAVIORAL ISSUE PUSHED HER SHE FELL INJURED R WF				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				292.75	243.00	0.00	0.00	0.00	0.00	0.00	535.75
				292.75	243.00	0.00	0.00	0.00	0.00	0.00	535.75
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08949B





NEW CLAIMS

November 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: 16WC08949B

16WC08949B	MARRON, MAUREEN	11		595.69	243.00	682.97	0.00	0.00	0.00	0.00	1,521.66
NEW MONMOUTH ES	11/16/2016	11/16/2016	2/7/2017	595.69	243.00	682.97	0.00	0.00	0.00	0.00	1,521.66
HAVING BEHAVIORAL ISSUE CLIMBED ON TOP OF DESK HELPING STUDENT C				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				595.69	243.00	682.97	0.00	0.00	0.00	0.00	1,521.66
				595.69	243.00	682.97	0.00	0.00	0.00	0.00	1,521.66
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08950K

16WC08950K	FLINN, KAITLIN	11		4,650.41	243.00	1,368.71	0.00	0.00	0.00	0.00	6,262.12
ADMIN OFFICES	11/16/2016	11/16/2016	2/23/2017	4,650.41	243.00	1,368.71	0.00	0.00	0.00	0.00	6,262.12
STUDENT HAVING BEHAVIORAL ISSUE STRUCK HER ON HEAD				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				4,650.41	243.00	1,368.71	0.00	0.00	0.00	0.00	6,262.12
				4,650.41	243.00	1,368.71	0.00	0.00	0.00	0.00	6,262.12
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08951M

16WC08951M	NGUYEN, ANGELINA	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
PERTH AMBOY H.S.	11/4/2016	11/16/2016	12/30/2016	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WAS RUNNING TO RETRIEVE A STUDENTS MEDICATION WHEN SHE STRAINED				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: 16WC08952Y





NEW CLAIMS

November 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: 16WC08952Y

16WC08952Y	OGUNNOIKI, SEAN	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
TEAM ACADEMY CHARTER BOE	11/14/2016	11/16/2016	1/12/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WALKING INTO OFFICE CEILING TILES FELL ON HIS HEAD/NECK				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: 16WC08953W

16WC08953W	CRUZ, ELVIO	11		517.53	243.00	0.00	0.00	0.00	0.00	760.53
ADMINISTRATION BLDG	11/15/2016	11/17/2016	1/24/2017	517.53	243.00	0.00	0.00	0.00	0.00	760.53
CARRYING CABINETS INTO GYM SLIPPED ON WET FLOOR CAUSING HIM TO L				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				517.53	243.00	0.00	0.00	0.00	0.00	760.53
				517.53	243.00	0.00	0.00	0.00	0.00	760.53
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08954K

16WC08954K	VANNORTWICK, TRACY	11		3,269.52	243.00	0.00	0.00	0.00	0.00	3,512.52
CEDAR CREEK E.S.	11/16/2016	11/17/2016	3/ 9/2017	3,269.52	243.00	0.00	0.00	0.00	0.00	3,512.52
STUDENT HAVING A BEHAVIORAL ISSUE STRUCK USING FIST ON R SIDE OF E				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				3,269.52	243.00	0.00	0.00	0.00	0.00	3,512.52
				3,269.52	243.00	0.00	0.00	0.00	0.00	3,512.52
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08956Y





NEW CLAIMS

November 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: 16WC08956Y

16WC08956Y	WESTERWELLER, ELIZABETH	11	155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
SOUTH RIVER MIDDLE SCHOOL	11/17/2016	11/17/2016	12/29/2016	155.23	243.00	0.00	0.00	0.00	0.00	398.23
RETRIEVEING A PENCIL FROM THE FLOOR SHE ACCIDENTALLY STRUCK L SIE			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
			155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08958K

16WC08958K	LOPEZ, CECILIA	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WASHINGTON SCHOOL	11/14/2016	11/17/2016	12/19/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
CLEANING UP LEAVES PLACING THEM IN GARBAGE BAG WAS BITTEN BY UNK			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: 16WC08959K

16WC08959K	MILLER-ALLEN, STEPHENNI	11	170.33	243.00	0.00	0.00	0.00	0.00	0.00	413.33
MARION P THOMAS CHARTER SCH	11/15/2016	11/17/2016	12/21/2016	170.33	243.00	0.00	0.00	0.00	0.00	413.33
SEPARATING A FIGHT BETWEEN STUDENTS WHEN A STUDENT BECAME UPSI			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			170.33	243.00	0.00	0.00	0.00	0.00	0.00	413.33
			170.33	243.00	0.00	0.00	0.00	0.00	0.00	413.33
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08960K





NEW CLAIMS

November 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: 16WC08960K

16WC08960K	BATES, ZACHERY	11		3,360.26	245.00	0.00	0.00	0.00	0.00	0.00	3,605.26
BANKBRIDGE REG DEVELOPMENT	11/16/2016	11/17/2016	Open	3,360.26	243.00	0.00	0.00	0.00	0.00	0.00	3,603.26
BLOCKING STUDENT TRYING TO LEAVE CLASSROOM R SHOULDER HYPEREX				0.00	2.00	0.00	0.00	0.00	0.00	0.00	2.00
Total by Claim Number 1 Claim				3,360.26	245.00	0.00	0.00	0.00	0.00	0.00	3,605.26
				3,360.26	243.00	0.00	0.00	0.00	0.00	0.00	3,603.26
				0.00	2.00	0.00	0.00	0.00	0.00	0.00	2.00

Claim Number: 16WC08961Y

16WC08961Y	CAMPBELL, ANTHONY	11		259.30	243.00	0.00	0.00	0.00	0.00	0.00	502.30
MADISON SCHOOL	11/17/2016	11/17/2016	1/ 3/2017	259.30	243.00	0.00	0.00	0.00	0.00	0.00	502.30
CUSTODIAN CLOSET DUMPING CLOTHES OUT OF BARREL, STRAINED HIS LO'				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				259.30	243.00	0.00	0.00	0.00	0.00	0.00	502.30
				259.30	243.00	0.00	0.00	0.00	0.00	0.00	502.30
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08962Z

16WC08962Z	MONTGOMERY, PATRICIA	10		5,000.00	1,193.00	2,000.00	0.00	0.00	0.00	0.00	8,193.00
HUGH J BOYD JR ES	11/17/2016	11/17/2016	Open	2,093.54	1,193.00	828.57	0.00	0.00	0.00	0.00	4,115.11
LIFTING COOLER DOOR R HAND FINGERS BECAME WEDGED ON HANDLE				2,906.46	0.00	1,171.43	0.00	0.00	0.00	0.00	4,077.89
Total by Claim Number 1 Claim				5,000.00	1,193.00	2,000.00	0.00	0.00	0.00	0.00	8,193.00
				2,093.54	1,193.00	828.57	0.00	0.00	0.00	0.00	4,115.11
				2,906.46	0.00	1,171.43	0.00	0.00	0.00	0.00	4,077.89

Claim Number: 16WC08963Z



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NEW CLAIMS

November 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: 16WC08963Z

16WC08963Z	GOMEZ, MICHELLE	10		10,000.00	1,193.00	11,000.00	0.00	0.00	0.00	0.00	22,193.00
NO. 1 PROSPECT PARK ES	11/15/2016	11/17/2016	Open	1,934.47	1,193.00	5,972.57	0.00	0.00	0.00	0.00	9,100.04
SLIPPED ON WET FLOOR AND FELL DUE TO RAIN INJURED R ANKLE, BOTH KI				8,065.53	0.00	5,027.43	0.00	0.00	0.00	0.00	13,092.96
Total by Claim Number 1 Claim				10,000.00	1,193.00	11,000.00	0.00	0.00	0.00	0.00	22,193.00
				1,934.47	1,193.00	5,972.57	0.00	0.00	0.00	0.00	9,100.04
				8,065.53	0.00	5,027.43	0.00	0.00	0.00	0.00	13,092.96

Claim Number: 16WC08964C

16WC08964C	KESSLER, MARY	15		8,200.00	371.00	37,722.85	0.00	0.00	0.00	0.00	46,293.85
ERNEST J FINIZIO - ALDENE E.S.	11/17/2016	11/17/2016	Open	3,048.06	371.00	904.54	0.00	0.00	0.00	0.00	4,323.60
RESTRAINING STUDENT HAVING BEHAVIORAL ISSUE STUDENT KICKED L SIDI				5,151.94	0.00	36,818.31	0.00	0.00	0.00	0.00	41,970.25
Total by Claim Number 1 Claim				8,200.00	371.00	37,722.85	0.00	0.00	0.00	0.00	46,293.85
				3,048.06	371.00	904.54	0.00	0.00	0.00	0.00	4,323.60
				5,151.94	0.00	36,818.31	0.00	0.00	0.00	0.00	41,970.25

Claim Number: 16WC08965J

16WC08965J	STAUDT, JESSICA	11		2,776.02	243.00	0.00	0.00	0.00	0.00	0.00	3,019.02
BRIDGEWATER-RARITAN M S	11/16/2016	11/17/2016	3/ 2/2017	2,776.02	243.00	0.00	0.00	0.00	0.00	0.00	3,019.02
STUDENT HAVING BEHAVIORAL ISSUE LAID ON FLOOR PICKED UP STUDENT				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				2,776.02	243.00	0.00	0.00	0.00	0.00	0.00	3,019.02
				2,776.02	243.00	0.00	0.00	0.00	0.00	0.00	3,019.02
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08966Y





NEW CLAIMS

November 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: 16WC08966Y

16WC08966Y	OGUNNOIKI, SEAN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
TEAM ACADEMY CHARTER BOE	11/17/2016	11/17/2016	Open	1,940.87	243.00	0.00	0.00	0.00	0.00	0.00	2,183.87
SLIPPED IN WATER AND FELL INJURED R KNEE				559.13	2.00	0.00	0.00	0.00	0.00	0.00	561.13
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				1,940.87	243.00	0.00	0.00	0.00	0.00	0.00	2,183.87
				559.13	2.00	0.00	0.00	0.00	0.00	0.00	561.13

Claim Number: 16WC08968W

16WC08968W	ORTAL, ASHLEY	11		170.00	243.00	0.00	0.00	0.00	0.00	0.00	413.00
SCHOOL #5 ES	11/16/2016	11/17/2016	1/31/2017	170.00	243.00	0.00	0.00	0.00	0.00	0.00	413.00
WALKING HOLDING STUDENTS HAND STUDENT DROPPED TO GROUND SHE F				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				170.00	243.00	0.00	0.00	0.00	0.00	0.00	413.00
				170.00	243.00	0.00	0.00	0.00	0.00	0.00	413.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08969K

16WC08969K	MEGILL, LINDA	11		256.12	243.00	0.00	0.00	0.00	0.00	0.00	499.12
FORREST DALE MS	11/15/2016	11/17/2016	1/12/2017	256.12	243.00	0.00	0.00	0.00	0.00	0.00	499.12
TWISTED HER R KNEE TRYING TO AVOID FALLING OVER A STUDENT GETTING				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				256.12	243.00	0.00	0.00	0.00	0.00	0.00	499.12
				256.12	243.00	0.00	0.00	0.00	0.00	0.00	499.12
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08970B





NEW CLAIMS

November 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: 16WC08970B

16WC08970B	MILLER, ALYSSA	11		499.71	243.00	0.00	0.00	0.00	0.00	0.00	742.71
NEW MONMOUTH ES	11/17/2016	11/17/2016	1/19/2017	499.71	243.00	0.00	0.00	0.00	0.00	0.00	742.71
REMOVING LEGS FROM THE LEGO WALL THAT WERE STUCK USING A SMALL				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				499.71	243.00	0.00	0.00	0.00	0.00	0.00	742.71
				499.71	243.00	0.00	0.00	0.00	0.00	0.00	742.71
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08971Y

16WC08971Y	BUNBURY, MELISSA	11		1,353.15	243.00	0.00	0.00	0.00	0.00	0.00	1,596.15
JEFFERSON SCHOOL	11/17/2016	11/17/2016	2/17/2017	1,353.15	243.00	0.00	0.00	0.00	0.00	0.00	1,596.15
WALKING IN HALLWAY SLIPPED ON WET FLOOR INJURED R ANKLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,353.15	243.00	0.00	0.00	0.00	0.00	0.00	1,596.15
				1,353.15	243.00	0.00	0.00	0.00	0.00	0.00	1,596.15
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08973W

16WC08973W	FISH, LAURIE	11		225.92	243.00	0.00	0.00	0.00	0.00	0.00	468.92
BAYSHORE MS	11/16/2016	11/17/2016	1/24/2017	225.92	243.00	0.00	0.00	0.00	0.00	0.00	468.92
ASSISTING TEACHER RESTRAINING STUDENT HAVING AN ISSUE STUDENT IN				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				225.92	243.00	0.00	0.00	0.00	0.00	0.00	468.92
				225.92	243.00	0.00	0.00	0.00	0.00	0.00	468.92
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08974K





NEW CLAIMS

November 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: 16WC08974K

16WC08974K	FRAZIER, PAMELA	11		112.79	243.00	0.00	0.00	0.00	0.00	355.79
MARION P THOMAS CHARTER SCH	11/15/2016	11/17/2016	1/12/2017	112.79	243.00	0.00	0.00	0.00	0.00	355.79
TWO STUDENTS IN ALTERCATION ATTEMPTED TO BREAK UP ELBOWED IN FA				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				112.79	243.00	0.00	0.00	0.00	0.00	355.79
				112.79	243.00	0.00	0.00	0.00	0.00	355.79
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08975K

16WC08975K	PAYNE, JADA	11		149.52	243.00	0.00	0.00	0.00	0.00	392.52
BRIGHT BEGINNINGS LEARNING CI	11/17/2016	11/17/2016	12/27/2016	149.52	243.00	0.00	0.00	0.00	0.00	392.52
PROMPTING STUDENT TO HIT THE BEACH BALL WAS SRUCK IN R EYE BY BAL				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				149.52	243.00	0.00	0.00	0.00	0.00	392.52
				149.52	243.00	0.00	0.00	0.00	0.00	392.52
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08976B

16WC08976B	BURTENSHAW, DAVID	11		391.25	243.00	0.00	0.00	0.00	0.00	634.25
CROSSROADS M S	11/17/2016	11/17/2016	1/19/2017	391.25	243.00	0.00	0.00	0.00	0.00	634.25
WHEELING A 55LB BARRELL WITH EMPTY CANS WHEELS BECAME STUCK HE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				391.25	243.00	0.00	0.00	0.00	0.00	634.25
				391.25	243.00	0.00	0.00	0.00	0.00	634.25
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08978C



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NEW CLAIMS

November 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: 16WC08978C

16WC08978C	TANDY, JENNIFER	15	9,496.67	245.00	38,663.17	0.00	0.00	2,500.00	0.00	50,904.84
P.J. HILL SCHOOL	11/17/2016	11/17/2016	Open	1,956.97	243.00	2,488.57	0.00	0.00	0.00	4,688.54
RESTRAINING A STUDENT, STUDENT KICKED HER RT KNEE MULTIPLE TIMES				7,539.70	2.00	36,174.60	0.00	2,500.00	0.00	46,216.30
Total by Claim Number 1 Claim				9,496.67	245.00	38,663.17	0.00	2,500.00	0.00	50,904.84
				1,956.97	243.00	2,488.57	0.00	0.00	0.00	4,688.54
				7,539.70	2.00	36,174.60	0.00	2,500.00	0.00	46,216.30

Claim Number: 16WC08979R

16WC08979R	KAZAR, ELLEN	10	50,000.00	1,193.00	13,379.72	0.00	0.00	0.00	0.00	64,572.72
BROOKS CROSSING	11/17/2016	11/18/2016	Open	20,040.23	1,193.00	5,723.72	0.00	0.00	0.00	26,956.95
TRIPPED ON LANDING INJURED R SHOULDER RACTURE HUMERUS WALKING				29,959.77	0.00	7,656.00	0.00	0.00	0.00	37,615.77
Total by Claim Number 1 Claim				50,000.00	1,193.00	13,379.72	0.00	0.00	0.00	64,572.72
				20,040.23	1,193.00	5,723.72	0.00	0.00	0.00	26,956.95
				29,959.77	0.00	7,656.00	0.00	0.00	0.00	37,615.77

Claim Number: 16WC08980K

16WC08980K	ROSEL, ANITA	11	1,382.50	243.00	0.00	0.00	0.00	0.00	0.00	1,625.50
THOMAS EDISON SCHOOL	11/17/2016	11/18/2016	2/14/2017	1,382.50	243.00	0.00	0.00	0.00	0.00	1,625.50
CLMT WAS WALKING A STUDENT DOWN THE STEPS WHEN SHE FELL DOWN 1				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,382.50	243.00	0.00	0.00	0.00	0.00	1,625.50
				1,382.50	243.00	0.00	0.00	0.00	0.00	1,625.50
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08981K





NEW CLAIMS

November 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: 16WC08981K

16WC08981K	COLER, CYNTHIA	11		683.76	243.00	0.00	0.00	0.00	0.00	926.76
SCHOOL 6	11/18/2016	11/18/2016	2/14/2017	683.76	243.00	0.00	0.00	0.00	0.00	926.76
OPENED A WINDOW, LATCH WAS BROKEN CAUSING THE WINDOW TO FALL O				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				683.76	243.00	0.00	0.00	0.00	0.00	926.76
				683.76	243.00	0.00	0.00	0.00	0.00	926.76
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08982B

16WC08982B	SASSMAN, CAROL	11		35.01	243.00	0.00	0.00	0.00	0.00	278.01
SOUTH HUNTERDON REGIONAL HS	11/18/2016	11/18/2016	12/27/2016	35.01	243.00	0.00	0.00	0.00	0.00	278.01
TRYING TO CATCH A BOOK THAT WAS FALLING, SHE STRUCK HER LT FOOT C				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				35.01	243.00	0.00	0.00	0.00	0.00	278.01
				35.01	243.00	0.00	0.00	0.00	0.00	278.01
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08983K

16WC08983K	GOTTO, GYNISE	11		465.43	243.00	0.00	0.00	0.00	0.00	708.43
MARIA L. VARISCO-ROGERS CHAR	11/18/2016	11/18/2016	12/29/2016	465.43	243.00	0.00	0.00	0.00	0.00	708.43
GOING DOWN THE STEPS IN THE HALLWAY MISSED A STEP FELL INJ LT FOOT				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				465.43	243.00	0.00	0.00	0.00	0.00	708.43
				465.43	243.00	0.00	0.00	0.00	0.00	708.43
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08984K





NEW CLAIMS

November 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: 16WC08984K

16WC08984K	SHEELS, MARISA	11		160.00	243.00	0.00	0.00	0.00	0.00	403.00
B. BERNICE YOUNG ES	11/17/2016	11/18/2016	12/20/2016	160.00	243.00	0.00	0.00	0.00	0.00	403.00
WHILE IN CLASSROOM STEPPING BACK FROM COMPUTER DESK TRIPPED OV				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				160.00	243.00	0.00	0.00	0.00	0.00	403.00
				160.00	243.00	0.00	0.00	0.00	0.00	403.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08985B

16WC08985B	MELCHOR, JULIE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
CENTRAL FIVE-JEFFERSON ES (U	11/18/2016	11/18/2016	Open	1,760.79	243.00	0.00	0.00	0.00	0.00	2,003.79
GOING DOWN THE STAIRS TWISTED LT ANKLE & TRIPPED OVER 2 STEPS INJ				739.21	2.00	0.00	0.00	0.00	0.00	741.21
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				1,760.79	243.00	0.00	0.00	0.00	0.00	2,003.79
				739.21	2.00	0.00	0.00	0.00	0.00	741.21

Claim Number: 16WC08986Y

16WC08986Y	HOLLOWAY, GARY	11		160.00	243.00	0.00	0.00	0.00	0.00	403.00
BURLINGTON CO SPEC SER SCH V	11/18/2016	11/18/2016	12/29/2016	160.00	243.00	0.00	0.00	0.00	0.00	403.00
STUDENT HAVING A BEHAVIORAL STRUCK HIM ON HIS RT EYE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				160.00	243.00	0.00	0.00	0.00	0.00	403.00
				160.00	243.00	0.00	0.00	0.00	0.00	403.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08987T





NEW CLAIMS

November 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: 16WC08987T

16WC08987T	CASSIDY, MARY ANN	11	0.00	243.00	47,664.00	0.00	0.00	2,000.00	0.00	49,907.00
WOODROW WILSON SCHOOL	11/18/2016	11/18/2016	Reopened	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SPEC STUDENT HAD A BEHAVIORAL OUTBURST AND AGGRESSIVELY PULLED				0.00	0.00	47,664.00	0.00	0.00	2,000.00	49,664.00
Total by Claim Number 1 Claim			0.00	243.00	47,664.00	0.00	0.00	2,000.00	0.00	49,907.00
			0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
			0.00	0.00	47,664.00	0.00	0.00	2,000.00	0.00	49,664.00

