



NEW CLAIMS

December 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: 16WC09153B

16WC09153B	DRAMESI, MARYANNE	11	315.03	243.00	0.00	0.00	0.00	0.00	0.00	558.03
BANKBRIDGE REG DEVELOPMENT.	12/1/2016	12/1/2016	1/19/2017	315.03	243.00	0.00	0.00	0.00	0.00	558.03
WAS BITTEN ON HER L UPPER ARM BY STUDENT HAVING BEHAVIORAL ISSUE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			315.03	243.00	0.00	0.00	0.00	0.00	0.00	558.03
			315.03	243.00	0.00	0.00	0.00	0.00	0.00	558.03
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09155K

16WC09155K	COLICCHIO, KIMBERLEY	11	244.86	243.00	0.00	0.00	0.00	0.00	0.00	487.86
WARREN DEVELOP. LEARNING CTI	12/1/2016	12/1/2016	1/10/2017	244.86	243.00	0.00	0.00	0.00	0.00	487.86
STUDENT HAVING A BEHAVIORAL STRUCK HER IN THE MOUTH/LIP				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			244.86	243.00	0.00	0.00	0.00	0.00	0.00	487.86
			244.86	243.00	0.00	0.00	0.00	0.00	0.00	487.86
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09158K

16WC09158K	GABALLA, ELHAM	11	600.13	243.00	0.00	0.00	0.00	0.00	0.00	843.13
CHITTICK E.S.	12/1/2016	12/1/2016	1/17/2017	600.13	243.00	0.00	0.00	0.00	0.00	843.13
PASSING A BALL BACK TO A STUDENT SHE ROLLED HER RT ANKLE, FALLING				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			600.13	243.00	0.00	0.00	0.00	0.00	0.00	843.13
			600.13	243.00	0.00	0.00	0.00	0.00	0.00	843.13
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09159B





NEW CLAIMS

December 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: 16WC09159B

16WC09159B	SILVERMAN, ILANA	11		2,817.00	243.00	0.00	0.00	0.00	0.00	0.00	3,060.00
CHITTICK E.S.	12/1/2016	12/1/2016	1/26/2017	2,817.00	243.00	0.00	0.00	0.00	0.00	0.00	3,060.00
TEACHING HER CLASS, A STUDENT DROPPED A DESK ON TOP OF HER LT FO				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				2,817.00	243.00	0.00	0.00	0.00	0.00	0.00	3,060.00
				2,817.00	243.00	0.00	0.00	0.00	0.00	0.00	3,060.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09160Y

16WC09160Y	POLLIONI, EUGENE	11		405.66	243.00	0.00	0.00	0.00	0.00	0.00	648.66
COLUMBIA HIGH SCHOOL	12/1/2016	12/1/2016	1/24/2017	405.66	243.00	0.00	0.00	0.00	0.00	0.00	648.66
WENT TO STAND ON A CHAIR TO FIX THE BLINDS, HE SLIPPED & FELL HITTING				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				405.66	243.00	0.00	0.00	0.00	0.00	0.00	648.66
				405.66	243.00	0.00	0.00	0.00	0.00	0.00	648.66
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09161W

16WC09161W	VECCHIO, ANNETTE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MIDDLESEX HS	12/2/2016	12/2/2016	Open	2,374.45	243.00	0.00	0.00	0.00	0.00	0.00	2,617.45
WALKING FROM PKNG LOT SHE TRIPPED OVER A CURB & FELL INJURING LT				125.55	2.00	0.00	0.00	0.00	0.00	0.00	127.55
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				2,374.45	243.00	0.00	0.00	0.00	0.00	0.00	2,617.45
				125.55	2.00	0.00	0.00	0.00	0.00	0.00	127.55

Claim Number: 16WC09162V





NEW CLAIMS

December 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: 16WC09162V

16WC09162V	SHARPLESS, RODERICK	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CUMBERLAND REG HS	12/1/2016	12/2/2016	Open	1,252.97	243.00	0.00	0.00	0.00	0.00	1,495.97
TRYING TO RESTRAIN STUDENT DURING AN ALTERCATION INJURED LOW BA				1,247.03	2.00	0.00	0.00	0.00	0.00	1,249.03
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			1,252.97	243.00	0.00	0.00	0.00	0.00	0.00	1,495.97
			1,247.03	2.00	0.00	0.00	0.00	0.00	0.00	1,249.03

Claim Number: 16WC09164Z

16WC09164Z	DELLOSA, MARY ANN	10	2,500.00	1,193.00	2,239.71	0.00	0.00	0.00	0.00	5,932.71
LIVINGSTON SENIOR HS	12/2/2016	12/2/2016	Open	1,527.59	1,193.00	2,115.29	0.00	0.00	0.00	4,835.88
TOUCHED A LIVE WIRE IN THE LIBRARY WHICH SHOCKED HER LT HAND				972.41	0.00	124.42	0.00	0.00	0.00	1,096.83
Total by Claim Number 1 Claim			2,500.00	1,193.00	2,239.71	0.00	0.00	0.00	0.00	5,932.71
			1,527.59	1,193.00	2,115.29	0.00	0.00	0.00	0.00	4,835.88
			972.41	0.00	124.42	0.00	0.00	0.00	0.00	1,096.83

Claim Number: 16WC09165K

16WC09165K	AHRENS, LINDA	11	1,428.54	243.00	0.00	0.00	0.00	0.00	0.00	1,671.54
BRIDGEWATER-RARITAN HS	12/2/2016	12/2/2016	2/27/2017	1,428.54	243.00	0.00	0.00	0.00	0.00	1,671.54
WALKING FROM PARKING OT TRIPPED ON UNEVEN PAVEMENT LANDING ON I				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			1,428.54	243.00	0.00	0.00	0.00	0.00	0.00	1,671.54
			1,428.54	243.00	0.00	0.00	0.00	0.00	0.00	1,671.54
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09166W





NEW CLAIMS

December 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: 16WC09166W

16WC09166W	MEAD, JENNIFER	11		225.00	243.00	0.00	0.00	0.00	0.00	0.00	468.00
MOUNT PROSPECT ES	12/1/2016	12/1/2016	1/23/2017	225.00	243.00	0.00	0.00	0.00	0.00	0.00	468.00
RESTRAINING A STUDENT HAVING A BEHAVIORAL SHE INJURED HER LT WRIS				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: 16WC09167K

16WC09167K	CHIARELLO, JOSEPH	11		439.15	243.00	0.00	0.00	0.00	0.00	0.00	682.15
JOHANNA HUNTOWSKI ACADEMY	12/2/2016	12/2/2016	1/10/2017	439.15	243.00	0.00	0.00	0.00	0.00	0.00	682.15
WAS REDIRECTING STUDENT AFTER AN ALTERCATION STUDENT JUMPED ON				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				439.15	243.00	0.00	0.00	0.00	0.00	0.00	682.15
				439.15	243.00	0.00	0.00	0.00	0.00	0.00	682.15
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09168K

16WC09168K	MIKKELSON, JANE	11		222.09	243.00	0.00	0.00	0.00	0.00	0.00	465.09
TRANSPORTATION DEPT	12/2/2016	12/2/2016	1/19/2017	222.09	243.00	0.00	0.00	0.00	0.00	0.00	465.09
TRIPPED & FELL OVER A STONE INJURING HER RT HAND, RT SHOULDER, LT I				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				222.09	243.00	0.00	0.00	0.00	0.00	0.00	465.09
				222.09	243.00	0.00	0.00	0.00	0.00	0.00	465.09
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09170B





NEW CLAIMS

December 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: 16WC09170B

16WC09170B	FRATTALI, DENISE	11		2,139.30	243.00	0.00	0.00	0.00	0.00	0.00	2,382.30
THOMAS E. BOWE E.S.	12/2/2016	12/4/2016	3/ 7/2017	2,139.30	243.00	0.00	0.00	0.00	0.00	0.00	2,382.30
WALKING UP SIDEWALK TO ENTRANCE OF BLDG WAS A CRACK IN SIDEWALK				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				2,139.30	243.00	0.00	0.00	0.00	0.00	0.00	2,382.30
				2,139.30	243.00	0.00	0.00	0.00	0.00	0.00	2,382.30
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09171Y

16WC09171Y	RUGGIERO, LISA	11		170.10	243.00	0.00	0.00	0.00	0.00	0.00	413.10
LAND O PINES SCHOOL	12/2/2016	12/2/2016	1/11/2017	170.10	243.00	0.00	0.00	0.00	0.00	0.00	413.10
STUDENT ACCIDENTALLY DROPPED A BOWLING BALL ON HER LT FOOT				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				170.10	243.00	0.00	0.00	0.00	0.00	0.00	413.10
				170.10	243.00	0.00	0.00	0.00	0.00	0.00	413.10
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09173W

16WC09173W	WUZZARDO, MEREDITH	11		916.22	243.00	0.00	0.00	0.00	0.00	0.00	1,159.22
INDIAN AVENUE E.S.	12/2/2016	12/4/2016	2/17/2017	916.22	243.00	0.00	0.00	0.00	0.00	0.00	1,159.22
BREAKING UP TWO STUDENTS FIGHTING WAS HIT IN FACE BY ONE OF THE S				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				916.22	243.00	0.00	0.00	0.00	0.00	0.00	1,159.22
				916.22	243.00	0.00	0.00	0.00	0.00	0.00	1,159.22
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09174B





NEW CLAIMS

December 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: 16WC09174B

16WC09174B	FORMICA, TARA	11		187.60	243.00	0.00	0.00	0.00	0.00	0.00	430.60
UNION HIGH SCHOOL (UNION)	12/2/2016	12/4/2016	1/19/2017	187.60	243.00	0.00	0.00	0.00	0.00	0.00	430.60
STANDING ON LADDER PUTTING LIGHTS BACK INTO CLOSET STRUCK HER F				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				187.60	243.00	0.00	0.00	0.00	0.00	0.00	430.60
				187.60	243.00	0.00	0.00	0.00	0.00	0.00	430.60
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09175P

16WC09175P	BRADBURY, MICHELLE	10		57,500.00	1,193.00	51,000.00	0.00	0.00	0.00	0.00	109,693.00
DELTRAN HIGH SCHOOL	12/2/2016	12/4/2016	Open	10,409.78	1,193.00	6,345.85	0.00	0.00	0.00	0.00	17,948.63
JUMPED UP NEXT TO STUDENT IN GYM CAUSING HER KNEE TO BUCKLE FELL				47,090.22	0.00	44,654.15	0.00	0.00	0.00	0.00	91,744.37
Total by Claim Number 1 Claim				57,500.00	1,193.00	51,000.00	0.00	0.00	0.00	0.00	109,693.00
				10,409.78	1,193.00	6,345.85	0.00	0.00	0.00	0.00	17,948.63
				47,090.22	0.00	44,654.15	0.00	0.00	0.00	0.00	91,744.37

Claim Number: 16WC09176K

16WC09176K	JOHNSON, MARIEL	11		184.01	243.00	0.00	0.00	0.00	0.00	0.00	427.01
ROSA PARKS COMMUNITY SCHOO	12/1/2016	12/4/2016	2/14/2017	184.01	243.00	0.00	0.00	0.00	0.00	0.00	427.01
AS CLMT WAS WALKING TO CLOCK OUT SHE TRIPPED ON UNEVEN PAVEMEN				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				184.01	243.00	0.00	0.00	0.00	0.00	0.00	427.01
				184.01	243.00	0.00	0.00	0.00	0.00	0.00	427.01
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09177W





NEW CLAIMS

December 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: 16WC09177W

16WC09177W	SHREFFLER, SUKCHA	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TAUNTON SCHOOL	12/1/2016	12/4/2016	1/23/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
CLEANING BOYS RESTROOM RUBBER DOOR STOP LET GO CAUSING DOOR T				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: 16WC09178W

16WC09178W	SZYMANSKI, BARBARA	11	112.00	243.00	0.00	0.00	0.00	0.00	0.00	355.00
RAVINE DRIVE ES	12/2/2016	12/4/2016	2/23/2017	112.00	243.00	0.00	0.00	0.00	0.00	355.00
CLMT WAS WALKING UP THE STAIRS TALKING TO A STUDENT WHEN SHE MIS				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			112.00	243.00	0.00	0.00	0.00	0.00	0.00	355.00
			112.00	243.00	0.00	0.00	0.00	0.00	0.00	355.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09179B

16WC09179B	DAMEN-PETIT, JOSEPHINA	11	661.70	243.00	0.00	0.00	0.00	0.00	0.00	904.70
NJ REGIONAL DAY-JACKSON	12/2/2016	12/4/2016	2/ 6/2017	661.70	243.00	0.00	0.00	0.00	0.00	904.70
WAS DOING BALANCE ACTIVITY ON GROUND WITH STUDENTS, STUDENT LOE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			661.70	243.00	0.00	0.00	0.00	0.00	0.00	904.70
			661.70	243.00	0.00	0.00	0.00	0.00	0.00	904.70
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09180K





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	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: 16WC09180K

16WC09180K	FLAX, JEANNETTE	11		355.56	243.00	0.00	0.00	0.00	0.00	598.56
TRANSPORTATION DEPT	12/1/2016	12/4/2016	2/10/2017	355.56	243.00	0.00	0.00	0.00	0.00	598.56
WALKING DOWN STEPS OF BUS WHEN HE FELL INJURED L SHOULDER, L UPF				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				355.56	243.00	0.00	0.00	0.00	0.00	598.56
				355.56	243.00	0.00	0.00	0.00	0.00	598.56
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09183K

16WC09183K	SHAH, HEMLATA	11		155.23	243.00	0.00	0.00	0.00	0.00	398.23
CAMBRIDGE E S	12/2/2016	12/2/2016	1/19/2017	155.23	243.00	0.00	0.00	0.00	0.00	398.23
STUDENT ACCIDENTALLY TOSSED NERF BALL STRIKING HER FACE CAUSING				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: 16WC09185K

16WC09185K	DELPIZZO, MELINDA	11		321.60	243.00	0.00	0.00	0.00	0.00	564.60
WAYNE VALLEY H.S.	12/2/2016	12/5/2016	2/14/2017	321.60	243.00	0.00	0.00	0.00	0.00	564.60
WALKING INTO CLASSROOM SHE TRIPPED & FELL OVER DOOR STOP INJURIM				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				321.60	243.00	0.00	0.00	0.00	0.00	564.60
				321.60	243.00	0.00	0.00	0.00	0.00	564.60
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09187K





NEW CLAIMS

December 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: 16WC09187K

16WC09187K	POWOROZNEK, REGINA	11		303.27	243.00	0.00	0.00	0.00	0.00	0.00	546.27
CROSSROADS M S	12/5/2016	12/5/2016	1/13/2017	303.27	243.00	0.00	0.00	0.00	0.00	0.00	546.27
SPEAKING WITH PARENT WAS STRUCK BY A STUDENT INJURED L LOWER AR				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				303.27	243.00	0.00	0.00	0.00	0.00	0.00	546.27
				303.27	243.00	0.00	0.00	0.00	0.00	0.00	546.27
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09188Y

16WC09188Y	MARBLE, WILLIAM	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
KINGSTON ES	12/3/2016	12/5/2016	1/5/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
PULLING A GATE DOWN TO BLOCK OFF SECTION OF SCHOOL CUT HIS R HAN				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: 16WC09189B

16WC09189B	BLACKWELL, JENNIFER	11		1,013.59	243.00	0.00	0.00	0.00	0.00	0.00	1,256.59
IGNACIO CRUZ EARLY CHILDHOOD	12/5/2016	12/5/2016	2/14/2017	1,013.59	243.00	0.00	0.00	0.00	0.00	0.00	1,256.59
TRYING TO SIT STUDENT ON HER LAP TO KEEP HIM AWAY FROM OTHER STU				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,013.59	243.00	0.00	0.00	0.00	0.00	0.00	1,256.59
				1,013.59	243.00	0.00	0.00	0.00	0.00	0.00	1,256.59
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09190W





NEW CLAIMS

December 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: 16WC09190W

16WC09190W	JANECZKO, STACEY	11	1,186.04	243.00	0.00	0.00	0.00	0.00	0.00	1,429.04
PHILIP VROOM SCHOOL	12/2/2016	12/5/2016	1/31/2017	1,186.04	243.00	0.00	0.00	0.00	0.00	1,429.04
TRIED TO STOP STUDENT TRYING TO RUN OUT OF SCHOOL STUDENT KICKEI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			1,186.04	243.00	0.00	0.00	0.00	0.00	0.00	1,429.04
			1,186.04	243.00	0.00	0.00	0.00	0.00	0.00	1,429.04
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09191M

16WC09191M	JOHNSON, KATHARIN	10	4,000.00	1,193.00	15,000.00	0.00	0.00	3,000.00	0.00	23,193.00
JOYCE KILMER SCHOOL	12/5/2016	12/5/2016	Open	2,570.36	1,193.00	0.00	0.00	0.00	0.00	3,763.36
DURING GYM CLASS WAS STRUCK IN HEAD BY A BASKETBALL				1,429.64	0.00	15,000.00	0.00	3,000.00	0.00	19,429.64
Total by Claim Number 1 Claim			4,000.00	1,193.00	15,000.00	0.00	0.00	3,000.00	0.00	23,193.00
			2,570.36	1,193.00	0.00	0.00	0.00	0.00	0.00	3,763.36
			1,429.64	0.00	15,000.00	0.00	0.00	3,000.00	0.00	19,429.64

Claim Number: 16WC09192P

16WC09192P	MURLEY, IRENE	10	5,000.00	2,745.00	23,000.00	0.00	0.00	0.00	0.00	30,745.00
Garfield School #7	12/5/2016	12/5/2016	Open	1,665.85	1,193.00	10,452.00	0.00	0.00	0.00	13,310.85
ATTEMPTING TO PUT A CALENDAR ON WALL LIGHT FIXTURE FELL ON TOP OF				3,334.15	1,552.00	12,548.00	0.00	0.00	0.00	17,434.15
Total by Claim Number 1 Claim			5,000.00	2,745.00	23,000.00	0.00	0.00	0.00	0.00	30,745.00
			1,665.85	1,193.00	10,452.00	0.00	0.00	0.00	0.00	13,310.85
			3,334.15	1,552.00	12,548.00	0.00	0.00	0.00	0.00	17,434.15

Claim Number: 16WC09194Y





NEW CLAIMS

December 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: 16WC09194Y

16WC09194Y	SCHAEFER, NICOLE	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
HORACE MANN SCHOOL	12/5/2016	12/6/2016	1/ 5/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
LEAVING FOR LUNCH, SLIPPED ON WET FLOOR AND FELL INJURED R ANKLE				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: 16WC09195W

16WC09195W	ALMEIDA, SANDRA	11	170.00	243.00	0.00	0.00	0.00	0.00	0.00	413.00
SCHOOL #6 ES	12/1/2016	12/6/2016	1/30/2017	170.00	243.00	0.00	0.00	0.00	0.00	413.00
WALKING UP STAIRS COMING FROM LUNCH SHE FELL INJURED BOTH LEGS,				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: 16WC09196Y

16WC09196Y	MAHMOUD, VINCENT	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CROSSROADS M S	12/6/2016	12/6/2016	1/10/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
RETRIEVING PAPER FROM CABINET WHEN A STUDENT HAVING AN ISSUE BIT				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: 16WC09197Y





NEW CLAIMS

December 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: 16WC09197Y

16WC09197Y	LAVENDER, AMY	11	450.00	243.00	0.00	0.00	0.00	0.00	0.00	693.00
BAYONNE H.S. AND ADMIN. OFFICE	12/6/2016	12/6/2016	2/28/2017	450.00	243.00	0.00	0.00	0.00	0.00	693.00
FOOT GOT CAUGHT IN COMPUTER CORD SHE FELL ON L KNEE, ROLLED L AN			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: 16WC09198G

16WC09198G	ROJAS, LAURA	10	323.99	243.00	0.00	0.00	0.00	0.00	0.00	566.99
SCHOOL 2	12/1/2016	12/6/2016	2/9/2017	323.99	243.00	0.00	0.00	0.00	0.00	566.99
HELD ON STUDENTS HAND WHILE ATTEMPTING TO STOP ALTERCATION, STU			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			323.99	243.00	0.00	0.00	0.00	0.00	0.00	566.99
			323.99	243.00	0.00	0.00	0.00	0.00	0.00	566.99
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09199V

16WC09199V	FOSTER, DOMENICA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LAKESIDE MS	12/2/2016	12/6/2016	Open	195.27	243.00	0.00	0.00	0.00	0.00	438.27
WHILE AT RESIDENCE WAITING ON PAPERS OF HOME INSTRUCTION, DOG BE			2,304.73	2.00	0.00	0.00	0.00	0.00	0.00	2,306.73
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			195.27	243.00	0.00	0.00	0.00	0.00	0.00	438.27
			2,304.73	2.00	0.00	0.00	0.00	0.00	0.00	2,306.73

Claim Number: 16WC09200B





NEW CLAIMS

December 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: 16WC09200B

16WC09200B	BUSH, LYNNE		11	30.79	243.00	0.00	0.00	0.00	0.00	273.79
NORTH HUNTERDON H S	12/6/2016	12/6/2016	2/10/2017	30.79	243.00	0.00	0.00	0.00	0.00	273.79
STUDENT HAVING A BEHAVIORAL STRUCK HER INJURING HER RT HAND & RT				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				30.79	243.00	0.00	0.00	0.00	0.00	273.79
				30.79	243.00	0.00	0.00	0.00	0.00	273.79
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09202B

16WC09202B	CHAMBERS, JEROME		11	2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
TRENTON CENTRAL HS MAIN CAMI	12/5/2016	12/5/2016	Open	1,216.03	243.00	0.00	0.00	0.00	0.00	1,459.03
LIFTING CAFETERIA TABLES WHEN HE STRAINED HIS LT WRIST & RT ELBOW				1,283.97	2.00	0.00	0.00	0.00	0.00	1,285.97
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				1,216.03	243.00	0.00	0.00	0.00	0.00	1,459.03
				1,283.97	2.00	0.00	0.00	0.00	0.00	1,285.97

Claim Number: 16WC09203Y

16WC09203Y	GERDING, CRYSTAL		11	803.76	243.00	0.00	0.00	0.00	0.00	1,046.76
THE SHORE CENTER FOR STUDEN	12/6/2016	12/6/2016	1/30/2017	803.76	243.00	0.00	0.00	0.00	0.00	1,046.76
STUDENT HAVING BEHAVIORAL OUTBURST GRABBED AND PULLED HER PON				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				803.76	243.00	0.00	0.00	0.00	0.00	1,046.76
				803.76	243.00	0.00	0.00	0.00	0.00	1,046.76
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09204K





NEW CLAIMS

December 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: 16WC09204K

16WC09204K	BERBERICH, KEVIN	11	1,134.00	243.00	0.00	0.00	0.00	0.00	0.00	1,377.00
HACKENSACK HS	12/5/2016	12/5/2016	2/21/2017	1,134.00	243.00	0.00	0.00	0.00	0.00	1,377.00
LIFTING A BROKEN VACUUM INTO THE DUMPSTER, A PIECE OF PLASTIC STRI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,134.00	243.00	0.00	0.00	0.00	0.00	1,377.00
				1,134.00	243.00	0.00	0.00	0.00	0.00	1,377.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09206Y

16WC09206Y	MILLS-PEVONIS, HEATHER	11	135.55	243.00	0.00	0.00	0.00	0.00	0.00	378.55
ADMIN OFFICES	12/5/2016	12/5/2016	1/30/2017	135.55	243.00	0.00	0.00	0.00	0.00	378.55
ATTEMPTING TO LOOSEN A CLIP ON BOOKCASE, METAL SHELF FELL ONTO R				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				135.55	243.00	0.00	0.00	0.00	0.00	378.55
				135.55	243.00	0.00	0.00	0.00	0.00	378.55
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09207B

16WC09207B	CHUPASHKO, KAREN	11	173.56	243.00	0.00	0.00	0.00	0.00	0.00	416.56
JOHNSTONE E.S.	12/6/2016	12/6/2016	2/10/2017	173.56	243.00	0.00	0.00	0.00	0.00	416.56
STUDENT HAVING A BEHAVIORAL BIT 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				173.56	243.00	0.00	0.00	0.00	0.00	416.56
				173.56	243.00	0.00	0.00	0.00	0.00	416.56
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09208M





NEW CLAIMS

December 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: 16WC09208M

16WC09208M	JAFFREY, MEERA	10	17,500.00	1,193.00	25,000.00	0.00	0.00	0.00	0.00	43,693.00
LEARNING COMM CHARTER SCH.	12/5/2016	12/6/2016	Open	15,191.21	1,193.00	0.00	0.00	0.00	0.00	16,384.21
DIRECTING MUSICAL PLAY AND CHOREOGRAPHY L KNEE TWISTED OUTWARI				2,308.79	0.00	25,000.00	0.00	0.00	0.00	27,308.79
Total by Claim Number 1 Claim			17,500.00	1,193.00	25,000.00	0.00	0.00	0.00	0.00	43,693.00
			15,191.21	1,193.00	0.00	0.00	0.00	0.00	0.00	16,384.21
			2,308.79	0.00	25,000.00	0.00	0.00	0.00	0.00	27,308.79

Claim Number: 16WC09209W

16WC09209W	HAWTHORNE, DELOIS	11	370.23	243.00	490.24	0.00	0.00	0.00	0.00	1,103.47
WARREN DEVELOP. LEARNING CTI	12/6/2016	12/6/2016	2/ 7/2017	370.23	243.00	490.24	0.00	0.00	0.00	1,103.47
RUNNING FROM STUDENT, SHE SLIPPED & FELL ONTO HER LT WRIST & HIT H				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			370.23	243.00	490.24	0.00	0.00	0.00	0.00	1,103.47
			370.23	243.00	490.24	0.00	0.00	0.00	0.00	1,103.47
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09210Y

16WC09210Y	OTT, DONNAMARIE	11	411.53	243.00	0.00	0.00	0.00	0.00	0.00	654.53
BANKBRIDGE REG DEVELOPMENT.	12/7/2016	12/7/2016	2/28/2017	411.53	243.00	0.00	0.00	0.00	0.00	654.53
TRIPPED OVER STUDENTS FOOT AND FELL INJURED BOTH KNEES, R HAND/M				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			411.53	243.00	0.00	0.00	0.00	0.00	0.00	654.53
			411.53	243.00	0.00	0.00	0.00	0.00	0.00	654.53
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09211W





NEW CLAIMS

December 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: 16WC09211W

16WC09211W	CICILLINI, ANTOINETTE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
VINELAND SENIOR H.S. NORTH 9 &	12/7/2016	12/7/2016	Open	1,341.17	243.00	0.00	0.00	0.00	0.00	1,584.17
HANDLING DELIVERY AND STOCKING ITEMS STRAINED L SHOULDER TINGLIN				1,158.83	2.00	0.00	0.00	0.00	0.00	1,160.83
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				1,341.17	243.00	0.00	0.00	0.00	0.00	1,584.17
				1,158.83	2.00	0.00	0.00	0.00	0.00	1,160.83

Claim Number: 16WC09212M

16WC09212M	MILTON, MICHAEL	10	1,308.72	1,193.00	5,995.88	0.00	0.00	0.00	0.00	8,497.60
WAYNE HILLS H.S.	12/7/2016	12/7/2016	3/ 2/2017	1,308.72	1,193.00	5,995.88	0.00	0.00	0.00	8,497.60
WALKING DOWN STEPS MISSED A STEP INJURED L ANKLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,308.72	1,193.00	5,995.88	0.00	0.00	0.00	8,497.60
				1,308.72	1,193.00	5,995.88	0.00	0.00	0.00	8,497.60
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09213B

16WC09213B	BENDON, DANIELLE	11	155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
CHITTICK E.S.	12/6/2016	12/7/2016	1/19/2017	155.23	243.00	0.00	0.00	0.00	0.00	398.23
STUDNET HAVING BEHAVIORAL ISSUE WAS PUNCHED IN THE NOSE				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: 16WC09214Y





NEW CLAIMS

December 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: 16WC09214Y

16WC09214Y	SHIRA, PAULA	11	1,666.74	243.00	0.00	0.00	0.00	0.00	0.00	1,909.74
BLACK RIVER MS	12/7/2016	12/7/2016	3/ 9/2017	1,666.74	243.00	0.00	0.00	0.00	0.00	1,909.74
STUDENT HAVING BEHAVIORAL ISSUE BIT R HAND				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			1,666.74	243.00	0.00	0.00	0.00	0.00	0.00	1,909.74
			1,666.74	243.00	0.00	0.00	0.00	0.00	0.00	1,909.74
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09215B

16WC09215B	SIROIS, DEBORAH	11	690.42	243.00	0.00	0.00	0.00	0.00	0.00	933.42
WINSLOW TWP M.S.	12/7/2016	12/7/2016	2/ 7/2017	690.42	243.00	0.00	0.00	0.00	0.00	933.42
CLOSING CABINET HER PINKY FINGER ON R HAND GOT CUT BY A RUSTY PIE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			690.42	243.00	0.00	0.00	0.00	0.00	0.00	933.42
			690.42	243.00	0.00	0.00	0.00	0.00	0.00	933.42
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09216B

16WC09216B	KEYSER, GARY	11	175.00	243.00	0.00	0.00	0.00	0.00	0.00	418.00
MORRISTOWN H.S.	12/6/2016	12/7/2016	2/23/2017	175.00	243.00	0.00	0.00	0.00	0.00	418.00
COMING DOWN THE STEPS, HE SLIPPED ON WET STEP INJURING HIS LT ANK				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: 16WC09217B





NEW CLAIMS

December 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: 16WC09217B

16WC09217B	BENNETT, SANDRA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WOODCREST ES	12/7/2016	12/7/2016	Open	1,386.79	243.00	0.00	0.00	0.00	0.00	0.00	1,629.79
HEADING OUTSIDE FOR MORNING ARRIVAL SLIPPED AND FELL INJURED RT A				1,113.21	2.00	0.00	0.00	0.00	0.00	0.00	1,115.21
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				1,386.79	243.00	0.00	0.00	0.00	0.00	0.00	1,629.79
				1,113.21	2.00	0.00	0.00	0.00	0.00	0.00	1,115.21

Claim Number: 16WC09219V

16WC09219V	SHAW, JARRED	11		249.00	243.00	0.00	0.00	0.00	0.00	0.00	492.00
ACADEMY CHARTER	12/6/2016	12/7/2016	3/ 8/2017	249.00	243.00	0.00	0.00	0.00	0.00	0.00	492.00
STUDENT IN RESTRAINT TO BREAK UP A FIGHT STUDENT GOT OF RESTRAIN				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				249.00	243.00	0.00	0.00	0.00	0.00	0.00	492.00
				249.00	243.00	0.00	0.00	0.00	0.00	0.00	492.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09220W

16WC09220W	DEVINE, AMY	11		3,028.92	245.00	0.00	0.00	0.00	0.00	0.00	3,273.92
CLARA BARTON ES	12/6/2016	12/7/2016	Open	3,028.92	243.00	0.00	0.00	0.00	0.00	0.00	3,271.92
WALKING IN HALLWAY HER FOOT DEAD STOPPED CAUSING HER TO FALL INJ				0.00	2.00	0.00	0.00	0.00	0.00	0.00	2.00
Total by Claim Number 1 Claim				3,028.92	245.00	0.00	0.00	0.00	0.00	0.00	3,273.92
				3,028.92	243.00	0.00	0.00	0.00	0.00	0.00	3,271.92
				0.00	2.00	0.00	0.00	0.00	0.00	0.00	2.00

Claim Number: 16WC09221K





NEW CLAIMS

December 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: 16WC09221K

16WC09221K	SRIDHAR, MAHALAKSHMI	11	364.85	243.00	0.00	0.00	0.00	0.00	0.00	607.85
BRIGHT BEGINNINGS LEARNING CI	12/7/2016	12/7/2016	2/7/2017	364.85	243.00	0.00	0.00	0.00	0.00	607.85
STUDENT HAVING A BEHAVIORAL GRABBED HER SHIRT & HAIR & PUSHED HE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			364.85	243.00	0.00	0.00	0.00	0.00	0.00	607.85
			364.85	243.00	0.00	0.00	0.00	0.00	0.00	607.85
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09222B

16WC09222B	SANELLI, ANNE	11	346.98	243.00	0.00	0.00	0.00	0.00	0.00	589.98
E BRUNSWICK H. S.	12/1/2016	12/7/2016	2/10/2017	346.98	243.00	0.00	0.00	0.00	0.00	589.98
WALKING AROUND SCIENCE LAB, L FOOT CAUGHT ON STUDENT BACK PACK				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			346.98	243.00	0.00	0.00	0.00	0.00	0.00	589.98
			346.98	243.00	0.00	0.00	0.00	0.00	0.00	589.98
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09223W

16WC09223W	ASTROLOGO, KIMBERLY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MARIE DUFFY E.S.	12/7/2016	12/7/2016	Open	2,398.01	243.00	0.00	0.00	0.00	0.00	2,641.01
HER R HAND ON STUDENT SHOULDER STUDENT STANDING UP QUICKLY SHE				101.99	2.00	0.00	0.00	0.00	0.00	103.99
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			2,398.01	243.00	0.00	0.00	0.00	0.00	0.00	2,641.01
			101.99	2.00	0.00	0.00	0.00	0.00	0.00	103.99

Claim Number: 16WC09224K





NEW CLAIMS

December 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: 16WC09224K

16WC09224K	ERNST, JULIE	11	6,576.57	243.00	0.00	0.00	0.00	0.00	0.00	6,819.57
BARTLE SCHOOL	12/7/2016	12/7/2016	3/7/2017	6,576.57	243.00	0.00	0.00	0.00	0.00	6,819.57
PICKING SOMETHING UP OFF THE FLOOR SHE HIT HER HEAD ON CORNER OF				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				6,576.57	243.00	0.00	0.00	0.00	0.00	6,819.57
				6,576.57	243.00	0.00	0.00	0.00	0.00	6,819.57
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09225Y

16WC09225Y	MONTENEGRO, WERNER	11	286.98	243.00	0.00	0.00	0.00	0.00	0.00	529.98
AMERIGO A ANASTASIA	12/5/2016	12/7/2016	1/30/2017	286.98	243.00	0.00	0.00	0.00	0.00	529.98
WALKING UP STAIRS TRIPPED OVER CARPET AND TRIED TO BRACE HIMSELF				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				286.98	243.00	0.00	0.00	0.00	0.00	529.98
				286.98	243.00	0.00	0.00	0.00	0.00	529.98
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09226K

16WC09226K	KASLINER, JANET	11	11.69	243.00	0.00	0.00	0.00	0.00	0.00	254.69
LINCOLN/ROOSEVELT ES	12/7/2016	12/7/2016	1/30/2017	11.69	243.00	0.00	0.00	0.00	0.00	254.69
SAT ON CHAIR WHEN THE FRONT PART OF CHAIR CAME APART SHE FELL INL				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				11.69	243.00	0.00	0.00	0.00	0.00	254.69
				11.69	243.00	0.00	0.00	0.00	0.00	254.69
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09227B





NEW CLAIMS

December 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: 16WC09227B

16WC09227B	WILLIAMS, BOBBIE ANN	11	174.00	243.00	0.00	0.00	0.00	0.00	0.00	417.00
SCHOOL #20 CLAREMONT AVE	12/6/2016	12/7/2016	1/19/2017	174.00	243.00	0.00	0.00	0.00	0.00	417.00
WALKING OUT OF ROOM WHEN SHE SLICED HER L HAND PINKY FINGER ON A				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				174.00	243.00	0.00	0.00	0.00	0.00	417.00
				174.00	243.00	0.00	0.00	0.00	0.00	417.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09228V

16WC09228V	SANTOS, LUCILO	10	12,500.00	1,193.00	11,820.72	0.00	0.00	0.00	0.00	25,513.72
FAIRMOUNT	12/6/2016	12/7/2016	Open	1,190.50	1,193.00	11,820.72	0.00	0.00	0.00	14,204.22
WAS MOVING TABLES IN GYM INJURED R WRIST				11,309.50	0.00	0.00	0.00	0.00	0.00	11,309.50
Total by Claim Number 1 Claim				12,500.00	1,193.00	11,820.72	0.00	0.00	0.00	25,513.72
				1,190.50	1,193.00	11,820.72	0.00	0.00	0.00	14,204.22
				11,309.50	0.00	0.00	0.00	0.00	0.00	11,309.50

Claim Number: 16WC09229Y

16WC09229Y	ADLER, DOROTHY	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WOODLAND SCHOOL	12/6/2016	12/7/2016	1/30/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
PICKING SOMETHING UP WHEN SHE HIT HER HEAD ON THE CORNER OF THE				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: 16WC09230B





NEW CLAIMS

December 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: 16WC09230B

16WC09230B	FEENEY, JOHN	11	273.40	243.00	0.00	0.00	0.00	0.00	0.00	516.40
JOYCE KILMER SCHOOL	12/7/2016	12/7/2016	1/19/2017	273.40	243.00	0.00	0.00	0.00	0.00	516.40
DEMONSTRATING BASKETBALL TECHNIQUE TO STUDENTS ROLLED L ANKLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			273.40	243.00	0.00	0.00	0.00	0.00	0.00	516.40
			273.40	243.00	0.00	0.00	0.00	0.00	0.00	516.40
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09231W

16WC09231W	CRANMER, DARIN	11	510.00	243.00	0.00	0.00	0.00	0.00	0.00	753.00
TOMS RIVER CENTER	12/7/2016	12/7/2016	1/30/2017	510.00	243.00	0.00	0.00	0.00	0.00	753.00
DRILLING A PIECE OF METAL, THE METAL SPINNED & STRUCK HIS LT HAND C				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			510.00	243.00	0.00	0.00	0.00	0.00	0.00	753.00
			510.00	243.00	0.00	0.00	0.00	0.00	0.00	753.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09235B

16WC09235B	GOULD, EUGENE	11	160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
WALTER HILL SCHOOL	12/8/2016	12/8/2016	1/10/2017	160.00	243.00	0.00	0.00	0.00	0.00	403.00
REACHING INTO TOOL CABINET IN MAINTENANCE OFFICE FOR A DRILL HE CL				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: 16WC09236W





NEW CLAIMS

December 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: 16WC09236W

16WC09236W	JACQUES, MARIE	11	852.83	243.00	0.00	0.00	0.00	0.00	0.00	1,095.83
ABRAHAM CLARK HIGH SCHOOL	12/7/2016	12/8/2016	2/15/2017	852.83	243.00	0.00	0.00	0.00	0.00	1,095.83
TRIPPED AND FELL OVER STUDENTS BACKPACK LANDING ON UPPER/LOWEF				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			852.83	243.00	0.00	0.00	0.00	0.00	0.00	1,095.83
			852.83	243.00	0.00	0.00	0.00	0.00	0.00	1,095.83
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09237K

16WC09237K	MARTIN, RICHARD	11	225.00	243.00	0.00	0.00	0.00	0.00	0.00	468.00
HIGH TECH HS	12/7/2016	12/7/2016	1/26/2017	225.00	243.00	0.00	0.00	0.00	0.00	468.00
CLEANING GRILL HIS LT MIDDLE & RING FINGER TOUCHED HOT COOKING SU				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: 16WC09238Y

16WC09238Y	INTELLI, GERARD	11	810.35	243.00	0.00	0.00	0.00	0.00	0.00	1,053.35
THOMPSON MS	12/7/2016	12/8/2016	2/24/2017	810.35	243.00	0.00	0.00	0.00	0.00	1,053.35
PUTTING UP RISERS IN GYM STRAINED THE BACK OF L KNEE TRYING TO PUS				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			810.35	243.00	0.00	0.00	0.00	0.00	0.00	1,053.35
			810.35	243.00	0.00	0.00	0.00	0.00	0.00	1,053.35
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09239K





NEW CLAIMS

December 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: 16WC09239K

16WC09239K	MONTALTO, CHRISTINE	11		1,300.02	243.00	0.00	0.00	0.00	0.00	0.00	1,543.02
LYNCREST E. S.	12/7/2016	12/8/2016	1/18/2017	1,300.02	243.00	0.00	0.00	0.00	0.00	0.00	1,543.02
DURING PLAYGROUND DUTY A STUDENT KICKED BALL WHICH HIT HER ON L				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,300.02	243.00	0.00	0.00	0.00	0.00	0.00	1,543.02
				1,300.02	243.00	0.00	0.00	0.00	0.00	0.00	1,543.02
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09240G

16WC09240G	TOBIA, CHRISTINE	14		0.00	0.00	5,000.00	0.00	0.00	3,500.00	0.00	8,500.00
SCHOOL #28 MATTHEW JAGO	12/7/2016	12/8/2016	Reopened	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STUDENT KEPT COLLAPSING TO GROUND SHE LIFTED STUDENT APPROX. 20				0.00	0.00	5,000.00	0.00	0.00	3,500.00	0.00	8,500.00
Total by Claim Number 1 Claim				0.00	0.00	5,000.00	0.00	0.00	3,500.00	0.00	8,500.00
				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	0.00	3,500.00	0.00	8,500.00

Claim Number: 16WC09241B

16WC09241B	SHAW, JENNIFER	11		264.00	243.00	0.00	0.00	0.00	0.00	0.00	507.00
BRIDGETON SENIOR H.S.	12/7/2016	12/7/2016	2/10/2017	264.00	243.00	0.00	0.00	0.00	0.00	0.00	507.00
JUMPED IN THE AIR & FELT DISCOMFORT IN HER LOWER LT LEG & ANKLE				0.00	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: 16WC09243K





NEW CLAIMS

December 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: 16WC09243K

16WC09243K	OMELIA, THOMAS	11		4,925.05	243.00	0.00	0.00	0.00	0.00	5,168.05
WESTWOOD JR/SR HS	12/6/2016	12/6/2016	3/ 7/2017	4,925.05	243.00	0.00	0.00	0.00	0.00	5,168.05
PUSHED OFF ON A MAT CAUSING BODY WEIGHT TO PRESS ON LT WRIST				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				4,925.05	243.00	0.00	0.00	0.00	0.00	5,168.05
				4,925.05	243.00	0.00	0.00	0.00	0.00	5,168.05
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09244Y

16WC09244Y	MILLER, JESSICA	11		115.18	243.00	0.00	0.00	0.00	0.00	358.18
BUCKSHUTEM ROAD E.S.	12/8/2016	12/8/2016	2/10/2017	115.18	243.00	0.00	0.00	0.00	0.00	358.18
HELD STUDENTS HAND TO PREVENT STUDENT FROM RUNNING, STUDENT TH				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	358.18
				115.18	243.00	0.00	0.00	0.00	0.00	358.18
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09245W

16WC09245W	BARBALINARDO, SANDRA	11		513.86	243.00	0.00	0.00	0.00	0.00	756.86
FREEHOLD TRANSPORTATION DEF	12/8/2016	12/8/2016	2/28/2017	513.86	243.00	0.00	0.00	0.00	0.00	756.86
TURNING NOZZLE UPSIDE DOWN TO FILL BUS WITH GAS STRAINED R ARM				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				513.86	243.00	0.00	0.00	0.00	0.00	756.86
				513.86	243.00	0.00	0.00	0.00	0.00	756.86
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09246B





NEW CLAIMS

December 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: 16WC09246B

16WC09246B	BENNETT, CAROL	11	531.39	243.00	0.00	0.00	0.00	0.00	0.00	774.39
NEW MONMOUTH ES	12/8/2016	12/8/2016	2/10/2017	531.39	243.00	0.00	0.00	0.00	0.00	774.39
RESTROOM DOOR CLOSED QUICKLY JAMMING/LACERATING HER LT PINTER				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			531.39	243.00	0.00	0.00	0.00	0.00	0.00	774.39
			531.39	243.00	0.00	0.00	0.00	0.00	0.00	774.39
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09247K

16WC09247K	HAWLEY, TIFFANIE	11	665.27	243.00	0.00	0.00	0.00	0.00	0.00	908.27
RIVERA SCHOOL	12/7/2016	12/7/2016	2/21/2017	665.27	243.00	0.00	0.00	0.00	0.00	908.27
RUNNING, PLAYING KICKBALL WHEN SHE FELL TO THE GROUND INJURING LT				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			665.27	243.00	0.00	0.00	0.00	0.00	0.00	908.27
			665.27	243.00	0.00	0.00	0.00	0.00	0.00	908.27
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09248G

16WC09248G	LEWIS, CHRISTINE	10	27,500.00	1,193.00	25,000.00	0.00	0.00	0.00	0.00	53,693.00
VINELAND SENIOR H.S. SOUTH 11	12/7/2016	12/8/2016	Open	4,327.45	1,193.00	6,221.43	0.00	0.00	0.00	11,741.88
BREAKING UP FIGHT BEGAN TO RESTRAIN STUDENT WAS HIT ON L SIDE HEA				23,172.55	0.00	18,778.57	0.00	0.00	0.00	41,951.12
Total by Claim Number 1 Claim			27,500.00	1,193.00	25,000.00	0.00	0.00	0.00	0.00	53,693.00
			4,327.45	1,193.00	6,221.43	0.00	0.00	0.00	0.00	11,741.88
			23,172.55	0.00	18,778.57	0.00	0.00	0.00	0.00	41,951.12

Claim Number: 16WC09249K



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NEW CLAIMS

December 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: 16WC09249K

16WC09249K	WELLNITZ, BARBARA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WILSON E S	12/7/2016	12/8/2016	Open	1,462.54	243.00	0.00	0.00	0.00	0.00	0.00	1,705.54
STUDENT WAS CONTINUOUSLY HEAD BUTTING HER IN HER ARM, PAIN NECK				1,037.46	2.00	0.00	0.00	0.00	0.00	0.00	1,039.46
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				1,462.54	243.00	0.00	0.00	0.00	0.00	0.00	1,705.54
				1,037.46	2.00	0.00	0.00	0.00	0.00	0.00	1,039.46

Claim Number: 16WC09250A

16WC09250A	THOMPSON, ELSI	10		45,000.00	3,693.00	42,000.00	0.00	0.00	0.00	0.00	90,693.00
HAMILTON SCHOOL	12/7/2016	12/8/2016	Open	6,728.96	1,193.00	6,947.32	0.00	0.00	0.00	0.00	14,869.28
WALKING OUT OF JUDGES CHAMBERS WHEN L KNEE GAVE OUT				38,271.04	2,500.00	35,052.68	0.00	0.00	0.00	0.00	75,823.72
Total by Claim Number 1 Claim				45,000.00	3,693.00	42,000.00	0.00	0.00	0.00	0.00	90,693.00
				6,728.96	1,193.00	6,947.32	0.00	0.00	0.00	0.00	14,869.28
				38,271.04	2,500.00	35,052.68	0.00	0.00	0.00	0.00	75,823.72

Claim Number: 16WC09251W

16WC09251W	CUFF, BARBARA	11		160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
INDIAN AVENUE E.S.	12/7/2016	12/9/2016	1/30/2017	160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
WALKING STUDENTS INTO CAFETERIA SLIPPED ON OILY RESIDUE TWISTED F				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: 16WC09253A





NEW CLAIMS

December 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: 16WC09253A

16WC09253A	SIMON, AMY	10	4,176.61	1,193.00	4,106.14	0.00	0.00	0.00	0.00	9,475.75
ATL CNTY SPEC SRV TRANSPORT/	12/8/2016	12/9/2016	2/28/2017	4,176.61	1,193.00	4,106.14	0.00	0.00	0.00	9,475.75
STUDENT HAVING BEHAVIORAL ISSUE PUSHE HER IN THE SIDE OF FACE CAL				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			4,176.61	1,193.00	4,106.14	0.00	0.00	0.00	0.00	9,475.75
			4,176.61	1,193.00	4,106.14	0.00	0.00	0.00	0.00	9,475.75
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09254B

16WC09254B	VOUGHT, RUFUS	11	489.93	243.00	0.00	0.00	0.00	0.00	0.00	732.93
BERNARDS HS	12/9/2016	12/9/2016	2/10/2017	489.93	243.00	0.00	0.00	0.00	0.00	732.93
INSTALLING A TIRE AND WHEEL ON SOW REMOVAL EQUIPMENT, WORKER RE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			489.93	243.00	0.00	0.00	0.00	0.00	0.00	732.93
			489.93	243.00	0.00	0.00	0.00	0.00	0.00	732.93
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09255W

16WC09255W	FALCONE, ANTHONY	11	260.42	243.00	0.00	0.00	0.00	0.00	0.00	503.42
NORTH BRUNSWICK SENIOR HS	12/8/2016	12/9/2016	1/30/2017	260.42	243.00	0.00	0.00	0.00	0.00	503.42
BREAKING UP FIGHT WHEN HE INJURED R ELBOW, L HAND THUMB TRYING TO				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			260.42	243.00	0.00	0.00	0.00	0.00	0.00	503.42
			260.42	243.00	0.00	0.00	0.00	0.00	0.00	503.42
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09256Z





NEW CLAIMS

December 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: 16WC09256Z

16WC09256Z	CLARK-PAYTON, STEPHANIE	10		7,500.00	1,193.00	3,500.00	0.00	0.00	0.00	0.00	12,193.00
PERRY L. DREW E.S.	12/6/2016	12/9/2016	Open	1,012.08	1,193.00	2,784.00	0.00	0.00	0.00	0.00	4,989.08
GRABBING DOOR HOLDING IT OPE BEFORE IT CLOSED ON STUDENT, TWISTE				6,487.92	0.00	716.00	0.00	0.00	0.00	0.00	7,203.92
Total by Claim Number 1 Claim				7,500.00	1,193.00	3,500.00	0.00	0.00	0.00	0.00	12,193.00
				1,012.08	1,193.00	2,784.00	0.00	0.00	0.00	0.00	4,989.08
				6,487.92	0.00	716.00	0.00	0.00	0.00	0.00	7,203.92

Claim Number: 16WC09257I

16WC09257I	HARVEY, ERNEST	11		6,000.00	245.00	0.00	0.00	0.00	0.00	0.00	6,245.00
DEVEL LC - NEW PROVIDENCE	12/8/2016	12/9/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WHILE PUSHING AND PULLING, ATTEMPTING TO REMOVE A TIRE CAUGHT ON				6,000.00	2.00	0.00	0.00	0.00	0.00	0.00	6,002.00
Total by Claim Number 1 Claim				6,000.00	245.00	0.00	0.00	0.00	0.00	0.00	6,245.00
				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				6,000.00	2.00	0.00	0.00	0.00	0.00	0.00	6,002.00

Claim Number: 16WC09258Y

16WC09258Y	LAZOVIC, JEFFREY	11		25,238.28	243.00	0.00	0.00	0.00	0.00	0.00	25,481.28
HUNTERDON CENTRAL REG HS	12/9/2016	12/9/2016	2/17/2017	25,238.28	243.00	0.00	0.00	0.00	0.00	0.00	25,481.28
ATTEMPTING TO CAPTURE A STRAY CAT IN HALLWAY WAS SCRATCHED AND				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				25,238.28	243.00	0.00	0.00	0.00	0.00	0.00	25,481.28
				25,238.28	243.00	0.00	0.00	0.00	0.00	0.00	25,481.28
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09259Y



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NEW CLAIMS

December 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: 16WC09259Y

16WC09259Y	SARAO, MARYANNA	11		167.48	243.00	0.00	0.00	0.00	0.00	0.00	410.48
BANKBRIDGE REG DEVELOPMENT	12/9/2016	12/9/2016	1/11/2017	167.48	243.00	0.00	0.00	0.00	0.00	0.00	410.48
WAS BITTEN ON L LOWER ARM BY STUDENT HAVING A BEHAVIORAL ISSUE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				167.48	243.00	0.00	0.00	0.00	0.00	0.00	410.48
				167.48	243.00	0.00	0.00	0.00	0.00	0.00	410.48
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09261B

16WC09261B	VELEZ, FRANCISCO	11		302.60	243.00	0.00	0.00	0.00	0.00	0.00	545.60
GLENWOOD ES	12/9/2016	12/9/2016	1/19/2017	302.60	243.00	0.00	0.00	0.00	0.00	0.00	545.60
PUTTING PLATES ON COMPUTER TABLES TO MAKE STURDY THE SAW DUST				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				302.60	243.00	0.00	0.00	0.00	0.00	0.00	545.60
				302.60	243.00	0.00	0.00	0.00	0.00	0.00	545.60
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09262K

16WC09262K	LYONS, MARY	11		712.57	243.00	0.00	0.00	0.00	0.00	0.00	955.57
JOHN F. KENNEDY MEMORIAL	12/9/2016	12/9/2016	1/31/2017	712.57	243.00	0.00	0.00	0.00	0.00	0.00	955.57
CHASING AFTER STUDENT LOST HER BALANCE AND FELL 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				712.57	243.00	0.00	0.00	0.00	0.00	0.00	955.57
				712.57	243.00	0.00	0.00	0.00	0.00	0.00	955.57
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09265Y