Claim Number: 16WC08988B

16WC08988B	MORRIS, JERMAINE	11	115.18	243.00	0.00	0.00	0.00	0.00	0.00	358.18
MAYS LANDING CAMPUS	11/18/2016	11/18/2016	12/29/2016	115.18	243.00	0.00	0.00	0.00	0.00	358.18
STUDENT JOKING AROUND WITH LASER LIGHT FLASHED IT INTO HER R EYE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			115.18	243.00	0.00	0.00	0.00	0.00	0.00	358.18
			115.18	243.00	0.00	0.00	0.00	0.00	0.00	358.18
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08989Y

16WC08989Y	TATELBAUM, BARRY	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
W CALDWELL V.S.	11/17/2016	11/18/2016	1/13/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WORKING ON CART BEGAN TO FEEL SORENESS SWELLING IN R FOREARM FI				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: 16WC08991K





NEW CLAIMS

November 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: 16WC08991K

16WC08991K	CARTER, SHAVONNE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
GREGORY SCHOOL (NEW)	11/18/2016	11/18/2016	Open	836.63	243.00	0.00	0.00	0.00	0.00	0.00	1,079.63
WHILE WALKING FROM BLACK TOP TO SCHOOL HOLDING A SPEC ED STUDEN				1,663.37	2.00	0.00	0.00	0.00	0.00	0.00	1,665.37
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				836.63	243.00	0.00	0.00	0.00	0.00	0.00	1,079.63
				1,663.37	2.00	0.00	0.00	0.00	0.00	0.00	1,665.37

Claim Number: 16WC08992Y

16WC08992Y	WILLIAMS, TAMAR	11		713.61	243.00	430.86	0.00	0.00	0.00	0.00	1,387.47
CAPE MAY CTY SPEC SERVICES H	11/18/2016	11/18/2016	2/23/2017	713.61	243.00	430.86	0.00	0.00	0.00	0.00	1,387.47
SITTING WITH A STUDENT ON A SCOOTER IN THE GYM DURING GYM CLASS F				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				713.61	243.00	430.86	0.00	0.00	0.00	0.00	1,387.47
				713.61	243.00	430.86	0.00	0.00	0.00	0.00	1,387.47
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08993K

16WC08993K	BERBERICH, KEVIN	11		375.78	243.00	0.00	0.00	0.00	0.00	0.00	618.78
HACKENSACK HS	11/18/2016	11/18/2016	1/17/2017	375.78	243.00	0.00	0.00	0.00	0.00	0.00	618.78
REMOVING CENTER POST OFF DOORWAY LOST HANDLING WHEN DOOR STR				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				375.78	243.00	0.00	0.00	0.00	0.00	0.00	618.78
				375.78	243.00	0.00	0.00	0.00	0.00	0.00	618.78
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08994K





NEW CLAIMS

November 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: 16WC08994K

16WC08994K	SPARANO, THOMAS	11	110.00	243.00	0.00	0.00	0.00	0.00	0.00	353.00
WARREN DEVELOP. LEARNING CTI	11/18/2016	11/18/2016	12/21/2016	110.00	243.00	0.00	0.00	0.00	0.00	353.00
WORKING WITH STUDENT WHO HAD BEHAVIORAL ISSUE POKED HIM IN R EYE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			110.00	243.00	0.00	0.00	0.00	0.00	0.00	353.00
			110.00	243.00	0.00	0.00	0.00	0.00	0.00	353.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08995K

16WC08995K	GARCIA, ELEAZER	11	873.52	243.00	0.00	0.00	0.00	0.00	0.00	1,116.52
JOHNSON PARK ES	11/18/2016	11/18/2016	2/7/2017	873.52	243.00	0.00	0.00	0.00	0.00	1,116.52
PLAYING GAME WITH STUDENT, STUDENT THREW PLASTIC TOY HITTING HIS				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			873.52	243.00	0.00	0.00	0.00	0.00	0.00	1,116.52
			873.52	243.00	0.00	0.00	0.00	0.00	0.00	1,116.52
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08996P

16WC08996P	FERRIGNO, KAREN	10	40,000.00	1,193.00	34,265.00	0.00	0.00	2,500.00	0.00	77,958.00
HAMMONTON HS	11/14/2016	11/18/2016	Open	5,739.95	1,193.00	2,315.36	0.00	0.00	0.00	9,248.31
WAS THROWING AWAY HEAVY TRASH WHEN SHE FELT A POP IN R KNEE LIFT				34,260.05	0.00	31,949.64	0.00	2,500.00	0.00	68,709.69
Total by Claim Number 1 Claim			40,000.00	1,193.00	34,265.00	0.00	0.00	2,500.00	0.00	77,958.00
			5,739.95	1,193.00	2,315.36	0.00	0.00	0.00	0.00	9,248.31
			34,260.05	0.00	31,949.64	0.00	0.00	2,500.00	0.00	68,709.69

Claim Number: 16WC08997W





NEW CLAIMS

November 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: 16WC08997W

16WC08997W	GUERRA, JANET	11		1,171.45	243.00	0.00	0.00	0.00	0.00	0.00	1,414.45
DEPT OF TRANSPORTATION	11/18/2016	11/21/2016	3/2/2017	1,171.45	243.00	0.00	0.00	0.00	0.00	0.00	1,414.45
DRIVER CAME TO HARD STOP WHEN HE JERKED BODY AN STRUCK R RING F				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,171.45	243.00	0.00	0.00	0.00	0.00	0.00	1,414.45
				1,171.45	243.00	0.00	0.00	0.00	0.00	0.00	1,414.45
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08998Y

16WC08998Y	TOMAS, ABIGAIL	11		587.84	243.00	0.00	0.00	0.00	0.00	0.00	830.84
WARREN DEVELOP. LEARNING CTI	11/18/2016	11/18/2016	1/24/2017	587.84	243.00	0.00	0.00	0.00	0.00	0.00	830.84
STUDENT HAVING A BEHAVIORAL PUSHED HER INJURING HER LT LOWER LE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				587.84	243.00	0.00	0.00	0.00	0.00	0.00	830.84
				587.84	243.00	0.00	0.00	0.00	0.00	0.00	830.84
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC08999Y

16WC08999Y	RAWLS, BERNARD	14		3,167.00	0.00	0.00	0.00	0.00	0.00	0.00	3,167.00
HEYWOOD AVENUE SCHOOL	11/17/2016	11/21/2016	1/23/2017	3,167.00	0.00	0.00	0.00	0.00	0.00	0.00	3,167.00
GET UP FROM DESK, HIS FOOT CAUGHT IN WIRE HE STUMBLED INTO WHITE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				3,167.00	0.00	0.00	0.00	0.00	0.00	0.00	3,167.00
				3,167.00	0.00	0.00	0.00	0.00	0.00	0.00	3,167.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09000Y





NEW CLAIMS

November 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: 16WC09000Y

16WC09000Y	NAWROCKI, CAROL	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
NEWARK V.S.	11/21/2016	11/21/2016	12/27/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
LOST HER FOOTING AND FELL INJURED R HAND, HIP, SHOULDER, AND L KNE				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: 16WC09001W

16WC09001W	SELBY, PATRICIA	11		438.09	243.00	0.00	0.00	0.00	0.00	681.09
TERRILL MS	11/18/2016	11/21/2016	2/23/2017	438.09	243.00	0.00	0.00	0.00	0.00	681.09
WATCHING THE COURT IN GYM WAS STRUCK IN FACE BY BASKETBALL				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				438.09	243.00	0.00	0.00	0.00	0.00	681.09
				438.09	243.00	0.00	0.00	0.00	0.00	681.09
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09002B

16WC09002B	CHEUNG, KAM	11		1,449.17	243.00	0.00	0.00	0.00	0.00	1,692.17
PRINCETON HS	11/16/2016	11/21/2016	3/ 7/2017	1,449.17	243.00	0.00	0.00	0.00	0.00	1,692.17
ASSISTING PHYSICAL THERAPIST WITH LIFTING A STUDENT STRAINED UPPEI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,449.17	243.00	0.00	0.00	0.00	0.00	1,692.17
				1,449.17	243.00	0.00	0.00	0.00	0.00	1,692.17
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09003K





NEW CLAIMS

November 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: 16WC09003K

16WC09003K	FORD, CINDY	11		160.00	243.00	0.00	0.00	0.00	0.00	403.00
MEMORIAL HS	11/18/2016	11/21/2016	12/27/2016	160.00	243.00	0.00	0.00	0.00	0.00	403.00
SHE STEPPED ON A PILE OF LEAVES ON SIDEWALK AND FELL INJURED UPPE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				160.00	243.00	0.00	0.00	0.00	0.00	403.00
				160.00	243.00	0.00	0.00	0.00	0.00	403.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09004Y

16WC09004Y	DUBLIN, WENDELIN	11		223.59	243.00	0.00	0.00	0.00	0.00	466.59
SALEM M S	11/9/2016	11/21/2016	12/29/2016	223.59	243.00	0.00	0.00	0.00	0.00	466.59
WHILE SITTING IN PLASTIC CHAIR, THE CHAIR BROKE SHE FELL INJURING LO				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				223.59	243.00	0.00	0.00	0.00	0.00	466.59
				223.59	243.00	0.00	0.00	0.00	0.00	466.59
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09005K

16WC09005K	BEELER, REGAN	11		395.30	243.00	0.00	0.00	0.00	0.00	638.30
CENTER FOR LIFE LONG LEARNIN	11/18/2016	11/21/2016	1/19/2017	395.30	243.00	0.00	0.00	0.00	0.00	638.30
PULLED A PAN OF MASHED POTATOES INSTEAD OF CORN, THE LIQUID SPLA				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				395.30	243.00	0.00	0.00	0.00	0.00	638.30
				395.30	243.00	0.00	0.00	0.00	0.00	638.30
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09006W





NEW CLAIMS

November 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: 16WC09006W

16WC09006W	CONDOURIS, ANDREW	11	105.77	243.00	0.00	0.00	0.00	0.00	0.00	348.77
PRINCETON HS	11/16/2016	11/21/2016	12/29/2016	105.77	243.00	0.00	0.00	0.00	0.00	348.77
MOVING STUDENT IN WHEELCHAIR OUT OF SCHOOL WHEN THE NURSE PLAC				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			105.77	243.00	0.00	0.00	0.00	0.00	0.00	348.77
			105.77	243.00	0.00	0.00	0.00	0.00	0.00	348.77
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09008Z

16WC09008Z	POLLOCK, YANET	10	708.39	1,193.00	1,779.50	0.00	0.00	0.00	0.00	3,680.89
EDISON SCHOOL	11/18/2016	11/21/2016	1/31/2017	708.39	1,193.00	1,779.50	0.00	0.00	0.00	3,680.89
STOPPING STUDENT FROM RUNNING AWAY TWISTED HER LOWER BACK				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			708.39	1,193.00	1,779.50	0.00	0.00	0.00	0.00	3,680.89
			708.39	1,193.00	1,779.50	0.00	0.00	0.00	0.00	3,680.89
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09009B

16WC09009B	KISSOON, PAMELA	11	199.50	243.00	0.00	0.00	0.00	0.00	0.00	442.50
CHITTICK E.S.	11/17/2016	11/18/2016	12/27/2016	199.50	243.00	0.00	0.00	0.00	0.00	442.50
ASSISTING STUDENT WITH HER BAG, IPAD FELL OUT INJURING HER RT FOOT				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			199.50	243.00	0.00	0.00	0.00	0.00	0.00	442.50
			199.50	243.00	0.00	0.00	0.00	0.00	0.00	442.50
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09010B





NEW CLAIMS

November 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: 16WC09010B

16WC09010B	WILLIAMSON, LAURA	11		181.26	243.00	0.00	0.00	0.00	0.00	0.00	424.26
VALLEY PROGRAM	11/21/2016	11/21/2016	2/10/2017	181.26	243.00	0.00	0.00	0.00	0.00	0.00	424.26
CHANGINING A STUDENT, STUDENT BIT HER ON HER RT UPPER ARM BREAKI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				181.26	243.00	0.00	0.00	0.00	0.00	0.00	424.26
				181.26	243.00	0.00	0.00	0.00	0.00	0.00	424.26
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09011K

16WC09011K	MALONE, KRISTI	11		145.00	243.00	0.00	0.00	0.00	0.00	0.00	388.00
WALLKILL VALLEY REG HS	11/21/2016	11/21/2016	1/ 4/2017	145.00	243.00	0.00	0.00	0.00	0.00	0.00	388.00
STEPPED ON AN ORANGE WEDGE SLIPPED AND FELL INJURED R KNEE, R HIF				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				145.00	243.00	0.00	0.00	0.00	0.00	0.00	388.00
				145.00	243.00	0.00	0.00	0.00	0.00	0.00	388.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09012V

16WC09012V	SANTIAGO, LUIS	10		1,268.80	1,193.00	933.00	0.00	0.00	0.00	0.00	3,394.80
UNION CITY HIGH SCHOOL	11/18/2016	11/21/2016	2/ 7/2017	1,268.80	1,193.00	933.00	0.00	0.00	0.00	0.00	3,394.80
SETTING UP TABLE CARRYING ICE CONTAINERS AND FILLING INFLATABLE G				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,268.80	1,193.00	933.00	0.00	0.00	0.00	0.00	3,394.80
				1,268.80	1,193.00	933.00	0.00	0.00	0.00	0.00	3,394.80
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09013Y





NEW CLAIMS

November 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: 16WC09013Y

16WC09013Y	CANSIAN, JOANN	11	170.00	243.00	0.00	0.00	0.00	0.00	0.00	413.00
CARTERET MS	11/21/2016	11/21/2016	1/26/2017	170.00	243.00	0.00	0.00	0.00	0.00	413.00
STANDING UP, HER RT FOOT GOT CAUGHT ON DESK CAUSING HER TO FALL				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				170.00	243.00	0.00	0.00	0.00	0.00	413.00
				170.00	243.00	0.00	0.00	0.00	0.00	413.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09014B

16WC09014B	MORLEY, DONNA	11	160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
NUMBER 1 ES	11/21/2016	11/21/2016	1/31/2017	160.00	243.00	0.00	0.00	0.00	0.00	403.00
STUDENT RAN INTO HER CAUSING HER TO FALL ONTO RT SIDE INJURING RT				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				160.00	243.00	0.00	0.00	0.00	0.00	403.00
				160.00	243.00	0.00	0.00	0.00	0.00	403.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09015K

16WC09015K	BUONADONNA, JESSICA	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ATL CNTY SPEC SRV TRANSPORT/	11/18/2016	11/21/2016	12/ 1/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
LIFTING STUDENT WHEN SHE FELT PAIN IN L SHOULDER				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: 16WC09016Y





NEW CLAIMS

November 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: 16WC09016Y

16WC09016Y	WHITE, MELISSA	11		182.39	243.00	0.00	0.00	0.00	0.00	425.39
GEORGE ES	11/21/2016	11/21/2016	12/27/2016	182.39	243.00	0.00	0.00	0.00	0.00	425.39
STUDENT HAVING BEHAVIORAL ISSUE KICKED AND PUNCHED HER INJURING				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				182.39	243.00	0.00	0.00	0.00	0.00	425.39
				182.39	243.00	0.00	0.00	0.00	0.00	425.39
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09017P

16WC09017P	BRAMANTE, LOUIS	10		256.96	1,193.00	0.00	0.00	0.00	0.00	1,449.96
VINELAND SENIOR H.S. SOUTH 11	11/15/2016	11/21/2016	2/23/2017	256.96	1,193.00	0.00	0.00	0.00	0.00	1,449.96
REPLACING BALL JOINT WITH STUDENTS DURING CLASS TURNED HITTING HI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				256.96	1,193.00	0.00	0.00	0.00	0.00	1,449.96
				256.96	1,193.00	0.00	0.00	0.00	0.00	1,449.96
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09018J

16WC09018J	SIDHOUM, LILA	10		10,000.00	1,218.57	65,000.00	0.00	0.00	4,000.00	80,218.57
TRENTON HS WEST	11/21/2016	11/21/2016	Open	4,540.79	1,218.57	11,323.00	0.00	0.00	0.00	17,082.36
ATTEMPTED TO CLOSE DOOR TO KEEP STUDENT FROM ENTERING STUDENT				5,459.21	0.00	53,677.00	0.00	0.00	4,000.00	63,136.21
Total by Claim Number 1 Claim				10,000.00	1,218.57	65,000.00	0.00	0.00	4,000.00	80,218.57
				4,540.79	1,218.57	11,323.00	0.00	0.00	0.00	17,082.36
				5,459.21	0.00	53,677.00	0.00	0.00	4,000.00	63,136.21

Claim Number: 16WC09019B





NEW CLAIMS

November 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: 16WC09019B

16WC09019B	BELL, AMY	11		346.19	243.00	0.00	0.00	0.00	0.00	0.00	589.19
ATLANTIC CO VOTECH	11/21/2016	11/21/2016	1/26/2017	346.19	243.00	0.00	0.00	0.00	0.00	0.00	589.19
WALKING IN CAFETERIA SHE SLIPPED ON WET FLOOR AND FELL INJURED L A				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				346.19	243.00	0.00	0.00	0.00	0.00	0.00	589.19
				346.19	243.00	0.00	0.00	0.00	0.00	0.00	589.19
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09020B

16WC09020B	DIMORSKI, SNEZANA	11		170.33	243.00	0.00	0.00	0.00	0.00	0.00	413.33
NUMBER 1 ES	11/18/2016	11/21/2016	2/7/2017	170.33	243.00	0.00	0.00	0.00	0.00	0.00	413.33
WORKING WITH STUDENT, STUDENT HAD A BEHAVIORAL OUTBURST SCRATC				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				170.33	243.00	0.00	0.00	0.00	0.00	0.00	413.33
				170.33	243.00	0.00	0.00	0.00	0.00	0.00	413.33
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09021Y

16WC09021Y	ANDERLE, ROSEANN	11		294.20	243.00	0.00	0.00	0.00	0.00	0.00	537.20
WAYNE HILLS H.S.	11/21/2016	11/21/2016	12/29/2016	294.20	243.00	0.00	0.00	0.00	0.00	0.00	537.20
TRIPPED AND FELL OVER A STONE IN PARKING LOT INJURED HER NOSE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				294.20	243.00	0.00	0.00	0.00	0.00	0.00	537.20
				294.20	243.00	0.00	0.00	0.00	0.00	0.00	537.20
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09022B





NEW CLAIMS

November 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: 16WC09022B

16WC09022B	BENDON, DANIELLE	11	155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
CHITTICK E.S.	11/21/2016	11/21/2016	1/19/2017	155.23	243.00	0.00	0.00	0.00	0.00	398.23
STUDENT HAVING A BEHAVIORAL STRUCK HER CHEST USING FIST				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				155.23	243.00	0.00	0.00	0.00	0.00	398.23
				155.23	243.00	0.00	0.00	0.00	0.00	398.23
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09023K

16WC09023K	KORNMANN, ROSE	11	3,500.00	245.00	0.00	0.00	0.00	0.00	0.00	3,745.00
SCHOOL #28 MATTHEW JAGO	11/4/2016	11/22/2016	Open	2,707.16	243.00	0.00	0.00	0.00	0.00	2,950.16
STOPPING STUDENT HAVING BEHAVIORAL ISSUE FROM PUSHING INJURED R				792.84	2.00	0.00	0.00	0.00	0.00	794.84
Total by Claim Number 1 Claim				3,500.00	245.00	0.00	0.00	0.00	0.00	3,745.00
				2,707.16	243.00	0.00	0.00	0.00	0.00	2,950.16
				792.84	2.00	0.00	0.00	0.00	0.00	794.84

Claim Number: 16WC09024P

16WC09024P	FROES, LUZIA	10	5,916.76	1,193.00	37,866.42	0.00	0.00	6,116.25	0.00	51,092.43
LAND O PINES SCHOOL	11/22/2016	11/22/2016	Reopened	4,319.09	1,193.00	1,866.42	0.00	3,616.25	0.00	10,994.76
REMOVING AND SECURING ITEMS TO BULLENTIN BOARD STEPPED DOWN FR				1,597.67	0.00	36,000.00	0.00	2,500.00	0.00	40,097.67
Total by Claim Number 1 Claim				5,916.76	1,193.00	37,866.42	0.00	6,116.25	0.00	51,092.43
				4,319.09	1,193.00	1,866.42	0.00	3,616.25	0.00	10,994.76
				1,597.67	0.00	36,000.00	0.00	2,500.00	0.00	40,097.67

Claim Number: 16WC09025W





NEW CLAIMS

November 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: 16WC09025W

16WC09025W	DOHERTY, DONNA	11	170.33	243.00	0.00	0.00	0.00	0.00	0.00	413.33
EDISON SCHOOL	11/21/2016	11/22/2016	12/29/2016	170.33	243.00	0.00	0.00	0.00	0.00	413.33
SITTING WITH STUDENT ON FLOOR, STUDENT HAD BEHAVIORAL ISSUE PUSH			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			170.33	243.00	0.00	0.00	0.00	0.00	0.00	413.33
			170.33	243.00	0.00	0.00	0.00	0.00	0.00	413.33
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09026B