NEW CLAIMS

December 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: 16WC09265Y

16WC09265Y	EPPLEY, KELLI	11		356.18	243.00	0.00	0.00	0.00	0.00	599.18
ROBINSON E.S.	12/9/2016	12/9/2016	1/30/2017	356.18	243.00	0.00	0.00	0.00	0.00	599.18
STUDENT STARTED TO HAVE BEHAVIOR, THREW A CHAIR AND IT LANDED ON				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				356.18	243.00	0.00	0.00	0.00	0.00	599.18
				356.18	243.00	0.00	0.00	0.00	0.00	599.18
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09266B

16WC09266B	HARDING, MARY	11		225.55	243.00	0.00	0.00	0.00	0.00	468.55
PASSAIC COUNTY TECH. INSTITUT	12/7/2016	12/9/2016	2/7/2017	225.55	243.00	0.00	0.00	0.00	0.00	468.55
EXITING HER OFFICE COULD NOT GET DOOR OPEN AND PUSHED UP AGAIN				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				225.55	243.00	0.00	0.00	0.00	0.00	468.55
				225.55	243.00	0.00	0.00	0.00	0.00	468.55
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09267W

16WC09267W	MOYANO, CAROL	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
JEFFERSON SCHOOL	12/2/2016	12/9/2016	Open	1,358.10	243.00	0.00	0.00	0.00	0.00	1,601.10
HELD A STUDENT ATTEMPTING TO RUN AND THE STUDENT DROPPED TO GR				1,141.90	2.00	0.00	0.00	0.00	0.00	1,143.90
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				1,358.10	243.00	0.00	0.00	0.00	0.00	1,601.10
				1,141.90	2.00	0.00	0.00	0.00	0.00	1,143.90

Claim Number: 16WC09268Z





NEW CLAIMS

December 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: 16WC09268Z

16WC09268Z	GARCIA, NANCY		10	3,336.90	1,193.00	0.00	0.00	0.00	0.00	0.00	4,529.90
BRIGHT BEGINNINGS LEARNING CI	12/9/2016	12/9/2016	Open	3,336.90	1,193.00	0.00	0.00	0.00	0.00	0.00	4,529.90
WORKING WITH STUDENT WHEN SHE WAS PUNCHED IN L SIDE OF HEAD				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				3,336.90	1,193.00	0.00	0.00	0.00	0.00	0.00	4,529.90
				3,336.90	1,193.00	0.00	0.00	0.00	0.00	0.00	4,529.90
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09269K

16WC09269K	JAROSSE, LAURA		11	1,426.95	243.00	0.00	0.00	0.00	0.00	0.00	1,669.95
UNION HIGH SCHOOL (UNION)	12/8/2016	12/9/2016	3/ 7/2017	1,426.95	243.00	0.00	0.00	0.00	0.00	0.00	1,669.95
SQUATTING UNTANGLING WIRES OFF A CART STOOD UP STRUCK HER HEAD				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,426.95	243.00	0.00	0.00	0.00	0.00	0.00	1,669.95
				1,426.95	243.00	0.00	0.00	0.00	0.00	0.00	1,669.95
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09270Y

16WC09270Y	HEATH, ANGIE		11	872.00	243.00	0.00	0.00	0.00	0.00	0.00	1,115.00
HATCHERY HILL ES	12/8/2016	12/12/2016	1/13/2017	872.00	243.00	0.00	0.00	0.00	0.00	0.00	1,115.00
RETRIEVING ITEM FROM GROUND SHE ACCIDENTALLY STRUCK HER HEAD O				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				872.00	243.00	0.00	0.00	0.00	0.00	0.00	1,115.00
				872.00	243.00	0.00	0.00	0.00	0.00	0.00	1,115.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09271W





NEW CLAIMS

December 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: 16WC09271W

16WC09271W	ROJAS, LAURA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SCHOOL 2	12/8/2016	12/12/2016	Open	723.66	243.00	0.00	0.00	0.00	0.00	0.00	966.66
BREAKING UP FIGHT BETWEEN STUDENTS ON PLAYGROUND INJURED R FOF				1,776.34	2.00	0.00	0.00	0.00	0.00	0.00	1,778.34
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				723.66	243.00	0.00	0.00	0.00	0.00	0.00	966.66
				1,776.34	2.00	0.00	0.00	0.00	0.00	0.00	1,778.34

Claim Number: 16WC09272K

16WC09272K	OLIVIER, MARK	11		130.24	243.00	0.00	0.00	0.00	0.00	0.00	373.24
MILLSTONE TWP MS	12/12/2016	12/12/2016	2/10/2017	130.24	243.00	0.00	0.00	0.00	0.00	0.00	373.24
DRILLING IN REGISTER WHEN THE SCREW SLIPPED CAUSING NAIL DRILL BIT				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				130.24	243.00	0.00	0.00	0.00	0.00	0.00	373.24
				130.24	243.00	0.00	0.00	0.00	0.00	0.00	373.24
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09274B

16WC09274B	NOLAN, CATHERINE	11		1,310.82	243.00	0.00	0.00	0.00	0.00	0.00	1,553.82
PASSAIC COUNTY TECH. INSTITUT	12/10/2016	12/12/2016	3/ 8/2017	1,310.82	243.00	0.00	0.00	0.00	0.00	0.00	1,553.82
TRIPPED UP CURB AND FELL INJURED L SHOULDER AND KNEE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,310.82	243.00	0.00	0.00	0.00	0.00	0.00	1,553.82
				1,310.82	243.00	0.00	0.00	0.00	0.00	0.00	1,553.82
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09275F





NEW CLAIMS

December 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: 16WC09275F

16WC09275F	BALDWIN, TAMMY	10		2,500.00	1,193.00	35,000.00	0.00	0.00	0.00	0.00	38,693.00
ORANGE PREP ACADEMY	12/10/2016	12/12/2016	Open	1,647.00	1,193.00	0.00	0.00	0.00	0.00	0.00	2,840.00
STANDING ON LADDER SHE TURNED AROUND TO INVESTIGATE NOISE FELT I				853.00	0.00	35,000.00	0.00	0.00	0.00	0.00	35,853.00
Total by Claim Number 1 Claim				2,500.00	1,193.00	35,000.00	0.00	0.00	0.00	0.00	38,693.00
				1,647.00	1,193.00	0.00	0.00	0.00	0.00	0.00	2,840.00
				853.00	0.00	35,000.00	0.00	0.00	0.00	0.00	35,853.00

Claim Number: 16WC09276B

16WC09276B	RAIVELY, HEATHER	11		160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
BANKBRIDGE REG DEVELOPMENT.	12/5/2016	12/12/2016	2/ 7/2017	160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
ASSISTING TEACHERS WITH RESTRAINING STUDENT HELD STUDENTS LEGS				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: 16WC09277W

16WC09277W	ORTIZ, ANGEL	11		303.77	243.00	0.00	0.00	0.00	0.00	0.00	546.77
TRANSPORTATION	12/12/2016	12/12/2016	1/30/2017	303.77	243.00	0.00	0.00	0.00	0.00	0.00	546.77
DRIVING SCHOOL BUS HIT A BIG POT HOLE WHICH JERKED HIS BODY INJURY				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				303.77	243.00	0.00	0.00	0.00	0.00	0.00	546.77
				303.77	243.00	0.00	0.00	0.00	0.00	0.00	546.77
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09278K





NEW CLAIMS

December 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: 16WC09278K

16WC09278K	JOHNSON, MARGARET	11	121.14	243.00	0.00	0.00	0.00	0.00	0.00	364.14
SUMMERFIELD SCHOOL INCLUDIN	12/12/2016	12/12/2016	1/20/2017	121.14	243.00	0.00	0.00	0.00	0.00	364.14
RUNNING AFTER A STUDENT HEARD A POP IN R LOWER LEG				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: 16WC09279B

16WC09279B	ARMENTANI, TRACI	11	167.48	243.00	0.00	0.00	0.00	0.00	0.00	410.48
PITTSBORO TWP MS	12/9/2016	12/12/2016	1/26/2017	167.48	243.00	0.00	0.00	0.00	0.00	410.48
STRINGING LIGHTS FOR SCHOOL DANCE, STEPPED DOWN FROM CHAIR LOS				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			167.48	243.00	0.00	0.00	0.00	0.00	0.00	410.48
			167.48	243.00	0.00	0.00	0.00	0.00	0.00	410.48
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09280W

16WC09280W	APGAR, GLORIA	11	399.52	243.00	0.00	0.00	0.00	0.00	0.00	642.52
FM BURD E.S.	12/9/2016	12/12/2016	1/30/2017	399.52	243.00	0.00	0.00	0.00	0.00	642.52
WENT TO SIT IN STUDENT CHAIR AND MISSED IT SHE FELL ON HER TAILBONE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			399.52	243.00	0.00	0.00	0.00	0.00	0.00	642.52
			399.52	243.00	0.00	0.00	0.00	0.00	0.00	642.52
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09281K





NEW CLAIMS

December 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: 16WC09281K

16WC09281K	HOFF, ERICA	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SLACKWOOD ES	12/12/2016	12/12/2016	1/12/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
FAINTED AND FELL HITTING HER HER 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: 16WC09282Y

16WC09282Y	CALLAN, CHELSEA	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
DR. CHARLES C. POLK ES	12/12/2016	12/12/2016	1/30/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
HIT HER R KNEE ON EASEL THE PAIN CAUSED HER TO PASS OUT INJURED HI			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: 16WC09283K

16WC09283K	ALVAREZ, JUDITH	11	160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
ABRAM P MORRIS-SAYBROOK ES	12/9/2016	12/12/2016	1/17/2017	160.00	243.00	0.00	0.00	0.00	0.00	403.00
STUDENT HAVING BEHAVIORAL ISSUE TOSSED A CHAIR TOWARDS HER HITT			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: 16WC09284W





NEW CLAIMS

December 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: 16WC09284W

16WC09284W	TORRES, MARIA	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SIXTEENTH AVE ES	12/12/2016	12/12/2016	1/13/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WAS REDIRECTING A STUDENT AND WAS BITTEN ON R FOREARM BY STUDEI				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: 16WC09285A

16WC09285A	MICHALSKI, MARY	10	20,000.00	2,743.00	22,000.00	0.00	0.00	0.00	0.00	44,743.00
BANKBRIDGE REG DEVELOPMENT.	12/12/2016	12/12/2016	Open	605.87	1,193.00	5,124.98	0.00	0.00	0.00	6,923.85
TRYING TO TRANSITION STUDENT HAVING BEHAVIORAL ISSUE PUSHING HEF				19,394.13	1,550.00	16,875.02	0.00	0.00	0.00	37,819.15
Total by Claim Number 1 Claim			20,000.00	2,743.00	22,000.00	0.00	0.00	0.00	0.00	44,743.00
			605.87	1,193.00	5,124.98	0.00	0.00	0.00	0.00	6,923.85
			19,394.13	1,550.00	16,875.02	0.00	0.00	0.00	0.00	37,819.15

Claim Number: 16WC09286W

16WC09286W	RUTH, ANNAMARIA	11	187.00	243.00	0.00	0.00	0.00	0.00	0.00	430.00
RYERSON E.S.	12/7/2016	12/12/2016	2/23/2017	187.00	243.00	0.00	0.00	0.00	0.00	430.00
TURNED AROUND TWISTING AND INJURED L ANKLE TRYING TO KEEP STUDEI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			187.00	243.00	0.00	0.00	0.00	0.00	0.00	430.00
			187.00	243.00	0.00	0.00	0.00	0.00	0.00	430.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09287B





NEW CLAIMS

December 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: 16WC09287B

16WC09287B	COLLINS, STACI	11	403.93	243.00	0.00	0.00	0.00	0.00	0.00	646.93
GOVERNOR CHARLES C STRATTOI	12/12/2016	12/12/2016	2/10/2017	403.93	243.00	0.00	0.00	0.00	0.00	646.93
RESTRAINING STUDENT HAVING BEHAVIORAL ISSUE STRAINED HER NECK, U				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				403.93	243.00	0.00	0.00	0.00	0.00	646.93
				403.93	243.00	0.00	0.00	0.00	0.00	646.93
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09288K

16WC09288K	MCCANN, THOMAS	11	282.29	243.00	0.00	0.00	0.00	0.00	0.00	525.29
VINELAND SENIOR H.S. NORTH 9 &	12/9/2016	12/12/2016	1/31/2017	282.29	243.00	0.00	0.00	0.00	0.00	525.29
TRYING TO SPLIT A FIGHT BETWEEN TWO STUDENTS STRAINED R SIDE UPPE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				282.29	243.00	0.00	0.00	0.00	0.00	525.29
				282.29	243.00	0.00	0.00	0.00	0.00	525.29
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09289W

16WC09289W	MORANO, RICHARD	11	170.00	243.00	0.00	0.00	0.00	0.00	0.00	413.00
BERKELEY ES	12/7/2016	12/13/2016	1/30/2017	170.00	243.00	0.00	0.00	0.00	0.00	413.00
UNLOADING CASES OF CANNED FOOD FELT A PULL IN UPPER BACK				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: 16WC09290V





NEW CLAIMS

December 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: 16WC09290V

16WC09290V	INGRASSIA, MARY	10	816.74	1,193.00	1,538.49	0.00	0.00	0.00	0.00	3,548.23
CENTRAL FIVE-JEFFERSON ES (UI	12/12/2016	12/13/2016	2/14/2017	816.74	1,193.00	1,538.49	0.00	0.00	0.00	3,548.23
DISMISSING STUDENTS TRIPPED UP CURB TWISTED L ANKLE			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			816.74	1,193.00	1,538.49	0.00	0.00	0.00	0.00	3,548.23
			816.74	1,193.00	1,538.49	0.00	0.00	0.00	0.00	3,548.23
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09291R

16WC09291R	BUONO, JANICE	10	17,500.00	2,193.00	15,000.00	0.00	0.00	0.00	0.00	34,693.00
LAND O PINES SCHOOL	12/12/2016	12/13/2016	Open	4,858.13	1,193.00	3,381.78	0.00	0.00	0.00	9,432.91
GETTING OFF BUS SLIPPED ON WET STEP AND FELL LANDING ON R KNEE, R			12,641.87	1,000.00	11,618.22	0.00	0.00	0.00	0.00	25,260.09
Total by Claim Number 1 Claim			17,500.00	2,193.00	15,000.00	0.00	0.00	0.00	0.00	34,693.00
			4,858.13	1,193.00	3,381.78	0.00	0.00	0.00	0.00	9,432.91
			12,641.87	1,000.00	11,618.22	0.00	0.00	0.00	0.00	25,260.09

Claim Number: 16WC09292W

16WC09292W	HARKINS, STEPHANIE	11	279.25	243.00	0.00	0.00	0.00	0.00	0.00	522.25
MAIN BUILDING - HIGH SCHOOL	12/13/2016	12/13/2016	1/31/2017	279.25	243.00	0.00	0.00	0.00	0.00	522.25
STEPPED OUT OF CAR, SLIPPED ON BLACK ICE AND FELL STRUCK L SIDE OF			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			279.25	243.00	0.00	0.00	0.00	0.00	0.00	522.25
			279.25	243.00	0.00	0.00	0.00	0.00	0.00	522.25
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09293B





NEW CLAIMS

December 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: 16WC09293B

16WC09293B	DIAS, MARIA		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
AUGUSTA SCHOOL IRVINGTON	12/9/2016	12/13/2016	Open	544.76	243.00	0.00	0.00	0.00	0.00	0.00	787.76
PICKING UP STUDENT FROM NAP FELT PAIN IN LOWER BACK				1,955.24	2.00	0.00	0.00	0.00	0.00	0.00	1,957.24
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				544.76	243.00	0.00	0.00	0.00	0.00	0.00	787.76
				1,955.24	2.00	0.00	0.00	0.00	0.00	0.00	1,957.24

Claim Number: 16WC09294A

16WC09294A	SENGES, ROCHELLE		10	20,000.00	2,743.00	50,000.00	0.00	0.00	0.00	0.00	72,743.00
HENRY C. BECK JR. SCHOOL	12/13/2016	12/13/2016	Open	2,717.46	1,193.00	2,239.71	0.00	0.00	0.00	0.00	6,150.17
WAS ACCIDENTALLY STRUCK WITH A VOLLEYBALL IN HEAD DURING GYM CL				17,282.54	1,550.00	47,760.29	0.00	0.00	0.00	0.00	66,592.83
Total by Claim Number 1 Claim				20,000.00	2,743.00	50,000.00	0.00	0.00	0.00	0.00	72,743.00
				2,717.46	1,193.00	2,239.71	0.00	0.00	0.00	0.00	6,150.17
				17,282.54	1,550.00	47,760.29	0.00	0.00	0.00	0.00	66,592.83

Claim Number: 16WC09295Y

16WC09295Y	SZOKE, MARY		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WASHINGTON AVE ES	12/9/2016	12/13/2016	Open	2,365.77	243.00	0.00	0.00	0.00	0.00	0.00	2,608.77
WALKING UP STAIRS FELL FORWARD ATTEMPTED TO BREAK HER FALL INJUF				134.23	2.00	0.00	0.00	0.00	0.00	0.00	136.23
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				2,365.77	243.00	0.00	0.00	0.00	0.00	0.00	2,608.77
				134.23	2.00	0.00	0.00	0.00	0.00	0.00	136.23

Claim Number: 16WC09296K





NEW CLAIMS

December 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: 16WC09296K

16WC09296K	LIMONE, JENNIFER	11		202.15	243.00	0.00	0.00	0.00	0.00	0.00	445.15
ALLEN W ROBERTS SCHOOL	12/7/2016	12/13/2016	1/26/2017	202.15	243.00	0.00	0.00	0.00	0.00	0.00	445.15
SLIPPED ON PIECE OF PAPER PUT HER HAND OUT TO BREAK HER FALL INJUI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				202.15	243.00	0.00	0.00	0.00	0.00	0.00	445.15
				202.15	243.00	0.00	0.00	0.00	0.00	0.00	445.15
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09297B

16WC09297B	BLAKE, MONICA	11		1,305.20	243.00	0.00	0.00	0.00	0.00	0.00	1,548.20
BUCKSHUTEM ROAD E.S.	12/12/2016	12/13/2016	2/24/2017	1,305.20	243.00	0.00	0.00	0.00	0.00	0.00	1,548.20
LIFTING STUDENT OFF FLOOR HAVING A BEHAVIORAL ISSUE INJURED L WRIS				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,305.20	243.00	0.00	0.00	0.00	0.00	0.00	1,548.20
				1,305.20	243.00	0.00	0.00	0.00	0.00	0.00	1,548.20
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09298K

16WC09298K	MCCARTHY, DELIA	11		414.41	243.00	0.00	0.00	0.00	0.00	0.00	657.41
HACKENSACK MS	12/13/2016	12/13/2016	2/28/2017	414.41	243.00	0.00	0.00	0.00	0.00	0.00	657.41
SITTING ON SWIVEL CHAIR W/NO BACK SHE FELL OFF CHAIR INJURED MID B/				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				414.41	243.00	0.00	0.00	0.00	0.00	0.00	657.41
				414.41	243.00	0.00	0.00	0.00	0.00	0.00	657.41
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09299B





NEW CLAIMS

December 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: 16WC09299B

16WC09299B	KOSTER, NANCY	11	2,535.19	243.00	0.00	0.00	0.00	0.00	0.00	2,778.19
WARREN DEVELOP. LEARNING CTI	12/13/2016	12/13/2016	2/14/2017	2,535.19	243.00	0.00	0.00	0.00	0.00	2,778.19
WAS WITH STUDENTS IN MUSIC ROOM, STUDENT STRUCK HER IN FACE WITH				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				2,535.19	243.00	0.00	0.00	0.00	0.00	2,778.19
				2,535.19	243.00	0.00	0.00	0.00	0.00	2,778.19
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09300Y

16WC09300Y	ZACCHE, KIMBERLY	11	723.00	243.00	0.00	0.00	0.00	0.00	0.00	966.00
PACKANACK E.S.	12/13/2016	12/13/2016	3/ 2/2017	723.00	243.00	0.00	0.00	0.00	0.00	966.00
WALKING WHEN SHE TRIPPED AND FELL OVER BLACK ICE INJURED L LEG, H/				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				723.00	243.00	0.00	0.00	0.00	0.00	966.00
				723.00	243.00	0.00	0.00	0.00	0.00	966.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09301B

16WC09301B	MOODY, THOMAS	11	574.16	243.00	0.00	0.00	0.00	0.00	0.00	817.16
NEW REPAIR & TRANSPORTATION	12/12/2016	12/13/2016	1/26/2017	574.16	243.00	0.00	0.00	0.00	0.00	817.16
ON BUS ATTEMPTING TO STOP A STUDENT FROM HURTING HIMSELF OR OT-				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				574.16	243.00	0.00	0.00	0.00	0.00	817.16
				574.16	243.00	0.00	0.00	0.00	0.00	817.16
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09302W





NEW CLAIMS

December 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: 16WC09302W

16WC09302W	SCARBACI, DIANE	11	608.72	243.00	0.00	0.00	0.00	0.00	0.00	851.72
HUNTERDON CENTRAL REG HS	12/7/2016	12/13/2016	3/7/2017	608.72	243.00	0.00	0.00	0.00	0.00	851.72
WALKING IN CAFETERIA SLIPPED ON WET FLOOR AND FELL INJURED R ANKLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			608.72	243.00	0.00	0.00	0.00	0.00	0.00	851.72
			608.72	243.00	0.00	0.00	0.00	0.00	0.00	851.72
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09303B

16WC09303B	SORRENTINO, ANNA	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ROBERT ERSKINE SCHOOL	12/9/2016	12/13/2016	1/19/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SETTING UP FOR RECESS SHE TRIPPED AND FELL OVER A BALL INJURED L S				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: 16WC09304B

16WC09304B	NEY, MILTON	11	212.85	243.00	0.00	0.00	0.00	0.00	0.00	455.85
HARRISON TWP. ES	12/13/2016	12/13/2016	1/26/2017	212.85	243.00	0.00	0.00	0.00	0.00	455.85
TRYING TO DETERMINE WHERE THE FAN NOISE IN AN AC WAS COMING FROM				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			212.85	243.00	0.00	0.00	0.00	0.00	0.00	455.85
			212.85	243.00	0.00	0.00	0.00	0.00	0.00	455.85
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09305F





NEW CLAIMS

December 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: 16WC09305F

16WC09305F	WINKLER, BARBARA	10		12,500.00	1,193.00	0.00	0.00	0.00	0.00	0.00	13,693.00
WALLACE MIDDLE SCHOOL	12/10/2016	12/13/2016	Open	1,097.58	1,193.00	0.00	0.00	0.00	0.00	0.00	2,290.58
SLIPPED AND FELL ON STEP AT BACK DOOR INJURED BACK OF HER HEAD, L				11,402.42	0.00	0.00	0.00	0.00	0.00	0.00	11,402.42
Total by Claim Number 1 Claim				12,500.00	1,193.00	0.00	0.00	0.00	0.00	0.00	13,693.00
				1,097.58	1,193.00	0.00	0.00	0.00	0.00	0.00	2,290.58
				11,402.42	0.00	0.00	0.00	0.00	0.00	0.00	11,402.42

Claim Number: 16WC09306M

16WC09306M	GAHR, JUDITH	10		3,015.96	1,193.00	2,861.84	0.00	0.00	325.00	0.00	7,395.80
SCHOOL 2	12/13/2016	12/13/2016	3/ 2/2017	3,015.96	1,193.00	2,861.84	0.00	0.00	325.00	0.00	7,395.80
A STUDENT HAVING BEHAVIORAL ISSUE TOSSED A HARD COVER BOOK HITTI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				3,015.96	1,193.00	2,861.84	0.00	0.00	325.00	0.00	7,395.80
				3,015.96	1,193.00	2,861.84	0.00	0.00	325.00	0.00	7,395.80
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09307K

16WC09307K	SMITH, BRYAN	11		5,700.00	245.00	0.00	0.00	0.00	0.00	0.00	5,945.00
BRADLEY GARDENS E S	12/13/2016	12/13/2016	Open	3,550.94	243.00	0.00	0.00	0.00	0.00	0.00	3,793.94
RESTRAINING STUDENT HAVING BEHAVIORAL ISSUE STRAINED LOWER BAC				2,149.06	2.00	0.00	0.00	0.00	0.00	0.00	2,151.06
Total by Claim Number 1 Claim				5,700.00	245.00	0.00	0.00	0.00	0.00	0.00	5,945.00
				3,550.94	243.00	0.00	0.00	0.00	0.00	0.00	3,793.94
				2,149.06	2.00	0.00	0.00	0.00	0.00	0.00	2,151.06

Claim Number: 16WC09308Y





NEW CLAIMS

December 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: 16WC09308Y

16WC09308Y	BOROWSKI, KAITLYN	11	69.62	243.00	0.00	0.00	0.00	0.00	0.00	312.62
GEORGE ES	12/13/2016	12/13/2016	2/23/2017	69.62	243.00	0.00	0.00	0.00	0.00	312.62
WAS STRUCK ON R EYE WITH A PHONE BY A STUDENT HAVING BEHAVIORAL			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			69.62	243.00	0.00	0.00	0.00	0.00	0.00	312.62
			69.62	243.00	0.00	0.00	0.00	0.00	0.00	312.62
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09309B

16WC09309B	MACKEY, CINDY	11	53.35	243.00	0.00	0.00	0.00	0.00	0.00	296.35
HUNTERDON CENTRAL REG HS	12/12/2016	12/13/2016	3/ 2/2017	53.35	243.00	0.00	0.00	0.00	0.00	296.35
TRANSPORTING HANDICAPPED PATIENT OFF BUS, FOOT GOT STUCK BETWE			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			53.35	243.00	0.00	0.00	0.00	0.00	0.00	296.35
			53.35	243.00	0.00	0.00	0.00	0.00	0.00	296.35
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09310W

16WC09310W	FERLAZZO, JANET	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JOYCE KILMER SCHOOL	12/13/2016	12/13/2016	Open	838.92	243.00	0.00	0.00	0.00	0.00	1,081.92
SLIPPED ON BLACK ICE AND HIT HER L KNEE/LEG			1,661.08	2.00	0.00	0.00	0.00	0.00	0.00	1,663.08
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			838.92	243.00	0.00	0.00	0.00	0.00	0.00	1,081.92
			1,661.08	2.00	0.00	0.00	0.00	0.00	0.00	1,663.08