16WC09026B	GOFF, REBECCA	14	1,773.55	0.00	0.00	0.00	0.00	0.00	0.00	1,773.55
GLOUCESTER CO. TECH & VOC HS	11/21/2016	11/22/2016	3/7/2017	1,773.55	0.00	0.00	0.00	0.00	0.00	1,773.55
REMOVING HEAVY LADDER OUT OF CLOSET R THUMB BECAME WEDGED IN L			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			1,773.55	0.00	0.00	0.00	0.00	0.00	0.00	1,773.55
			1,773.55	0.00	0.00	0.00	0.00	0.00	0.00	1,773.55
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09027W

16WC09027W	PLANT, HOLLY	11	4,165.00	243.00	0.00	0.00	0.00	0.00	0.00	4,408.00
PINELANDS HIGH SCHOOL	11/22/2016	11/22/2016	2/23/2017	4,165.00	243.00	0.00	0.00	0.00	0.00	4,408.00
WAS STRUCK ON R SIDE OF HEAD BY A FLYING VOLLEYBALL			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			4,165.00	243.00	0.00	0.00	0.00	0.00	0.00	4,408.00
			4,165.00	243.00	0.00	0.00	0.00	0.00	0.00	4,408.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09029B





NEW CLAIMS

November 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: 16WC09029B

16WC09029B	SOBIN, RYAN	11		647.68	243.00	0.00	0.00	0.00	0.00	890.68
MADISON PARK ES	11/21/2016	11/22/2016	1/19/2017	647.68	243.00	0.00	0.00	0.00	0.00	890.68
STUDENT KICKED A BALL ATTEMPTED TO STOP BALL TWISTED R ANKLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				647.68	243.00	0.00	0.00	0.00	0.00	890.68
				647.68	243.00	0.00	0.00	0.00	0.00	890.68
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09030Y

16WC09030Y	PAULA, EUNICE	11		1,097.54	243.00	0.00	0.00	0.00	0.00	1,340.54
ROOSEVELT SCHOOL	11/21/2016	11/22/2016	2/23/2017	1,097.54	243.00	0.00	0.00	0.00	0.00	1,340.54
FELT A PULL IN HER LOWER BACK TOSSEING GARBAGE BAG INTO DUMPSTER				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,097.54	243.00	0.00	0.00	0.00	0.00	1,340.54
				1,097.54	243.00	0.00	0.00	0.00	0.00	1,340.54
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09031B

16WC09031B	ADAMS, SHARON	11		166.95	243.00	0.00	0.00	0.00	0.00	409.95
HENRY C. BECK JR. SCHOOL	11/21/2016	11/22/2016	12/29/2016	166.95	243.00	0.00	0.00	0.00	0.00	409.95
ON CLASS TRIP A STUDENT PUSHED ANOTHER STUDENT INTO HER INJURED				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				166.95	243.00	0.00	0.00	0.00	0.00	409.95
				166.95	243.00	0.00	0.00	0.00	0.00	409.95
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09032K





NEW CLAIMS

November 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: 16WC09032K

16WC09032K	NORTON, NICOLE	11		1,012.35	243.00	0.00	0.00	0.00	0.00	0.00	1,255.35
BAYSHORE MS	11/22/2016	11/22/2016	1/17/2017	1,012.35	243.00	0.00	0.00	0.00	0.00	0.00	1,255.35
STUDENT HAVING BEHAVIORAL LISSUE PULLED HER HAIR TO THE GROUND (0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,012.35	243.00	0.00	0.00	0.00	0.00	0.00	1,255.35
				1,012.35	243.00	0.00	0.00	0.00	0.00	0.00	1,255.35
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09033B

16WC09033B	SCHIFTER, JOANNA	11		376.61	243.00	0.00	0.00	0.00	0.00	0.00	619.61
DEPT OF TRANSPORTATION	11/22/2016	11/22/2016	2/10/2017	376.61	243.00	0.00	0.00	0.00	0.00	0.00	619.61
WAS DOING PRETRIP INSPECTION ON BUS TRIPPED ON EXTENSION CORD AT				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				376.61	243.00	0.00	0.00	0.00	0.00	0.00	619.61
				376.61	243.00	0.00	0.00	0.00	0.00	0.00	619.61
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09034B

16WC09034B	DROGIN, RANDI	11		450.00	243.00	0.00	0.00	0.00	0.00	0.00	693.00
BAYONNE H.S. AND ADMIN. OFFICE	11/22/2016	11/22/2016	1/19/2017	450.00	243.00	0.00	0.00	0.00	0.00	0.00	693.00
CUT HER L INDEX FINGER WITH AN EXACTO KNIFE WORKING WITH STUDENT				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				450.00	243.00	0.00	0.00	0.00	0.00	0.00	693.00
				450.00	243.00	0.00	0.00	0.00	0.00	0.00	693.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09035B





NEW CLAIMS

November 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	Incurred Paid	Incurred Paid	Incurred Paid	Incurred Paid	Incurred Paid	Incurred Paid	Incurred Paid	Incurred 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: 16WC09035B

16WC09035B	PANETTA-HAGAN, LENORA	11	195.27	243.00	0.00	0.00	0.00	0.00	0.00	438.27
WESTAMPTON	11/22/2016	11/22/2016	12/29/2016	195.27	243.00	0.00	0.00	0.00	0.00	438.27
ATTEMPTING TO RESTRAIN STUDENT HAVING AN ISSUE STUDENT BIT HER T			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			195.27	243.00	0.00	0.00	0.00	0.00	0.00	438.27
			195.27	243.00	0.00	0.00	0.00	0.00	0.00	438.27
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09036Z

16WC09036Z	BRADY, MEGAN	10	10,000.00	1,193.00	6,000.00	0.00	0.00	0.00	0.00	17,193.00
WARREN DEVELOP. LEARNING CTI	11/22/2016	11/22/2016	Open	4,058.39	1,193.00	2,924.36	0.00	0.00	0.00	8,175.75
SITTING ON OPPOSITE END OF TABLE STUDENT FLIPPED THE TABLE ONTO H			5,941.61	0.00	3,075.64	0.00	0.00	0.00	0.00	9,017.25
Total by Claim Number 1 Claim			10,000.00	1,193.00	6,000.00	0.00	0.00	0.00	0.00	17,193.00
			4,058.39	1,193.00	2,924.36	0.00	0.00	0.00	0.00	8,175.75
			5,941.61	0.00	3,075.64	0.00	0.00	0.00	0.00	9,017.25

Claim Number: 16WC09037Z

16WC09037Z	MECCA, ANTHONY	11	5,000.00	245.00	15,000.00	0.00	0.00	0.00	0.00	20,245.00
SOUTH AMBOY MIDDLE SCHOOL	11/19/2016	11/22/2016	Open	822.92	243.00	5,474.86	0.00	0.00	0.00	6,540.78
RUNNING DURING CROSS COUNTRY MEET HE TRIPPED AND FELL OVER A TR			4,177.08	2.00	9,525.14	0.00	0.00	0.00	0.00	13,704.22
Total by Claim Number 1 Claim			5,000.00	245.00	15,000.00	0.00	0.00	0.00	0.00	20,245.00
			822.92	243.00	5,474.86	0.00	0.00	0.00	0.00	6,540.78
			4,177.08	2.00	9,525.14	0.00	0.00	0.00	0.00	13,704.22

Claim Number: 16WC09038Y





NEW CLAIMS

November 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: 16WC09038Y

16WC09038Y	BOWERS, MICHELE	11		121.14	243.00	0.00	0.00	0.00	0.00	0.00	364.14
NEPTUNE HIGH SCHOOL	11/22/2016	11/22/2016	1/13/2017	121.14	243.00	0.00	0.00	0.00	0.00	0.00	364.14
STEPPED IN A HOLE ON GRASSY AREA WHILE STEPPING OFF SIDEWALK INJL				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				121.14	243.00	0.00	0.00	0.00	0.00	0.00	364.14
				121.14	243.00	0.00	0.00	0.00	0.00	0.00	364.14
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09040T

16WC09040T	ZIMMER, AMANDA	10		6,038.22	1,193.00	0.00	0.00	0.00	0.00	0.00	7,231.22
MIDDLETOWN SOUTH HS	11/22/2016	11/22/2016	3/ 2/2017	6,038.22	1,193.00	0.00	0.00	0.00	0.00	0.00	7,231.22
COMING FROM A FIRE DRILL A STUDENT HAVING BEHAVIORAL ISSUE KICKED				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				6,038.22	1,193.00	0.00	0.00	0.00	0.00	0.00	7,231.22
				6,038.22	1,193.00	0.00	0.00	0.00	0.00	0.00	7,231.22
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09041K

16WC09041K	YERKES, ALLISON	11		1,133.74	243.00	0.00	0.00	0.00	0.00	0.00	1,376.74
MAYS LANDING CAMPUS	11/22/2016	11/22/2016	2/21/2017	1,133.74	243.00	0.00	0.00	0.00	0.00	0.00	1,376.74
ASSISTING A STUDENT HAVING BEHAVIORAL ISSUE PUNCHED HER ON L SIDE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,133.74	243.00	0.00	0.00	0.00	0.00	0.00	1,376.74
				1,133.74	243.00	0.00	0.00	0.00	0.00	0.00	1,376.74
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09042B





NEW CLAIMS

November 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: 16WC09042B

16WC09042B	MONGELLI, CHRISTINE	11	356.45	243.00	0.00	0.00	0.00	0.00	0.00	599.45
SOUTH RIVER ELEMENTARY SCHC	11/21/2016	11/22/2016	2/21/2017	356.45	243.00	0.00	0.00	0.00	0.00	599.45
WAS PUNCHED ON L HIP/LOWER BACK BY STUDENT HAVING BEHAVIORAL IS				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			356.45	243.00	0.00	0.00	0.00	0.00	0.00	599.45
			356.45	243.00	0.00	0.00	0.00	0.00	0.00	599.45
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09044Y

16WC09044Y	YOUNG, DINETTA	11	266.24	243.00	0.00	0.00	0.00	0.00	0.00	509.24
NEPTUNE HIGH SCHOOL	11/22/2016	11/22/2016	1/24/2017	266.24	243.00	0.00	0.00	0.00	0.00	509.24
CLEANING CAFETERIA TABLES STUDENT WAS SWINGING EARBUDS AND STR				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			266.24	243.00	0.00	0.00	0.00	0.00	0.00	509.24
			266.24	243.00	0.00	0.00	0.00	0.00	0.00	509.24
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09045W

16WC09045W	KOSTER, NANCY	11	222.35	243.00	0.00	0.00	0.00	0.00	0.00	465.35
WARREN DEVELOP. LEARNING CTI	11/22/2016	11/22/2016	12/29/2016	222.35	243.00	0.00	0.00	0.00	0.00	465.35
STUDENT HAVING BEHAVIORAL ISSUE TRYING TO STOP RUNNING OUT OF R				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			222.35	243.00	0.00	0.00	0.00	0.00	0.00	465.35
			222.35	243.00	0.00	0.00	0.00	0.00	0.00	465.35
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09046B





NEW CLAIMS

November 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: 10 - WORKERS' COMPENSATION

Claim Number: 16WC09046B

16WC09046B	CENTAENO, JUANITA	11	759.66	243.00	0.00	0.00	0.00	0.00	0.00	1,002.66
JAMES CALDWELL E.S.	11/22/2016	11/22/2016	2/ 7/2017	759.66	243.00	0.00	0.00	0.00	0.00	1,002.66
TESTING STUDENT, ACCIDENTLY STUCK HER FINGER WITH THE DIRTY NEED				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			759.66	243.00	0.00	0.00	0.00	0.00	0.00	1,002.66
			759.66	243.00	0.00	0.00	0.00	0.00	0.00	1,002.66
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09047K

16WC09047K	CUTRONA, ANTONIA	11	924.33	243.00	0.00	0.00	0.00	0.00	0.00	1,167.33
PATERSON ARTS & SCIENCE CHAF	11/8/2016	11/22/2016	2/14/2017	924.33	243.00	0.00	0.00	0.00	0.00	1,167.33
WAS ON A LADDER HANGING ANCHOR CHART ON WALL, LADDER GAVE OUT				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			924.33	243.00	0.00	0.00	0.00	0.00	0.00	1,167.33
			924.33	243.00	0.00	0.00	0.00	0.00	0.00	1,167.33
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09048K

16WC09048K	BARTRAM, NANCY	11	2,657.42	243.00	0.00	0.00	0.00	0.00	0.00	2,900.42
CENTER FOR LIFE LONG LEARNIN	11/22/2016	11/22/2016	1/19/2017	2,657.42	243.00	0.00	0.00	0.00	0.00	2,900.42
STUDENT HIT HER OVER HEAD WITH HIS LUNCH TRAY TWICE THEN KICKED H				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			2,657.42	243.00	0.00	0.00	0.00	0.00	0.00	2,900.42
			2,657.42	243.00	0.00	0.00	0.00	0.00	0.00	2,900.42
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09049W





NEW CLAIMS

November 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: 16WC09049W

16WC09049W	FLOOM, STEVEN	11		188.73	243.00	0.00	0.00	0.00	0.00	0.00	431.73
WALTER C. BLACK E.S.	11/22/2016	11/23/2016	1/31/2017	188.73	243.00	0.00	0.00	0.00	0.00	0.00	431.73
CLEANING TOP OF WORK STATION CHEMICAL THAT WAS LEAKING FROM COI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				188.73	243.00	0.00	0.00	0.00	0.00	0.00	431.73
				188.73	243.00	0.00	0.00	0.00	0.00	0.00	431.73
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09050W

16WC09050W	HITCHNER, RYAN	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CUMBERLAND REG HS	11/21/2016	11/23/2016	1/11/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CLIMBING A LADDER WHEN HE MISSED A STEP AND HIT THE R ANKLE AGAIN				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: 16WC09051B

16WC09051B	GOODMAN, JULIE	11		348.32	243.00	0.00	0.00	0.00	0.00	0.00	591.32
VALLEY PROGRAM	11/16/2016	11/23/2016	2/28/2017	348.32	243.00	0.00	0.00	0.00	0.00	0.00	591.32
CONSOLING A STUDENT WHO WAS CRYING WAS BITTEN ON L FOREARM				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				348.32	243.00	0.00	0.00	0.00	0.00	0.00	591.32
				348.32	243.00	0.00	0.00	0.00	0.00	0.00	591.32
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09053Z





NEW CLAIMS

November 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: 16WC09053Z

16WC09053Z	HERNANDEZ, MARIA	10		813.54	1,193.00	1,245.48	0.00	0.00	0.00	0.00	3,252.02
BAYVILLE ES	11/21/2016	11/23/2016	3/2/2017	813.54	1,193.00	1,245.48	0.00	0.00	0.00	0.00	3,252.02
IN LUNCH ROOM UNFOLDING TABLES, FELT PULL IN LOWER BACK				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				813.54	1,193.00	1,245.48	0.00	0.00	0.00	0.00	3,252.02
				813.54	1,193.00	1,245.48	0.00	0.00	0.00	0.00	3,252.02
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09054W

16WC09054W	BOROWSKI, MELANIE	11		873.16	243.00	0.00	0.00	0.00	0.00	0.00	1,116.16
SOUTH RIVER ELEMENTARY SCHC	11/22/2016	11/23/2016	2/28/2017	873.16	243.00	0.00	0.00	0.00	0.00	0.00	1,116.16
STUDENT HAVING BEHAVIORAL ISSUE ATTEMPTED TO OVER TURN TABLE SP				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				873.16	243.00	0.00	0.00	0.00	0.00	0.00	1,116.16
				873.16	243.00	0.00	0.00	0.00	0.00	0.00	1,116.16
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09055K

16WC09055K	ASSELTA, DARLENE	11		593.88	243.00	0.00	0.00	0.00	0.00	0.00	836.88
DARETOWN SCHOOL	11/22/2016	11/23/2016	2/24/2017	593.88	243.00	0.00	0.00	0.00	0.00	0.00	836.88
PLAYING VOLLEYBALL WITH STUDENTS JUMPED UP AND UPON COMING DOW				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				593.88	243.00	0.00	0.00	0.00	0.00	0.00	836.88
				593.88	243.00	0.00	0.00	0.00	0.00	0.00	836.88
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09056B





NEW CLAIMS

November 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: 16WC09056B

16WC09056B	CAULDER, MARIANNE	11		1,858.28	243.00	0.00	0.00	0.00	0.00	2,101.28
BUENA REGIONAL HS	11/21/2016	11/23/2016	1/19/2017	1,858.28	243.00	0.00	0.00	0.00	0.00	2,101.28
WAS SPRAYED WITH BLACK LASER INK TONER AND EXPOSED TO CHEMICALS				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,858.28	243.00	0.00	0.00	0.00	0.00	2,101.28
				1,858.28	243.00	0.00	0.00	0.00	0.00	2,101.28
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09057W

16WC09057W	KERR, DANIEL	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
WARREN DEVELOP. LEARNING CTI	11/22/2016	11/23/2016	Open	823.57	243.00	0.00	0.00	0.00	0.00	1,066.57
STUDENT TRYING TO BIT HIS SHOULDER HE PULLED BACK TO RESTRAIN STL				1,676.43	2.00	0.00	0.00	0.00	0.00	1,678.43
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				823.57	243.00	0.00	0.00	0.00	0.00	1,066.57
				1,676.43	2.00	0.00	0.00	0.00	0.00	1,678.43

Claim Number: 16WC09058Y

16WC09058Y	HALL, ANTOINETTE	11		320.00	243.00	0.00	0.00	0.00	0.00	563.00
PARK AVENUE SCHOOL	11/22/2016	11/23/2016	1/11/2017	320.00	243.00	0.00	0.00	0.00	0.00	563.00
DELIVERING CLASS WORK SHEETS SHE TURNED TO HEAR A NOISE, SHE SLIP				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				320.00	243.00	0.00	0.00	0.00	0.00	563.00
				320.00	243.00	0.00	0.00	0.00	0.00	563.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09059K





NEW CLAIMS

November 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: 16WC09059K

16WC09059K	FLYNN, TARA	11		444.53	243.00	0.00	0.00	0.00	0.00	687.53
THOMPSON MS	11/22/2016	11/23/2016	2/28/2017	444.53	243.00	0.00	0.00	0.00	0.00	687.53
SPEAKING TO COWORKER, STUDENT CAME VERY CLOSE TO HER CAUSING F				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				444.53	243.00	0.00	0.00	0.00	0.00	687.53
				444.53	243.00	0.00	0.00	0.00	0.00	687.53
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09061B

16WC09061B	ERSKINE, CAROLE	11		662.61	243.00	0.00	0.00	0.00	0.00	905.61
MIDDLETOWN SOUTH HS	11/23/2016	11/23/2016	1/19/2017	662.61	243.00	0.00	0.00	0.00	0.00	905.61
SLIPPED ON PIECE OF PAPER ATTEMPTED TO BREAK FALL STRUCK L PINKY/				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				662.61	243.00	0.00	0.00	0.00	0.00	905.61
				662.61	243.00	0.00	0.00	0.00	0.00	905.61
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09063Y

16WC09063Y	CARDINOZA, KIMBERLY	11		172.87	243.00	0.00	0.00	0.00	0.00	415.87
LLOYD ROAD ES	11/23/2016	11/23/2016	12/27/2016	172.87	243.00	0.00	0.00	0.00	0.00	415.87
STUDENT WANTED SOMETHING THAT HE WAS UNABLE TO GET, STUDENT BI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				172.87	243.00	0.00	0.00	0.00	0.00	415.87
				172.87	243.00	0.00	0.00	0.00	0.00	415.87
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09064G





NEW CLAIMS

November 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: 16WC09064G

16WC09064G	SCHMIDT, THERESA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
DEPT OF TRANSPORTATION	11/23/2016	11/23/2016	Open	1,076.00	243.00	0.00	0.00	0.00	0.00	0.00	1,319.00
BUS WAS REAR ENDED DURING PICK UP OF STUDENTS, INJ UPPER/MID BACK				1,424.00	2.00	0.00	0.00	0.00	0.00	0.00	1,426.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				1,076.00	243.00	0.00	0.00	0.00	0.00	0.00	1,319.00
				1,424.00	2.00	0.00	0.00	0.00	0.00	0.00	1,426.00

Claim Number: 16WC09066B

16WC09066B	MILLER, DANIEL	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WESTWOOD JR/SR HS	11/23/2016	11/23/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
PUSHED GLASSES DOWN OFF HIS HEAD ONTO HIS FACE, DUST PARTICLE W/				2,500.00	2.00	0.00	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	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 16WC09067Y

16WC09067Y	FROBEL, DARLEEN	11		190.16	243.00	0.00	0.00	0.00	0.00	0.00	433.16
ATL CNTY SPEC SRV TRANSPORT/	11/22/2016	11/23/2016	1/24/2017	190.16	243.00	0.00	0.00	0.00	0.00	0.00	433.16
WAS CORRECTING STUDENT HAVING BEHAVIORAL ISSUE STUDENT STRUCK				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				190.16	243.00	0.00	0.00	0.00	0.00	0.00	433.16
				190.16	243.00	0.00	0.00	0.00	0.00	0.00	433.16
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09068C





NEW CLAIMS

November 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: 16WC09068C

16WC09068C	FROST, STEPHANIE		10	13,500.00	1,193.00	27,691.48	0.00	0.00	0.00	0.00	42,384.48
BOWNE-MUNRO E.S.	11/23/2016	11/23/2016	Open	2,438.74	1,193.00	3,248.00	0.00	0.00	0.00	0.00	6,879.74
WALKING DOWN THE STAIRS SHE FELL INJURED R THUMB, L SHIN, LOWER B				11,061.26	0.00	24,443.48	0.00	0.00	0.00	0.00	35,504.74
Total by Claim Number 1 Claim				13,500.00	1,193.00	27,691.48	0.00	0.00	0.00	0.00	42,384.48
				2,438.74	1,193.00	3,248.00	0.00	0.00	0.00	0.00	6,879.74
				11,061.26	0.00	24,443.48	0.00	0.00	0.00	0.00	35,504.74

Claim Number: 16WC09069G

16WC09069G	BRENNAN, KORI		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
DEPT OF TRANSPORTATION	11/23/2016	11/23/2016	Open	1,751.75	243.00	0.00	0.00	0.00	0.00	0.00	1,994.75
WHILE BUS WAS PICKING UP STUDENTS BUS WAS REAR ENDED INJURED NE				748.25	2.00	0.00	0.00	0.00	0.00	0.00	750.25
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				1,751.75	243.00	0.00	0.00	0.00	0.00	0.00	1,994.75
				748.25	2.00	0.00	0.00	0.00	0.00	0.00	750.25

Claim Number: 16WC09070K

16WC09070K	GILLIAM, DARIUS		11	155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
SOUTH BRUNSWICK H S	11/23/2016	11/23/2016	2/10/2017	155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
BREAKING UP FIGHT BETWEEN STUDENTS SLIPPED AND FELL TRYING TO SE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
				155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09071W





NEW CLAIMS

November 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: 16WC09071W

16WC09071W	BRIGGS, TALITHEA	11		298.82	243.00	0.00	0.00	0.00	0.00	0.00	541.82
TRENTON HS WEST	11/22/2016	11/23/2016	12/29/2016	298.82	243.00	0.00	0.00	0.00	0.00	0.00	541.82
WALKING WITH STUDENTS SLIPPED ON FLOOR AND ROLLED L ANKLE, TWIST				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				298.82	243.00	0.00	0.00	0.00	0.00	0.00	541.82
				298.82	243.00	0.00	0.00	0.00	0.00	0.00	541.82
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09072Y

16WC09072Y	CHEW, LEEAN	11		754.25	243.00	0.00	0.00	0.00	0.00	0.00	997.25
CENTRE CITY ES	11/23/2016	11/23/2016	2/28/2017	754.25	243.00	0.00	0.00	0.00	0.00	0.00	997.25
ASSISTING STUDENT WHO HAD A NOSE BLEED, STUDENT SNEEZED ON HHEF				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				754.25	243.00	0.00	0.00	0.00	0.00	0.00	997.25
				754.25	243.00	0.00	0.00	0.00	0.00	0.00	997.25
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09073K

16WC09073K	GINSBERG, JACQUELINE	11		124.08	243.00	0.00	0.00	0.00	0.00	0.00	367.08
EDISON SCHOOL	11/23/2016	11/23/2016	12/27/2016	124.08	243.00	0.00	0.00	0.00	0.00	0.00	367.08
SHE WAS STUDENT WAS PUTTING A PUZZLE TOGETHER STUDENT BIT HER L				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				124.08	243.00	0.00	0.00	0.00	0.00	0.00	367.08
				124.08	243.00	0.00	0.00	0.00	0.00	0.00	367.08
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09074V





NEW CLAIMS

November 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: 10 - WORKERS' COMPENSATION

Claim Number: 16WC09074V

16WC09074V	PETRILLO, PARTHENA	10		42,299.74	1,193.00	10,000.00	0.00	0.00	0.00	0.00	53,492.74
MIDDLETOWN SOUTH HS	11/23/2016	11/28/2016	Open	1,736.07	1,193.00	0.00	0.00	0.00	0.00	0.00	2,929.07
STUDENT HAVING A BEHAVIORAL BENT HER LT THUMB				40,563.67	0.00	10,000.00	0.00	0.00	0.00	0.00	50,563.67
Total by Claim Number 1 Claim				42,299.74	1,193.00	10,000.00	0.00	0.00	0.00	0.00	53,492.74
				1,736.07	1,193.00	0.00	0.00	0.00	0.00	0.00	2,929.07
				40,563.67	0.00	10,000.00	0.00	0.00	0.00	0.00	50,563.67

Claim Number: 16WC09075Z

16WC09075Z	GUYER, LINDA	10		12,500.00	1,193.00	11,000.00	0.00	0.00	0.00	0.00	24,693.00
THORNE MS	11/28/2016	11/28/2016	Open	3,988.64	1,193.00	5,226.00	0.00	0.00	0.00	0.00	10,407.64
WALKING DOWN HALLWAY SHOE CAUGHT ON FLOOR SHE FELL INJURED L KI				8,511.36	0.00	5,774.00	0.00	0.00	0.00	0.00	14,285.36
Total by Claim Number 1 Claim				12,500.00	1,193.00	11,000.00	0.00	0.00	0.00	0.00	24,693.00
				3,988.64	1,193.00	5,226.00	0.00	0.00	0.00	0.00	10,407.64
				8,511.36	0.00	5,774.00	0.00	0.00	0.00	0.00	14,285.36

Claim Number: 16WC09076B

16WC09076B	ZARCONI, JAMES	11		332.94	243.00	0.00	0.00	0.00	0.00	0.00	575.94
BRIGHT BEGINNINGS LEARNING CI	11/28/2016	11/28/2016	1/19/2017	332.94	243.00	0.00	0.00	0.00	0.00	0.00	575.94
REPLACING THE BELT FOR A/C UNIT WHEN HIS RT HAND RING FINGER GOT C				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				332.94	243.00	0.00	0.00	0.00	0.00	0.00	575.94
				332.94	243.00	0.00	0.00	0.00	0.00	0.00	575.94
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09077W





NEW CLAIMS

November 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: 16WC09077W

16WC09077W	SCHUKAY-COWAN, MICHELLE	11	19.75	243.00	0.00	0.00	0.00	0.00	0.00	262.75
HAMMONTON MS	11/21/2016	11/28/2016	2/27/2017	19.75	243.00	0.00	0.00	0.00	0.00	262.75
REACING OVER THE TABLE TO PREPARE BREAKFAST FOR STUDENTS STRAIL				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				19.75	243.00	0.00	0.00	0.00	0.00	262.75
				19.75	243.00	0.00	0.00	0.00	0.00	262.75
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09078K

16WC09078K	ZYWICKI, ELIZABETH	11	225.00	243.00	0.00	0.00	0.00	0.00	0.00	468.00
JOHN M. BAILEY SCHOOL	11/21/2016	11/21/2016	12/29/2016	225.00	243.00	0.00	0.00	0.00	0.00	468.00
PULLED A STRING TO CLOSE MOVIE SCREEN, SCREEN FELL ONTO HER BACK				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: 16WC09079B

16WC09079B	LOPEZ, LINESE	11	363.00	243.00	0.00	0.00	0.00	0.00	0.00	606.00
ROBERT TREAT ACADEMY CHARTER	11/23/2016	11/23/2016	1/26/2017	363.00	243.00	0.00	0.00	0.00	0.00	606.00
MOVING STUDENTS DESK, THE DESK FELL OVER LANDING ON R BIG TOE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				363.00	243.00	0.00	0.00	0.00	0.00	606.00
				363.00	243.00	0.00	0.00	0.00	0.00	606.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09080K





NEW CLAIMS

November 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: 16WC09080K

16WC09080K	COOPER, YASHMINE	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
LINCOLN AVENUE SCHOOL	11/22/2016	11/28/2016	12/27/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
PUSHING WINDOW UP TO OPEN IT FELT PAIN ON L SIDE OF NECK/UPPER BAC				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: 16WC09081Y

16WC09081Y	WEINTRAUB, BARBARA	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
STONE BROOK ES	11/22/2016	11/28/2016	12/27/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SLIPPED ON FOOD AND FELL INJURED L UPPER ARM, L RIB CAGE AREA				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: 16WC09082Y

16WC09082Y	SCHNURR, LAUREL	11		590.03	243.00	331.43	0.00	0.00	0.00	1,164.46
FM BURD E.S.	11/17/2016	11/28/2016	1/13/2017	590.03	243.00	331.43	0.00	0.00	0.00	1,164.46
TRIPPED AND FELL OVER STOOL INJURED LOWER BACK, L HIP, KNEE, SHIN, /				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				590.03	243.00	331.43	0.00	0.00	0.00	1,164.46
				590.03	243.00	331.43	0.00	0.00	0.00	1,164.46
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09083B





NEW CLAIMS

November 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: 16WC09083B

16WC09083B	VOZA, SARA	11		289.40	243.00	0.00	0.00	0.00	0.00	0.00	532.40
BURLINGTON CO SPEC SER SCH V	11/28/2016	11/28/2016	1/19/2017	289.40	243.00	0.00	0.00	0.00	0.00	0.00	532.40
RESTRAINING THEN MOVING A STUDENT HAVING A BEHAVIORAL SHE INJURE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				289.40	243.00	0.00	0.00	0.00	0.00	0.00	532.40
				289.40	243.00	0.00	0.00	0.00	0.00	0.00	532.40
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09084W

16WC09084W	OCAMPO, JOHN	11		277.60	243.00	644.00	0.00	0.00	0.00	0.00	1,164.60
HILLCREST ES	11/23/2016	11/28/2016	3/7/2017	277.60	243.00	644.00	0.00	0.00	0.00	0.00	1,164.60
GOING UP STAIRS WHEN HE MISSED A STEP AND STRUCK CHEST AGAINST R				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				277.60	243.00	644.00	0.00	0.00	0.00	0.00	1,164.60
				277.60	243.00	644.00	0.00	0.00	0.00	0.00	1,164.60
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09085B

16WC09085B	MCCAR, SHELBY	11		552.39	243.00	0.00	0.00	0.00	0.00	0.00	795.39
BURLINGTON CO SPEC SER SCH V	11/17/2016	11/17/2016	2/28/2017	552.39	243.00	0.00	0.00	0.00	0.00	0.00	795.39
STUDENT GOT UPSET & SCRATCHED HER RT ARM, SKIN IS BROKEN				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				552.39	243.00	0.00	0.00	0.00	0.00	0.00	795.39
				552.39	243.00	0.00	0.00	0.00	0.00	0.00	795.39
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09086Y





NEW CLAIMS

November 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: 16WC09086Y

16WC09086Y	MCCARTHY, CLAUDIA	11	311.38	243.00	0.00	0.00	0.00	0.00	0.00	554.38
MILLVILLE SR HS	11/28/2016	11/28/2016	1/24/2017	311.38	243.00	0.00	0.00	0.00	0.00	554.38
TRIPPED OVER A CARPET AT THE GYM ENTRANCE AND FELL INJURED R KNEE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			311.38	243.00	0.00	0.00	0.00	0.00	0.00	554.38
			311.38	243.00	0.00	0.00	0.00	0.00	0.00	554.38
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09087K

16WC09087K	BITAR, ESKANDER	11	1,131.41	243.00	0.00	0.00	0.00	0.00	0.00	1,374.41
TRANSPORTATION	11/28/2016	11/28/2016	2/3/2017	1,131.41	243.00	0.00	0.00	0.00	0.00	1,374.41
WAS COLLECTING CARDBOARD TO THROW INTO COMPRESSION MACHINE W				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			1,131.41	243.00	0.00	0.00	0.00	0.00	0.00	1,374.41
			1,131.41	243.00	0.00	0.00	0.00	0.00	0.00	1,374.41
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09088Y

16WC09088Y	D'AUGOSTINE, DENNIS	11	310.55	243.00	0.00	0.00	0.00	0.00	0.00	553.55
ALMOND ROAD PRE SCHOOL	11/28/2016	11/28/2016	2/28/2017	310.55	243.00	0.00	0.00	0.00	0.00	553.55
SLIPPED ON WET FLOOR AND FELL INJURED R KNEE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			310.55	243.00	0.00	0.00	0.00	0.00	0.00	553.55
			310.55	243.00	0.00	0.00	0.00	0.00	0.00	553.55
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09089B





NEW CLAIMS

November 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: 16WC09089B

16WC09089B	DALLY, CHRISTOPHER	11	890.59	243.00	0.00	0.00	0.00	0.00	0.00	1,133.59
DR. LENA EDWARDS ACADEMIC C	11/28/2016	11/28/2016	2/7/2017	890.59	243.00	0.00	0.00	0.00	0.00	1,133.59
PLAYING FOOTBALL WITH STUDENTS HE ACCIDENTALLY RAN INTO A TRASH				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			890.59	243.00	0.00	0.00	0.00	0.00	0.00	1,133.59
			890.59	243.00	0.00	0.00	0.00	0.00	0.00	1,133.59
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09090W

16WC09090W	SKANDALI, ALEXANDRA	11	360.64	243.00	0.00	0.00	0.00	0.00	0.00	603.64
ANTHONY WAYNE MS	11/28/2016	11/28/2016	12/29/2016	360.64	243.00	0.00	0.00	0.00	0.00	603.64
TRIPPED OVER A BEAN BAG & FELL INJURING RT HAND & PINK, HAS PAIN IN F				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			360.64	243.00	0.00	0.00	0.00	0.00	0.00	603.64
			360.64	243.00	0.00	0.00	0.00	0.00	0.00	603.64
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09091B

16WC09091B	AHMAD, ADRIANA	11	677.47	243.00	0.00	0.00	0.00	0.00	0.00	920.47
CENTER FOR LIFE LONG LEARNIN	11/28/2016	11/28/2016	2/21/2017	677.47	243.00	0.00	0.00	0.00	0.00	920.47
PICKING UP CHAIRS TO MOVE THEM, A FEW CHAIRS FELL OVER ONTO HER L				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			677.47	243.00	0.00	0.00	0.00	0.00	0.00	920.47
			677.47	243.00	0.00	0.00	0.00	0.00	0.00	920.47
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09092B





NEW CLAIMS

November 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: 16WC09092B

16WC09092B	BULA, JASON	11	203.98	243.00	0.00	0.00	0.00	0.00	0.00	446.98
HUDSON SCHOOL	11/28/2016	11/28/2016	12/27/2016	203.98	243.00	0.00	0.00	0.00	0.00	446.98
STUDENT HAVING A BEHAVIORAL BIT HER RT HAND CAUSING SKIN TO BREAK				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			203.98	243.00	0.00	0.00	0.00	0.00	0.00	446.98
			203.98	243.00	0.00	0.00	0.00	0.00	0.00	446.98
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09094Y

16WC09094Y	UNTORIA, MARILYN	11	1,470.04	243.00	0.00	0.00	0.00	0.00	0.00	1,713.04
WARREN DEVELOP. LEARNING CTI	11/29/2016	11/29/2016	2/23/2017	1,470.04	243.00	0.00	0.00	0.00	0.00	1,713.04
PICKING UP STUDENT FROM THE BUS, STUDENT STRUCK LT SIDE OF HER FACE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			1,470.04	243.00	0.00	0.00	0.00	0.00	0.00	1,713.04
			1,470.04	243.00	0.00	0.00	0.00	0.00	0.00	1,713.04
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09095B

16WC09095B	ORSINO, NICHOLAS	11	264.00	243.00	0.00	0.00	0.00	0.00	0.00	507.00
MARY ETHEL COSTELLO	11/28/2016	11/28/2016	1/19/2017	264.00	243.00	0.00	0.00	0.00	0.00	507.00
STUDENT HAVING A BEHAVIORAL BIT HIS LT UPPER ARM, BREAKING THE SKI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			264.00	243.00	0.00	0.00	0.00	0.00	0.00	507.00
			264.00	243.00	0.00	0.00	0.00	0.00	0.00	507.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09098A





NEW CLAIMS

November 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: 16WC09098A

16WC09098A	BANKO, MARY ELIZABETH	10		51,890.14	3,693.00	38,500.00	0.00	0.00	0.00	0.00	94,083.14
VINELAND SENIOR H.S. SOUTH 11	11/28/2016	11/29/2016	Open	1,890.14	1,240.00	0.00	0.00	0.00	0.00	0.00	3,130.14
DURING EVACUATION DRILL TRIPPED AND FELL INJURED BOTH KNEES				50,000.00	2,453.00	38,500.00	0.00	0.00	0.00	0.00	90,953.00
Total by Claim Number 1 Claim				51,890.14	3,693.00	38,500.00	0.00	0.00	0.00	0.00	94,083.14
				1,890.14	1,240.00	0.00	0.00	0.00	0.00	0.00	3,130.14
				50,000.00	2,453.00	38,500.00	0.00	0.00	0.00	0.00	90,953.00

Claim Number: 16WC09099K

16WC09099K	DENTON, CURDELL	11		1,323.04	243.00	0.00	0.00	0.00	0.00	0.00	1,566.04
MARTIN LUTHER KING MIDDLE SCH	11/28/2016	11/28/2016	3/ 2/2017	1,323.04	243.00	0.00	0.00	0.00	0.00	0.00	1,566.04
RESTRAINING A STUDENT HAVING A BEHAVIORAL, SHE FELL INJURING BOTH				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,323.04	243.00	0.00	0.00	0.00	0.00	0.00	1,566.04
				1,323.04	243.00	0.00	0.00	0.00	0.00	0.00	1,566.04
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09100Y

16WC09100Y	GOSSELIN, LEO	11		335.49	243.00	0.00	0.00	0.00	0.00	0.00	578.49
UNION CITY BOARD OF EDUCATIOI	11/28/2016	11/29/2016	12/29/2016	335.49	243.00	0.00	0.00	0.00	0.00	0.00	578.49
HE AND CO-WORKER LIFTED FLOW TO PLACE ON MACHINE, SLIPPED ON OIL				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				335.49	243.00	0.00	0.00	0.00	0.00	0.00	578.49
				335.49	243.00	0.00	0.00	0.00	0.00	0.00	578.49
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09101F





NEW CLAIMS

November 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: 16WC09101F

16WC09101F	LIAPIS, JOY	10	32,500.00	1,193.00	1,000.00	0.00	0.00	0.00	0.00	34,693.00
JOHN F. KENNEDY E.S.	11/23/2016	11/23/2016	Open	1,063.71	1,193.00	0.00	0.00	0.00	0.00	2,256.71
STRUCK ON HER RT ARM, RT SHOULDER & NECK BY A FALLING TABLE			31,436.29	0.00	1,000.00	0.00	0.00	0.00	0.00	32,436.29
Total by Claim Number 1 Claim			32,500.00	1,193.00	1,000.00	0.00	0.00	0.00	0.00	34,693.00
			1,063.71	1,193.00	0.00	0.00	0.00	0.00	0.00	2,256.71
			31,436.29	0.00	1,000.00	0.00	0.00	0.00	0.00	32,436.29

Claim Number: 16WC09102W

16WC09102W	VENDOLA, RONDA	11	152.05	243.00	0.00	0.00	0.00	0.00	0.00	395.05
BURNETT JR. HIGH SCHOOL (UNIC	11/28/2016	11/29/2016	1/24/2017	152.05	243.00	0.00	0.00	0.00	0.00	395.05
STANDING IN DOOR WAY TRYING TO PREVENT STUDENT FROM ATTACKING /			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			152.05	243.00	0.00	0.00	0.00	0.00	0.00	395.05
			152.05	243.00	0.00	0.00	0.00	0.00	0.00	395.05
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09103B

16WC09103B	STERINSKY, MARK	11	753.95	243.00	0.00	0.00	0.00	0.00	0.00	996.95
EMERSON JR/SR HS	11/18/2016	11/29/2016	2/24/2017	753.95	243.00	0.00	0.00	0.00	0.00	996.95
DURING PROJECT ADVENTURE ACTIVITY WAS SPOTTING STUDENT DURING I			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			753.95	243.00	0.00	0.00	0.00	0.00	0.00	996.95
			753.95	243.00	0.00	0.00	0.00	0.00	0.00	996.95
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09104W





NEW CLAIMS

November 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: 16WC09104W

16WC09104W	MOLESKY, JILLIAN	11	528.82	243.00	0.00	0.00	0.00	0.00	0.00	771.82
COUNTY PREP HS	11/29/2016	11/29/2016	1/31/2017	528.82	243.00	0.00	0.00	0.00	0.00	771.82
WALKING UP STEPS WITH A SPEAKER IN HAND LOST BALANCE AND FELL BACK				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			528.82	243.00	0.00	0.00	0.00	0.00	0.00	771.82
			528.82	243.00	0.00	0.00	0.00	0.00	0.00	771.82
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09106W