Claim Number: 16WC09311B





NEW CLAIMS

December 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: 16WC09311B

16WC09311B	LOUIS, MELISSA	11		484.49	243.00	0.00	0.00	0.00	0.00	0.00	727.49
HERBERT N RICHARDSON	12/13/2016	12/14/2016	2/21/2017	484.49	243.00	0.00	0.00	0.00	0.00	0.00	727.49
STUDENT HAVING BEHAVIORAL ISSUE STRUCK HER R HAND USING FIST				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				484.49	243.00	0.00	0.00	0.00	0.00	0.00	727.49
				484.49	243.00	0.00	0.00	0.00	0.00	0.00	727.49
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09312B

16WC09312B	WALKER, MICHAEL	11		125.41	243.00	0.00	0.00	0.00	0.00	0.00	368.41
HACKENSACK HS	12/13/2016	12/14/2016	1/26/2017	125.41	243.00	0.00	0.00	0.00	0.00	0.00	368.41
DURING WRESTLING PRACTICE ACCIDENTALLY STRUCK HIS HAND AGAINST				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				125.41	243.00	0.00	0.00	0.00	0.00	0.00	368.41
				125.41	243.00	0.00	0.00	0.00	0.00	0.00	368.41
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09313W

16WC09313W	MIHALOW, KAREN	11		316.83	243.00	0.00	0.00	0.00	0.00	0.00	559.83
GEORGE E. WILSON E.S.	12/12/2016	12/14/2016	1/30/2017	316.83	243.00	0.00	0.00	0.00	0.00	0.00	559.83
STEPPED BACK TO AVOID STEPPING ON STUDENT AND MISSTEPPED TWISTE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				316.83	243.00	0.00	0.00	0.00	0.00	0.00	559.83
				316.83	243.00	0.00	0.00	0.00	0.00	0.00	559.83
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09314Y





NEW CLAIMS

December 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: 16WC09314Y

16WC09314Y	BUCKLEY, THERESA	11	616.85	243.00	0.00	0.00	0.00	0.00	0.00	859.85
OCEAN AVENUE ES	12/12/2016	12/14/2016	3/ 2/2017	616.85	243.00	0.00	0.00	0.00	0.00	859.85
RESTRAINING STUDENT HAVING A BEHAVIORAL ISSUE TWISTED HER BACK			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			616.85	243.00	0.00	0.00	0.00	0.00	0.00	859.85
			616.85	243.00	0.00	0.00	0.00	0.00	0.00	859.85
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09315B

16WC09315B	SCHLIENGER, LIZA	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
BUENA REGIONAL HS	12/13/2016	12/14/2016	1/12/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
TAKING THE FRAME OFF MIRROR FOR AN ART PROJECT USING EXACTO KNIF			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: 16WC09316K

16WC09316K	CHURNICK, BARBARA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
RARITAN HS	12/13/2016	12/14/2016	Open	633.67	243.00	0.00	0.00	0.00	0.00	876.67
LIFTING PACKAGES THAT WAS VERY HEAVY INJURED R UPPER ARM			1,866.33	2.00	0.00	0.00	0.00	0.00	0.00	1,868.33
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			633.67	243.00	0.00	0.00	0.00	0.00	0.00	876.67
			1,866.33	2.00	0.00	0.00	0.00	0.00	0.00	1,868.33

Claim Number: 16WC09317B





NEW CLAIMS

December 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: 16WC09317B

16WC09317B	NUCCI, LUIGI	11	183.00	243.00	0.00	0.00	0.00	0.00	0.00	426.00
ADMIN BLDG	12/14/2016	12/14/2016	2/ 7/2017	183.00	243.00	0.00	0.00	0.00	0.00	426.00
A PIECE OF GLASS FELL ON L HAND WHILE HE WAS TURNING ON CIRCUIT BR				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			183.00	243.00	0.00	0.00	0.00	0.00	0.00	426.00
			183.00	243.00	0.00	0.00	0.00	0.00	0.00	426.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09318K

16WC09318K	ROMERO, KAREN	11	286.96	243.00	0.00	0.00	0.00	0.00	0.00	529.96
WARREN DEVELOP. LEARNING CTI	12/14/2016	12/14/2016	1/20/2017	286.96	243.00	0.00	0.00	0.00	0.00	529.96
WORKING WITH STUDENT WHEN ANOTHER STUDENT HEAD BUTTED HER ON				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			286.96	243.00	0.00	0.00	0.00	0.00	0.00	529.96
			286.96	243.00	0.00	0.00	0.00	0.00	0.00	529.96
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09319W

16WC09319W	OYOLA, MARIA	11	173.01	243.00	0.00	0.00	0.00	0.00	0.00	416.01
VINELAND SENIOR H.S. SOUTH 11	12/14/2016	12/14/2016	1/30/2017	173.01	243.00	0.00	0.00	0.00	0.00	416.01
GOING UP STAIRS TRIPPED ON STEPS FALLING FORWARD LANDING ON HER				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			173.01	243.00	0.00	0.00	0.00	0.00	0.00	416.01
			173.01	243.00	0.00	0.00	0.00	0.00	0.00	416.01
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09320Y





NEW CLAIMS

December 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: 16WC09320Y

16WC09320Y	EVANIK, PATRICIA	11		1,534.64	243.00	0.00	0.00	0.00	0.00	0.00	1,777.64
RAHWAY HIGH SCHOOL	12/14/2016	12/14/2016	2/28/2017	1,534.64	243.00	0.00	0.00	0.00	0.00	0.00	1,777.64
WAS INVOLVED IN A SCUFFLE BETWEEN TWO STUDENTS INJURED L SIDE OF				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,534.64	243.00	0.00	0.00	0.00	0.00	0.00	1,777.64
				1,534.64	243.00	0.00	0.00	0.00	0.00	0.00	1,777.64
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09321K

16WC09321K	DELOACH, SANDRA	11		3,534.11	243.00	0.00	0.00	0.00	0.00	0.00	3,777.11
LINCOLN NO. 5 ELEM.	12/13/2016	12/14/2016	2/7/2017	3,534.11	243.00	0.00	0.00	0.00	0.00	0.00	3,777.11
STUDENT TOSSED AN OPEN STAPLER HITTING HER IN HEAD				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				3,534.11	243.00	0.00	0.00	0.00	0.00	0.00	3,777.11
				3,534.11	243.00	0.00	0.00	0.00	0.00	0.00	3,777.11
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09322B

16WC09322B	PATEL, MANISHA	11		570.00	243.00	0.00	0.00	0.00	0.00	0.00	813.00
FM BURD E.S.	12/14/2016	12/14/2016	1/23/2017	570.00	243.00	0.00	0.00	0.00	0.00	0.00	813.00
INSTRUCTED STUDENT NOT TO PLAY WITH ICE STUDENT BECAME UPSET AN				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				570.00	243.00	0.00	0.00	0.00	0.00	0.00	813.00
				570.00	243.00	0.00	0.00	0.00	0.00	0.00	813.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09323W





NEW CLAIMS

December 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: 16WC09323W

16WC09323W	GONZALEZ, OVELIO	11		426.29	243.00	0.00	0.00	0.00	0.00	669.29
JEFFERSON SCHOOL	12/14/2016	12/14/2016	2/16/2017	426.29	243.00	0.00	0.00	0.00	0.00	669.29
MOVING BOOK SHELVES DOWN STAIRS W/COWORKER MISSED A STEP FELT				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				426.29	243.00	0.00	0.00	0.00	0.00	669.29
				426.29	243.00	0.00	0.00	0.00	0.00	669.29
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09324V

16WC09324V	GARRITT, EUGENE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
CARTERET H. S.	12/14/2016	12/14/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
DURING PHYSICAL ALTERCATION A STUDENT PUSHED ANOTHER STUDENT II				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 16WC09325Y

16WC09325Y	STEVENSON, TRUDY	11		413.31	243.00	0.00	0.00	0.00	0.00	656.31
ADMINISTRATION OFFICE	12/13/2016	12/14/2016	2/24/2017	413.31	243.00	0.00	0.00	0.00	0.00	656.31
WALKING WHEN SHE TRIPPED AND FELL ON CARPET INJURED R KNEE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				413.31	243.00	0.00	0.00	0.00	0.00	656.31
				413.31	243.00	0.00	0.00	0.00	0.00	656.31
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09326B





NEW CLAIMS

December 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: 16WC09326B

16WC09326B	DECKER, DIANE	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CENTRAL ES	12/14/2016	12/14/2016	1/11/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT THREW A BASEBALL SIZE CLUMP OF CLAY HITTING HER 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	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: 16WC09327K

16WC09327K	MINER, VANETTA	11	556.87	243.00	0.00	0.00	0.00	0.00	0.00	799.87
DOROTHY L BULLOCK SCHOOL	12/14/2016	12/14/2016	2/10/2017	556.87	243.00	0.00	0.00	0.00	0.00	799.87
SLIPPED ON WET FLOOR AND FELL INJURED L CHEEK AND L ANKLE			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			556.87	243.00	0.00	0.00	0.00	0.00	0.00	799.87
			556.87	243.00	0.00	0.00	0.00	0.00	0.00	799.87
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09328W

16WC09328W	SALIB, FADIA	11	868.45	243.00	0.00	0.00	0.00	0.00	0.00	1,111.45
BAYONNE H.S. AND ADMIN. OFFICE	12/14/2016	12/14/2016	2/28/2017	868.45	243.00	0.00	0.00	0.00	0.00	1,111.45
GETTING OFF ELEVATOR DOOR CLOSED ON R SHOULDER			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			868.45	243.00	0.00	0.00	0.00	0.00	0.00	1,111.45
			868.45	243.00	0.00	0.00	0.00	0.00	0.00	1,111.45
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09329Y





NEW CLAIMS

December 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: 16WC09329Y

16WC09329Y	SCIALFO, PAULA	11	319.55	243.00	0.00	0.00	0.00	0.00	0.00	562.55
WOODBRI	BOARD OF EDUCAT	12/14/2016	12/14/2016	1/31/2017	319.55	243.00	0.00	0.00	0.00	562.55
A TRUCK REAR ENDED HER WHEN SHE TRIED TO MAKE A TURN INJURED NE			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			319.55	243.00	0.00	0.00	0.00	0.00	0.00	562.55
			319.55	243.00	0.00	0.00	0.00	0.00	0.00	562.55
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09330K

16WC09330K	MONIGAN, ERIN	11	509.84	243.00	0.00	0.00	0.00	0.00	0.00	752.84
OLD BRIDGE HS		12/12/2016	12/14/2016	3/9/2017	509.84	243.00	0.00	0.00	0.00	752.84
WAS LIFTING A WOODEN PLATFORM FELT TWEAK 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			509.84	243.00	0.00	0.00	0.00	0.00	0.00	752.84
			509.84	243.00	0.00	0.00	0.00	0.00	0.00	752.84
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09331B

16WC09331B	COSTELLO, KIMBERLY	11	175.48	243.00	0.00	0.00	0.00	0.00	0.00	418.48
POINT ROAD E.S.		12/14/2016	12/14/2016	2/10/2017	175.48	243.00	0.00	0.00	0.00	418.48
STUDENT HAVING A BEHAVIORAL BIT HER LT LOWER ARM CAUSING SKING T			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: 16WC09332B





NEW CLAIMS

December 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: 16WC09332B

16WC09332B	DURYEE, DANA	11		218.50	243.00	0.00	0.00	0.00	0.00	0.00	461.50
DEVEL LC - NEW PROVIDENCE	12/14/2016	12/15/2016	2/10/2017	218.50	243.00	0.00	0.00	0.00	0.00	0.00	461.50
WALKING STUDENT TO BUS, STUDENT COLLAPSED TO GROUND PULLING HE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				218.50	243.00	0.00	0.00	0.00	0.00	0.00	461.50
				218.50	243.00	0.00	0.00	0.00	0.00	0.00	461.50
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09333K

16WC09333K	PAIGE, ROSA	11		437.00	243.00	0.00	0.00	0.00	0.00	0.00	680.00
FRANKLIN SCHOOL (UNION)	12/14/2016	12/15/2016	2/10/2017	437.00	243.00	0.00	0.00	0.00	0.00	0.00	680.00
STUDENT PUSHED HER CAUSING HER TO LOSE BALANCE AND FELL INJUREC				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				437.00	243.00	0.00	0.00	0.00	0.00	0.00	680.00
				437.00	243.00	0.00	0.00	0.00	0.00	0.00	680.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09334W

16WC09334W	MECHLOWITZ, SHARON	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ACADAMY LEARNING CENTER	12/14/2016	12/15/2016	Open	1,802.31	243.00	0.00	0.00	0.00	0.00	0.00	2,045.31
STUDENT WENT TO SIT DOWN ON ESCALATOR WHILE HOLDING ONTO HER S				697.69	2.00	0.00	0.00	0.00	0.00	0.00	699.69
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				1,802.31	243.00	0.00	0.00	0.00	0.00	0.00	2,045.31
				697.69	2.00	0.00	0.00	0.00	0.00	0.00	699.69

Claim Number: 16WC09335B





NEW CLAIMS

December 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: 16WC09335B

16WC09335B	SMITH, CAMERON	11	205.52	243.00	0.00	0.00	0.00	0.00	0.00	448.52
SALEM H S	12/14/2016	12/15/2016	1/27/2017	205.52	243.00	0.00	0.00	0.00	0.00	448.52
WALKING TOWARDS HALLWAY SLIPPED AND FELL OVER DIRT TWISTING L KN				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				205.52	243.00	0.00	0.00	0.00	0.00	448.52
				205.52	243.00	0.00	0.00	0.00	0.00	448.52
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09336K

16WC09336K	MONDADORI, STEVEN	11	306.40	243.00	0.00	0.00	0.00	0.00	0.00	549.40
FAIR LAWN H.S.	12/15/2016	12/15/2016	3/ 2/2017	306.40	243.00	0.00	0.00	0.00	0.00	549.40
USING A DRILL ON PIECE OF WOOD THE WOOD SPUN AND STRUCK L THUMB				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				306.40	243.00	0.00	0.00	0.00	0.00	549.40
				306.40	243.00	0.00	0.00	0.00	0.00	549.40
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09337A

16WC09337A	UNKOW, SONAM	10	2,138.45	1,193.00	3,981.71	0.00	0.00	0.00	0.00	7,313.16
DELSEA REG HS	12/15/2016	12/15/2016	3/ 7/2017	2,138.45	1,193.00	3,981.71	0.00	0.00	0.00	7,313.16
GETTING MARKERS OFF FLOOR UPON COMING UP SHE STRUCK HER HEAD C				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				2,138.45	1,193.00	3,981.71	0.00	0.00	0.00	7,313.16
				2,138.45	1,193.00	3,981.71	0.00	0.00	0.00	7,313.16
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09338W





NEW CLAIMS

December 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: 16WC09338W

16WC09338W	BLACK, KATIE	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
BANKBRIDGE REG DEVELOPMENT	12/13/2016	12/15/2016	1/30/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT TRIPPED HER CAUSING HER TO FALL LANDING ON R KNEE				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: 16WC09339B

16WC09339B	DORSEY, RONALD	11		38.88	243.00	0.00	0.00	0.00	0.00	281.88
ATLANTIC COUNTY SPECIAL SERV	12/14/2016	12/15/2016	2/7/2017	38.88	243.00	0.00	0.00	0.00	0.00	281.88
RESTRAINING STUDENT, FELT A PULL IN R SIDE OF RIBS				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				38.88	243.00	0.00	0.00	0.00	0.00	281.88
				38.88	243.00	0.00	0.00	0.00	0.00	281.88
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09340K

16WC09340K	LAZUR, MARGARET	11		172.87	243.00	0.00	0.00	0.00	0.00	415.87
CAMBRIDGE ES	12/14/2016	12/15/2016	1/20/2017	172.87	243.00	0.00	0.00	0.00	0.00	415.87
OPENING A FOLDING TABLE PREPARING FOR MEETING R MIDDLE FINGER CA				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: 16WC09341Z





NEW CLAIMS

December 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: 16WC09341Z

16WC09341Z	VANORDEN, RAYMOND	10		5,000.00	1,193.00	3,668.00	0.00	0.00	0.00	0.00	9,861.00
MEMORIAL SR HS	12/14/2016	12/15/2016	Open	1,650.00	1,193.00	3,668.00	0.00	0.00	0.00	0.00	6,511.00
WENT TO FRIGE TO GET LUNCH HE FELL OVER CHAIR IN THE DARK INJURED				3,350.00	0.00	0.00	0.00	0.00	0.00	0.00	3,350.00
Total by Claim Number 1 Claim				5,000.00	1,193.00	3,668.00	0.00	0.00	0.00	0.00	9,861.00
				1,650.00	1,193.00	3,668.00	0.00	0.00	0.00	0.00	6,511.00
				3,350.00	0.00	0.00	0.00	0.00	0.00	0.00	3,350.00

Claim Number: 16WC09342I

16WC09342I	SAYEDAHMED, SAHAR	11		12,000.00	245.00	19,162.00	0.00	0.00	0.00	0.00	31,407.00
HILLSIDE HS	12/15/2016	12/15/2016	Open	2,348.96	243.00	10,452.00	0.00	0.00	0.00	0.00	13,043.96
TRIPPED AND FELL INJURED R KNEE, HIP AND R ELBOW				9,651.04	2.00	8,710.00	0.00	0.00	0.00	0.00	18,363.04
Total by Claim Number 1 Claim				12,000.00	245.00	19,162.00	0.00	0.00	0.00	0.00	31,407.00
				2,348.96	243.00	10,452.00	0.00	0.00	0.00	0.00	13,043.96
				9,651.04	2.00	8,710.00	0.00	0.00	0.00	0.00	18,363.04

Claim Number: 16WC09343B

16WC09343B	THOMAS, ARTHUR	11		666.56	243.00	0.00	0.00	0.00	0.00	0.00	909.56
BURNETT JR. HIGH SCHOOL (UNIC	12/15/2016	12/15/2016	2/10/2017	666.56	243.00	0.00	0.00	0.00	0.00	0.00	909.56
PICKED UP A BOX EMPTIED A MOP BUCKET INJURED LOW BACK, R LEG				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				666.56	243.00	0.00	0.00	0.00	0.00	0.00	909.56
				666.56	243.00	0.00	0.00	0.00	0.00	0.00	909.56
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09344I





NEW CLAIMS

December 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: 16WC09344I

16WC09344I	RAVAL, MANISHA	10		6,500.00	1,193.00	825.99	0.00	0.00	0.00	0.00	8,518.99
HILLSBOROUGH MS	12/14/2016	12/15/2016	Open	1,641.80	1,193.00	747.32	0.00	0.00	0.00	0.00	3,582.12
SHE TRIPPED AND FELL ON L SIDE INJURED L SHOULDER, KNEE, HEAD				4,858.20	0.00	78.67	0.00	0.00	0.00	0.00	4,936.87
Total by Claim Number 1 Claim				6,500.00	1,193.00	825.99	0.00	0.00	0.00	0.00	8,518.99
				1,641.80	1,193.00	747.32	0.00	0.00	0.00	0.00	3,582.12
				4,858.20	0.00	78.67	0.00	0.00	0.00	0.00	4,936.87

Claim Number: 16WC09345K

16WC09345K	ROBERTS, ASHLEY	11		302.70	243.00	0.00	0.00	0.00	0.00	0.00	545.70
WARREN DEVELOP. LEARNING CTI	12/15/2016	12/15/2016	1/27/2017	302.70	243.00	0.00	0.00	0.00	0.00	0.00	545.70
STUDENT GRABBED THE BACK OF HER NECK SQUEZZED AND PULLED BACK\				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				302.70	243.00	0.00	0.00	0.00	0.00	0.00	545.70
				302.70	243.00	0.00	0.00	0.00	0.00	0.00	545.70
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09346B

16WC09346B	BERHALTER, ERIN	11		170.00	243.00	0.00	0.00	0.00	0.00	0.00	413.00
MANCHESTER TWP. HS	12/13/2016	12/15/2016	2/24/2017	170.00	243.00	0.00	0.00	0.00	0.00	0.00	413.00
THE STRAP OF LUNCH BAG BECAME CAUGHT ON PAPER CUTTER, PAPER CU				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: 16WC09347W





NEW CLAIMS

December 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: 16WC09347W

16WC09347W	HAINES, MELINDA	11	141.49	243.00	0.00	0.00	0.00	0.00	0.00	384.49
HAMILTON NORTH NOTTINGHAM H	12/15/2016	12/15/2016	1/30/2017	141.49	243.00	0.00	0.00	0.00	0.00	384.49
STUDENT PUSHED THE DOOR OPEN ATTEMPTED TO BLOCK THE DOOR FROM				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				141.49	243.00	0.00	0.00	0.00	0.00	384.49
				141.49	243.00	0.00	0.00	0.00	0.00	384.49
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09348Y

16WC09348Y	SANGUDOLCE, GAIL	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ACADAMY LEARNING CENTER	12/15/2016	12/15/2016	Open	2,319.01	243.00	0.00	0.00	0.00	0.00	2,562.01
TRIPPED ON RUG FELL INJURED HER L ANKLE, KNEE, SHOULDER, HAND AND				180.99	2.00	0.00	0.00	0.00	0.00	182.99
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				2,319.01	243.00	0.00	0.00	0.00	0.00	2,562.01
				180.99	2.00	0.00	0.00	0.00	0.00	182.99

Claim Number: 16WC09349W

16WC09349W	MONTANEZ, GLORYDEE	11	4,840.66	243.00	0.00	0.00	0.00	0.00	0.00	5,083.66
METS CHARTER BOE	12/15/2016	12/15/2016	2/28/2017	4,840.66	243.00	0.00	0.00	0.00	0.00	5,083.66
SLIPPED AND FELL INJURED R KNEE, L SIDE OF HEAD				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				4,840.66	243.00	0.00	0.00	0.00	0.00	5,083.66
				4,840.66	243.00	0.00	0.00	0.00	0.00	5,083.66
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09350Y





NEW CLAIMS

December 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: 16WC09350Y

16WC09350Y	CUIULE, CAROLINE	11		211.40	243.00	0.00	0.00	0.00	0.00	0.00	454.40
BANKBRIDGE REG DEVELOPMENT	12/15/2016	12/15/2016	1/30/2017	211.40	243.00	0.00	0.00	0.00	0.00	0.00	454.40
WAS BITTEN ON UPPER R ARM 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				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: 16WC09351Y

16WC09351Y	GADSDEN, LATOYA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NORTH STAR ACADEMY BOE	12/9/2016	12/15/2016	Open	506.98	243.00	0.00	0.00	0.00	0.00	0.00	749.98
PLAYING DODGEBALL WITH STUDENTS INJURED R ANKLE BROKE R FIBULA				1,993.02	2.00	0.00	0.00	0.00	0.00	0.00	1,995.02
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				506.98	243.00	0.00	0.00	0.00	0.00	0.00	749.98
				1,993.02	2.00	0.00	0.00	0.00	0.00	0.00	1,995.02

Claim Number: 16WC09352K

16WC09352K	CONOVER, SAMANTHA	11		193.91	243.00	0.00	0.00	0.00	0.00	0.00	436.91
CAPE MAY CTY SPEC SERVICES H	12/15/2016	12/15/2016	3/7/2017	193.91	243.00	0.00	0.00	0.00	0.00	0.00	436.91
SCRATCHED BY A TUDENT ON NECK AND BITTEN ON R LOWER ARM				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				193.91	243.00	0.00	0.00	0.00	0.00	0.00	436.91
				193.91	243.00	0.00	0.00	0.00	0.00	0.00	436.91
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09353W





NEW CLAIMS

December 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: 16WC09353W

16WC09353W	WEISE, BILLIE	11		517.34	243.00	0.00	0.00	0.00	0.00	0.00	760.34
JUNIOR HIGH SCHOOL, INCL.	12/12/2016	12/15/2016	2/28/2017	517.34	243.00	0.00	0.00	0.00	0.00	0.00	760.34
TRIPPED OVER STUDENTS DESK LEG AND FELL INJURED MID/LOWER BACK, I				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				517.34	243.00	0.00	0.00	0.00	0.00	0.00	760.34
				517.34	243.00	0.00	0.00	0.00	0.00	0.00	760.34
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09354Y

16WC09354Y	VEGA-MOORE, DENISE	11		328.51	243.00	0.00	0.00	0.00	0.00	0.00	571.51
HACKENSACK MS	12/15/2016	12/15/2016	1/30/2017	328.51	243.00	0.00	0.00	0.00	0.00	0.00	571.51
DURING A FIGHT BETWEEN STUDENTS SHE WAS SLAMMED ONTO TABLE INJ				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				328.51	243.00	0.00	0.00	0.00	0.00	0.00	571.51
				328.51	243.00	0.00	0.00	0.00	0.00	0.00	571.51
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09355P

16WC09355P	VASSELL, LIONEL	11		250.00	243.00	25,000.00	0.00	0.00	2,500.00	0.00	27,993.00
INDIAN HILL E.S.	12/15/2016	12/16/2016	Reopened	76.01	243.00	0.00	0.00	0.00	0.00	0.00	319.01
BETWEEN SWEEPING HALLWAY FLOORS AND LIFTING GARBAGE STRAINED F				173.99	0.00	25,000.00	0.00	0.00	2,500.00	0.00	27,673.99
Total by Claim Number 1 Claim				250.00	243.00	25,000.00	0.00	0.00	2,500.00	0.00	27,993.00
				76.01	243.00	0.00	0.00	0.00	0.00	0.00	319.01
				173.99	0.00	25,000.00	0.00	0.00	2,500.00	0.00	27,673.99

Claim Number: 16WC09356Y





NEW CLAIMS

December 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: 16WC09356Y

16WC09356Y	MONTEFORTE, BONNIE	11	145.01	243.00	0.00	0.00	0.00	0.00	0.00	388.01
AMERIGO A ANASTASIA	12/16/2016	12/16/2016	2/14/2017	145.01	243.00	0.00	0.00	0.00	0.00	388.01
A HEATER UNIT TRIPPED OVER AND STRUCK HER R FOOT			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			145.01	243.00	0.00	0.00	0.00	0.00	0.00	388.01
			145.01	243.00	0.00	0.00	0.00	0.00	0.00	388.01
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09357V

16WC09357V	BELCHIK, KATHLEEN	10	17,500.00	1,193.00	17,500.00	0.00	0.00	0.00	0.00	36,193.00
NORTH 13ST ST SCHOOL	12/15/2016	12/16/2016	Open	2,328.39	1,193.00	9,954.29	0.00	0.00	0.00	13,475.68
TAKING ATTENDANCE ANOTHER CLASS WAS PLAYING VOLLEYBALL, BALL SR			15,171.61	0.00	7,545.71	0.00	0.00	0.00	0.00	22,717.32
Total by Claim Number 1 Claim			17,500.00	1,193.00	17,500.00	0.00	0.00	0.00	0.00	36,193.00
			2,328.39	1,193.00	9,954.29	0.00	0.00	0.00	0.00	13,475.68
			15,171.61	0.00	7,545.71	0.00	0.00	0.00	0.00	22,717.32

Claim Number: 16WC09358Z

16WC09358Z	PEREZ, ARIELLE	10	10,000.00	1,193.00	24,000.00	0.00	0.00	0.00	0.00	35,193.00
HOWARD B.BRUNNER ES	12/16/2016	12/16/2016	Open	2,622.19	1,193.00	9,332.14	0.00	0.00	0.00	13,147.33
TRIED TO CALM STUDENT HAVING BEHAVIORAL ISSUE CHILD COLLAPSED TC			7,377.81	0.00	14,667.86	0.00	0.00	0.00	0.00	22,045.67
Total by Claim Number 1 Claim			10,000.00	1,193.00	24,000.00	0.00	0.00	0.00	0.00	35,193.00
			2,622.19	1,193.00	9,332.14	0.00	0.00	0.00	0.00	13,147.33
			7,377.81	0.00	14,667.86	0.00	0.00	0.00	0.00	22,045.67

Claim Number: 16WC09359B





NEW CLAIMS

December 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: 16WC09359B

16WC09359B	CUKOVIC, MIRIAN	11	433.48	243.00	0.00	0.00	0.00	0.00	0.00	676.48
IGNACIO CRUZ EARLY CHILDHOOD	12/15/2016	12/16/2016	2/21/2017	433.48	243.00	0.00	0.00	0.00	0.00	676.48
TRIPPED OVER SIDEWALK AND FELL LANDING ON L HAND AND BOTH KNEES,				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			433.48	243.00	0.00	0.00	0.00	0.00	0.00	676.48
			433.48	243.00	0.00	0.00	0.00	0.00	0.00	676.48
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09361W

16WC09361W	YOUNG, MARYANN	11	312.47	243.00	0.00	0.00	0.00	0.00	0.00	555.47
GLOUCESTER COUNTY TECH & VC	12/7/2016	12/7/2016	1/31/2017	312.47	243.00	0.00	0.00	0.00	0.00	555.47
WALKING OVER TO CLOCK IN SHE TRIPPED OVER A ROLLED MAT FALLING OI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			312.47	243.00	0.00	0.00	0.00	0.00	0.00	555.47
			312.47	243.00	0.00	0.00	0.00	0.00	0.00	555.47
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09362K

16WC09362K	GREAVES, PAUL	11	357.72	243.00	0.00	0.00	0.00	0.00	0.00	600.72
DAYLIGHT TWILIGHT HS SOUTH W/	12/15/2016	12/16/2016	2/17/2017	357.72	243.00	0.00	0.00	0.00	0.00	600.72
STANDING BETWEEN TWO STUDENTS IN AN ALTERCATION WHEN ONE STUDI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			357.72	243.00	0.00	0.00	0.00	0.00	0.00	600.72
			357.72	243.00	0.00	0.00	0.00	0.00	0.00	600.72
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09364W





NEW CLAIMS

December 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: 16WC09364W

16WC09364W	DOBRZYNSKI, GEORGIA	11	236.36	243.00	0.00	0.00	0.00	0.00	0.00	479.36
E BRUNSWICK TRANSPORTATION	12/16/2016	12/16/2016	1/30/2017	236.36	243.00	0.00	0.00	0.00	0.00	479.36
TRIPPED & FELL OVER EXTENSION CORD THAT WAS PLUGGING INTO BUS, IN				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			236.36	243.00	0.00	0.00	0.00	0.00	0.00	479.36
			236.36	243.00	0.00	0.00	0.00	0.00	0.00	479.36
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09366B

16WC09366B	CLEVELAND, JAMES	11	190.00	243.00	0.00	0.00	0.00	0.00	0.00	433.00
LONG POND M.S.	12/16/2016	12/16/2016	1/24/2017	190.00	243.00	0.00	0.00	0.00	0.00	433.00
WALKING DOWN THE STEPS WHEN HE MISSED THE LAST STEP FELL INJUREI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			190.00	243.00	0.00	0.00	0.00	0.00	0.00	433.00
			190.00	243.00	0.00	0.00	0.00	0.00	0.00	433.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09367K

16WC09367K	DEFRANCO, MELISSA	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
DEVEL LC - NEW PROVIDENCE	12/16/2016	12/16/2016	1/17/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
INSTRUCTED STUDENT TO PICK UP ITEMS FROM FLOOR STUDENT BECAME U				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: 16WC09368Y





NEW CLAIMS

December 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: 16WC09368Y

16WC09368Y	BARBIERO, DEBBIE	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WILLOW GROVE ES	12/16/2016	12/16/2016	1/23/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
FOOT BECAME CAUGHT ON CORD OF PIANO SHE FELL HITTING HEAD AGAIN				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: 16WC09370Y

16WC09370Y	MATIJAKOVICH, DANIELLE	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SIXTEENTH AVE ES	12/16/2016	12/16/2016	1/23/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING A BEHAVIORAL GRABBED HER HAIR & HELD ONTO HER NE				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: 16WC09371K

16WC09371K	HUFNAL, DEVON	11	172.20	243.00	0.00	0.00	0.00	0.00	0.00	415.20
VILLAGE CHARTER SCHOOL	12/16/2016	12/16/2016	2/21/2017	172.20	243.00	0.00	0.00	0.00	0.00	415.20
STUDENT HUGGED HER FROM BEHIND PUSHING ALL OF HIS WEIGHT ON HER				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			172.20	243.00	0.00	0.00	0.00	0.00	0.00	415.20
			172.20	243.00	0.00	0.00	0.00	0.00	0.00	415.20
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09373A





NEW CLAIMS

December 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: 16WC09373A

16WC09373A	SULLINS, MICKIE	10	3,648.41	1,193.00	0.00	0.00	0.00	0.00	0.00	4,841.41
CLEARY MIDDLE	12/16/2016	12/16/2016	3/ 2/2017	3,648.41	1,193.00	0.00	0.00	0.00	0.00	4,841.41
STUDENT ACCIDENTALLY STRUCK L SIDE OF HER HEAD WITH BASKETBALL				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				3,648.41	1,193.00	0.00	0.00	0.00	0.00	4,841.41
				3,648.41	1,193.00	0.00	0.00	0.00	0.00	4,841.41
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09374V

16WC09374V	JOHNSON, LAUREN	10	18,200.00	1,193.00	0.00	0.00	0.00	0.00	0.00	19,393.00
UNIVERSITY HEIGHTS CHARTER S	12/8/2016	12/16/2016	Open	2,046.83	1,193.00	0.00	0.00	0.00	0.00	3,239.83
BREAKING UP A FIGHT BETWEEN STUDENTS WAS PUSHED TO GROUND HITT				16,153.17	0.00	0.00	0.00	0.00	0.00	16,153.17
Total by Claim Number 1 Claim				18,200.00	1,193.00	0.00	0.00	0.00	0.00	19,393.00
				2,046.83	1,193.00	0.00	0.00	0.00	0.00	3,239.83
				16,153.17	0.00	0.00	0.00	0.00	0.00	16,153.17

Claim Number: 16WC09375Y

16WC09375Y	ENGLBERT, BEVERLY	11	405.15	243.00	0.00	0.00	0.00	0.00	0.00	648.15
ADMINISTRATION OFFICES	12/14/2016	12/14/2016	2/15/2017	405.15	243.00	0.00	0.00	0.00	0.00	648.15
STAPLING PAPERS, AS SHE WENT TO HIT DOWN SHE HIT HER LT HAND THUM				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				405.15	243.00	0.00	0.00	0.00	0.00	648.15
				405.15	243.00	0.00	0.00	0.00	0.00	648.15
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09376W





NEW CLAIMS

December 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: 16WC09376W

16WC09376W	FERRARI, CATHRYN	11		216.42	243.00	0.00	0.00	0.00	0.00	0.00	459.42
MAIN BUILDING - HIGH SCHOOL	12/15/2016	12/19/2016	2/21/2017	216.42	243.00	0.00	0.00	0.00	0.00	0.00	459.42
SLIPPED ON ICE AND FELL INJURED BOTH KNEES, ELBOWS AND WRISTS				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				216.42	243.00	0.00	0.00	0.00	0.00	0.00	459.42
				216.42	243.00	0.00	0.00	0.00	0.00	0.00	459.42
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09377K

16WC09377K	KRISTENSEN, MEGAN	11		264.61	243.00	0.00	0.00	0.00	0.00	0.00	507.61
THE SHORE CENTER FOR STUDEN	12/8/2016	12/8/2016	2/28/2017	264.61	243.00	0.00	0.00	0.00	0.00	0.00	507.61
BLOCKING A STUDENT THAT WAS HAVING A BEHAVIORAL, SHE INJURED HER				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				264.61	243.00	0.00	0.00	0.00	0.00	0.00	507.61
				264.61	243.00	0.00	0.00	0.00	0.00	0.00	507.61
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09378K

16WC09378K	SALEH, NOHA	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
GRACE DUNN MIDDLE SCHOOL	12/16/2016	12/19/2016	1/13/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WAS CLEANING UP, COLLECTING TRAYS WHEN HOT WATER FELL ON BOTH 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: 16WC09379Y





NEW CLAIMS

December 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: 16WC09379Y

16WC09379Y	LAUER, LINDA	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
LINCOLN NO 3 ES	12/15/2016	12/19/2016	1/30/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WALKING AFTER LUNCH DUTY SLIPPED IN APPLSAUCE AND FELL LANDING				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: 16WC09380K

16WC09380K	GOETTEL, SHARON	11		393.29	243.00	0.00	0.00	0.00	0.00	636.29
LIBERTY CORNER ES	12/8/2016	12/19/2016	2/15/2017	393.29	243.00	0.00	0.00	0.00	0.00	636.29
DURING AFTER SCHOOL CARE, WAS ACCIDENTALLY HIT IN HEAD WITH A BAS				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				393.29	243.00	0.00	0.00	0.00	0.00	636.29
				393.29	243.00	0.00	0.00	0.00	0.00	636.29
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09381B

16WC09381B	PIGNATORE, JOANNE	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
HILLSBOROUGH TRANSPORTATIOI	12/19/2016	12/19/2016	1/ 6/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING BEHAVIORAL ISSUE ON BUS BIT HER L 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: 16WC09382W





NEW CLAIMS

December 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: 16WC09382W

16WC09382W	YOUNG, KELLY	11		2,518.11	243.00	0.00	0.00	0.00	0.00	0.00	2,761.11
NEWARK EDUCATORS CHARTER	12/19/2016	12/19/2016	Reopened	250.14	243.00	0.00	0.00	0.00	0.00	0.00	493.14
GOING DOWN STAIRS SLIPPED ON STEP AND FELL INJURED BOTH ELBOWS, I				2,267.97	0.00	0.00	0.00	0.00	0.00	0.00	2,267.97
Total by Claim Number 1 Claim				2,518.11	243.00	0.00	0.00	0.00	0.00	0.00	2,761.11
				250.14	243.00	0.00	0.00	0.00	0.00	0.00	493.14
				2,267.97	0.00	0.00	0.00	0.00	0.00	0.00	2,267.97

Claim Number: 16WC09383Y

16WC09383Y	DJOKIC, RUSTEM	11		730.64	243.00	0.00	0.00	0.00	0.00	0.00	973.64
ROSELLE PARK HS	12/16/2016	12/19/2016	2/23/2017	730.64	243.00	0.00	0.00	0.00	0.00	0.00	973.64
LIFTING METAL FENCE POLES AND INSTALLING THEM INTO GROUND FELT PL				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				730.64	243.00	0.00	0.00	0.00	0.00	0.00	973.64
				730.64	243.00	0.00	0.00	0.00	0.00	0.00	973.64
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09384K

16WC09384K	LAUDATI, GAIL	11		718.87	243.00	0.00	0.00	0.00	0.00	0.00	961.87
WARREN DEVELOP. LEARNING CTI	12/19/2016	12/19/2016	1/30/2017	718.87	243.00	0.00	0.00	0.00	0.00	0.00	961.87
CABINET WAS ON THE POINT OF COLLAPSING WHEN CLMT CAUGHT IT WITH				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				718.87	243.00	0.00	0.00	0.00	0.00	0.00	961.87
				718.87	243.00	0.00	0.00	0.00	0.00	0.00	961.87
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09385B





NEW CLAIMS

December 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: 16WC09385B

16WC09385B	CABRERA, SOPHIE	11	3,122.33	243.00	0.00	0.00	0.00	0.00	0.00	3,365.33
CATHERINE A DWYER ES	12/19/2016	12/19/2016	2/ 7/2017	3,122.33	243.00	0.00	0.00	0.00	0.00	3,365.33
ACCIDENTALLY TRIPPED OVER STUDENT ON FLOOR FELL HITTING HEAD ANI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				3,122.33	243.00	0.00	0.00	0.00	0.00	3,365.33
				3,122.33	243.00	0.00	0.00	0.00	0.00	3,365.33
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09386B

16WC09386B	BERMUDEZ, ANGEL	11	313.91	243.00	0.00	0.00	0.00	0.00	0.00	556.91
MAINTENANCE DEPARTMENT	12/19/2016	12/19/2016	3/ 7/2017	313.91	243.00	0.00	0.00	0.00	0.00	556.91
PUSHING CART WITH BOXES ON IT THE BOXES FELL HE SLIPPED ON ONE AN				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				313.91	243.00	0.00	0.00	0.00	0.00	556.91
				313.91	243.00	0.00	0.00	0.00	0.00	556.91
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09387B

16WC09387B	LIGAMERI, CHERRIE	11	411.54	243.00	0.00	0.00	0.00	0.00	0.00	654.54
HERMA S SIMMONS ES	12/19/2016	12/19/2016	2/24/2017	411.54	243.00	0.00	0.00	0.00	0.00	654.54
STUDENT HAVING A BEHAVIORAL SLAMMED THE DOOR ON HER LT FOREARM				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				411.54	243.00	0.00	0.00	0.00	0.00	654.54
				411.54	243.00	0.00	0.00	0.00	0.00	654.54
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09388W





NEW CLAIMS

December 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: 16WC09388W

16WC09388W	BROCK, SHATERA	11	101.39	243.00	0.00	0.00	0.00	0.00	0.00	344.39
FREEDOM PREP CHARTER SCHOC	12/19/2016	12/19/2016	1/30/2017	101.39	243.00	0.00	0.00	0.00	0.00	344.39
STUDENT HAVING BEHAVIORAL ISSUE KICKED HER ON L SIDE WASTE/TRUNK				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: 16WC09389Y

16WC09389Y	STEVENSON, MICHELLE	11	140.00	243.00	0.00	0.00	0.00	0.00	0.00	383.00
HIGH SCHOOL	12/19/2016	12/19/2016	1/30/2017	140.00	243.00	0.00	0.00	0.00	0.00	383.00
STUDENT RAN INTO HER KNOCKING HER DOWN INJURED UPPER BACK, NECI				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: 16WC09390Y

16WC09390Y	ROVELL, FRANK	11	157.39	243.00	0.00	0.00	0.00	0.00	0.00	400.39
NELLIE K PARKER	12/19/2016	12/19/2016	2/17/2017	157.39	243.00	0.00	0.00	0.00	0.00	400.39
DURING GYM CLASS WAS ASSISTING STUDENT BY DEMONSTRATING HOW TO				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			157.39	243.00	0.00	0.00	0.00	0.00	0.00	400.39
			157.39	243.00	0.00	0.00	0.00	0.00	0.00	400.39
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09391K





NEW CLAIMS

December 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: 16WC09391K

16WC09391K	FERNAN, MELISSA	11		140.00	243.00	0.00	0.00	0.00	0.00	0.00	383.00
ATL CNTY SPEC SRV TRANSPORT/	12/19/2016	12/19/2016	1/26/2017	140.00	243.00	0.00	0.00	0.00	0.00	0.00	383.00
ASSISTING STUDENT WITH THEIR SOCK, SHE WAS ACCTIDENTALLY STRUCK				0.00	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: 16WC09392B

16WC09392B	DELGESSO, DINA	11		316.46	243.00	0.00	0.00	0.00	0.00	0.00	559.46
NATHAN HALE E.S.	12/19/2016	12/19/2016	1/26/2017	316.46	243.00	0.00	0.00	0.00	0.00	0.00	559.46
ATTEMPTING TO REMOVE BOOK SHADE FROM STUDENT, THE ROD BENT OVI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				316.46	243.00	0.00	0.00	0.00	0.00	0.00	559.46
				316.46	243.00	0.00	0.00	0.00	0.00	0.00	559.46
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09395B

16WC09395B	KLOC, BENJAMIN	11		637.02	243.00	0.00	0.00	0.00	0.00	0.00	880.02
LIVINGSTON SCHOOL (UNION)	12/19/2016	12/20/2016	2/14/2017	637.02	243.00	0.00	0.00	0.00	0.00	0.00	880.02
STUDENT BIT R HAND				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				637.02	243.00	0.00	0.00	0.00	0.00	0.00	880.02
				637.02	243.00	0.00	0.00	0.00	0.00	0.00	880.02
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09396Y





NEW CLAIMS

December 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: 16WC09396Y

16WC09396Y	LONGO, CHRISTINE	11	608.82	243.00	0.00	0.00	0.00	0.00	0.00	851.82
NETCONG E.S.	12/19/2016	12/20/2016	1/31/2017	608.82	243.00	0.00	0.00	0.00	0.00	851.82
SUPERVISING LUNCH DUTY WHEN A STUDENT RAN INTO HER BACK, INJ UPPI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			608.82	243.00	0.00	0.00	0.00	0.00	0.00	851.82
			608.82	243.00	0.00	0.00	0.00	0.00	0.00	851.82
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09397K

16WC09397K	STROINSKI, ALYSSA	11	124.08	243.00	0.00	0.00	0.00	0.00	0.00	367.08
SIXTEENTH AVE ES	12/19/2016	12/20/2016	2/28/2017	124.08	243.00	0.00	0.00	0.00	0.00	367.08
WENT TO REACH FOR A CHAIR TO SIT BEHIND STUDENT, WAS BITTEN ON R F				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: 16WC09398W

16WC09398W	SANFILIPPO, JOHN	14	2,270.65	0.00	0.00	0.00	0.00	0.00	0.00	2,270.65
CARTERET BOROUGH	12/19/2016	12/20/2016	2/28/2017	2,270.65	0.00	0.00	0.00	0.00	0.00	2,270.65
ELECTRIC SHOCK THE JUNCTION BOX IN CEILING WENT THROUGH ARM AND				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			2,270.65	0.00	0.00	0.00	0.00	0.00	0.00	2,270.65
			2,270.65	0.00	0.00	0.00	0.00	0.00	0.00	2,270.65
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09399W





NEW CLAIMS

December 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: 16WC09399W

16WC09399W	CANUSO, KIRSTEN	11		156.12	243.00	0.00	0.00	0.00	0.00	399.12
PLEASANTVILLE MS	12/16/2016	12/20/2016	1/31/2017	156.12	243.00	0.00	0.00	0.00	0.00	399.12
WALKING AROUND DESK WHEN SHE SLIPPED OVER A BAG WENT DOWN ON F				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				156.12	243.00	0.00	0.00	0.00	0.00	399.12
				156.12	243.00	0.00	0.00	0.00	0.00	399.12
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09400B

16WC09400B	RENZ, EDWARD	11		164.98	243.00	0.00	0.00	0.00	0.00	407.98
HACKENSACK HS	12/20/2016	12/20/2016	2/7/2017	164.98	243.00	0.00	0.00	0.00	0.00	407.98
TRIPPED OVER COMPUTER WIRES FELL INJURING R THIGH				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				164.98	243.00	0.00	0.00	0.00	0.00	407.98
				164.98	243.00	0.00	0.00	0.00	0.00	407.98
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09401Y

16WC09401Y	SAWANT, SONAL	11		350.22	243.00	0.00	0.00	0.00	0.00	593.22
CENTER FOR LIFE LONG LEARNIN	12/19/2016	12/20/2016	1/30/2017	350.22	243.00	0.00	0.00	0.00	0.00	593.22
UPSET STUDENT BEGAN TO STRIKE HER ON BACK AREA AND L EYE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				350.22	243.00	0.00	0.00	0.00	0.00	593.22
				350.22	243.00	0.00	0.00	0.00	0.00	593.22
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09402G



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

December 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: 16WC09402G

16WC09402G	BROWN, ALISHA		10	6,500.00	1,193.00	0.00	0.00	0.00	0.00	0.00	7,693.00
VINELAND TRANSPORTATION	12/19/2016	12/20/2016	Open	1,635.16	1,193.00	0.00	0.00	0.00	0.00	0.00	2,828.16
BUS WAS STRUCK ON DRIVER SIDE MAKING A LEFT TURN INJURED LOWER B				4,864.84	0.00	0.00	0.00	0.00	0.00	0.00	4,864.84
Total by Claim Number 1 Claim				6,500.00	1,193.00	0.00	0.00	0.00	0.00	0.00	7,693.00
				1,635.16	1,193.00	0.00	0.00	0.00	0.00	0.00	2,828.16
				4,864.84	0.00	0.00	0.00	0.00	0.00	0.00	4,864.84

Claim Number: 16WC09403K

16WC09403K	WINTER, JUDITH		11	800.00	243.00	0.00	0.00	0.00	0.00	0.00	1,043.00
MCMANUS MIDDLE SCHOOL	12/20/2016	12/20/2016	1/27/2017	800.00	243.00	0.00	0.00	0.00	0.00	0.00	1,043.00
WALKING DOWN HALL STEPPED BACK RUNNING INTO HER SHE FELL INJUREI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				800.00	243.00	0.00	0.00	0.00	0.00	0.00	1,043.00
				800.00	243.00	0.00	0.00	0.00	0.00	0.00	1,043.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09404W

16WC09404W	GULA, AMY		11	155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
CHURCHILL J.H.S.	12/20/2016	12/20/2016	2/21/2017	155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
STUDENT HAVING BEHAVIORAL ISSUE BIT HER L UPPER ARM				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: 16WC09405P





NEW CLAIMS

December 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: 16WC09405P

16WC09405P	BRUNETTO, LORI	10	2,500.00	1,193.00	14,000.00	0.00	0.00	0.00	0.00	17,693.00
WESTAMPTON	12/20/2016	12/20/2016	Open	1,453.80	1,193.00	3,359.57	0.00	0.00	0.00	6,006.37
INJURED HER NECK WHEN STUDENT BEAR HUGGED HER DUG CHIN INTO HE			1,046.20	0.00	10,640.43	0.00	0.00	0.00	0.00	11,686.63
Total by Claim Number 1 Claim			2,500.00	1,193.00	14,000.00	0.00	0.00	0.00	0.00	17,693.00
			1,453.80	1,193.00	3,359.57	0.00	0.00	0.00	0.00	6,006.37
			1,046.20	0.00	10,640.43	0.00	0.00	0.00	0.00	11,686.63

Claim Number: 16WC09406K

16WC09406K	MOORE, ABRAHAM	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TRANSPORTATION	12/19/2016	12/20/2016	1/30/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SLIPPED ON ICE AND FELL WALKING TO BUS INJURED R ANKLE, R KNEE, THIK			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: 16WC09407B

16WC09407B	ARNEST, JANET	11	155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
SOUTH RIVER ELEMENTARY SCHC	12/20/2016	12/20/2016	2/ 7/2017	155.23	243.00	0.00	0.00	0.00	0.00	398.23
SITTING BEHIND STUDENT, STUDENT THREW HEAD BACK HITTING HER FACE			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: 16WC09408V





NEW CLAIMS

December 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: 16WC09408V

16WC09408V	SURITA, EVELIN		10	14,500.00	1,193.00	19,100.00	0.00	0.00	0.00	0.00	34,793.00
PERRY L. DREW E.S.	12/20/2016	12/20/2016	Open	3,385.49	1,193.00	2,232.33	0.00	0.00	0.00	0.00	6,810.82
SLIPPED ON WET SUBSTANCE AND FELL FRACTURING L ELBOW				11,114.51	0.00	16,867.67	0.00	0.00	0.00	0.00	27,982.18
Total by Claim Number 1 Claim				14,500.00	1,193.00	19,100.00	0.00	0.00	0.00	0.00	34,793.00
				3,385.49	1,193.00	2,232.33	0.00	0.00	0.00	0.00	6,810.82
				11,114.51	0.00	16,867.67	0.00	0.00	0.00	0.00	27,982.18

Claim Number: 16WC09409B

16WC09409B	MCGUIRE, LORI		11	62.51	243.00	0.00	0.00	0.00	0.00	0.00	305.51
HUNTERDON TRANSPORTATION D	12/19/2016	12/20/2016	2/ 7/2017	62.51	243.00	0.00	0.00	0.00	0.00	0.00	305.51
SLIPPED ON ICE AND FELL LANDING ON L KNEE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				62.51	243.00	0.00	0.00	0.00	0.00	0.00	305.51
				62.51	243.00	0.00	0.00	0.00	0.00	0.00	305.51
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09410V

16WC09410V	POWELL, MELVIN		10	15,000.00	1,193.00	10,500.00	0.00	0.00	0.00	0.00	26,693.00
PASSAIC COUNTY TECH. INSTITUT	12/19/2016	12/20/2016	Open	1,222.43	1,193.00	5,359.44	0.00	0.00	0.00	0.00	7,774.87
PICK UP FLOOR MATS TO PLACE INTO RACK, MATS FELL OUT INJ R SHOULDE				13,777.57	0.00	5,140.56	0.00	0.00	0.00	0.00	18,918.13
Total by Claim Number 1 Claim				15,000.00	1,193.00	10,500.00	0.00	0.00	0.00	0.00	26,693.00
				1,222.43	1,193.00	5,359.44	0.00	0.00	0.00	0.00	7,774.87
				13,777.57	0.00	5,140.56	0.00	0.00	0.00	0.00	18,918.13

Claim Number: 16WC09411Y





NEW CLAIMS

December 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: 16WC09411Y

16WC09411Y	GARCIA, ELEAZER	11		320.00	243.00	0.00	0.00	0.00	0.00	0.00	563.00
JOHN WITHERSPOON MS	12/20/2016	12/20/2016	1/30/2017	320.00	243.00	0.00	0.00	0.00	0.00	0.00	563.00
STUDENT HAVING A BEHAVIORAL BIT & SCRATCHED ON HIS RT FOREARM BF				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: 16WC09412K