16WC09106W	LOPUS, NANCY	11	268.95	243.00	0.00	0.00	0.00	0.00	0.00	511.95
NORTHERN VALLEY DEMAREST HS	11/29/2016	11/29/2016	2/28/2017	268.95	243.00	0.00	0.00	0.00	0.00	511.95
ON LUNCH IN CAFETERIA WHILE AT SALAD BAR TRIPPED AND FELL ON A RAIL				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			268.95	243.00	0.00	0.00	0.00	0.00	0.00	511.95
			268.95	243.00	0.00	0.00	0.00	0.00	0.00	511.95
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09107B

16WC09107B	HALBEDL, THOMAS	11	476.48	243.00	0.00	0.00	0.00	0.00	0.00	719.48
MONMOUTH REGIONAL H.S.	11/21/2016	11/22/2016	2/28/2017	476.48	243.00	0.00	0.00	0.00	0.00	719.48
TRIPPED ON A STUDENT'S BOWLING BAG & FELL OVER IT INJURING RT HIP &				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			476.48	243.00	0.00	0.00	0.00	0.00	0.00	719.48
			476.48	243.00	0.00	0.00	0.00	0.00	0.00	719.48
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09109B





NEW CLAIMS

November 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: 16WC09109B

16WC09109B	LISI-NEUMANN, KATHLEEN	11		888.52	243.00	0.00	0.00	0.00	0.00	0.00	1,131.52
WARREN POINT E. S.	11/28/2016	11/29/2016	1/26/2017	888.52	243.00	0.00	0.00	0.00	0.00	0.00	1,131.52
SLIPPED ON FRESHLY WAXED FLOOR INJURED R FOOT				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				888.52	243.00	0.00	0.00	0.00	0.00	0.00	1,131.52
				888.52	243.00	0.00	0.00	0.00	0.00	0.00	1,131.52
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09110W

16WC09110W	LIPPINCOPT-MCGOLDRICK, DON	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WASHINGTON SCHOOL	11/29/2016	11/29/2016	1/25/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STANDING IN HALLWAY, CO-WORKER ACCIDENTALLY RAN OVER R FOOT WI				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: 16WC09111Y

16WC09111Y	MAHMOUD, VINCENT	11		369.11	243.00	0.00	0.00	0.00	0.00	0.00	612.11
CROSSROADS M S	11/29/2016	11/29/2016	1/11/2017	369.11	243.00	0.00	0.00	0.00	0.00	0.00	612.11
WORKING WITH STUDENT WHO BEGAN TO HAVE BEHAVIORAL ISSUE RESTR/				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				369.11	243.00	0.00	0.00	0.00	0.00	0.00	612.11
				369.11	243.00	0.00	0.00	0.00	0.00	0.00	612.11
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09112F





NEW CLAIMS

November 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: 10 - WORKERS' COMPENSATION

Claim Number: 16WC09112F

16WC09112F	KLINE, PAULINE	14		7,501.00	0.00	7,500.00	0.00	0.00	0.00	0.00	15,001.00
DUNELLEN HIGH SCHOOL	11/28/2016	11/29/2016	Open	2,106.50	0.00	2,414.16	0.00	0.00	0.00	0.00	4,520.66
STEPPING OUT OF ELEVATOR L KNEE GAVE OUT GRABBED RAIL TO PREVEN				5,394.50	0.00	5,085.84	0.00	0.00	0.00	0.00	10,480.34
Total by Claim Number 1 Claim				7,501.00	0.00	7,500.00	0.00	0.00	0.00	0.00	15,001.00
				2,106.50	0.00	2,414.16	0.00	0.00	0.00	0.00	4,520.66
				5,394.50	0.00	5,085.84	0.00	0.00	0.00	0.00	10,480.34

Claim Number: 16WC09113Y

16WC09113Y	SERGISON, CAROLINE	11		1,307.80	243.00	0.00	0.00	0.00	0.00	0.00	1,550.80
CLINTON ES	11/29/2016	11/30/2016	1/30/2017	1,307.80	243.00	0.00	0.00	0.00	0.00	0.00	1,550.80
BENDING OVER STUDENT IN THE CLASSROOM THE STUDENT STOOD UP ACC				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,307.80	243.00	0.00	0.00	0.00	0.00	0.00	1,550.80
				1,307.80	243.00	0.00	0.00	0.00	0.00	0.00	1,550.80
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09114W

16WC09114W	MOLINARO, GEENA	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CAMDEN'S PROMISE CHARTER BO	11/29/2016	11/30/2016	12/27/2016	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
REPORTING TO WORK CLMT TRIPPED OVER HER OWN FEET IN HALLWAY SLI				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: 16WC09115G





NEW CLAIMS

November 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: 16WC09115G

16WC09115G	PEREZ, FREDDIE	11		42,500.00	1,193.00	50,000.00	0.00	0.00	0.00	0.00	93,693.00
HERBERT N RICHARDSON	11/29/2016	11/30/2016	Open	1,555.10	243.00	2,985.24	0.00	0.00	0.00	0.00	4,783.34
CLEANING OUT GARBAGE CANS, SLIPPED IN WATER AND FELL INJURED L KN				40,944.90	950.00	47,014.76	0.00	0.00	0.00	0.00	88,909.66
Total by Claim Number 1 Claim				42,500.00	1,193.00	50,000.00	0.00	0.00	0.00	0.00	93,693.00
				1,555.10	243.00	2,985.24	0.00	0.00	0.00	0.00	4,783.34
				40,944.90	950.00	47,014.76	0.00	0.00	0.00	0.00	88,909.66

Claim Number: 16WC09116V

16WC09116V	GERACI, JAMES	10		9,574.52	1,193.00	0.00	0.00	0.00	0.00	0.00	10,767.52
RICHARD C. CROCKETT M.S.	11/30/2016	11/30/2016	2/10/2017	9,574.52	1,193.00	0.00	0.00	0.00	0.00	0.00	10,767.52
TEACHING STREET HOCKEY GAME IN GYM WAS STRUCK IN FACE WITH A PUK				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				9,574.52	1,193.00	0.00	0.00	0.00	0.00	0.00	10,767.52
				9,574.52	1,193.00	0.00	0.00	0.00	0.00	0.00	10,767.52
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09117Y

16WC09117Y	FERNANDEZ, MARILYNN	11		397.69	243.00	0.00	0.00	0.00	0.00	0.00	640.69
JEFFERSON SCHOOL	11/30/2016	11/30/2016	1/24/2017	397.69	243.00	0.00	0.00	0.00	0.00	0.00	640.69
TRYING TO BREAK UP FIGHT BETWEEN 2 SPEC ED STUDENTS INJ RT HAND, F				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				397.69	243.00	0.00	0.00	0.00	0.00	0.00	640.69
				397.69	243.00	0.00	0.00	0.00	0.00	0.00	640.69
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09118W





NEW CLAIMS

November 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: 10 - WORKERS' COMPENSATION

Claim Number: 16WC09118W

16WC09118W	NAZARIAN, GLORIA	11		1,028.93	243.00	0.00	0.00	0.00	0.00	0.00	1,271.93
TRANSPORTATION	11/29/2016	11/30/2016	2/3/2017	1,028.93	243.00	0.00	0.00	0.00	0.00	0.00	1,271.93
CHECKING STUDENT SEAT BELTS WHEN THE DRIVER STARTED DRIVING SHE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,028.93	243.00	0.00	0.00	0.00	0.00	0.00	1,271.93
				1,028.93	243.00	0.00	0.00	0.00	0.00	0.00	1,271.93
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09119Z

16WC09119Z	HERBERT, DAWN	10		2,027.44	1,193.00	5,256.04	0.00	0.00	0.00	0.00	8,476.48
MAYS LANDING CAMPUS	11/29/2016	11/30/2016	Reopened	2,027.44	1,193.00	5,256.04	0.00	0.00	0.00	0.00	8,476.48
STOPPING AN EXCITED STUDENT FROM RUNNING OUT OF CLASSROOM GRA				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				2,027.44	1,193.00	5,256.04	0.00	0.00	0.00	0.00	8,476.48
				2,027.44	1,193.00	5,256.04	0.00	0.00	0.00	0.00	8,476.48
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09121Z

16WC09121Z	GADSDEN, VALERIE	10		1,524.10	1,193.00	3,235.14	0.00	0.00	0.00	0.00	5,952.24
GRIECO ES	11/29/2016	11/30/2016	2/28/2017	1,524.10	1,193.00	3,235.14	0.00	0.00	0.00	0.00	5,952.24
WALKING INTO NURSES OFFICE THE BROKEN DOOR SLAMMED SHUT FRACTI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,524.10	1,193.00	3,235.14	0.00	0.00	0.00	0.00	5,952.24
				1,524.10	1,193.00	3,235.14	0.00	0.00	0.00	0.00	5,952.24
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09122Y





NEW CLAIMS

November 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: 16WC09122Y

16WC09122Y	EIRAS, MARIA	11	302.01	243.00	0.00	0.00	0.00	0.00	0.00	545.01
GRACE DUNN MIDDLE SCHOOL	11/18/2016	11/30/2016	1/30/2017	302.01	243.00	0.00	0.00	0.00	0.00	545.01
WALKING IN PARKING LOT FELL INJURING BILATERAL HAND AND R KNEE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				302.01	243.00	0.00	0.00	0.00	0.00	545.01
				302.01	243.00	0.00	0.00	0.00	0.00	545.01
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09123W

16WC09123W	CARUSO, BRENDA	11	131.30	243.00	0.00	0.00	0.00	0.00	0.00	374.30
RIVER FRONT SCHOOL	11/29/2016	11/30/2016	12/29/2016	131.30	243.00	0.00	0.00	0.00	0.00	374.30
STUDENT THREW A WATER BOTTLE AT HER INJURED BRIDGE OF NOSE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				131.30	243.00	0.00	0.00	0.00	0.00	374.30
				131.30	243.00	0.00	0.00	0.00	0.00	374.30
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09124B

16WC09124B	BRENNAN, KRISTEN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MARY ETHEL COSTELLO	11/29/2016	11/30/2016	Open	2,251.40	243.00	0.00	0.00	0.00	0.00	2,494.40
BLOCKING STUDENT HAVING BEHAVIORAL ISSUE INJURED LOWER BACK, SC				248.60	2.00	0.00	0.00	0.00	0.00	250.60
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				2,251.40	243.00	0.00	0.00	0.00	0.00	2,494.40
				248.60	2.00	0.00	0.00	0.00	0.00	250.60

Claim Number: 16WC09125B





NEW CLAIMS

November 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: 16WC09125B

16WC09125B	SHROUDER, BETTY	11		501.70	243.00	0.00	0.00	0.00	0.00	0.00	744.70
DR. WILLIAM MENNIES E.S.	11/30/2016	11/30/2016	2/ 7/2017	501.70	243.00	0.00	0.00	0.00	0.00	0.00	744.70
CARRYING TWO BAGS OF CRAYONS/COLORING BOOKS TRIPPED OVER MILK				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				501.70	243.00	0.00	0.00	0.00	0.00	0.00	744.70
				501.70	243.00	0.00	0.00	0.00	0.00	0.00	744.70
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09126K

16WC09126K	COONEY, SCOTT	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
INST.OF TECH - MEDFORD CAMPU	11/29/2016	11/30/2016	Open	166.95	243.00	0.00	0.00	0.00	0.00	0.00	409.95
LIGHT BULB HANGING LIGHT FIXTURE EXPLODED IN FRONT OF FACE GLASS				2,333.05	2.00	0.00	0.00	0.00	0.00	0.00	2,335.05
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				166.95	243.00	0.00	0.00	0.00	0.00	0.00	409.95
				2,333.05	2.00	0.00	0.00	0.00	0.00	0.00	2,335.05

Claim Number: 16WC09127Y

16WC09127Y	OSSANNA, SUSAN	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ALFRED VAIL E.S.	11/30/2016	11/30/2016	1/23/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
BENT OVER TO PICK SOMETHING UP FROM FLOOR STOOD UP HIT HEAD ON 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: 16WC09128W





NEW CLAIMS

November 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: 16WC09128W

16WC09128W	LYNNE, BETH	11	183.33	243.00	0.00	0.00	0.00	0.00	0.00	426.33
TRENTON CENTRAL HS MAIN CAMI	11/29/2016	11/30/2016	12/29/2016	183.33	243.00	0.00	0.00	0.00	0.00	426.33
TWO STUDENT WERE ENGAGED TO ALTERCATION RUSHED OVER TO CATCH				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				183.33	243.00	0.00	0.00	0.00	0.00	426.33
				183.33	243.00	0.00	0.00	0.00	0.00	426.33
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09129B

16WC09129B	PANETTA-HAGAN, LENORA	11	166.95	243.00	0.00	0.00	0.00	0.00	0.00	409.95
WESTAMPTON	11/30/2016	11/30/2016	12/29/2016	166.95	243.00	0.00	0.00	0.00	0.00	409.95
STUDENT BIT ON HER RT FOREARM, BREAKING THE SKIN				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				166.95	243.00	0.00	0.00	0.00	0.00	409.95
				166.95	243.00	0.00	0.00	0.00	0.00	409.95
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09130W

16WC09130W	BIVONA, BROOKE	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
LEAP ACADEMY CHARTER SCHOOL	11/29/2016	11/30/2016	12/27/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENTS WERE ENGAGED IN BRAWL WAS STRUCK IN HEAD BY A CLOSED 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: 16WC09132Y





NEW CLAIMS

November 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: 16WC09132Y

16WC09132Y	SAUL, JOANNE	11	534.91	243.00	0.00	0.00	0.00	0.00	0.00	777.91
JEFFERSON ES	11/29/2016	11/30/2016	2/28/2017	534.91	243.00	0.00	0.00	0.00	0.00	777.91
MOVING A BOX IN CLOSET THE BOX STARTED TO FALL SHE MOVED QUICKLY				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			534.91	243.00	0.00	0.00	0.00	0.00	0.00	777.91
			534.91	243.00	0.00	0.00	0.00	0.00	0.00	777.91
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09133W

16WC09133W	DURAN, MARIA	11	1,383.46	243.00	0.00	0.00	0.00	0.00	0.00	1,626.46
TRANSPORTATION/BUS LOT	11/2/2016	11/30/2016	Open	1,383.46	243.00	0.00	0.00	0.00	0.00	1,626.46
BUS EN ROUTE TO DROP OFF STUDENTS WAS INVOLVED IN MVA INJURED NE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			1,383.46	243.00	0.00	0.00	0.00	0.00	0.00	1,626.46
			1,383.46	243.00	0.00	0.00	0.00	0.00	0.00	1,626.46
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09134K

16WC09134K	ELSAKARY, KHADRA	11	336.47	243.00	0.00	0.00	0.00	0.00	0.00	579.47
GROVER CLEVELAND SCHOOL	11/29/2016	11/29/2016	1/13/2017	336.47	243.00	0.00	0.00	0.00	0.00	579.47
STUDENT CUT HER LT PINKY WITH SCISSORS				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			336.47	243.00	0.00	0.00	0.00	0.00	0.00	579.47
			336.47	243.00	0.00	0.00	0.00	0.00	0.00	579.47
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09135B





NEW CLAIMS

November 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: 16WC09135B

16WC09135B	EKIMOGLOU, SUSAN	11	562.25	243.00	0.00	0.00	0.00	0.00	0.00	805.25
JR. & SR. HIGH SCHOOL	11/30/2016	11/30/2016	1/19/2017	562.25	243.00	0.00	0.00	0.00	0.00	805.25
WALKING TO BATHROOM SINK SLIPPED AND FELL INJURED LOWER BACK, L F				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				562.25	243.00	0.00	0.00	0.00	0.00	805.25
				562.25	243.00	0.00	0.00	0.00	0.00	805.25
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09136W

16WC09136W	MARKY, ADELE	11	608.71	243.00	0.00	0.00	0.00	0.00	0.00	851.71
RIDGE HS	11/30/2016	11/30/2016	1/30/2017	608.71	243.00	0.00	0.00	0.00	0.00	851.71
STUDENT HAVING BEHAVIORAL ISSUE ATTACKED AND INJURED HER RIBS, NI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				608.71	243.00	0.00	0.00	0.00	0.00	851.71
				608.71	243.00	0.00	0.00	0.00	0.00	851.71
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09137Y

16WC09137Y	DILGER, LINDA	11	405.34	243.00	0.00	0.00	0.00	0.00	0.00	648.34
WOODCREST ES	11/30/2016	11/30/2016	2/16/2017	405.34	243.00	0.00	0.00	0.00	0.00	648.34
SLIPPED ON WET FLOOR AND FELL INJURED L ANKLE, R KNEE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				405.34	243.00	0.00	0.00	0.00	0.00	648.34
				405.34	243.00	0.00	0.00	0.00	0.00	648.34
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09138K





NEW CLAIMS

November 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: 16WC09138K

16WC09138K	WHITE, CARONE	11		367.35	243.00	0.00	0.00	0.00	0.00	610.35
UNIVERSITY HTS/MORRISON E.S.	11/30/2016	11/30/2016	1/19/2017	367.35	243.00	0.00	0.00	0.00	0.00	610.35
TRIPPED AND FELL ON BOTH KNEES, L KNEE INJURED				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				367.35	243.00	0.00	0.00	0.00	0.00	610.35
				367.35	243.00	0.00	0.00	0.00	0.00	610.35
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09139F

16WC09139F	LEDERMAN, SUSAN	10		2,041.02	1,193.00	2,328.90	0.00	0.00	0.00	5,562.92
MILL LAKE ES	11/30/2016	11/30/2016	3/ 9/2017	2,041.02	1,193.00	2,328.90	0.00	0.00	0.00	5,562.92
WALKING DOWN WALLWAY TO LUNCH SHOE GOT STUCK IN FLOOR SHE FELL				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				2,041.02	1,193.00	2,328.90	0.00	0.00	0.00	5,562.92
				2,041.02	1,193.00	2,328.90	0.00	0.00	0.00	5,562.92
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09140W

16WC09140W	ANTHONY, MARY	11		225.00	243.00	0.00	0.00	0.00	0.00	468.00
HENRY E. HARRIS SCHOOL	11/30/2016	11/30/2016	12/29/2016	225.00	243.00	0.00	0.00	0.00	0.00	468.00
WALKING UP STEPS, SLIPPED AND FELL FORWARD HIT HER R KNEE ON STAI				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: 16WC09141Y





NEW CLAIMS

November 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: 16WC09141Y

16WC09141Y	RIORDAN, MARY	11		1,115.74	243.00	0.00	0.00	0.00	0.00	0.00	1,358.74
DWIGHT D EISENHOWER E.S.	11/30/2016	11/30/2016	2/28/2017	1,115.74	243.00	0.00	0.00	0.00	0.00	0.00	1,358.74
SCOOTER WHEEL GOT STUCK ON EDGE OF TABLE SHE FELL OVER INJURED				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,115.74	243.00	0.00	0.00	0.00	0.00	0.00	1,358.74
				1,115.74	243.00	0.00	0.00	0.00	0.00	0.00	1,358.74
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09142B

16WC09142B	CSIZMAR, TERRIE	11		199.50	243.00	0.00	0.00	0.00	0.00	0.00	442.50
AUSTIN SCHOENLY SCHOOL	11/30/2016	11/30/2016	1/19/2017	199.50	243.00	0.00	0.00	0.00	0.00	0.00	442.50
RUNNING TO STOP A STUDENT FROM JUMPING OFF BOOK CASE TRIPPED OV				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				199.50	243.00	0.00	0.00	0.00	0.00	0.00	442.50
				199.50	243.00	0.00	0.00	0.00	0.00	0.00	442.50
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09143K

16WC09143K	CALEY, MARY ELIZABETH	11		285.01	243.00	0.00	0.00	0.00	0.00	0.00	528.01
SCHOOL #28 MATTHEW JAGO	11/30/2016	11/30/2016	12/29/2016	285.01	243.00	0.00	0.00	0.00	0.00	0.00	528.01
STUDENT HAVING A BEHAVIORAL BIT HER ON LT HAND THUMB, BREAKING TH				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				285.01	243.00	0.00	0.00	0.00	0.00	0.00	528.01
				285.01	243.00	0.00	0.00	0.00	0.00	0.00	528.01
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09144B





NEW CLAIMS

November 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: 16WC09144B

16WC09144B	POISSANT, ALAN	11		1,173.83	243.00	0.00	0.00	0.00	0.00	0.00	1,416.83
TRANSPORTATION	11/29/2016	12/1/2016	2/10/2017	1,173.83	243.00	0.00	0.00	0.00	0.00	0.00	1,416.83
USING A WRENCH DURING OIL CHANGE ON BUS FELT PAIN IN L FOREARM, L				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,173.83	243.00	0.00	0.00	0.00	0.00	0.00	1,416.83
				1,173.83	243.00	0.00	0.00	0.00	0.00	0.00	1,416.83
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09145B