16WC09412K	CAPONE, TIMOTHY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LADY LIBERTY ACADEMY CHARTEP	12/20/2016	12/20/2016	Open	1,528.50	243.00	0.00	0.00	0.00	0.00	0.00	1,771.50
DURING FIGHT BETWEEN STUDENTS TRIED TO RESTRAIN THEM INJURED NE				971.50	2.00	0.00	0.00	0.00	0.00	0.00	973.50
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				1,528.50	243.00	0.00	0.00	0.00	0.00	0.00	1,771.50
				971.50	2.00	0.00	0.00	0.00	0.00	0.00	973.50

Claim Number: 16WC09413W

16WC09413W	GURNEY, MARISSA	11		155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
CONSTABLE E S	12/20/2016	12/20/2016	1/31/2017	155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
STUDENT BIT HER 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				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: 16WC09414B





NEW CLAIMS

December 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: 16WC09414B

16WC09414B	JACKSON, CORA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LADY LIBERTY ACADEMY CHARTE	12/20/2016	12/20/2016	Open	713.60	243.00	0.00	0.00	0.00	0.00	0.00	956.60
BREAKING UP ALTERCATION BETWEEN STUDENTS, L FOOT WAS STEPPED O				1,786.40	2.00	0.00	0.00	0.00	0.00	0.00	1,788.40
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				713.60	243.00	0.00	0.00	0.00	0.00	0.00	956.60
				1,786.40	2.00	0.00	0.00	0.00	0.00	0.00	1,788.40

Claim Number: 16WC09416F

16WC09416F	PIDGEON, GERALDINE	10		32,500.00	1,193.00	25,000.00	0.00	0.00	0.00	0.00	58,693.00
HIGHLAND HS	12/19/2016	12/21/2016	Open	1,614.76	1,193.00	0.00	0.00	0.00	0.00	0.00	2,807.76
WALKING OUT OF KITCHEN WHILE COWORKER FORCIBLY OPEN FREEZER DC				30,885.24	0.00	25,000.00	0.00	0.00	0.00	0.00	55,885.24
Total by Claim Number 1 Claim				32,500.00	1,193.00	25,000.00	0.00	0.00	0.00	0.00	58,693.00
				1,614.76	1,193.00	0.00	0.00	0.00	0.00	0.00	2,807.76
				30,885.24	0.00	25,000.00	0.00	0.00	0.00	0.00	55,885.24

Claim Number: 16WC09417Y

16WC09417Y	HODROSKI, MAUREEN	11		589.73	243.00	0.00	0.00	0.00	0.00	0.00	832.73
NJ REG. DAY SCHOOL AT PISCATW	12/20/2016	12/21/2016	1/31/2017	589.73	243.00	0.00	0.00	0.00	0.00	0.00	832.73
WHILE COOKING A GLASS HAD FALLEN AND BROKE, PICKED UP GLASS CUT F				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				589.73	243.00	0.00	0.00	0.00	0.00	0.00	832.73
				589.73	243.00	0.00	0.00	0.00	0.00	0.00	832.73
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09418W





NEW CLAIMS

December 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: 16WC09418W

16WC09418W	FARMIGA, CHRISTIE	11	515.15	243.00	0.00	0.00	0.00	0.00	0.00	758.15
BRIGHT BEGINNINGS LEARNING CI	12/20/2016	12/20/2016	1/31/2017	515.15	243.00	0.00	0.00	0.00	0.00	758.15
RESTRAINING A STUDENT HAVING A BEHAVIORAL CAUSING PAIN IN RT UPPE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			515.15	243.00	0.00	0.00	0.00	0.00	0.00	758.15
			515.15	243.00	0.00	0.00	0.00	0.00	0.00	758.15
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09419B

16WC09419B	SEUGLING, JOSEPH	11	160.18	243.00	0.00	0.00	0.00	0.00	0.00	403.18
HAMILTON SCHOOL (UNION)	12/20/2016	12/20/2016	2/10/2017	160.18	243.00	0.00	0.00	0.00	0.00	403.18
STUDENT HAVING A BEHAVIORAL BIT HIM ON RT HAND BREAKING THE SKIN				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			160.18	243.00	0.00	0.00	0.00	0.00	0.00	403.18
			160.18	243.00	0.00	0.00	0.00	0.00	0.00	403.18
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09420Y

16WC09420Y	SPIRITO, MAURIZIO	11	197.15	243.00	0.00	0.00	0.00	0.00	0.00	440.15
GREEN GROVE SCHOOL	12/19/2016	12/21/2016	2/ 7/2017	197.15	243.00	0.00	0.00	0.00	0.00	440.15
ON LADDER REPLACING LIGHT BULB O FLAG POLE LIGHT LEG OF LADDER SA				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			197.15	243.00	0.00	0.00	0.00	0.00	0.00	440.15
			197.15	243.00	0.00	0.00	0.00	0.00	0.00	440.15
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09421K





NEW CLAIMS

December 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: 16WC09421K

16WC09421K	ARTUSO, IDA		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SCHOOL #3 ES	12/20/2016	12/21/2016	Open	820.42	243.00	0.00	0.00	0.00	0.00	0.00	1,063.42
WALKING BAVK INTO SCHOOL WITH STUDENTS, MISSED A STEP SHE FELL ON				1,679.58	2.00	0.00	0.00	0.00	0.00	0.00	1,681.58
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				820.42	243.00	0.00	0.00	0.00	0.00	0.00	1,063.42
				1,679.58	2.00	0.00	0.00	0.00	0.00	0.00	1,681.58

Claim Number: 16WC09422W

16WC09422W	DUNN, PATRICIA		11	93.00	243.00	0.00	0.00	0.00	0.00	0.00	336.00
SOMERSET ELEMENTARY ACADEM	12/20/2016	12/21/2016	2/21/2017	93.00	243.00	0.00	0.00	0.00	0.00	0.00	336.00
REC'D HEPATITIS SHOT AND NOW COMPLAINING OF SWELLING IN UPPER L A				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				93.00	243.00	0.00	0.00	0.00	0.00	0.00	336.00
				93.00	243.00	0.00	0.00	0.00	0.00	0.00	336.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09423B

16WC09423B	CUESTA, ILIANA		11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
GEORGE ES	12/20/2016	12/21/2016	1/27/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING BEHAVIORAL ISSUE STRUCK AND KICKED L ARM/SHOULDE				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: 16WC09424Y





NEW CLAIMS

December 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: 16WC09424Y

16WC09424Y	IVANYUTENKO, RAISA	11		204.73	243.00	0.00	0.00	0.00	0.00	0.00	447.73
CONSTABLE E S	12/20/2016	12/20/2016	1/30/2017	204.73	243.00	0.00	0.00	0.00	0.00	0.00	447.73
RESTRAINING A STUDENT HAVING A BEHAVIORAL, STUDENT BIT ON LT HAND				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				204.73	243.00	0.00	0.00	0.00	0.00	0.00	447.73
				204.73	243.00	0.00	0.00	0.00	0.00	0.00	447.73
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09425K

16WC09425K	THOMAS, PATRICK	11		1,165.75	243.00	0.00	0.00	0.00	0.00	0.00	1,408.75
INDIAN HILL E.S.	12/16/2016	12/21/2016	3/7/2017	1,165.75	243.00	0.00	0.00	0.00	0.00	0.00	1,408.75
BETWEEN CLEANING MOVING AND LIFTING TABLES, STRAINED UPPER BACK				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,165.75	243.00	0.00	0.00	0.00	0.00	0.00	1,408.75
				1,165.75	243.00	0.00	0.00	0.00	0.00	0.00	1,408.75
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09426K

16WC09426K	DEFRANCO, MELISSA	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
DEVEL LC - NEW PROVIDENCE	12/21/2016	12/21/2016	1/23/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING A BEHAVIORAL BIT HER RT HAND MIDDLE FINGER BREAKIN				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: 16WC09427M





NEW CLAIMS

December 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: 16WC09427M

16WC09427M	WHITNEY, DEBORAH	14		232.03	0.00	0.00	0.00	0.00	0.00	232.03
HORACE MANN SCHOOL	12/20/2016	12/21/2016	1/31/2017	232.03	0.00	0.00	0.00	0.00	0.00	232.03
WALKING DOWN THE BLOCK DURING BREAK TRIPPED ON RAISED SIDEWALK				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				232.03	0.00	0.00	0.00	0.00	0.00	232.03
				232.03	0.00	0.00	0.00	0.00	0.00	232.03
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09428W

16WC09428W	QUIGLEY, LISA	11		363.70	243.00	0.00	0.00	0.00	0.00	606.70
THOMAS RICHARDS SCHOOL	12/21/2016	12/21/2016	1/31/2017	363.70	243.00	0.00	0.00	0.00	0.00	606.70
CUTTING A HOLE IN PAPER, SCISSORS SLIPPED CUTTING L MIDDLE FINGER				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				363.70	243.00	0.00	0.00	0.00	0.00	606.70
				363.70	243.00	0.00	0.00	0.00	0.00	606.70
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09429B

16WC09429B	LEVINE, DAWN	11		104.10	243.00	0.00	0.00	0.00	0.00	347.10
THEUNIS DEY E.S.	12/20/2016	12/21/2016	2/7/2017	104.10	243.00	0.00	0.00	0.00	0.00	347.10
SLIPPED AND FELL INJURED L KNEE, HIP, SHOULDER AND HAND WALKING IN				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				104.10	243.00	0.00	0.00	0.00	0.00	347.10
				104.10	243.00	0.00	0.00	0.00	0.00	347.10
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09430F





NEW CLAIMS

December 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: 16WC09430F

16WC09430F	VALDERRAMA, LEONOR	10		15,001.00	1,193.00	7,500.00	0.00	0.00	0.00	0.00	23,694.00
LINCOLN AVENUE SCHOOL	12/21/2016	12/21/2016	Open	85.72	1,193.00	5,042.20	0.00	0.00	0.00	0.00	6,320.92
LIFTING HER LEG TO TIE HER SHOE AND FELL BACKWARDS ONTO HER LOWE				14,915.28	0.00	2,457.80	0.00	0.00	0.00	0.00	17,373.08
Total by Claim Number 1 Claim				15,001.00	1,193.00	7,500.00	0.00	0.00	0.00	0.00	23,694.00
				85.72	1,193.00	5,042.20	0.00	0.00	0.00	0.00	6,320.92
				14,915.28	0.00	2,457.80	0.00	0.00	0.00	0.00	17,373.08

Claim Number: 16WC09431Y

16WC09431Y	BERGER, MARK	11		598.53	243.00	0.00	0.00	0.00	0.00	0.00	841.53
THEODORE SCHOR M.S.	12/21/2016	12/21/2016	1/31/2017	598.53	243.00	0.00	0.00	0.00	0.00	0.00	841.53
REPAIRING AN IPAD WHEN SHARD PIECE PUNCTURED HIS RT THUMB				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				598.53	243.00	0.00	0.00	0.00	0.00	0.00	841.53
				598.53	243.00	0.00	0.00	0.00	0.00	0.00	841.53
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09432M

16WC09432M	BALKANLI, ATILLA	10		52,500.00	1,238.00	10,000.00	0.00	0.00	0.00	0.00	63,738.00
TRANSPORTATION	12/16/2016	12/21/2016	Open	37,534.75	1,238.00	4,160.14	0.00	0.00	0.00	0.00	42,932.89
GETTING OFF BUS MISSED LAST STEP AND FELL ON L LEG				14,965.25	0.00	5,839.86	0.00	0.00	0.00	0.00	20,805.11
Total by Claim Number 1 Claim				52,500.00	1,238.00	10,000.00	0.00	0.00	0.00	0.00	63,738.00
				37,534.75	1,238.00	4,160.14	0.00	0.00	0.00	0.00	42,932.89
				14,965.25	0.00	5,839.86	0.00	0.00	0.00	0.00	20,805.11

Claim Number: 16WC09433M





NEW CLAIMS

December 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: 16WC09433M

16WC09433M	MOLWAY, CHICK		10	2,910.77	1,193.00	0.00	0.00	0.00	0.00	0.00	4,103.77
WINSLOW TWP M.S.	12/21/2016	12/21/2016	Open	2,910.77	1,193.00	0.00	0.00	0.00	0.00	0.00	4,103.77
WALKING WITH STUDENT, STUDENT ATTEMPTED TO TAKE OFF CAUSING HIM				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				2,910.77	1,193.00	0.00	0.00	0.00	0.00	0.00	4,103.77
				2,910.77	1,193.00	0.00	0.00	0.00	0.00	0.00	4,103.77
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09434B

16WC09434B	MESA, LUZ		11	333.24	243.00	0.00	0.00	0.00	0.00	0.00	576.24
RIDGE HS	12/20/2016	12/21/2016	2/ 7/2017	333.24	243.00	0.00	0.00	0.00	0.00	0.00	576.24
LIFTED A CHAIR TO CLEAN UNDER IT STRAINED R HAND				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				333.24	243.00	0.00	0.00	0.00	0.00	0.00	576.24
				333.24	243.00	0.00	0.00	0.00	0.00	0.00	576.24
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09435K

16WC09435K	GIORDANO, NANCY		11	8,681.37	245.00	0.00	0.00	0.00	0.00	0.00	8,926.37
LANGTREE E.S.	12/21/2016	12/21/2016	Open	8,681.37	243.00	0.00	0.00	0.00	0.00	0.00	8,924.37
WALKED IN FROM RECESS SHE TRIPPED AND FELL INJURED L HAND, FACE/N				0.00	2.00	0.00	0.00	0.00	0.00	0.00	2.00
Total by Claim Number 1 Claim				8,681.37	245.00	0.00	0.00	0.00	0.00	0.00	8,926.37
				8,681.37	243.00	0.00	0.00	0.00	0.00	0.00	8,924.37
				0.00	2.00	0.00	0.00	0.00	0.00	0.00	2.00

Claim Number: 16WC09436V





NEW CLAIMS

December 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: 16WC09436V

16WC09436V	DENNISON, JOHN	10	4,002.21	1,193.00	7,961.43	0.00	0.00	0.00	0.00	13,156.64
CAPE MAY COUNTY BRD OF VOC E	12/20/2016	12/21/2016	3/ 7/2017	4,002.21	1,193.00	7,961.43	0.00	0.00	0.00	13,156.64
WAS IN AUTO SHOP THE ENGINE STAND TIPPED OVER AND FELL ON R FOOT				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			4,002.21	1,193.00	7,961.43	0.00	0.00	0.00	0.00	13,156.64
			4,002.21	1,193.00	7,961.43	0.00	0.00	0.00	0.00	13,156.64
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09437Y

16WC09437Y	GABLE, DENISE	11	346.98	243.00	0.00	0.00	0.00	0.00	0.00	589.98
BRUNSWICK ACRES E. S.	12/21/2016	12/22/2016	1/31/2017	346.98	243.00	0.00	0.00	0.00	0.00	589.98
COWORKER GETTING HAIR PULLED BY STUDENT SHE TRIED TO MAKE HER V				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			346.98	243.00	0.00	0.00	0.00	0.00	0.00	589.98
			346.98	243.00	0.00	0.00	0.00	0.00	0.00	589.98
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09438J

16WC09438J	BENDON, DANIELLE	10	442.77	1,193.00	1,119.85	0.00	0.00	0.00	0.00	2,755.62
CHITTICK E.S.	12/21/2016	12/22/2016	3/ 6/2017	442.77	1,193.00	1,119.85	0.00	0.00	0.00	2,755.62
STUDENT HAVING BEHAVIORAL ISSUE PUNCHED HER IN THE NOSE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			442.77	1,193.00	1,119.85	0.00	0.00	0.00	0.00	2,755.62
			442.77	1,193.00	1,119.85	0.00	0.00	0.00	0.00	2,755.62
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09439K





NEW CLAIMS

December 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: 16WC09439K

16WC09439K	PEREZ, CECILY	11		447.24	243.00	0.00	0.00	0.00	0.00	0.00	690.24
SAMUEL E. SHULL M.S.	12/21/2016	12/22/2016	3/ 7/2017	447.24	243.00	0.00	0.00	0.00	0.00	0.00	690.24
STUDENT KICKED OPEN THE CLOSED GYM DOORS HITTING HER IN THE BACK				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				447.24	243.00	0.00	0.00	0.00	0.00	0.00	690.24
				447.24	243.00	0.00	0.00	0.00	0.00	0.00	690.24
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09440V

16WC09440V	CAPRIOLA, BRIAN	14		225.00	0.00	0.00	0.00	0.00	0.00	0.00	225.00
HORACE MANN SCHOOL	12/21/2016	12/22/2016	2/ 2/2017	225.00	0.00	0.00	0.00	0.00	0.00	0.00	225.00
A MOM AND STUDENT WERE GOING TO CROSS THE STREET TOWARDS SCHOOL				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: 16WC09441W

16WC09441W	MAZZA, LAURA	11		6,179.50	243.00	0.00	0.00	0.00	0.00	0.00	6,422.50
RANDALL CARTER E.S.	12/21/2016	12/21/2016	2/27/2017	6,179.50	243.00	0.00	0.00	0.00	0.00	0.00	6,422.50
CROSSING MAP UP, HOOK CAME APART CAUSING METAL BAR TO STRIKE /				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				6,179.50	243.00	0.00	0.00	0.00	0.00	0.00	6,422.50
				6,179.50	243.00	0.00	0.00	0.00	0.00	0.00	6,422.50
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09442B





NEW CLAIMS

December 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: 16WC09442B

16WC09442B	KEILBASA, DAVID	11	2,495.05	243.00	0.00	0.00	0.00	0.00	0.00	2,738.05
HAMILTON WEST WATSON H.S.	12/22/2016	12/22/2016	2/28/2017	2,495.05	243.00	0.00	0.00	0.00	0.00	2,738.05
CUTTING WOOD FOR A DOOR STRIKE USING A RAZOR KNIFE, RAZOR SLIPPEI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				2,495.05	243.00	0.00	0.00	0.00	0.00	2,738.05
				2,495.05	243.00	0.00	0.00	0.00	0.00	2,738.05
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09443R

16WC09443R	TILTON, ELAINE	10	12,500.00	1,193.00	9,581.00	0.00	0.00	0.00	0.00	23,274.00
WOODGLEN SCHOOL	12/20/2016	12/22/2016	Open	1,568.45	1,193.00	9,581.00	0.00	0.00	0.00	12,342.45
WALKING OUT OF CLASSROOM THE DOOR STARTED TO CLOSE BANG HER F				10,931.55	0.00	0.00	0.00	0.00	0.00	10,931.55
Total by Claim Number 1 Claim				12,500.00	1,193.00	9,581.00	0.00	0.00	0.00	23,274.00
				1,568.45	1,193.00	9,581.00	0.00	0.00	0.00	12,342.45
				10,931.55	0.00	0.00	0.00	0.00	0.00	10,931.55

Claim Number: 16WC09444B

16WC09444B	EBERHART, JODI	11	1,126.76	243.00	0.00	0.00	0.00	0.00	0.00	1,369.76
MIDDLE SCHOOL	12/22/2016	12/22/2016	3/ 9/2017	1,126.76	243.00	0.00	0.00	0.00	0.00	1,369.76
BENT OVER TO CLEAN UP WATER ON FLOOR UPON COMING UP WAS ACCIDE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,126.76	243.00	0.00	0.00	0.00	0.00	1,369.76
				1,126.76	243.00	0.00	0.00	0.00	0.00	1,369.76
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09445Z





NEW CLAIMS

December 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: 16WC09445Z

16WC09445Z	WHITE, RACQUEL	11	351.56	243.00	0.00	0.00	0.00	0.00	0.00	594.56
GRACE WILDAY SCHOOL	12/22/2016	12/22/2016	Reopened	351.56	243.00	0.00	0.00	0.00	0.00	594.56
WAS SITTING IN CHAIR TALKING W/OTHER STAFF MEMBERS CHAIR LEG BROI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			351.56	243.00	0.00	0.00	0.00	0.00	0.00	594.56
			351.56	243.00	0.00	0.00	0.00	0.00	0.00	594.56
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09446B

16WC09446B	RUSSAK, ELLEN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WARREN HILLS REG HS	12/22/2016	12/22/2016	Open	50.81	243.00	0.00	0.00	0.00	0.00	293.81
STUDENT GOT UP FROM SEAT WHEN BACKPACK BECAME CAUGHT ON DESK				2,449.19	2.00	0.00	0.00	0.00	0.00	2,451.19
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			50.81	243.00	0.00	0.00	0.00	0.00	0.00	293.81
			2,449.19	2.00	0.00	0.00	0.00	0.00	0.00	2,451.19

Claim Number: 16WC09447K

16WC09447K	ABRANTES, DANIELLE	11	160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
WALTER M SCHIRRA ES	12/22/2016	12/22/2016	2/23/2017	160.00	243.00	0.00	0.00	0.00	0.00	403.00
WHILE AT TABLE STUDENT JUMPED THE TABLE AND STOMPED ON L FOREAR				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: 16WC09448K





NEW CLAIMS

December 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: 16WC09448K

16WC09448K	BRASNO, CHRISTINE	11		2,501.00	243.00	0.00	0.00	0.00	0.00	0.00	2,744.00
SOUTH RIVER HIGH SCHOOL	12/22/2016	12/22/2016	Open	1,049.98	243.00	0.00	0.00	0.00	0.00	0.00	1,292.98
GOING UP BUS STEPS FELT A CRACK IN L KNEE				1,451.02	0.00	0.00	0.00	0.00	0.00	0.00	1,451.02
Total by Claim Number 1 Claim				2,501.00	243.00	0.00	0.00	0.00	0.00	0.00	2,744.00
				1,049.98	243.00	0.00	0.00	0.00	0.00	0.00	1,292.98
				1,451.02	0.00	0.00	0.00	0.00	0.00	0.00	1,451.02

Claim Number: 16WC09449Y

16WC09449Y	RUIZ, DEBRA	11		520.50	243.00	0.00	0.00	0.00	0.00	0.00	763.50
NORTH BERGEN BOARD OF EDUC/	12/22/2016	12/22/2016	1/31/2017	520.50	243.00	0.00	0.00	0.00	0.00	0.00	763.50
WALKING OUT OF TRAILER SLIPPED AND FELL ONTO HER L KNEE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				520.50	243.00	0.00	0.00	0.00	0.00	0.00	763.50
				520.50	243.00	0.00	0.00	0.00	0.00	0.00	763.50
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09450Z

16WC09450Z	OATES-PARCHMENT, ANDREA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JACKSON AVENUE	12/22/2016	12/22/2016	Open	764.25	243.00	0.00	0.00	0.00	0.00	0.00	1,007.25
STRUCK BY STUDENTS PARENT ON HER R ARM, SHOULDER, NECK				1,735.75	2.00	0.00	0.00	0.00	0.00	0.00	1,737.75
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				764.25	243.00	0.00	0.00	0.00	0.00	0.00	1,007.25
				1,735.75	2.00	0.00	0.00	0.00	0.00	0.00	1,737.75

Claim Number: 16WC09451W





NEW CLAIMS

December 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: 16WC09451W

16WC09451W	SOTO, JESSE	11		155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
E BRUNSWICK H. S.	12/22/2016	12/22/2016	2/21/2017	155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
STUDENT BECAME UPSET & STRUCK HIM IN THE FACE USING FIST				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: 16WC09452B

16WC09452B	TARANTO, LINDA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ALAN B SHEPARD ES	12/22/2016	12/22/2016	Open	486.09	243.00	0.00	0.00	0.00	0.00	0.00	729.09
WAS DOING AN ACTIVITY WITH STUDENTS, STUDENT GRAVVED HER L THUMI				2,013.91	2.00	0.00	0.00	0.00	0.00	0.00	2,015.91
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				486.09	243.00	0.00	0.00	0.00	0.00	0.00	729.09
				2,013.91	2.00	0.00	0.00	0.00	0.00	0.00	2,015.91

Claim Number: 16WC09453Y

16WC09453Y	SCHWARZENBEK, LAUREN	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WESTFIELD SENIOR HS	12/22/2016	12/22/2016	1/31/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WAS FILING CERAMIC GLAZE WHEN SHE ACCIDENTALLY CUT L PINKY FINGEF				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: 16WC09454K





NEW CLAIMS

December 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: 16WC09454K

16WC09454K	KILLIAN, JESSICA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
OCEAN TWP INTERMEDIATE M.S.	12/22/2016	12/23/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SITTING IN CLASS HAD A PANIC ATTACK AND FELL OFF CHAIR HITTING L SIDE				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	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: 16WC09455W

16WC09455W	CASTRO, SONIA	11	340.00	243.00	0.00	0.00	0.00	0.00	0.00	583.00
RIDGEWAY ES	12/22/2016	12/23/2016	2/15/2017	340.00	243.00	0.00	0.00	0.00	0.00	583.00
STUDENT RAN INTO HER CAUSING HER TO FALL ON R SHOULDER, RIB CAGE,				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: 16WC09456K

16WC09456K	BERARDI, JOSEPH	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WESTFIELD SENIOR HS	12/23/2016	12/23/2016	1/23/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
CUTTING OPEN A PLASTIC CONTAINER FOR CLASS PROJECT HE PUNCTUREI				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: 16WC09457Y





NEW CLAIMS

December 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: 16WC09457Y

16WC09457Y	PIOTROWSKI, STEPHEN	11		659.56	243.00	995.43	0.00	0.00	0.00	0.00	1,897.99
UNION HIGH SCHOOL (UNION)	12/21/2016	12/23/2016	2/ 7/2017	659.56	243.00	995.43	0.00	0.00	0.00	0.00	1,897.99
SPILLED ACID ON LOWER EXTREMITIES WHEN THE HANDLE BROKE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				659.56	243.00	995.43	0.00	0.00	0.00	0.00	1,897.99
				659.56	243.00	995.43	0.00	0.00	0.00	0.00	1,897.99
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09458T

16WC09458T	ALGORRI, MIRELLA	10		25,000.00	1,193.00	39,720.00	0.00	0.00	0.00	0.00	65,913.00
JR - SR H S	12/22/2016	12/23/2016	Open	8,806.45	1,193.00	0.00	0.00	0.00	0.00	0.00	9,999.45
TRIPPED AND FELL OVER ROCK INJURED HEAD, LACERATION ON R EYEBROW				16,193.55	0.00	39,720.00	0.00	0.00	0.00	0.00	55,913.55
Total by Claim Number 1 Claim				25,000.00	1,193.00	39,720.00	0.00	0.00	0.00	0.00	65,913.00
				8,806.45	1,193.00	0.00	0.00	0.00	0.00	0.00	9,999.45
				16,193.55	0.00	39,720.00	0.00	0.00	0.00	0.00	55,913.55

Claim Number: 16WC09459W

16WC09459W	PIERPAOLI, MICHELINA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BRIGHT BEGINNINGS LEARNING CI	12/21/2016	12/23/2016	Open	724.49	243.00	0.00	0.00	0.00	0.00	0.00	967.49
STUDENT WERE ROLLING AROUND ALL OVER THE FLOOR SHE BENT OVER T				1,775.51	2.00	0.00	0.00	0.00	0.00	0.00	1,777.51
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				724.49	243.00	0.00	0.00	0.00	0.00	0.00	967.49
				1,775.51	2.00	0.00	0.00	0.00	0.00	0.00	1,777.51

Claim Number: 16WC09460Y





NEW CLAIMS

December 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: 16WC09460Y

16WC09460Y	MALICKI, LINDA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
JAMES MADISON SCHOOL	12/20/2016	12/23/2016	Open	500.00	243.00	0.00	0.00	0.00	0.00	743.00
WALKING SHE SLIPPED AND FELL HITTING R SHOULDER/HAND AGAINST DOC				2,000.00	2.00	0.00	0.00	0.00	0.00	2,002.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				500.00	243.00	0.00	0.00	0.00	0.00	743.00
				2,000.00	2.00	0.00	0.00	0.00	0.00	2,002.00

Claim Number: 16WC09461W

16WC09461W	COLEMAN, REGINA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
CLEARVIEW REGIONAL HS	12/22/2016	12/23/2016	Open	472.60	243.00	0.00	0.00	0.00	0.00	715.60
WALKING IN FRONT OF BUS WALKED INTO MIRROR HITTING CENTER OF HEA				2,027.40	2.00	0.00	0.00	0.00	0.00	2,029.40
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				472.60	243.00	0.00	0.00	0.00	0.00	715.60
				2,027.40	2.00	0.00	0.00	0.00	0.00	2,029.40

Claim Number: 16WC09462K

16WC09462K	HAYNES-THOMAS, RENE	11		65.90	243.00	0.00	0.00	0.00	0.00	308.90
MAYS LANDING CAMPUS	12/22/2016	12/23/2016	2/14/2017	65.90	243.00	0.00	0.00	0.00	0.00	308.90
STUDENT HAVING BEHAVIORAL ISSUE, WHEN THE STUDENT PUNCHED HER I				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				65.90	243.00	0.00	0.00	0.00	0.00	308.90
				65.90	243.00	0.00	0.00	0.00	0.00	308.90
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09463Y





NEW CLAIMS

December 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: 16WC09463Y

16WC09463Y	WHITE, ASHLEY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
VALLEY PROGRAM	12/22/2016	12/23/2016	Open	985.77	243.00	0.00	0.00	0.00	0.00	0.00	1,228.77
TRIED TO LIFT STUDENT HAVING BEHAVIORAL ISSUE STUDENT DROPPED DC				1,514.23	2.00	0.00	0.00	0.00	0.00	0.00	1,516.23
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				985.77	243.00	0.00	0.00	0.00	0.00	0.00	1,228.77
				1,514.23	2.00	0.00	0.00	0.00	0.00	0.00	1,516.23

Claim Number: 16WC09464B

16WC09464B	EVANS, MICHELE	11		80.56	243.00	0.00	0.00	0.00	0.00	0.00	323.56
GERALDINE FOSTER EARLY CHILD	12/22/2016	12/23/2016	2/21/2017	80.56	243.00	0.00	0.00	0.00	0.00	0.00	323.56
STUDENT HAVING BEHAVIORAL ISSUE SPIT IN HER MOUTH AND R ARM				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				80.56	243.00	0.00	0.00	0.00	0.00	0.00	323.56
				80.56	243.00	0.00	0.00	0.00	0.00	0.00	323.56
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09465F

16WC09465F	MITCHELL, STEVEN	11		2,799.37	245.00	14,000.00	0.00	0.00	3,500.00	0.00	20,544.37
HIGH SCHOOL	12/22/2016	12/23/2016	Open	2,799.37	243.00	0.00	0.00	0.00	0.00	0.00	3,042.37
WALKING UP STAIRS WITH BRIEF CASE AND A GLASS CANDY DISH LOST BAL				0.00	2.00	14,000.00	0.00	0.00	3,500.00	0.00	17,502.00
Total by Claim Number 1 Claim				2,799.37	245.00	14,000.00	0.00	0.00	3,500.00	0.00	20,544.37
				2,799.37	243.00	0.00	0.00	0.00	0.00	0.00	3,042.37
				0.00	2.00	14,000.00	0.00	0.00	3,500.00	0.00	17,502.00

Claim Number: 16WC09466W





NEW CLAIMS

December 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: 16WC09466W

16WC09466W	TALOCKA, SUSAN	11		302.60	243.00	0.00	0.00	0.00	0.00	0.00	545.60
BROOKSIDE ES	12/23/2016	12/23/2016	2/21/2017	302.60	243.00	0.00	0.00	0.00	0.00	0.00	545.60
DISPOSING USED DIABETIC NEEDLE ACCIDENTALLY PUNCTURED R PINKY FII				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				302.60	243.00	0.00	0.00	0.00	0.00	0.00	545.60
				302.60	243.00	0.00	0.00	0.00	0.00	0.00	545.60
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09468K

16WC09468K	KISS, JASON	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SUSSEX COUNTY CHARTER	12/19/2016	12/23/2016	Open	69.54	243.00	0.00	0.00	0.00	0.00	0.00	312.54
SALTING SIDEWALK SLIPPED ON ICE AND FELL INJURED HEAD, L SHOULDER				2,430.46	2.00	0.00	0.00	0.00	0.00	0.00	2,432.46
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				69.54	243.00	0.00	0.00	0.00	0.00	0.00	312.54
				2,430.46	2.00	0.00	0.00	0.00	0.00	0.00	2,432.46

Claim Number: 16WC09469W

16WC09469W	BERK, SHARON	11		235.26	243.00	0.00	0.00	0.00	0.00	0.00	478.26
HENRY B. MILNES E.S.	12/19/2016	12/27/2016	2/28/2017	235.26	243.00	0.00	0.00	0.00	0.00	0.00	478.26
GETTING OUT OF CAR SLIPPED ON BLACK ICE AND FELL INJURED BUTTOCKS				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				235.26	243.00	0.00	0.00	0.00	0.00	0.00	478.26
				235.26	243.00	0.00	0.00	0.00	0.00	0.00	478.26
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09470J





NEW CLAIMS

December 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: 16WC09470J

16WC09470J	BOODAGHIANS, VALERIE	14	0.00	0.00	0.00	0.00	0.00	2,500.00	0.00	2,500.00
WANAMASSA E.S.	12/22/2016	12/22/2016	Reopened	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CONSTRUCTION BEING DONE IN HER OFFICE, SHE HAS ASTHMA & HAD A RE			0.00	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

Claim Number: 16WC09471Y

16WC09471Y	FERN, CHRISTOPHER	11	227.64	243.00	0.00	0.00	0.00	0.00	0.00	470.64
CAMDEN CO. VOC-TECH V.S. (GLO.	12/28/2016	12/28/2016	1/31/2017	227.64	243.00	0.00	0.00	0.00	0.00	470.64
LIFTING BLEACHERS TO PUT WHEELS ON THEM USING A CHAIN R MIDDLE/INI			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			227.64	243.00	0.00	0.00	0.00	0.00	0.00	470.64
			227.64	243.00	0.00	0.00	0.00	0.00	0.00	470.64
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09472B

16WC09472B	MEAD, ALBERT	11	4,006.68	243.00	0.00	0.00	0.00	0.00	0.00	4,249.68
DELAWARE VALLEY REG HS	12/28/2016	12/28/2016	3/ 2/2017	4,006.68	243.00	0.00	0.00	0.00	0.00	4,249.68
LIFTIN EQUIPMENT AND MOVING SOFA WHEN HE CUT L MIDDLE FINGER WITH			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			4,006.68	243.00	0.00	0.00	0.00	0.00	0.00	4,249.68
			4,006.68	243.00	0.00	0.00	0.00	0.00	0.00	4,249.68
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09473Z





NEW CLAIMS

December 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: 16WC09473Z

16WC09473Z	LEAL, MIRNA	10		7,500.00	1,193.00	2,687.68	0.00	0.00	0.00	0.00	11,380.68
RAHWAY INTERMEDIATE SCHOOL	12/27/2016	12/29/2016	Open	1,623.13	1,193.00	2,687.68	0.00	0.00	0.00	0.00	5,503.81
SUSTAINED INJURY TO LOWER BACK LIFTING A FOLDING TABLE TO REMOVE				5,876.87	0.00	0.00	0.00	0.00	0.00	0.00	5,876.87
Total by Claim Number 1 Claim				7,500.00	1,193.00	2,687.68	0.00	0.00	0.00	0.00	11,380.68
				1,623.13	1,193.00	2,687.68	0.00	0.00	0.00	0.00	5,503.81
				5,876.87	0.00	0.00	0.00	0.00	0.00	0.00	5,876.87

Claim Number: 16WC09474K

16WC09474K	CASSELS, AARON	11		204.70	243.00	0.00	0.00	0.00	0.00	0.00	447.70
DELAWARE VALLEY REG HS	12/28/2016	12/29/2016	2/14/2017	204.70	243.00	0.00	0.00	0.00	0.00	0.00	447.70
CLMT WAS IN KITCHEN TRIPPED OVER A COFFEE MAKER CORD CAUSING HIM				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				204.70	243.00	0.00	0.00	0.00	0.00	0.00	447.70
				204.70	243.00	0.00	0.00	0.00	0.00	0.00	447.70
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09475B

16WC09475B	HOFFMAN, KEVIN	11		32.67	243.00	0.00	0.00	0.00	0.00	0.00	275.67
NORTH HUNTERDON H S	12/30/2016	12/30/2016	2/14/2017	32.67	243.00	0.00	0.00	0.00	0.00	0.00	275.67
WHILE IN PARKING LOT CLMT STEPPED ON BLACK ICE FELL LANDING ON RT				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				32.67	243.00	0.00	0.00	0.00	0.00	0.00	275.67
				32.67	243.00	0.00	0.00	0.00	0.00	0.00	275.67
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09476K





NEW CLAIMS

December 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: 16WC09476K

16WC09476K	BURKE, RONALD		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WESTAMPTON	12/23/2016	1/3/2017	Open	492.26	243.00	0.00	0.00	0.00	0.00	0.00	735.26
WHEN MOVING A METAL LOCKER OFF TRUCK INTO BLDG FELT PAIN IN RT SH				2,007.74	2.00	0.00	0.00	0.00	0.00	0.00	2,009.74
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				492.26	243.00	0.00	0.00	0.00	0.00	0.00	735.26
				2,007.74	2.00	0.00	0.00	0.00	0.00	0.00	2,009.74

Claim Number: 16WC09477B

16WC09477B	FINCH, JUDITH		11	164.13	243.00	0.00	0.00	0.00	0.00	0.00	407.13
SILVER RUN ES	12/16/2016	1/3/2017	3/ 9/2017	164.13	243.00	0.00	0.00	0.00	0.00	0.00	407.13
WHEN WORKING WITH SPEC ED STUDENTS A STUDENT KICKED HER IN THE F				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				164.13	243.00	0.00	0.00	0.00	0.00	0.00	407.13
				164.13	243.00	0.00	0.00	0.00	0.00	0.00	407.13
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09478F

16WC09478F	FONSECA, RAMIRO		10	10,000.00	1,193.00	7,500.00	0.00	0.00	0.00	0.00	18,693.00
FREEHOLD LEARNING CENTER ES	12/28/2016	1/3/2017	Open	2,870.90	1,193.00	4,510.06	0.00	0.00	0.00	0.00	8,573.96
SLIPPED AND FELL BACKWARDS OVER FLOOR STRIPPER CAUSING INJ TO TA				7,129.10	0.00	2,989.94	0.00	0.00	0.00	0.00	10,119.04
Total by Claim Number 1 Claim				10,000.00	1,193.00	7,500.00	0.00	0.00	0.00	0.00	18,693.00
				2,870.90	1,193.00	4,510.06	0.00	0.00	0.00	0.00	8,573.96
				7,129.10	0.00	2,989.94	0.00	0.00	0.00	0.00	10,119.04

Claim Number: 16WC09479K





NEW CLAIMS

December 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: 16WC09479K

16WC09479K	AINSWORTH, THERESA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CHESTERFIELD E.S.	12/23/2016	1/4/2017	Open	1,433.24	243.00	0.00	0.00	0.00	0.00	1,676.24
CLMT WAS SITTING ON A CHAIR WHEN METAL WELDS CAME APART CAUSING				1,066.76	2.00	0.00	0.00	0.00	0.00	1,068.76
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				1,433.24	243.00	0.00	0.00	0.00	0.00	1,676.24
				1,066.76	2.00	0.00	0.00	0.00	0.00	1,068.76

Claim Number: 16WC09480Y

16WC09480Y	FADEN, STEVEN	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
MANASQUAN HS	12/29/2016	1/4/2017	2/ 8/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
CLMT WAS PREPPING THE FLOOR TO CLEAN WHEN HE STRAINED HIS LOWEF				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: 16WC09481K

16WC09481K	ROBINSON, KATE	14	100.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00
SOUTH HUNTERDON REGIONAL H.	12/21/2016	1/4/2017	2/10/2017	100.00	0.00	0.00	0.00	0.00	0.00	100.00
CLMT WAS WALKING TOWARDS HER DESK WHEN RT FOOT ROLLED CAUSING				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				100.00	0.00	0.00	0.00	0.00	0.00	100.00
				100.00	0.00	0.00	0.00	0.00	0.00	100.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09482B





NEW CLAIMS

December 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: 16WC09482B

16WC09482B	KAELBLEIN, MAUREEN	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
LAWRENCE MS	12/15/2016	1/4/2017	2/ 1/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
AGITATED SPEC ED STUDENT GRABBED CLMT BY THE ARMS AND PULLED 3'				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: 16WC09483V

16WC09483V	MCGEE, SHANNON	11		598.00	243.00	0.00	0.00	0.00	0.00	841.00
MILL POND E.S.	12/20/2016	12/20/2016	3/ 2/2017	598.00	243.00	0.00	0.00	0.00	0.00	841.00
STANDING WHEN A LUNCH BOX WAS THROWN @ HER LT KNEE CAUSING A S				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				598.00	243.00	0.00	0.00	0.00	0.00	841.00
				598.00	243.00	0.00	0.00	0.00	0.00	841.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09485K

16WC09485K	SMITH, KATHRYN	11		2,500.00	243.00	0.00	0.00	0.00	0.00	2,743.00
ROOSEVELT SCHOOL	12/23/2016	1/4/2017	Reopened	255.83	243.00	0.00	0.00	0.00	0.00	498.83
TRIPPED & FELL OVER A STUDENT THAT WAS ON THE FLOOR INJURING NECI				2,244.17	0.00	0.00	0.00	0.00	0.00	2,244.17
Total by Claim Number 1 Claim				2,500.00	243.00	0.00	0.00	0.00	0.00	2,743.00
				255.83	243.00	0.00	0.00	0.00	0.00	498.83
				2,244.17	0.00	0.00	0.00	0.00	0.00	2,244.17

Claim Number: 16WC09491M





NEW CLAIMS

December 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: 16WC09491M

16WC09491M	PICCA, JOSEPH		14	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
ENGLEWOOD ON THE PALISADES	12/16/2016	1/12/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING UP STAIRS FELT SHARP PAIN SHOOT THROUGH R LEG				1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Total by Claim Number 1 Claim				1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00

Claim Number: 16WC09492W

16WC09492W	WINKLE, KATHLEEN		11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CEDAR CREEK E.S.	12/13/2016	1/12/2017	2/27/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STEPPED ON APPLE PEEL CAUSING HER TO FALL ON R HIP, LOWER BACK				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09494W

16WC09494W	NUNEZ, JUAN		11	2,501.00	243.00	0.00	0.00	0.00	0.00	0.00	2,744.00
ROOSEVELT SCHOOL	12/14/2016	1/17/2017	Open	484.91	243.00	0.00	0.00	0.00	0.00	0.00	727.91
TOSSING GARBAGE BAGS INTO DUMPSTER FELT PAIN IN LT SHOULDER, CHE				2,016.09	0.00	0.00	0.00	0.00	0.00	0.00	2,016.09
Total by Claim Number 1 Claim				2,501.00	243.00	0.00	0.00	0.00	0.00	0.00	2,744.00
				484.91	243.00	0.00	0.00	0.00	0.00	0.00	727.91
				2,016.09	0.00	0.00	0.00	0.00	0.00	0.00	2,016.09

Claim Number: 16WC09496Y





NEW CLAIMS

December 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: 16WC09496Y

16WC09496Y	BYRNE, AUDREY	11		204.73	243.00	0.00	0.00	0.00	0.00	0.00	447.73
GREENBROOK E S	12/15/2016	12/15/2016	2/28/2017	204.73	243.00	0.00	0.00	0.00	0.00	0.00	447.73
BIT BY A STUDENT HAVING A BEHAVIORAL ON HER LT FOREARM				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				204.73	243.00	0.00	0.00	0.00	0.00	0.00	447.73
				204.73	243.00	0.00	0.00	0.00	0.00	0.00	447.73
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09497B

16WC09497B	MARTIN, JUDY	11		323.66	243.00	0.00	0.00	0.00	0.00	0.00	566.66
ALBERT E. GRICE M.S.	12/9/2016	12/9/2016	2/24/2017	323.66	243.00	0.00	0.00	0.00	0.00	0.00	566.66
SLIPPED ON A PEBBLE ON THE FLOOR & FELL INJURING HER RT SHOULDER				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				323.66	243.00	0.00	0.00	0.00	0.00	0.00	566.66
				323.66	243.00	0.00	0.00	0.00	0.00	0.00	566.66
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC09505W

16WC09505W	VENTURA, ANA DE PAZ	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
LAFAYETT E.S.	12/30/2016	1/31/2017	2/27/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
EMPTYING OUT A BUCKET OF WATER WHEN THE BUCKET SLIPPED 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: 16WC09507M





NEW CLAIMS

December 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: 16WC09507M

16WC09507M	FINDEN, DEBORAH		14	1.00	0.00	0.00	0.00	0.00	0.00	1.00
MILDRED B. MOSS E.S.	12/16/2016	2/3/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING DOWN STEPS TWISTED R ANKLE				1.00	0.00	0.00	0.00	0.00	0.00	1.00
Total by Claim Number 1 Claim				1.00	0.00	0.00	0.00	0.00	0.00	1.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				1.00	0.00	0.00	0.00	0.00	0.00	1.00

Claim Number: 16WC09508B

16WC09508B	GRECO, RICHARD		14	2,001.00	0.00	0.00	0.00	0.00	0.00	2,001.00
ROSELLE PARK HS	12/15/2016	2/6/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COACHING STUDENTS DURING WRESTLING PRACTICE CONTRACTED IMPETU				2,001.00	0.00	0.00	0.00	0.00	0.00	2,001.00
Total by Claim Number 1 Claim				2,001.00	0.00	0.00	0.00	0.00	0.00	2,001.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,001.00	0.00	0.00	0.00	0.00	0.00	2,001.00

Claim Number: 16WC09512V

16WC09512V	THOMAS, BRENDA		14	1.00	0.00	0.00	0.00	0.00	0.00	1.00
LINDEN HIGH SCHOOL	12/19/2016	2/21/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WAS BODY SLAMMED BY STUDENT INJURED LOWER BACK				1.00	0.00	0.00	0.00	0.00	0.00	1.00
Total by Claim Number 1 Claim				1.00	0.00	0.00	0.00	0.00	0.00	1.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				1.00	0.00	0.00	0.00	0.00	0.00	1.00

Claim Number: 16WC09515K





NEW CLAIMS

December 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: 16WC09515K

16WC09515K	FLYNN, MICHELE	11	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
HOPEWELL ES	12/21/2016	2/23/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TAKING STUDENT FROM WHEELCHAIR TO BATHROOMSHE CAUGHT ON WHEEL			1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Total by Claim Number 1 Claim			1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00

Claim Number: 16WC09518G

16WC09518G	REED, DEBRA	15	0.00	0.00	0.00	0.00	0.00	3,500.00	0.00	3,500.00
OLD BRIDGE TWP BOE	12/8/2016	3/1/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REPETITIVE LIFTING AND CARING HANDICAPPED STUDENTS			0.00	0.00	0.00	0.00	0.00	3,500.00	0.00	3,500.00
Total by Claim Number 1 Claim			0.00	0.00	0.00	0.00	0.00	3,500.00	0.00	3,500.00
			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	3,500.00	0.00	3,500.00

Total by Major Coverage 311 Claims

798,917.62	118,930.00	604,356.11	0.00	0.00	18,825.00	0.00	1,541,028.73
348,160.33	110,702.00	157,570.26	0.00	0.00	325.00	0.00	616,757.59
450,757.29	8,228.00	446,785.85	0.00	0.00	18,500.00	0.00	924,271.14

Major Coverage: 20 - GENERAL LIABILITY

Claim Number: 16GL00849L

16GL00849L	GREGOR, TENLEY	22	0.00	0.00	0.00	0.00	0.00	0.00	2,500.00	2,500.00
NORTH HUNTERDON H S	12/1/2016	12/2/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES PERFORMING A BACK TUCK FLIP INJURED DURING DISMOUNT			0.00	0.00	0.00	0.00	0.00	0.00	2,500.00	2,500.00



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

December 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	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: 16GL00859S										
16GL00859S	BELLO , ANTHONY	22		0.00	0.00	0.00	0.00	0.00	2,500.00	2,500.00
WILLIAM L DICKINSON HS	12/1/2016	12/1/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES SEVERAL STUDENTS INVOLVED IN STUDENT ALTERCATION				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: 16GL00865E										
16GL00865E	BANK, FELICIA	22		0.00	0.00	0.00	0.00	0.00	1,885.68	1,885.68
LAKE RIVIERA MS	12/1/2016	12/5/2016	1/31/2017	0.00	0.00	0.00	0.00	0.00	1,885.68	1,885.68
ALLEGES GRABBED EXIT DOOR DID NOT SEE STEPS FELL DOWN 2 STEPS				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	1,885.68	1,885.68
				0.00	0.00	0.00	0.00	0.00	1,885.68	1,885.68
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 16GL00879S										
16GL00879S	COSTANZO , DAVID	21		0.00	0.00	7,500.00	0.00	0.00	0.00	7,500.00
NETCONG E.S.	12/8/2016	12/12/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TITLE 18A ETHICS VIOLATION				0.00	0.00	7,500.00	0.00	0.00	0.00	7,500.00





NEW CLAIMS

December 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	7,500.00	0.00	0.00	0.00	0.00	7,500.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	7,500.00	0.00	0.00	0.00	0.00	7,500.00
Claim Number: 16GL00884D											
16GL00884D	GAMARRA, JOSEPH	20		10,000.00	0.00	0.00	0.00	0.00	0.00	0.00	10,000.00
MATAWAN AVENUE MS	12/13/2016	12/13/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES WAS HIT IN HEAD BY A BALL IN GYM				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: 16GL00886D											
16GL00886D	BARNES, ALEXIS	20		500.00	0.00	0.00	0.00	0.00	0.00	0.00	500.00
LINCOLN HS	12/9/2016	12/13/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES SUB TEACHER GRABBED & PULLED ON HER				500.00	0.00	0.00	0.00	0.00	0.00	0.00	500.00
Total by Claim Number 1 Claim				500.00	0.00	0.00	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
				500.00	0.00	0.00	0.00	0.00	0.00	0.00	500.00
Claim Number: 16GL00910S											
16GL00910S	RODRIGUEZ, ANTHONY	20		5,000.00	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00
CLIFFSIDE PARK BOARD OF EDUC	12/6/2016	12/23/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES BUS AIDE STRIKED STUDENT WITH OPEN HAND IN FACE				5,000.00	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00





NEW CLAIMS

December 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: 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: 16GL00911Q										
16GL00911Q	SALVADOR, MARIA ISABEL	20	10,000.00	0.00	0.00	0.00	0.00	0.00	0.00	10,000.00
DUAL LANGUAGE SCHOOL	12/21/2016	12/27/2016	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES TRIPPED UP STAIRWAY & FELL			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: 16GL00920S										
16GL00920S	VENUTO, AVA	22	0.00	0.00	0.00	0.00	0.00	0.00	103.17	103.17
BRIDGEWATER-RARITAN M S	12/8/2016	1/4/2017	0.00	0.00	0.00	0.00	0.00	0.00	103.17	103.17
ALLEGES A STUDENT THREW A BALL AT HER IN GYM CLASS HIT HER IN THE F			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	103.17	103.17
			0.00	0.00	0.00	0.00	0.00	0.00	103.17	103.17
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 16GL00922S										
16GL00922S	EVANS, RHONDA	21	0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
JERSEY CITY PUBLIC SCHOOLS	12/6/2016	1/4/2017	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES VEHICLE WAS DAMAGED BY HIGH SCHOOL STUDENTS			0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00





NEW CLAIMS

December 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 20 - GENERAL LIABILITY										
Total by Claim Number 1 Claim			0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
Claim Number: 16GL00925L										
16GL00925L	AWADALLAH, DIANA	20	7,500.00	0.00	0.00	0.00	0.00	0.00	0.00	7,500.00
NORTH BERGEN BOARD OF EDUC/	12/21/2016	1/6/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES CHILD FELL WHILE GETTING OFF SCHOOL BUS				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: 16GL00926D										
16GL00926D	SANDERS, KIAN	20	2,500.00	0.00	0.00	0.00	0.00	0.00	0.00	2,500.00
CICELY TYSON SCHOOL	12/23/2016	1/6/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES TEACHER PUT VASELINE IN HIS BUTTOCKS				2,500.00	0.00	0.00	0.00	0.00	0.00	2,500.00
Total by Claim Number 1 Claim			2,500.00	0.00	0.00	0.00	0.00	0.00	0.00	2,500.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			2,500.00	0.00	0.00	0.00	0.00	0.00	0.00	2,500.00
Claim Number: 16GL00928H										
16GL00928H	GARIBIAN, HARUT	22	0.00	0.00	0.00	0.00	0.00	0.00	495.00	495.00
WATSESSING SCHOOL	12/22/2016	1/9/2017	1/12/2017	0.00	0.00	0.00	0.00	0.00	495.00	495.00
ALLEGES CHILD FELL OFF SCOOTER				0.00	0.00	0.00	0.00	0.00	0.00	0.00