16WC09145B	ALBERTI, ALEXANDRA	11		229.20	243.00	0.00	0.00	0.00	0.00	0.00	472.20
ROSEVILLE COMMUNITY CHARTER	11/30/2016	12/1/2016	1/19/2017	229.20	243.00	0.00	0.00	0.00	0.00	0.00	472.20
STUDENT BEGAN TO HAVE BEHAVIORAL ISSUES PUSHED DESK INTO HER L H				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				229.20	243.00	0.00	0.00	0.00	0.00	0.00	472.20
				229.20	243.00	0.00	0.00	0.00	0.00	0.00	472.20
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09146K

16WC09146K	WHITE, LATIYA	11		1,194.77	243.00	0.00	0.00	0.00	0.00	0.00	1,437.77
VOTECH VS	11/28/2016	12/1/2016	2/23/2017	1,194.77	243.00	0.00	0.00	0.00	0.00	0.00	1,437.77
PLAYING INDOOR SOCCER WHEN STUDENT ACCIDENTALLY TOSSED SOCCER				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,194.77	243.00	0.00	0.00	0.00	0.00	0.00	1,437.77
				1,194.77	243.00	0.00	0.00	0.00	0.00	0.00	1,437.77
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09147Y





NEW CLAIMS

November 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: 16WC09147Y

16WC09147Y	DEMARCO, ROBERT	11		486.27	243.00	0.00	0.00	0.00	0.00	0.00	729.27
SHORE CENTER FOR AUTISM	11/30/2016	12/1/2016	2/28/2017	486.27	243.00	0.00	0.00	0.00	0.00	0.00	729.27
PICKING UP SCHOOL BREAKFASTS/LUNCHES TO PUT INTO TRUCK, SLIPPED				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				486.27	243.00	0.00	0.00	0.00	0.00	0.00	729.27
				486.27	243.00	0.00	0.00	0.00	0.00	0.00	729.27
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09149B

16WC09149B	GIOVANELLI, JOAN	11		101.39	243.00	0.00	0.00	0.00	0.00	0.00	344.39
ATLANTIC CO VOTECH	11/30/2016	12/1/2016	1/26/2017	101.39	243.00	0.00	0.00	0.00	0.00	0.00	344.39
WALKING IN GYM STUDENT TRIPPED HER SHE FELL INJURED CHIN, R KNEE, I				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				101.39	243.00	0.00	0.00	0.00	0.00	0.00	344.39
				101.39	243.00	0.00	0.00	0.00	0.00	0.00	344.39
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09150B

16WC09150B	FLANAGAN, MICHELE	11		357.80	243.00	0.00	0.00	0.00	0.00	0.00	600.80
CLEARVIEW REGIONAL HS	11/30/2016	12/1/2016	2/7/2017	357.80	243.00	0.00	0.00	0.00	0.00	0.00	600.80
CLMT WAS WALKING DOWN RAMP SLIPPED AND FELL LANDING ON HER TRUI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				357.80	243.00	0.00	0.00	0.00	0.00	0.00	600.80
				357.80	243.00	0.00	0.00	0.00	0.00	0.00	600.80
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09151Y





NEW CLAIMS

November 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: 16WC09151Y

16WC09151Y	ROBINSON, RHONDA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SOJOURN HS	11/29/2016	12/1/2016	Open	1,903.91	243.00	0.00	0.00	0.00	0.00	0.00	2,146.91
CLMT SLIPPED AND FELL ON WET FLOOR INJ LT FOOT AND ANKLE				596.09	2.00	0.00	0.00	0.00	0.00	0.00	598.09
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				1,903.91	243.00	0.00	0.00	0.00	0.00	0.00	2,146.91
				596.09	2.00	0.00	0.00	0.00	0.00	0.00	598.09

Claim Number: 16WC09152W

16WC09152W	RAUB, DREW	11		175.00	243.00	0.00	0.00	0.00	0.00	0.00	418.00
MORRIS PLAINS SCHOOL DIST	11/30/2016	12/1/2016	3/7/2017	175.00	243.00	0.00	0.00	0.00	0.00	0.00	418.00
STUDENT WAS EXCITED AND BENT DOWN TO PICK UP AN ITEM STUDENT STC				0.00	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	0.00	418.00
				175.00	243.00	0.00	0.00	0.00	0.00	0.00	418.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09154Y

16WC09154Y	BLUNT, LAURA	11		161.89	243.00	0.00	0.00	0.00	0.00	0.00	404.89
VALLEY PROGRAM	11/30/2016	12/1/2016	1/24/2017	161.89	243.00	0.00	0.00	0.00	0.00	0.00	404.89
DURING BACKWARDS TRANSPORT OF BEHAVIORAL ISSUE STUDENT KICKED				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				161.89	243.00	0.00	0.00	0.00	0.00	0.00	404.89
				161.89	243.00	0.00	0.00	0.00	0.00	0.00	404.89
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09156T





NEW CLAIMS

November 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: 16WC09156T

16WC09156T	JENKINS, RODNEY	10	364.25	1,193.00	0.00	0.00	0.00	0.00	0.00	1,557.25
SOJOURN HS	11/30/2016	12/1/2016	1/31/2017	364.25	1,193.00	0.00	0.00	0.00	0.00	1,557.25
WAS OPENING TRUNK OF CAR SATES BACK GAVE OUT INJURED LOWER BAC			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			364.25	1,193.00	0.00	0.00	0.00	0.00	0.00	1,557.25
			364.25	1,193.00	0.00	0.00	0.00	0.00	0.00	1,557.25
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09157W

16WC09157W	SWEET, MICHAEL	11	889.63	243.00	0.00	0.00	0.00	0.00	0.00	1,132.63
SOJOURN HS	11/16/2016	11/16/2016	2/27/2017	889.63	243.00	0.00	0.00	0.00	0.00	1,132.63
INSTRUCTING A STUDENT TO THROW & CATCH A BASKETBALL, BALL STRUCI			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			889.63	243.00	0.00	0.00	0.00	0.00	0.00	1,132.63
			889.63	243.00	0.00	0.00	0.00	0.00	0.00	1,132.63
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09163B

16WC09163B	ALVAREZ, CARLOS	11	622.24	243.00	0.00	0.00	0.00	0.00	0.00	865.24
HUDSON SCHOOL	11/30/2016	11/30/2016	1/19/2017	622.24	243.00	0.00	0.00	0.00	0.00	865.24
SLIPPED ON WET FLOOR & FELL INJURING HIS BACK, TRUNK & LT WRIST			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			622.24	243.00	0.00	0.00	0.00	0.00	0.00	865.24
			622.24	243.00	0.00	0.00	0.00	0.00	0.00	865.24
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09169B



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

November 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: 16WC09169B

16WC09169B	PEASE, STEPHANIE	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
BINGHAM SCHOOL	11/17/2016	11/17/2016	1/18/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING A BEHAVIORAL WAS KICKING HER IN HER RT KNEE WHILE				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: 16WC09172W

16WC09172W	MOORE, LUCEANNA	11		486.00	243.00	0.00	0.00	0.00	0.00	729.00
LEONARD V. MOORE SCHOOL	11/23/2016	12/4/2016	2/23/2017	486.00	243.00	0.00	0.00	0.00	0.00	729.00
TRIPPED OVER MAT AND FELL INJURED LOWER BACK AND SIDE OF HEAD				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				486.00	243.00	0.00	0.00	0.00	0.00	729.00
				486.00	243.00	0.00	0.00	0.00	0.00	729.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09184K

16WC09184K	MOBILIO, LESLIE	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
GARFIELD HS	11/1/2016	12/4/2016	1/12/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SITTING AT TABLE UPON STANDING UP FOOT CAUGHT UNDER CHAIR CAUSIN				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: 16WC09186R





NEW CLAIMS

November 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	Incurred Paid	Incurred Paid	Incurred Paid	Incurred Paid	Incurred Paid	Incurred Paid	Incurred Paid	Incurred 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: 16WC09186R

16WC09186R	LABADIE, KEITH	11	25,000.00	1,193.00	43,866.72	0.00	0.00	0.00	0.00	70,059.72
BRIDGEWATER-RARITAN HS	11/30/2016	12/5/2016	Open	1,755.74	243.00	1,036.68	0.00	0.00	0.00	3,035.42
STUDENT HAVING BEHAVIORAL ISSUE PUNCH TOWARDS HIM ROTATED TO B			23,244.26	950.00	42,830.04	0.00	0.00	0.00	0.00	67,024.30
Total by Claim Number 1 Claim			25,000.00	1,193.00	43,866.72	0.00	0.00	0.00	0.00	70,059.72
			1,755.74	243.00	1,036.68	0.00	0.00	0.00	0.00	3,035.42
			23,244.26	950.00	42,830.04	0.00	0.00	0.00	0.00	67,024.30

Claim Number: 16WC09193W

16WC09193W	PERALTA, NANCY	11	139.73	243.00	0.00	0.00	0.00	0.00	0.00	382.73
HANOVER PARK HS	11/21/2016	12/5/2016	3/ 9/2017	139.73	243.00	0.00	0.00	0.00	0.00	382.73
SLAMMED HER BRAKES HARD TO AVOID A HEARD OF DEERS INJ LOWER LEG			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			139.73	243.00	0.00	0.00	0.00	0.00	0.00	382.73
			139.73	243.00	0.00	0.00	0.00	0.00	0.00	382.73
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09201K

16WC09201K	JOHNSON, HENRIETTA	11	287.78	243.00	0.00	0.00	0.00	0.00	0.00	530.78
JERSEY CITY COMMUNITY CHARTER	11/28/2016	12/6/2016	2/10/2017	287.78	243.00	0.00	0.00	0.00	0.00	530.78
WALKING DOWN HALLWAY STUDENT WAS RUNNING RAN UP AND PUNCHED I			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			287.78	243.00	0.00	0.00	0.00	0.00	0.00	530.78
			287.78	243.00	0.00	0.00	0.00	0.00	0.00	530.78
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09218F





NEW CLAIMS

November 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: 16WC09218F

16WC09218F	JONES, JUANITA		10	30,321.56	1,193.00	33,000.00	0.00	0.00	0.00	0.00	64,514.56
WILDWOOD MS	11/23/2016	12/7/2016	Open	1,140.88	1,193.00	0.00	0.00	0.00	0.00	0.00	2,333.88
CHAIR WAS KICKED OUT FROM UNDER HER BY A STUDENT HAVING BEHAVIO				29,180.68	0.00	33,000.00	0.00	0.00	0.00	0.00	62,180.68
Total by Claim Number 1 Claim				30,321.56	1,193.00	33,000.00	0.00	0.00	0.00	0.00	64,514.56
				1,140.88	1,193.00	0.00	0.00	0.00	0.00	0.00	2,333.88
				29,180.68	0.00	33,000.00	0.00	0.00	0.00	0.00	62,180.68

Claim Number: 16WC09232K

16WC09232K	DANE, BRINDLEY		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
VILLAGE CHARTER SCHOOL	11/17/2016	11/17/2016	Open	737.14	243.00	0.00	0.00	0.00	0.00	0.00	980.14
WALKING DOWN STAIRS, CARRYING SUPPLIES, HER FOOT GOT CAUGHT ON :				1,762.86	2.00	0.00	0.00	0.00	0.00	0.00	1,764.86
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				737.14	243.00	0.00	0.00	0.00	0.00	0.00	980.14
				1,762.86	2.00	0.00	0.00	0.00	0.00	0.00	1,764.86

Claim Number: 16WC09233B

16WC09233B	MARTINEZ, JIRBEN		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
THOMAS EDISON INTERMEDIATE S	11/23/2016	12/8/2016	Open	929.52	243.00	0.00	0.00	0.00	0.00	0.00	1,172.52
ATTEMPTING TO RELOCATE STAGE THE DOLLY WAS USING MOVED REACHEI				1,570.48	2.00	0.00	0.00	0.00	0.00	0.00	1,572.48
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				929.52	243.00	0.00	0.00	0.00	0.00	0.00	1,172.52
				1,570.48	2.00	0.00	0.00	0.00	0.00	0.00	1,572.48

Claim Number: 16WC09234Y





NEW CLAIMS

November 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: 16WC09234Y

16WC09234Y	HACKETT, ELIZABETH	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
RIDGEWAY ES	11/29/2016	12/8/2016	Open	2,298.94	243.00	0.00	0.00	0.00	0.00	2,541.94
BLICKED STUDENT HAVING BEHAVIORAL ISSUE WHO CHARGED TOWARDS AI				201.06	2.00	0.00	0.00	0.00	0.00	203.06
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				2,298.94	243.00	0.00	0.00	0.00	0.00	2,541.94
				201.06	2.00	0.00	0.00	0.00	0.00	203.06

Claim Number: 16WC09242Y

16WC09242Y	SOARES, JEFFREY	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
OCEAN TWP H.S.	11/18/2016	12/8/2016	1/6/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
THROWING FOOTBALL I CLASS FELT AS IFF HE TORE A MUSCLE ON L SIDE AT				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: 16WC09260G

16WC09260G	KROLIK-KAISER, BRIDGET	14		0.00	0.00	50,000.00	0.00	0.00	3,500.00	53,500.00
ORCHARD HILL ES	11/18/2016	12/9/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SITTING IN CHAIR WHEN STUDENT JUMPED ON HER BACK LATCHED ONTO HI				0.00	0.00	50,000.00	0.00	0.00	3,500.00	53,500.00
Total by Claim Number 1 Claim				0.00	0.00	50,000.00	0.00	0.00	3,500.00	53,500.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	50,000.00	0.00	0.00	3,500.00	53,500.00

Claim Number: 16WC09263R





NEW CLAIMS

November 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: 10 - WORKERS' COMPENSATION

Claim Number: 16WC09263R

16WC09263R	JACKSON, KIM		11	7,685.00	245.00	0.00	0.00	0.00	0.00	0.00	7,930.00
JR - SR H S	11/28/2016	12/9/2016	Open	2,334.39	243.00	0.00	0.00	0.00	0.00	0.00	2,577.39
DEMONSTRATING A DANCE TO STUDENTS FOR HOLIDAY SHOW INJURED R L				5,350.61	2.00	0.00	0.00	0.00	0.00	0.00	5,352.61
Total by Claim Number 1 Claim				7,685.00	245.00	0.00	0.00	0.00	0.00	0.00	7,930.00
				2,334.39	243.00	0.00	0.00	0.00	0.00	0.00	2,577.39
				5,350.61	2.00	0.00	0.00	0.00	0.00	0.00	5,352.61

Claim Number: 16WC09264W

16WC09264W	MARTINEZ, GLORIA		11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
LAMONTE ANNEX SCHOOL	11/21/2016	12/9/2016	1/31/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
MOVING BOXES FROM THE 1ST FLOOR TO BASEMENT PUTTING BOXES ON H.				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: 16WC09363K

16WC09363K	PEARL, SUSAN		11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
JOHN F KENNEDY ES	11/29/2016	12/16/2016	1/23/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TRIPPED OVER LEG OF WHITEBOARD AND FELL LANDING ON BOTH KNEES				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: 16WC09503B





NEW CLAIMS

November 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: 16WC09503B

16WC09503B	MCTAGUE, SHERRI	11	2,501.00	243.00	0.00	0.00	0.00	0.00	0.00	2,744.00
EARLY CHILDHOOD CENTER	11/1/2016	1/26/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT JUMPED ON HER BACK CAUSING INJURY TO NECK, MID-LOWER BA				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	0.00	2,744.00
			0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
			2,501.00	0.00	0.00	0.00	0.00	0.00	0.00	2,501.00

Claim Number: 16WC09504B

16WC09504B	KELLY, JANE	11	2,501.00	243.00	0.00	0.00	0.00	0.00	0.00	2,744.00
HORACE MANN SCHOOL	11/17/2016	1/30/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SLIPPED IN WATER AND FELL HITTING R SHOULDER ON DOOR FRAME R WRI				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	0.00	2,744.00
			0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
			2,501.00	0.00	0.00	0.00	0.00	0.00	0.00	2,501.00

Claim Number: 16WC09516M

16WC09516M	JARAMILLO, ELINETH	15	0.00	0.00	0.00	0.00	0.00	2,500.00	0.00	2,500.00
HUDSON CNTY VO-TECH	11/2/2016	2/24/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REAR ENDED WHILE DRIVING SCHOOL BUS INJURED MID TO LOWER BACK, N				0.00	0.00	0.00	0.00	2,500.00	0.00	2,500.00
Total by Claim Number 1 Claim			0.00	0.00	0.00	0.00	0.00	2,500.00	0.00	2,500.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	0.00	0.00	0.00	2,500.00	0.00	2,500.00





NEW CLAIMS

November 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
Total by Major Coverage 384 Claims			1,380,646.91	145,151.57	1,605,026.62	0.00	0.00	50,120.88	0.00	3,180,945.98
			471,172.82	138,838.57	197,670.40	0.00	0.00	5,063.63	0.00	812,745.42
			909,474.09	6,313.00	1,407,356.22	0.00	0.00	45,057.25	0.00	2,368,200.56

Major Coverage: 20 - GENERAL LIABILITY

Claim Number: 16GL00795H

16GL00795H	FALCO, ROBERT	22	0.00	0.00	0.00	0.00	0.00	0.00	386.00	386.00
MANSFIELD TWP ES	11/4/2016	11/7/2016	2/22/2017	0.00	0.00	0.00	0.00	0.00	386.00	386.00
ALLEGES FELL FROM MONKEY BARS			0.00	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	386.00	386.00
			0.00	0.00	0.00	0.00	0.00	0.00	386.00	386.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16GL00815H

16GL00815H	JOHNSON, MARIA	21	0.00	0.00	304.95	0.00	0.00	0.00	0.00	304.95
ELIZABETH BOARD OF EDUCATION	11/1/2016	11/17/2016	11/23/2016	0.00	0.00	304.95	0.00	0.00	0.00	304.95
BOE EMPLOYEE'S VEHICLE WINDOW WAS DAMANGED BY ROCK THROWN FR			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			0.00	0.00	304.95	0.00	0.00	0.00	0.00	304.95
			0.00	0.00	304.95	0.00	0.00	0.00	0.00	304.95
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16GL00818E

16GL00818E	CHOHAN, AWAIT	20	25,000.00	1,600.00	0.00	0.00	0.00	0.00	5,000.00	31,600.00
WDBG TRANSPORTATION DEPT	11/7/2016	11/18/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES STUDENT SLIPPED OUT OF 5 POINT HARNESS AND BIT ANOTHER S			25,000.00	1,600.00	0.00	0.00	0.00	0.00	5,000.00	31,600.00





NEW CLAIMS

November 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: 20 - GENERAL LIABILITY										
Total by Claim Number 1 Claim				25,000.00	1,600.00	0.00	0.00	0.00	5,000.00	31,600.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				25,000.00	1,600.00	0.00	0.00	0.00	5,000.00	31,600.00
Claim Number: 16GL00819S										
16GL00819S	SAVAGE, TYRA		22	0.00	500.00	0.00	0.00	0.00	1,500.00	2,000.00
JERSEY CITY PUBLIC SCHOOLS	11/17/2016	11/18/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES TEACHER INJURED BY STUDENT				0.00	500.00	0.00	0.00	0.00	1,500.00	2,000.00
Total by Claim Number 1 Claim				0.00	500.00	0.00	0.00	0.00	1,500.00	2,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	500.00	0.00	0.00	0.00	1,500.00	2,000.00
Claim Number: 16GL00823S										
16GL00823S	SIMS, TAZADY		22	0.00	500.00	0.00	0.00	0.00	1,500.00	2,000.00
Renaissance Institute	11/7/2016	11/18/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES 2 STUDENTS INVOLVED IN ALTERCATION				0.00	500.00	0.00	0.00	0.00	1,500.00	2,000.00
Total by Claim Number 1 Claim				0.00	500.00	0.00	0.00	0.00	1,500.00	2,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	500.00	0.00	0.00	0.00	1,500.00	2,000.00
Claim Number: 16GL00823S/01										
16GL00823S/01	PALAZZO, CHRISTINA		22	0.00	250.00	0.00	0.00	0.00	1,500.00	1,750.00
Renaissance Institute	11/7/2016	11/18/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES 2 STUDENTS INVOLVED IN ALTERCATION				0.00	250.00	0.00	0.00	0.00	1,500.00	1,750.00





NEW CLAIMS

November 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	250.00	0.00	0.00	0.00	0.00	1,500.00	1,750.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	250.00	0.00	0.00	0.00	0.00	1,500.00	1,750.00
Claim Number: 16GL00825E										
16GL00825E	BUELL, KELLI	20	25,000.00	2,250.00	0.00	0.00	0.00	0.00	0.00	27,250.00
OCEAN TWP H.S.	11/9/2016	11/21/2016	Open	0.00	850.83	0.00	0.00	0.00	0.00	850.83
ALLEGES PLAYING BASKETBALL WAS HIT IN BACK BY ANOTHER STUDENT FE			25,000.00	1,399.17	0.00	0.00	0.00	0.00	0.00	26,399.17
Total by Claim Number 1 Claim			25,000.00	2,250.00	0.00	0.00	0.00	0.00	0.00	27,250.00
			0.00	850.83	0.00	0.00	0.00	0.00	0.00	850.83
			25,000.00	1,399.17	0.00	0.00	0.00	0.00	0.00	26,399.17
Claim Number: 16GL00827L										
16GL00827L	CHAUVERS, JERMEIN	20	10,750.00	846.72	0.00	0.00	0.00	0.00	0.00	11,596.72
PERTH AMBOY	11/2/2016	11/21/2016	Open	0.00	846.72	0.00	0.00	0.00	0.00	846.72
ALLEGES FELL ON PLAYGROUND AREA STEPS			10,750.00	0.00	0.00	0.00	0.00	0.00	0.00	10,750.00
Total by Claim Number 1 Claim			10,750.00	846.72	0.00	0.00	0.00	0.00	0.00	11,596.72
			0.00	846.72	0.00	0.00	0.00	0.00	0.00	846.72
			10,750.00	0.00	0.00	0.00	0.00	0.00	0.00	10,750.00
Claim Number: 16GL00831E										
16GL00831E	ROSE, KIMBERLY	21	0.00	0.00	0.00	0.00	0.00	5,000.00	0.00	5,000.00
SHREWBURY BOE	11/22/2016	11/22/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TITLE 18A ETHICS COMPLAINT			0.00	0.00	0.00	0.00	0.00	5,000.00	0.00	5,000.00





NEW CLAIMS

November 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			0.00	0.00	0.00	0.00	0.00	5,000.00	0.00	5,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	0.00	0.00	0.00	5,000.00	0.00	5,000.00
Claim Number: 16GL00835D										
16GL00835D	BOWEN, SANIYA	20	7,500.00	0.00	0.00	0.00	0.00	0.00	2,500.00	10,000.00
EAST ORANGE HIGH SCHOOL	11/21/2016	11/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES SHE & ANOTHER STUDENT WERE FIGHTING RESULTING IN INJURIE			7,500.00	0.00	0.00	0.00	0.00	0.00	2,500.00	10,000.00
Total by Claim Number 1 Claim			7,500.00	0.00	0.00	0.00	0.00	0.00	2,500.00	10,000.00
			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	0.00	2,500.00	10,000.00
Claim Number: 16GL00838H										
16GL00838H	CASE, KATHRYN	22	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
APPLEBY SCHOOL	11/21/2016	11/28/2016	Open	0.00	0.00	0.00	0.00	0.00	2,077.27	2,077.27
ALLEGES GRANDPARENT TRIPPED ON CURB & FELL PICKING UP GRANDCHIL			0.00	0.00	0.00	0.00	0.00	0.00	2,922.73	2,922.73
Total by Claim Number 1 Claim			0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	2,077.27	2,077.27
			0.00	0.00	0.00	0.00	0.00	0.00	2,922.73	2,922.73
Claim Number: 16GL00851D										
16GL00851D	CLMT, UNKNOWN	20	5,000.00	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00
POHOFONG ES	11/29/2016	12/2/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGED ABUSE SITUATION OCCURRED AT POHATCONG SCHOOL			5,000.00	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00





NEW CLAIMS

November 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			5,000.00	0.00	0.00	0.00	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
			5,000.00	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00
Claim Number: 16GL00854N										
16GL00854N	ANDREATIS, ADAM	22	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
MIDSTREAMS ES	11/28/2016	12/5/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES FELL OFF JUNGLE GYM ON PLAYGROUND			0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
Total by Claim Number 1 Claim			0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
Claim Number: 16GL00862S										
16GL00862S	BOSSONE, TYLER	20	7,500.00	0.00	0.00	0.00	0.00	0.00	0.00	7,500.00
NEPTUNE HIGH SCHOOL	11/4/2016	12/6/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES STUDENT CROSSING STREET IN FRONT OF SCHOOL WAS STRUCK			7,500.00	0.00	0.00	0.00	0.00	0.00	0.00	7,500.00
Total by Claim Number 1 Claim			7,500.00	0.00	0.00	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
			7,500.00	0.00	0.00	0.00	0.00	0.00	0.00	7,500.00
Claim Number: 16GL00880S										
16GL00880S	WAGNER, KAITLYN	20	5,000.00	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00
DONALD A QUARLES ES	11/17/2016	12/12/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES EMPLOYEE CAUSED A HEAVY SPEAKER LIKE OBJECT TO CRASH DC			5,000.00	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00





NEW CLAIMS

November 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			5,000.00	0.00	0.00	0.00	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
			5,000.00	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00
Claim Number: 16GL00894H										
16GL00894H	RODRIGUES, JOAO	21	0.00	0.00	751.60	0.00	0.00	0.00	0.00	751.60
ELIZABETH BOARD OF EDUCATION	11/28/2016	12/16/2016	1/19/2017	0.00	0.00	751.60	0.00	0.00	0.00	751.60
ALLEGES PARENT VEHICLE WAS HIT BY A CLOSING GATE BREAKING MIRROR				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			0.00	0.00	751.60	0.00	0.00	0.00	0.00	751.60
			0.00	0.00	751.60	0.00	0.00	0.00	0.00	751.60
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 16GL00900N										
16GL00900N	VELEZ, JAYLA	20	10,000.00	937.44	0.00	0.00	0.00	0.00	0.00	10,937.44
MILDRED BARRY GARVIN	11/16/2016	12/19/2016	Open	0.00	937.44	0.00	0.00	0.00	0.00	937.44
ALLEGES SLIPPED ON WET FLOOR IN BATHROOM INJURED L KNEE				10,000.00	0.00	0.00	0.00	0.00	0.00	10,000.00
Total by Claim Number 1 Claim			10,000.00	937.44	0.00	0.00	0.00	0.00	0.00	10,937.44
			0.00	937.44	0.00	0.00	0.00	0.00	0.00	937.44
			10,000.00	0.00	0.00	0.00	0.00	0.00	0.00	10,000.00
Claim Number: 16GL00937E										
16GL00937E	PEREZ, KYANA	20	5,000.00	1,500.00	0.00	0.00	0.00	0.00	0.00	6,500.00
ROBERT N. WILENTZ ES.	11/18/2016	1/20/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES BEING HARRASSED AND ATTACKED BY ANOTHER STUDENT				5,000.00	1,500.00	0.00	0.00	0.00	0.00	6,500.00





NEW CLAIMS

November 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				5,000.00	1,500.00	0.00	0.00	0.00	0.00	6,500.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				5,000.00	1,500.00	0.00	0.00	0.00	0.00	6,500.00
Claim Number: 16GL00945D										
16GL00945D	PEARSON, GEORGE	24		0.00	0.00	100.00	0.00	0.00	0.00	100.00
KEANSBURG BOARD OF EDUCATIC	11/29/2016	1/27/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES SLANDER/LIBEL				0.00	0.00	100.00	0.00	0.00	0.00	100.00
Total by Claim Number 1 Claim				0.00	0.00	100.00	0.00	0.00	0.00	100.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	100.00	0.00	0.00	0.00	100.00
Claim Number: 16GL00946N										
16GL00946N	BARRAGAN, ERIC	20		25,000.00	0.00	0.00	0.00	0.00	0.00	25,000.00
OCEAN TWP H.S.	11/15/2016	1/30/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES STUDENT ASSAULTED BY ANOTHER STUDENT				25,000.00	0.00	0.00	0.00	0.00	0.00	25,000.00
Total by Claim Number 1 Claim				25,000.00	0.00	0.00	0.00	0.00	0.00	25,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				25,000.00	0.00	0.00	0.00	0.00	0.00	25,000.00
Claim Number: 16GL00949D										
16GL00949D	RUIZ, JIMMY	20		15,000.00	0.00	0.00	0.00	0.00	0.00	15,000.00
EMERSON MS	11/16/2016	1/31/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES ASSAULTED BY TEACHER				15,000.00	0.00	0.00	0.00	0.00	0.00	15,000.00





NEW CLAIMS

November 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: 20 - GENERAL LIABILITY										
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: 16GL00953N										
16GL00953N	ENCARNACION, FELICIA	20	10,000.00	0.00	0.00	0.00	0.00	0.00	0.00	10,000.00
JAMES J FERRIS HS	11/14/2016	2/7/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES WAS STRUCK IN FACE/MOUTH BY A STICK THROWN			10,000.00	0.00	0.00	0.00	0.00	0.00	0.00	10,000.00
Total by Claim Number 1 Claim			10,000.00	0.00	0.00	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
			10,000.00	0.00	0.00	0.00	0.00	0.00	0.00	10,000.00
Claim Number: 16GL00968S										
16GL00968S	KENNEDY, SHALOM	20	25,000.00	7,500.00	0.00	0.00	0.00	0.00	0.00	32,500.00
PUBLIC SCHOOL #34	11/21/2016	2/23/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES ABUSE BY TEACHER			25,000.00	7,500.00	0.00	0.00	0.00	0.00	0.00	32,500.00
Total by Claim Number 1 Claim			25,000.00	7,500.00	0.00	0.00	0.00	0.00	0.00	32,500.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			25,000.00	7,500.00	0.00	0.00	0.00	0.00	0.00	32,500.00
Claim Number: 16GL00970H										
16GL00970H	LACON, JEREMIAH	22	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
COLUMBIA HIGH SCHOOL	11/15/2016	3/1/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES STUDENT CUT FINGER ON GLASS BEAKER			0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00





NEW CLAIMS

November 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	0.00	0.00	0.00	0.00	5,000.00	5,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
Claim Number: 16GL00973S										
16GL00973S	MASON, YAMIN		20	25,000.00	1,500.00	0.00	0.00	0.00	0.00	26,500.00
WASHINGTON COMMUNITY	11/18/2016	2/17/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES CALLED INAPPROPRIATE NAMES, SUSTAINED NUMEROUS PHYSICA				25,000.00	1,500.00	0.00	0.00	0.00	0.00	26,500.00
Total by Claim Number 1 Claim				25,000.00	1,500.00	0.00	0.00	0.00	0.00	26,500.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				25,000.00	1,500.00	0.00	0.00	0.00	0.00	26,500.00
Claim Number: 16GL00975H										
16GL00975H	WEICHERT, BROOKE		22	0.00	0.00	0.00	0.00	0.00	75.00	75.00
MONMOUTH COUNTY VOCATIONAL	11/22/2016	3/6/2017	3/ 7/2017	0.00	0.00	0.00	0.00	0.00	75.00	75.00
ALLEGES CUT TIP OF TINGER OFF SLICING CHEESE				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	75.00	75.00
				0.00	0.00	0.00	0.00	0.00	75.00	75.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Major Coverage 26 Claims				200,750.00	17,384.16	1,156.55	0.00	0.00	5,000.00	27,461.00
				0.00	2,634.99	1,056.55	0.00	0.00	0.00	2,538.27
				200,750.00	14,749.17	100.00	0.00	0.00	5,000.00	24,922.73

Major Coverage: 30 - AUTO LIABILITY

Claim Number: 16AL00509H



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

November 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: 30 - AUTO LIABILITY

Claim Number: 16AL00509H

16AL00509H	LIBERTI, TIZIANA	31		0.00	183.80	900.55	0.00	0.00	0.00	0.00	1,084.35
HUDSON CNTY VO-TECH	11/3/2016	11/4/2016	12/13/2016	0.00	183.80	900.55	0.00	0.00	0.00	0.00	1,084.35
IV REAR ENDED OV				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	183.80	900.55	0.00	0.00	0.00	0.00	1,084.35
				0.00	183.80	900.55	0.00	0.00	0.00	0.00	1,084.35
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16AL00512H

16AL00512H	LINFANTE, DR.	31		0.00	328.30	1,700.00	0.00	0.00	0.00	0.00	2,028.30
OCEAN TWP. BOARD OF EDUCATIC	11/7/2016	11/8/2016	1/19/2017	0.00	328.30	1,700.00	0.00	0.00	0.00	0.00	2,028.30
IV CLIPPED BUMPER OF OV				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	328.30	1,700.00	0.00	0.00	0.00	0.00	2,028.30
				0.00	328.30	1,700.00	0.00	0.00	0.00	0.00	2,028.30
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16AL00515L

16AL00515L	CHIN, BELLIE	31		0.00	252.80	584.76	0.00	0.00	0.00	0.00	837.56
CHESTER TWP BOE	11/8/2016	11/9/2016	12/20/2016	0.00	252.80	584.76	0.00	0.00	0.00	0.00	837.56
LUNCH VAN WHICH SODEXO USES TO TRANSPORT FOOD INVOLVED IN MINO				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	252.80	584.76	0.00	0.00	0.00	0.00	837.56
				0.00	252.80	584.76	0.00	0.00	0.00	0.00	837.56
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16AL00517H





NEW CLAIMS

November 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: 30 - AUTO LIABILITY

Claim Number: 16AL00517H

16AL00517H	VALDES, ORLANDO	31	0.00	0.00	588.50	0.00	0.00	0.00	0.00	588.50
UNION CITY BOARD OF EDUCATIO	11/3/2016	11/10/2016	12/ 1/2016	0.00	0.00	588.50	0.00	0.00	0.00	588.50
IV DROPPING OFF STUDENT, BACKED UP HITTING PARKED VEHICLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	0.00	588.50	0.00	0.00	0.00	588.50
				0.00	0.00	588.50	0.00	0.00	0.00	588.50
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16AL00520L01

16AL00520L01	Rodney, Marie	31	0.00	343.60	500.00	0.00	0.00	0.00	0.00	843.60
MONROE TWP. BOARD OF EDUCAT	11/14/2016	11/14/2016	Open	0.00	343.60	0.00	0.00	0.00	0.00	343.60
IV REAR ENDED OV				0.00	0.00	500.00	0.00	0.00	0.00	500.00
Total by Claim Number 1 Claim				0.00	343.60	500.00	0.00	0.00	0.00	843.60
				0.00	343.60	0.00	0.00	0.00	0.00	343.60
				0.00	0.00	500.00	0.00	0.00	0.00	500.00

Claim Number: 16AL00521L

16AL00521L	KHAIMAN, LILIANA	31	0.00	0.00	750.00	0.00	0.00	0.00	0.00	750.00
MORRIS HILLS/KNOLLS REG BRD C	11/2/2016	11/14/2016	11/29/2016	0.00	0.00	750.00	0.00	0.00	0.00	750.00
IV BACKING UP HIT OV TO MAKE ROOM FOR TRACTOR TRAILER MAKING TUR				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	0.00	750.00	0.00	0.00	0.00	750.00
				0.00	0.00	750.00	0.00	0.00	0.00	750.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16AL00525H





NEW CLAIMS

November 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: 30 - AUTO LIABILITY

Claim Number: 16AL00525H

16AL00525H	APONTE, MARCOS	31		0.00	95.00	886.46	0.00	0.00	0.00	0.00	981.46
ATLANTIC COUNTY SPECIAL SERV	11/2/2016	11/17/2016	12/13/2016	0.00	95.00	886.46	0.00	0.00	0.00	0.00	981.46
WHILE BUS#2734 WAS BACKING UP IN PKNG SPACE, IV HIT A PARKED TRUCK				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	95.00	886.46	0.00	0.00	0.00	0.00	981.46
				0.00	95.00	886.46	0.00	0.00	0.00	0.00	981.46
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16AL00526H

16AL00526H	ETIENNE, GETCHYN	31		0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
HUNTERDON COUNTY ED. SERVIC	11/16/2016	11/17/2016	3/ 2/2017	0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
TAIL SWING HIT FRON BUMPER OF CAR				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
				0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16AL00530H/01

16AL00530H/01	Claimant , Unknown	31		0.00	0.00	2,277.74	0.00	0.00	0.00	0.00	2,277.74
LACEY TWP BOE	11/16/2016	11/17/2016	1/12/2017	0.00	0.00	2,277.74	0.00	0.00	0.00	0.00	2,277.74
IV SLIPPED A WOODEN SIGN				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	0.00	2,277.74	0.00	0.00	0.00	0.00	2,277.74
				0.00	0.00	2,277.74	0.00	0.00	0.00	0.00	2,277.74
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16AL00535L





NEW CLAIMS

November 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: 16AL00535L

16AL00535L	CALDERON, AZEAL	31	0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
TRANSPORTATION DEPT	11/3/2016	11/22/2016	11/29/2016	0.00	0.00	1,000.00	0.00	0.00	0.00	1,000.00
IV MOVED OVER TO LET AN AMBULANCE PASS HIT PARKED VEHICLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	0.00	1,000.00	0.00	0.00	0.00	1,000.00
				0.00	0.00	1,000.00	0.00	0.00	0.00	1,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16AL00536H

16AL00536H	BRZOSTEK, MARTA	31	0.00	170.50	3,596.57	0.00	0.00	0.00	0.00	3,767.07
BAYONNE BOARD OF EDUCATION	11/18/2016	11/22/2016	12/15/2016	0.00	170.50	3,596.57	0.00	0.00	0.00	3,767.07
IV ATTEMPTED TO GO BETWEEN A DOUBLE PARKED CAR & HIT ANOTHER PA				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	170.50	3,596.57	0.00	0.00	0.00	3,767.07
				0.00	170.50	3,596.57	0.00	0.00	0.00	3,767.07
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16AL00537H

16AL00537H	SCHUSSLER, MARISSA	31	0.00	0.00	362.88	0.00	0.00	0.00	0.00	362.88
WEST LONG BRANCH BOARD OF E	11/14/2016	11/22/2016	12/13/2016	0.00	0.00	362.88	0.00	0.00	0.00	362.88
IV STRUCK OV MIRROR				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	0.00	362.88	0.00	0.00	0.00	362.88
				0.00	0.00	362.88	0.00	0.00	0.00	362.88
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16AL00540L/01





NEW CLAIMS

November 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: 30 - AUTO LIABILITY

Claim Number: 16AL00540L/01

16AL00540L/01	PASSALACQUA, OLIVIA	32	0.00	0.00	0.00	0.00	0.00	0.00	2,500.00	2,500.00
MANCHESTER TWP BOARD OF EDU	11/23/2016	11/23/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OV REAR ENDED IV				0.00	0.00	0.00	0.00	0.00	2,500.00	2,500.00
Total by Claim Number 1 Claim			0.00	0.00	0.00	0.00	0.00	0.00	2,500.00	2,500.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	0.00	0.00	0.00	0.00	2,500.00	2,500.00

Claim Number: 16AL00541H

16AL00541H	KIM, JIN	31	0.00	0.00	1,097.90	0.00	0.00	0.00	0.00	1,097.90
ENGLEWOOD BOARD OF EDUCATI	11/15/2016	11/23/2016	12/27/2016	0.00	0.00	1,097.90	0.00	0.00	0.00	1,097.90
IV EMERGENCY BRAKE WAS NOT WORKING PROPERLY ROLLED BACK STRUC				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			0.00	0.00	1,097.90	0.00	0.00	0.00	0.00	1,097.90
			0.00	0.00	1,097.90	0.00	0.00	0.00	0.00	1,097.90
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16AL00542L/01

16AL00542L/01	Coppi , Grey	30	7,500.00	0.00	0.00	0.00	0.00	0.00	0.00	7,500.00
SOUTH PLAINFIELD	11/28/2016	11/28/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV STRUCK OV POSSIBLE INJURIES				7,500.00	0.00	0.00	0.00	0.00	0.00	7,500.00
Total by Claim Number 1 Claim			7,500.00	0.00	0.00	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
			7,500.00	0.00	0.00	0.00	0.00	0.00	0.00	7,500.00

Claim Number: 16AL00542L/02





NEW CLAIMS

November 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: 16AL00542L/02

16AL00542L/02	Farinella , John	31	0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
SOUTH PLAINFIELD	11/28/2016	11/28/2016	2/28/2017	0.00	0.00	500.00	0.00	0.00	0.00	500.00
IV STRUCK OV				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	0.00	500.00
			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

Claim Number: 16AL00543H

16AL00543H	MARRERO, FELIX	31	0.00	0.00	344.54	0.00	0.00	0.00	0.00	344.54
HUDSON CNTY VO-TECH	11/7/2016	11/28/2016	12/ 6/2016	0.00	0.00	344.54	0.00	0.00	0.00	344.54
IV STRUCK MIRROR OF OV				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			0.00	0.00	344.54	0.00	0.00	0.00	0.00	344.54
			0.00	0.00	344.54	0.00	0.00	0.00	0.00	344.54
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16AL00544H

16AL00544H	BLACK, JENNIANNE	31	0.00	0.00	300.00	0.00	0.00	0.00	0.00	300.00
HUDSON CNTY VO-TECH	11/28/2016	11/29/2016	1/17/2017	0.00	0.00	300.00	0.00	0.00	0.00	300.00
IV MADE CONTACT WITH L FRONT BUMPER OF OV				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			0.00	0.00	300.00	0.00	0.00	0.00	0.00	300.00
			0.00	0.00	300.00	0.00	0.00	0.00	0.00	300.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16AL00545L/01





NEW CLAIMS

November 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: 30 - AUTO LIABILITY

Claim Number: 16AL00545L/01

16AL00545L/01	PERRI, BARBARA	30	10,000.00	0.00	0.00	0.00	0.00	0.00	0.00	10,000.00
BRICK TWP. BOARD OF EDUCATIO	11/29/2016	11/30/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OV STRUCK IV PASSENGER TIRE POPPING IT				10,000.00	0.00	0.00	0.00	0.00	0.00	10,000.00
Total by Claim Number 1 Claim				10,000.00	0.00	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
				10,000.00	0.00	0.00	0.00	0.00	0.00	10,000.00

Claim Number: 16AL00545L/02

16AL00545L/02	PERRI, BARBARA	31	0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
BRICK TWP. BOARD OF EDUCATIO	11/29/2016	11/30/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OV STRUCK IV PASSENGER TIRE POPPING IT				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: 16AL00549H/01

16AL00549H/01	SANTIAGO, DESTINY	30	1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00
ELIZABETH BOARD OF EDUCATION	11/29/2016	1/30/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV STRUCK BY OV INVOLVED IN MVA SPUN HITTING IV				1,000.00	0.00	0.00	0.00	0.00	0.00	1,000.00
Total by Claim Number 1 Claim				1,000.00	0.00	0.00	0.00	0.00	0.00	1,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				1,000.00	0.00	0.00	0.00	0.00	0.00	1,000.00

Claim Number: 16AL00550H





NEW CLAIMS

November 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: 30 - AUTO LIABILITY

Claim Number: 16AL00550H

16AL00550H	EM, ROBERT	31		0.00	317.30	1,800.00	0.00	0.00	0.00	0.00	2,117.30
HUNTERDON COUNTY ED. SERVIC	11/28/2016	11/30/2016	12/20/2016	0.00	317.30	1,800.00	0.00	0.00	0.00	0.00	2,117.30
IV TURNING AROUND WHEN THE REAR OF BUS HIT L SIDE REAR OF OV				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	317.30	1,800.00	0.00	0.00	0.00	0.00	2,117.30
				0.00	317.30	1,800.00	0.00	0.00	0.00	0.00	2,117.30
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16AL00551H

16AL00551H	TRUCKING, ELITE	31		0.00	232.00	0.00	0.00	0.00	0.00	0.00	232.00
MORRIS HILLS/KNOLLS REG BRD C	11/14/2016	12/1/2016	1/19/2017	0.00	232.00	0.00	0.00	0.00	0.00	0.00	232.00
PASSENGER SIDE REAR OF BUS SWUNG OUT CAME CONTACT WITH OV				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	232.00	0.00	0.00	0.00	0.00	0.00	232.00
				0.00	232.00	0.00	0.00	0.00	0.00	0.00	232.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16AL00554H

16AL00554H	BEAN, ROSANNE	31		0.00	0.00	503.00	0.00	0.00	0.00	0.00	503.00
WAYNE TWP BOE	11/21/2016	12/1/2016	12/27/2016	0.00	0.00	503.00	0.00	0.00	0.00	0.00	503.00
IV STRUCK OV MAKING TURN				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	0.00	503.00	0.00	0.00	0.00	0.00	503.00
				0.00	0.00	503.00	0.00	0.00	0.00	0.00	503.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16AL00568H/01





NEW CLAIMS

November 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: 16AL00568H/01

16AL00568H/01	MARCONI, ANTHONY	31	0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
WOODBRIIDGE BOARD OF EDUCAT	11/17/2016	12/8/2016	1/26/2017	0.00	0.00	1,000.00	0.00	0.00	0.00	1,000.00
IV STRUCK BUILDING OVERHANG				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	0.00	1,000.00	0.00	0.00	0.00	1,000.00
				0.00	0.00	1,000.00	0.00	0.00	0.00	1,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16AL00604H

16AL00604H	COFINI, NICOLE	31	0.00	0.00	1,338.68	0.00	0.00	0.00	0.00	1,338.68
TRANSPORTATION DEPT	11/28/2016	1/4/2017	2/28/2017	0.00	0.00	1,338.68	0.00	0.00	0.00	1,338.68
IV STRUCK OV				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	0.00	1,338.68	0.00	0.00	0.00	1,338.68
				0.00	0.00	1,338.68	0.00	0.00	0.00	1,338.68
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16AL00609L

16AL00609L	BEST, MARCELLOUS	32	0.00	0.00	0.00	0.00	0.00	0.00	2,500.00	2,500.00
WINSLOW TWP BOE (CAMDEN)	11/11/2016	1/10/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STUDENT ALLEGES INJURIES TO HEAD & A CONCUSSION AS BUS TURNED TC				0.00	0.00	0.00	0.00	0.00	2,500.00	2,500.00
Total by Claim Number 1 Claim				0.00	0.00	0.00	0.00	0.00	2,500.00	2,500.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	0.00	0.00	0.00	2,500.00	2,500.00

Claim Number: 16AL00613H





NEW CLAIMS

November 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: 30 - AUTO LIABILITY

Claim Number: 16AL00613H

16AL00613H	MOHIUDDIN, SHAHIDA	31		0.00	0.00	148.40	0.00	0.00	0.00	0.00	148.40
ELIZABETH BOARD OF EDUCATION	11/22/2016	1/12/2017	1/19/2017	0.00	0.00	148.40	0.00	0.00	0.00	0.00	148.40
IV STRUCK PARKED VEHICLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	0.00	148.40	0.00	0.00	0.00	0.00	148.40
				0.00	0.00	148.40	0.00	0.00	0.00	0.00	148.40
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16AL00616H

16AL00616H	DAVILA, ARIOLFO	31		0.00	0.00	2,539.11	0.00	0.00	0.00	0.00	2,539.11
PLEASANTVILLE BOARD OF EDUCATION	11/9/2016	1/19/2017	2/7/2017	0.00	0.00	2,539.11	0.00	0.00	0.00	0.00	2,539.11
IV STRUCK PARKED OV				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	0.00	2,539.11	0.00	0.00	0.00	0.00	2,539.11
				0.00	0.00	2,539.11	0.00	0.00	0.00	0.00	2,539.11
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Total by Major Coverage 29 Claims

18,500.00	1,923.30	24,219.09	0.00	0.00	0.00	5,000.00	49,642.39
0.00	1,923.30	23,219.09	0.00	0.00	0.00	0.00	25,142.39
18,500.00	0.00	1,000.00	0.00	0.00	0.00	5,000.00	24,500.00

Major Coverage: 40 - AUTO PHYSICAL DAMAGE

Claim Number: 16AL00507L

16AL00507L	HUDSON CTY VOC BOE	40		0.00	500.00	7,500.00	2,553.59	0.00	0.00	0.00	5,446.41
HUDSON CNTY VO-TECH	11/2/2016	11/3/2016	Open	0.00	183.80	1,982.77	2,553.59	0.00	0.00	0.00	-387.02
2 VANS STRUCK IV				0.00	316.20	5,517.23	0.00	0.00	0.00	0.00	5,833.43





NEW CLAIMS

November 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				0.00	500.00	7,500.00	2,553.59	0.00	0.00	0.00	5,446.41
				0.00	183.80	1,982.77	2,553.59	0.00	0.00	0.00	-387.02
				0.00	316.20	5,517.23	0.00	0.00	0.00	0.00	5,833.43
Claim Number: 16AL00510E											
16AL00510E	HUNTERDON CTY ESC BOE		40	0.00	355.80	17,500.00	0.00	1,000.00	0.00	0.00	17,855.80
HUNTERDON COUNTY ED. SERVIC	11/4/2016	11/4/2016	Open	0.00	355.80	14,099.81	0.00	1,000.00	0.00	0.00	14,455.61
VAN WAS HIT ON L SIDE DRIVERS DOOR				0.00	0.00	3,400.19	0.00	0.00	0.00	0.00	3,400.19
Total by Claim Number 1 Claim				0.00	355.80	17,500.00	0.00	1,000.00	0.00	0.00	17,855.80
				0.00	355.80	14,099.81	0.00	1,000.00	0.00	0.00	14,455.61
				0.00	0.00	3,400.19	0.00	0.00	0.00	0.00	3,400.19
Claim Number: 16AL00511L											
16AL00511L	MENDHAM TWP BOE		40	0.00	215.30	13,123.72	0.00	0.00	0.00	0.00	13,339.02
MENDHAM TWP BOE	11/7/2016	11/7/2016	Open	0.00	215.30	13,123.72	0.00	0.00	0.00	0.00	13,339.02
IV COLLIDED WITH OV				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	215.30	13,123.72	0.00	0.00	0.00	0.00	13,339.02
				0.00	215.30	13,123.72	0.00	0.00	0.00	0.00	13,339.02
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 16AL00513L											
16AL00513L	BRICK TWP BOE		40	0.00	274.80	3,500.00	0.00	0.00	0.00	0.00	3,774.80
BRICK TWP. BOARD OF EDUCATIOI	11/4/2016	11/8/2016	Open	0.00	274.80	71.25	0.00	0.00	0.00	0.00	346.05
CHAIN REACTION INVOLVING SEVERAL VEHICLES OV REAR ENDED IV				0.00	0.00	3,428.75	0.00	0.00	0.00	0.00	3,428.75





NEW CLAIMS

November 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				0.00	274.80	3,500.00	0.00	0.00	0.00	0.00	3,774.80
				0.00	274.80	71.25	0.00	0.00	0.00	0.00	346.05
				0.00	0.00	3,428.75	0.00	0.00	0.00	0.00	3,428.75
Claim Number: 16AL00519H											
16AL00519H	WAYNE TWP BOE		40	0.00	395.10	12,248.36	0.00	0.00	0.00	0.00	12,643.46
WAYNE TWP BOE	11/9/2016	11/10/2016	1/26/2017	0.00	395.10	12,248.36	0.00	0.00	0.00	0.00	12,643.46
IV STRUCK SIGN IN PARKING LOT				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	395.10	12,248.36	0.00	0.00	0.00	0.00	12,643.46
				0.00	395.10	12,248.36	0.00	0.00	0.00	0.00	12,643.46
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 16AL00520L											
16AL00520L	MONROE TWP BOE		40	0.00	250.00	3,500.00	0.00	0.00	0.00	0.00	3,750.00
MONROE TWP. BOARD OF EDUCA1	11/14/2016	11/14/2016	Open	0.00	229.50	0.00	0.00	0.00	0.00	0.00	229.50
IV REAR ENDED OV				0.00	20.50	3,500.00	0.00	0.00	0.00	0.00	3,520.50
Total by Claim Number 1 Claim				0.00	250.00	3,500.00	0.00	0.00	0.00	0.00	3,750.00
				0.00	229.50	0.00	0.00	0.00	0.00	0.00	229.50
				0.00	20.50	3,500.00	0.00	0.00	0.00	0.00	3,520.50
Claim Number: 16AL00522L											
16AL00522L	MANCHESTER TWP BOE		40	0.00	265.00	7,500.00	4,845.00	0.00	0.00	0.00	2,920.00
MANCHESTER TWP BOARD OF EDI	11/14/2016	11/14/2016	Open	0.00	265.00	3,845.00	4,845.00	0.00	0.00	0.00	-735.00
BUS #86 WAS STRUCK WHILE PARKED AT MS				0.00	0.00	3,655.00	0.00	0.00	0.00	0.00	3,655.00





NEW CLAIMS

November 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				0.00	265.00	7,500.00	4,845.00	0.00	0.00	0.00	2,920.00
				0.00	265.00	3,845.00	4,845.00	0.00	0.00	0.00	-735.00
				0.00	0.00	3,655.00	0.00	0.00	0.00	0.00	3,655.00
Claim Number: 16AL00529L											
16AL00529L	BRICK TWP BOE		40	0.00	138.00	0.00	0.00	0.00	0.00	0.00	138.00
BRICK TWP. BOARD OF EDUCATIO	11/17/2016	11/17/2016	3/ 9/2017	0.00	138.00	0.00	0.00	0.00	0.00	0.00	138.00
OV SIDE SWIPED IV				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	138.00	0.00	0.00	0.00	0.00	0.00	138.00
				0.00	138.00	0.00	0.00	0.00	0.00	0.00	138.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 16AL00540L											
16AL00540L	MANCHESTER TWP BOE		40	0.00	285.00	7,500.00	0.00	0.00	0.00	0.00	7,785.00
MANCHESTER TWP BOARD OF EDI	11/23/2016	11/23/2016	Open	0.00	285.00	7,479.30	0.00	0.00	0.00	0.00	7,764.30
OV REAR ENDED IV				0.00	0.00	20.70	0.00	0.00	0.00	0.00	20.70
Total by Claim Number 1 Claim				0.00	285.00	7,500.00	0.00	0.00	0.00	0.00	7,785.00
				0.00	285.00	7,479.30	0.00	0.00	0.00	0.00	7,764.30
				0.00	0.00	20.70	0.00	0.00	0.00	0.00	20.70
Claim Number: 16AL00545L											
16AL00545L	BRICK TWP BOE		40	0.00	299.30	10,000.00	0.00	0.00	0.00	0.00	10,299.30
BRICK TWP. BOARD OF EDUCATIO	11/29/2016	11/30/2016	Open	0.00	299.30	6,907.64	0.00	0.00	0.00	0.00	7,206.94
OV STRUCK IV PASSENGER TIRE POPPING IT				0.00	0.00	3,092.36	0.00	0.00	0.00	0.00	3,092.36





NEW CLAIMS

November 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				0.00	299.30	10,000.00	0.00	0.00	0.00	10,299.30
				0.00	299.30	6,907.64	0.00	0.00	0.00	7,206.94
				0.00	0.00	3,092.36	0.00	0.00	0.00	3,092.36
Claim Number: 16AL00546L										
16AL00546L	WOODBIDGE BOE	40		0.00	246.30	6,440.00	0.00	0.00	0.00	6,686.30
WOODBIDGE BOARD OF EDUCAT	11/21/2016	11/30/2016	1/19/2017	0.00	246.30	6,440.00	0.00	0.00	0.00	6,686.30
UNKNOWN VEHICLE CUT HIM OFF CAUSING IV TO STRIKE WALL				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	246.30	6,440.00	0.00	0.00	0.00	6,686.30
				0.00	246.30	6,440.00	0.00	0.00	0.00	6,686.30
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 16AL00549H										
16AL00549H	ELIZABETH BOE	40		0.00	200.00	2,500.00	0.00	0.00	0.00	2,700.00
ELIZABETH BOARD OF EDUCATION	11/29/2016	11/30/2016	Open	0.00	183.70	282.25	0.00	0.00	0.00	465.95
IV STRUCK BY OV INVOLVED IN MVA SPUN HITTING IV				0.00	16.30	2,217.75	0.00	0.00	0.00	2,234.05
Total by Claim Number 1 Claim				0.00	200.00	2,500.00	0.00	0.00	0.00	2,700.00
				0.00	183.70	282.25	0.00	0.00	0.00	465.95
				0.00	16.30	2,217.75	0.00	0.00	0.00	2,234.05
Claim Number: 16AL00570L										
16AL00570L	CAMDEN CITY BOE	40		0.00	130.00	6,605.43	0.00	0.00	0.00	6,735.43
CAMDEN CITY SCHOOL DISTRICT	11/20/2016	12/12/2016	3/ 7/2017	0.00	130.00	6,605.43	0.00	0.00	0.00	6,735.43
OV STRUCK REAR OF IV				0.00	0.00	0.00	0.00	0.00	0.00	0.00





NEW CLAIMS

November 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: 40 - AUTO PHYSICAL DAMAGE										
Total by Claim Number 1 Claim			0.00	130.00	6,605.43	0.00	0.00	0.00	0.00	6,735.43
			0.00	130.00	6,605.43	0.00	0.00	0.00	0.00	6,735.43
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 16AL00602H										
16AL00602H	VINELAND CITY BOE	40	0.00	95.00	7,500.00	3,891.65	0.00	0.00	0.00	3,703.35
VINELAND TRANSPORTATION	11/29/2016	1/4/2017	Open	0.00	95.00	2,891.65	3,891.65	0.00	0.00	-905.00
OV STRUCK IV				0.00	0.00	4,608.35	0.00	0.00	0.00	4,608.35
Total by Claim Number 1 Claim			0.00	95.00	7,500.00	3,891.65	0.00	0.00	0.00	3,703.35
			0.00	95.00	2,891.65	3,891.65	0.00	0.00	0.00	-905.00
			0.00	0.00	4,608.35	0.00	0.00	0.00	0.00	4,608.35
Claim Number: 16AL00607S										
16AL00607S	WEST NEW YORK BOE	40	0.00	0.00	2,500.00	0.00	0.00	0.00	0.00	2,500.00
WEST NEW YORK BOARD OF EDUC	11/16/2016	1/5/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV STRUCK BY OV				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	0.00	2,500.00
			0.00	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	0.00	2,500.00
Total by Major Coverage 15 Claims			0.00	3,649.60	107,917.51	11,290.24	1,000.00	0.00	0.00	100,276.87
			0.00	3,296.60	75,977.18	11,290.24	1,000.00	0.00	0.00	67,983.54
			0.00	353.00	31,940.33	0.00	0.00	0.00	0.00	32,293.33

Major Coverage: 70 - PROPERTY
Claim Number: 16PR00286E



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

November 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: 16PR00286E

16PR00286E	HOPEWELL VALLEY REG BOE	70		5,000.00	0.00	30,383.43	0.00	0.00	3,201.00	1,502.94	40,087.37
HOPEWELL VALLEY REG BOE	11/7/2016	11/7/2016	3/2/2017	5,000.00	0.00	30,383.43	0.00	0.00	3,201.00	1,502.94	40,087.37
ALLEGES WATER PIPE BREAK AT MIDDLE SCHOOL CAUSING DAMAGE				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	30,383.43	0.00	0.00	3,201.00	1,502.94	40,087.37
				5,000.00	0.00	30,383.43	0.00	0.00	3,201.00	1,502.94	40,087.37
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16PR00287E

16PR00287E	PERTH AMBOY BOE	70		5,000.00	0.00	420,000.00	0.00	0.00	0.00	3,500.00	428,500.00
SAMUEL E. SHULL M.S.	11/13/2016	11/13/2016	Open	5,000.00	0.00	150,000.00	0.00	0.00	0.00	0.00	155,000.00
ALLEGES PIPE BURST CAUSING WATER DAMAGE				0.00	0.00	270,000.00	0.00	0.00	0.00	3,500.00	273,500.00
Total by Claim Number 1 Claim				5,000.00	0.00	420,000.00	0.00	0.00	0.00	3,500.00	428,500.00
				5,000.00	0.00	150,000.00	0.00	0.00	0.00	0.00	155,000.00
				0.00	0.00	270,000.00	0.00	0.00	0.00	3,500.00	273,500.00

Claim Number: 16PR00288L

16PR00288L	EAST ORANGE BOE	70		0.00	1,275.00	0.00	0.00	0.00	0.00	962.40	2,237.40
EAST ORANGE HIGH SCHOOL	11/17/2016	11/22/2016	2/28/2017	0.00	1,275.00	0.00	0.00	0.00	0.00	962.40	2,237.40
ALLEGES ELEVATOR WAS CATASTROPHICALLY VANDALIZED PER CONTRACT				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	1,275.00	0.00	0.00	0.00	0.00	962.40	2,237.40
				0.00	1,275.00	0.00	0.00	0.00	0.00	962.40	2,237.40
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16PR00293L





NEW CLAIMS

November 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: 70 - PROPERTY										
Claim Number: 16PR00293L										
16PR00293L	SOUTH ORANGE/MAPLEWOOD E	70	0.00	0.00	0.00	0.00	0.00	0.00	151.20	151.20
SOUTH MOUNTAIN	11/21/2016	12/8/2016	2/10/2017	0.00	0.00	0.00	0.00	0.00	151.20	151.20
ALLEGES SEWER BACKUP INTO CLASS DUE TO CLOGGED SEWER LINES			0.00	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	151.20	151.20
			0.00	0.00	0.00	0.00	0.00	0.00	151.20	151.20
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Major Coverage 4 Claims			10,000.00	1,275.00	450,383.43	0.00	0.00	3,201.00	6,116.54	470,975.97
			10,000.00	1,275.00	180,383.43	0.00	0.00	3,201.00	2,616.54	197,475.97
			0.00	0.00	270,000.00	0.00	0.00	0.00	3,500.00	273,500.00
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Grand Totals: 458 Claims			1,609,896.91	169,383.63	2,188,703.20	11,290.24	1,000.00	58,321.88	38,577.54	4,053,592.92
			481,172.82	147,968.46	478,306.65	11,290.24	1,000.00	8,264.63	5,154.81	1,109,577.13
			1,128,724.09	21,415.17	1,710,396.55	0.00	0.00	50,057.25	33,422.73	2,944,015.79