NEW CLAIMS

December 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 20 - GENERAL LIABILITY										
Total by Claim Number 1 Claim			0.00	0.00	0.00	0.00	0.00	0.00	495.00	495.00
			0.00	0.00	0.00	0.00	0.00	0.00	495.00	495.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 16GL00935L										
16GL00935L	KING, DARIUS	20	7,500.00	0.00	0.00	0.00	0.00	0.00	0.00	7,500.00
PINE GROVE MANOR E.S.	12/13/2016	1/20/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES ASSAULTED BY TEACHER			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: 16GL00941N										
16GL00941N	JOHN, REKHA	22	0.00	0.00	0.00	0.00	0.00	0.00	2,500.00	2,500.00
MONMOUTH JUNCTION E S	12/15/2016	1/26/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES PARENT TRIPPED OVER A SHOELACE OUTSIDE AT STUDENT PICKU			0.00	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: 16GL00943H										
16GL00943H	GARG, ANGELINA	22	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
SOUTH ORANGE/MAPLEWOOD BRI	12/14/2016	1/27/2017	Open	0.00	0.00	0.00	0.00	0.00	1,480.70	1,480.70
ALLEGES WAS HIT OR PUSHED DOWN STAIRWAY BY ANOTHER STUDENT			0.00	0.00	0.00	0.00	0.00	0.00	3,519.30	3,519.30





NEW CLAIMS

December 2016

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

Major Coverage: 20 - GENERAL LIABILITY

Total by Claim Number 1 Claim	0.00	0.00	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	1,480.70	1,480.70
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,519.30	3,519.30

Claim Number: 16GL00951S

16GL00951S	ROSARIO, EJAE	20	25,000.00	1,100.00	0.00	0.00	0.00	0.00	0.00	26,100.00
WOODROW WILSON SCOO	12/2/2016	2/3/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SPECIAL NEEDS STUDENT FELL OFF CHAIR				25,000.00	1,100.00	0.00	0.00	0.00	0.00	26,100.00
Total by Claim Number 1 Claim			25,000.00	1,100.00	0.00	0.00	0.00	0.00	0.00	26,100.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			25,000.00	1,100.00	0.00	0.00	0.00	0.00	0.00	26,100.00

Claim Number: 16GL00952Q

16GL00952Q	DENICK, RON	20	15,000.00	1,500.00	0.00	0.00	0.00	0.00	0.00	16,500.00
WOODLAND SCHOOL	12/22/2016	2/3/2017	Reopened	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES FELL ON STEPS				15,000.00	1,500.00	0.00	0.00	0.00	0.00	16,500.00
Total by Claim Number 1 Claim			15,000.00	1,500.00	0.00	0.00	0.00	0.00	0.00	16,500.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			15,000.00	1,500.00	0.00	0.00	0.00	0.00	0.00	16,500.00

Claim Number: 16GL00954S

16GL00954S	BARRALES, ALEX	20	15,000.00	1,500.00	0.00	0.00	0.00	0.00	0.00	16,500.00
LINCOLN JR. HIGH	12/21/2016	2/7/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES BULLYING				15,000.00	1,500.00	0.00	0.00	0.00	0.00	16,500.00





NEW CLAIMS

December 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				15,000.00	1,500.00	0.00	0.00	0.00	0.00	16,500.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				15,000.00	1,500.00	0.00	0.00	0.00	0.00	16,500.00
Claim Number: 16GL00961Q										
16GL00961Q	MULLANEDA, EMMANUEL	20		25,000.00	1,500.00	0.00	0.00	0.00	0.00	26,500.00
JAMES F MURRAY #38 ES	12/21/2016	2/16/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES FELL ON ELEVATED CONCRETE				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: 16GL00964H										
16GL00964H	MATEO, VIDAL	22		0.00	0.00	0.00	0.00	0.00	1,213.06	1,213.06
LODI H.S.	12/15/2016	2/17/2017	2/23/2017	0.00	0.00	0.00	0.00	0.00	1,213.06	1,213.06
ALLEGES INJURED WHEN HE GRABBED THE BASKETBALL DURING PE CLASS				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	1,213.06	1,213.06
				0.00	0.00	0.00	0.00	0.00	1,213.06	1,213.06
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 16GL00965N										
16GL00965N	LEWIS, THOMAS	21		0.00	0.00	5,000.00	0.00	0.00	0.00	5,000.00
RAHWAY BOARD OF EDUCATION	12/28/2016	2/21/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TITLE 18-A				0.00	0.00	5,000.00	0.00	0.00	0.00	5,000.00





NEW CLAIMS

December 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 20 - GENERAL LIABILITY										
Total by Claim Number 1 Claim			0.00	0.00	5,000.00	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
			0.00	0.00	5,000.00	0.00	0.00	0.00	0.00	5,000.00
Claim Number: 16GL00966Q										
16GL00966Q	MIRANDA, STEPHEN	20	25,000.00	0.00	0.00	0.00	0.00	0.00	0.00	25,000.00
PLAINFIELD BOARD OF EDUCATION	12/1/2016	2/21/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES FELL DOWN FROM PLAYGROUND SLIDE			25,000.00	0.00	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	0.00	25,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			25,000.00	0.00	0.00	0.00	0.00	0.00	0.00	25,000.00
Claim Number: 16GL00967Q										
16GL00967Q	MCLEOD, ALBERTA	20	5,000.00	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00
DR. CHARLES C. POLK ES	12/16/2016	2/23/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES FOOT GOT CAUGHT IN CRACK IN WALKWAY CAUSING HER TO FALL			5,000.00	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00
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: 16GL00969N										
16GL00969N	DE SOTO, EDUARDO	22	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
HALEDON PUBLIC SCHOOL	12/19/2016	2/28/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES STRUCK IN FACE WITH GADORADE BOTTLE DURING AFTERCARE			0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00





NEW CLAIMS

December 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	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	0.00	0.00	0.00	0.00	5,000.00	5,000.00

Claim Number: 16GL00976N

16GL00976N	SANDERS, LINDA		22	0.00	0.00	0.00	0.00	0.00	500.00	500.00
VILLAGE CHARTER SCHOOL	12/1/2016	3/7/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES GRANDPARENT OF STUDENT FELL				0.00	0.00	0.00	0.00	0.00	500.00	500.00
Total by Claim Number 1 Claim				0.00	0.00	0.00	0.00	0.00	500.00	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	500.00	500.00

Total by Major Coverage 26 Claims	153,000.00	5,600.00	13,000.00	0.00	0.00	0.00	0.00	0.00	21,696.91	193,296.91
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,177.61	5,177.61
	153,000.00	5,600.00	13,000.00	0.00	0.00	0.00	0.00	0.00	16,519.30	188,119.30

Major Coverage: 30 - AUTO LIABILITY

Claim Number: 16AL00566H

16AL00566H	SANTOS, POLIANA		31	0.00	0.00	937.77	0.00	0.00	0.00	937.77
WOODBRIIDGE BOARD OF EDUCAT	12/2/2016	12/8/2016	1/31/2017	0.00	0.00	937.77	0.00	0.00	0.00	937.77
IV REAR ENDED OV AT STOP SIGN				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	0.00	937.77	0.00	0.00	0.00	937.77
				0.00	0.00	937.77	0.00	0.00	0.00	937.77
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16AL00567H





NEW CLAIMS

December 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: 16AL00567H

16AL00567H	MCKINNEY, KEIRSHA	31		0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
ESSEX CO. VOCATIONAL	12/6/2016	12/8/2016	12/20/2016	0.00	0.00	500.00	0.00	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	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: 16AL00573H

16AL00573H	COLLINS, DWAYNE	31		0.00	0.00	1,738.40	0.00	0.00	0.00	0.00	1,738.40
CAMDEN COUNTY VOCATIONAL	12/12/2016	12/14/2016	2/10/2017	0.00	0.00	1,738.40	0.00	0.00	0.00	0.00	1,738.40
IV BACKED INTO ANOTHER EMPLOYEES 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	1,738.40	0.00	0.00	0.00	0.00	1,738.40
				0.00	0.00	1,738.40	0.00	0.00	0.00	0.00	1,738.40
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16AL00590L/01

16AL00590L/01	OLDEN, THOMAS	31		0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
WOODBIDGE BOARD OF EDUCAT	12/14/2016	12/21/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV REAR ENDED OV				0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
Total by Claim Number 1 Claim				0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00

Claim Number: 16AL00591L





NEW CLAIMS

December 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: 16AL00591L

16AL00591L	SMITH, CHARLES	31		0.00	0.00	718.02	0.00	0.00	0.00	0.00	718.02
NORTH BRUNSWICK TOWNSHIP BF	12/17/2016	12/21/2016	1/24/2017	0.00	0.00	718.02	0.00	0.00	0.00	0.00	718.02
SNOW PLOW STRUCK 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	718.02	0.00	0.00	0.00	0.00	718.02
				0.00	0.00	718.02	0.00	0.00	0.00	0.00	718.02
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16AL00596H

16AL00596H	KAPPMEIER, MICHELINA	31		0.00	0.00	358.19	0.00	0.00	0.00	0.00	358.19
CLIFFSIDE PARK BOARD OF EDUC/	12/21/2016	12/27/2016	1/19/2017	0.00	0.00	358.19	0.00	0.00	0.00	0.00	358.19
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	358.19	0.00	0.00	0.00	0.00	358.19
				0.00	0.00	358.19	0.00	0.00	0.00	0.00	358.19
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16AL00599H

16AL00599H	TORRES, MARIA	31		0.00	275.00	4,355.70	0.00	0.00	0.00	0.00	4,630.70
VINELAND TRANSPORTATION	12/15/2016	1/3/2017	2/ 2/2017	0.00	275.00	4,355.70	0.00	0.00	0.00	0.00	4,630.70
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	275.00	4,355.70	0.00	0.00	0.00	0.00	4,630.70
				0.00	275.00	4,355.70	0.00	0.00	0.00	0.00	4,630.70
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16AL00600S





NEW CLAIMS

December 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: 16AL00600S

16AL00600S	SEMPLE, DAVID	30	500.00	0.00	0.00	0.00	0.00	0.00	0.00	500.00
MONMOUTH CO. EDUCATIONAL SE	12/19/2016	12/21/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CONTRACTED BUS INVOLVED IN MVA; PAX INJURY				500.00	0.00	0.00	0.00	0.00	0.00	500.00
Total by Claim Number 1 Claim			500.00	0.00	0.00	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
			500.00	0.00	0.00	0.00	0.00	0.00	0.00	500.00

Claim Number: 16AL00620L

16AL00620L	BIAGI, JOHANNA	31	0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
ATLANTIC COUNTY SPECIAL SERV	12/16/2016	2/17/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EMPLOYEES PARKED VEHICLE STRUCK BY IV				0.00	0.00	500.00	0.00	0.00	0.00	500.00
Total by Claim Number 1 Claim			0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00

Total by Major Coverage 9 Claims

500.00	275.00	9,608.08	0.00	0.00	0.00	0.00	0.00	10,383.08
0.00	275.00	8,608.08	0.00	0.00	0.00	0.00	0.00	8,883.08
500.00	0.00	1,000.00	0.00	0.00	0.00	0.00	0.00	1,500.00

Major Coverage: 40 - AUTO PHYSICAL DAMAGE

Claim Number: 16AL00556L

16AL00556L	FLORHAM PARK BOE	40	0.00	221.30	5,613.64	0.00	0.00	0.00	0.00	5,834.94
FLORHAM PARK BOE	12/1/2016	12/1/2016	12/15/2016	0.00	221.30	5,613.64	0.00	0.00	0.00	5,834.94
IV STRUCK IV2 AND BACKED INTO IV2				0.00	0.00	0.00	0.00	0.00	0.00	0.00





NEW CLAIMS

December 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	221.30	5,613.64	0.00	0.00	0.00	0.00	5,834.94
				0.00	221.30	5,613.64	0.00	0.00	0.00	0.00	5,834.94
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 16AL00561L											
16AL00561L	HUDSON CTY VOC BOE	40		0.00	169.50	1,796.91	0.00	0.00	0.00	0.00	1,966.41
HUDSON CNTY VO-TECH	12/5/2016	12/5/2016	1/ 3/2017	0.00	169.50	1,796.91	0.00	0.00	0.00	0.00	1,966.41
OV STRUCK IV REAR BUMPER				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	169.50	1,796.91	0.00	0.00	0.00	0.00	1,966.41
				0.00	169.50	1,796.91	0.00	0.00	0.00	0.00	1,966.41
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 16AL00565H											
16AL00565H	WOODBRIIDGE TWP BOE	40		0.00	225.30	0.00	0.00	0.00	0.00	0.00	225.30
WOODBRIIDGE BOARD OF EDUCAT	12/1/2016	12/8/2016	12/22/2016	0.00	225.30	0.00	0.00	0.00	0.00	0.00	225.30
PARKED BUS WAS STRUCK FROM BEHIND				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	225.30	0.00	0.00	0.00	0.00	0.00	225.30
				0.00	225.30	0.00	0.00	0.00	0.00	0.00	225.30
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 16AL00569H											
16AL00569H	HUDSON CTY VOC BOE	40		0.00	394.50	13,000.00	0.00	0.00	0.00	0.00	13,394.50
HUDSON CNTY VO-TECH	12/12/2016	12/12/2016	Open	0.00	394.50	12,191.90	0.00	0.00	0.00	0.00	12,586.40
OV STRUCK PARKED IV				0.00	0.00	808.10	0.00	0.00	0.00	0.00	808.10





NEW CLAIMS

December 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	394.50	13,000.00	0.00	0.00	0.00	0.00	13,394.50
				0.00	394.50	12,191.90	0.00	0.00	0.00	0.00	12,586.40
				0.00	0.00	808.10	0.00	0.00	0.00	0.00	808.10
Claim Number: 16AL00574H											
16AL00574H	HOPEWELL VALLEY REG BOE	40		0.00	0.00	512.67	0.00	0.00	0.00	0.00	512.67
HOPEWELL VALLEY REG BOE	12/13/2016	12/14/2016	1/31/2017	0.00	0.00	512.67	0.00	0.00	0.00	0.00	512.67
OV STRUCK 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	0.00	512.67	0.00	0.00	0.00	0.00	512.67
				0.00	0.00	512.67	0.00	0.00	0.00	0.00	512.67
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 16AL00581H											
16AL00581H	CONWAY, CAITLYN	40		0.00	0.00	250.00	0.00	0.00	0.00	0.00	250.00
HUNTERDON CENTRAL HS & FLEM	12/16/2016	12/19/2016	1/10/2017	0.00	0.00	250.00	0.00	0.00	0.00	0.00	250.00
OV PULLED FROM PARKING LOT HITTING 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	0.00	250.00	0.00	0.00	0.00	0.00	250.00
				0.00	0.00	250.00	0.00	0.00	0.00	0.00	250.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 16AL00590L											
16AL00590L	WOODBIDGE TWP BOE	40		0.00	225.30	1,908.81	0.00	0.00	0.00	0.00	2,134.11
WOODBIDGE BOARD OF EDUCAT	12/14/2016	12/21/2016	1/ 3/2017	0.00	225.30	1,908.81	0.00	0.00	0.00	0.00	2,134.11
IV REAR ENDED OV				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00





NEW CLAIMS

December 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	225.30	1,908.81	0.00	0.00	0.00	0.00	2,134.11
			0.00	225.30	1,908.81	0.00	0.00	0.00	0.00	2,134.11
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 16AL00593L										
16AL00593L	BOE OF SPEC SVCS & VO TECH	40	0.00	195.00	10,000.00	0.00	0.00	0.00	0.00	10,195.00
ATLANTIC COUNTY SPECIAL SERV	12/23/2016	12/23/2016	Open	0.00	195.00	2,027.26	0.00	0.00	0.00	2,222.26
OV STRUCK IV				0.00	0.00	7,972.74	0.00	0.00	0.00	7,972.74
Total by Claim Number 1 Claim			0.00	195.00	10,000.00	0.00	0.00	0.00	0.00	10,195.00
			0.00	195.00	2,027.26	0.00	0.00	0.00	0.00	2,222.26
			0.00	0.00	7,972.74	0.00	0.00	0.00	0.00	7,972.74
Claim Number: 16AL00610L										
16AL00610L	ELIZABETH BOE	40	0.00	245.20	18,500.00	0.00	0.00	0.00	0.00	18,745.20
ELIZABETH BOARD OF EDUCATION	12/8/2016	1/10/2017	Open	0.00	245.20	14,963.90	0.00	0.00	0.00	15,209.10
OV SWERVED TO AVOID ACCIDENT & STRUCK IV				0.00	0.00	3,536.10	0.00	0.00	0.00	3,536.10
Total by Claim Number 1 Claim			0.00	245.20	18,500.00	0.00	0.00	0.00	0.00	18,745.20
			0.00	245.20	14,963.90	0.00	0.00	0.00	0.00	15,209.10
			0.00	0.00	3,536.10	0.00	0.00	0.00	0.00	3,536.10
Claim Number: 16AL00612L										
16AL00612L	VINELAND CITY BOE	40	0.00	1,021.07	50,000.00	0.00	0.00	0.00	0.00	51,021.07
VINELAND TRANSPORTATION	12/19/2016	1/12/2017	Open	0.00	1,021.07	49,466.67	0.00	0.00	0.00	50,487.74
OV STRUCK IV				0.00	0.00	533.33	0.00	0.00	0.00	533.33





NEW CLAIMS

December 2016

Claim Number	Claimant Name		Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation	Reinsurance	Legal	Rehab/Pmp/Pip	Total
	Loss Date	Rpt Date		Status	Incurring	Incurring	Incurring	Recovery	Recovery		
Description of Loss				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	1,021.07	50,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51,021.07
	0.00	1,021.07	49,466.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50,487.74
	0.00	0.00	533.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	533.33

Claim Number: 16AL00615H

16AL00615H	CAMDEN CITY BOE		40	0.00	0.00	76.90	0.00	0.00	0.00	0.00	76.90
CAMDEN CITY SCHOOL DISTRICT	12/28/2016	1/19/2017	2/ 7/2017	0.00	0.00	76.90	0.00	0.00	0.00	0.00	76.90
OV SIDESWIPED IV HIT AND RUN				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	76.90	0.00	0.00	0.00	0.00	76.90
				0.00	0.00	76.90	0.00	0.00	0.00	0.00	76.90
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Total by Major Coverage 11 Claims

	0.00	2,697.17	101,658.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	104,356.10
	0.00	2,697.17	88,808.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	91,505.83
	0.00	0.00	12,850.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,850.27

Major Coverage: 70 - PROPERTY

Claim Number: 16PR00290D

16PR00290D	SOUTH BRUNSWICK TWP BOE		70	5,000.00	0.00	0.00	0.00	0.00	0.00	759.20	5,759.20
SOUTH BRUNSWICK BOE	12/3/2016	12/6/2016	3/ 7/2017	5,000.00	0.00	0.00	0.00	0.00	0.00	759.20	5,759.20
ALLEGES WATER SUPPLY LINE INSTALLED BY OUR SMART WATER VENDOR I				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	0.00	0.00	0.00	0.00	759.20	5,759.20
				5,000.00	0.00	0.00	0.00	0.00	0.00	759.20	5,759.20
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16PR00291S





NEW CLAIMS

December 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: 16PR00291S

16PR00291S	FLORHAM PARK BOE	70		0.00	0.00	7,500.00	0.00	0.00	0.00	900.00	8,400.00
RIDGEDALE M.S.	12/6/2016	12/7/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	899.84	899.84
ALLEGES CONTAINED FIRE AT OUTDOOR INDUSTRIAL ART DUST COLLECTOF				0.00	0.00	7,500.00	0.00	0.00	0.00	0.16	7,500.16
Total by Claim Number 1 Claim				0.00	0.00	7,500.00	0.00	0.00	0.00	900.00	8,400.00
				0.00	0.00	0.00	0.00	0.00	0.00	899.84	899.84
				0.00	0.00	7,500.00	0.00	0.00	0.00	0.16	7,500.16

Claim Number: 16PR00292L

16PR00292L	MANCHESTER TWP BOE	70		5,000.00	0.00	10,000.00	0.00	0.00	0.00	0.00	15,000.00
MANCHESTER TWP BOARD OF EDI	12/6/2016	12/7/2016	Open	5,000.00	0.00	1,140.00	0.00	0.00	0.00	0.00	6,140.00
ALLEGES DISPUTE BETWEEN TWO EMPLOYEES AT THE BUS GARAGE DENTE				0.00	0.00	8,860.00	0.00	0.00	0.00	0.00	8,860.00
Total by Claim Number 1 Claim				5,000.00	0.00	10,000.00	0.00	0.00	0.00	0.00	15,000.00
				5,000.00	0.00	1,140.00	0.00	0.00	0.00	0.00	6,140.00
				0.00	0.00	8,860.00	0.00	0.00	0.00	0.00	8,860.00

Claim Number: 16PR00294L

16PR00294L	GIBBSBORO BOE	70		5,000.00	0.00	22,475.38	0.00	0.00	0.00	767.80	28,243.18
GIBBSBORO E.S.	12/19/2016	12/19/2016	1/23/2017	5,000.00	0.00	22,475.38	0.00	0.00	0.00	767.80	28,243.18
ALLEGES FLOOR PIPE BURST 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	22,475.38	0.00	0.00	0.00	767.80	28,243.18
				5,000.00	0.00	22,475.38	0.00	0.00	0.00	767.80	28,243.18
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16PR00295S





NEW CLAIMS

December 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: 16PR00295S

16PR00295S	SOUTH BRUNSWICK TWP BOE	70	0.00	0.00	35,000.00	0.00	0.00	0.00	2,000.00	37,000.00
CAMBRIDGE E S	12/16/2016	12/19/2016	Open	0.00	0.00	0.00	0.00	0.00	708.96	708.96
VEH DROVE OFF ROAD STRIKING BRICK PENINSULA OF FRONT DOOR MAIN E				0.00	0.00	35,000.00	0.00	0.00	1,291.04	36,291.04
Total by Claim Number 1 Claim			0.00	0.00	35,000.00	0.00	0.00	0.00	2,000.00	37,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	708.96	708.96
			0.00	0.00	35,000.00	0.00	0.00	0.00	1,291.04	36,291.04

Claim Number: 16PR00296D

16PR00296D	MATAWAN ABERDEEN REG BOE	70	0.00	0.00	10,000.00	0.00	0.00	0.00	815.52	10,815.52
MATAWAN AVENUE MS	12/16/2016	12/19/2016	Open	0.00	0.00	0.00	0.00	0.00	815.52	815.52
ALLEGES WATER MAIN BREAK				0.00	0.00	10,000.00	0.00	0.00	0.00	10,000.00
Total by Claim Number 1 Claim			0.00	0.00	10,000.00	0.00	0.00	0.00	815.52	10,815.52
			0.00	0.00	0.00	0.00	0.00	0.00	815.52	815.52
			0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00

Claim Number: 16PR00297D

16PR00297D	SOUTH BOUND BROOK BOE	70	5,000.00	0.00	13,399.04	0.00	0.00	0.00	0.00	18,399.04
ROBERT MORRIS/VOORHEES ES	12/19/2016	12/19/2016	Reopened	5,000.00	0.00	13,399.04	0.00	0.00	0.00	18,399.04
ALLEGES PIPE BURST CAUSING WATER DAMAGE				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	13,399.04	0.00	0.00	0.00	0.00	18,399.04
			5,000.00	0.00	13,399.04	0.00	0.00	0.00	0.00	18,399.04
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16PR00298L





NEW CLAIMS

December 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: 16PR00298L

16PR00298L	MOUNTAIN LAKES BOE	70		0.00	0.00	15,000.00	0.00	0.00	0.00	0.00	15,000.00
LAKE DR. SCH. FOR HEARING IMP	12/18/2016	12/20/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES PIPE BURST IN GYM				0.00	0.00	15,000.00	0.00	0.00	0.00	0.00	15,000.00
Total by Claim Number 1 Claim				0.00	0.00	15,000.00	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
				0.00	0.00	15,000.00	0.00	0.00	0.00	0.00	15,000.00

Claim Number: 16PR00300E

16PR00300E	BOUND BROOK BOE	70		0.00	0.00	0.00	0.00	0.00	257.00	257.00
LAMONTE ANNEX SCHOOL	12/22/2016	12/22/2016	1/31/2017	0.00	0.00	0.00	0.00	0.00	257.00	257.00
ALLEGES WATER MAIN BREAK				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	257.00	257.00
				0.00	0.00	0.00	0.00	0.00	257.00	257.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16PR00302S

16PR00302S	ROBERT TREAT ACADEMY CHAI	70		0.00	0.00	0.00	0.00	0.00	557.60	557.60
ROBERT TREAT ACADEMY CHART	12/24/2016	12/27/2016	2/16/2017	0.00	0.00	0.00	0.00	0.00	557.60	557.60
ALLEGES PIPE BURST CAUSING WATER DAMAGE TO 1ST & 2ND FLOORS				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	557.60	557.60
				0.00	0.00	0.00	0.00	0.00	557.60	557.60
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16PR00303E





NEW CLAIMS

December 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: 70 - PROPERTY

Claim Number: 16PR00303E

16PR00303E	EATONTOWN BOE	70	0.00	0.00	20,000.00	0.00	0.00	0.00	1,500.00	21,500.00
MEMORIAL SCHOOL	12/28/2016	12/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES SOMEONE RAN INTO ELECTRICAL SIGN ON FRONT YARD				0.00	0.00	20,000.00	0.00	0.00	1,500.00	21,500.00
Total by Claim Number 1 Claim			0.00	0.00	20,000.00	0.00	0.00	0.00	1,500.00	21,500.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	20,000.00	0.00	0.00	0.00	1,500.00	21,500.00

Claim Number: 16PR00304D

16PR00304D	GREAT MEADOWS REG BOE	70	5,000.00	0.00	7,156.83	0.00	0.00	0.00	0.00	12,156.83
GREAT MEADOWS REGIONAL	12/28/2016	1/3/2017	3/7/2017	5,000.00	0.00	7,156.83	0.00	0.00	0.00	12,156.83
ALLEGES BACK UPS/LEAKY LINES AND A BOILER CAP IN BOILER ROOM THAT				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	7,156.83	0.00	0.00	0.00	0.00	12,156.83
			5,000.00	0.00	7,156.83	0.00	0.00	0.00	0.00	12,156.83
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16PR00305D

16PR00305D	WEST NEW YORK BOE	70	0.00	0.00	5,000.00	0.00	5,398.00	0.00	0.00	5,000.00
NUMBER 3 ES	12/15/2016	1/4/2017	Open	0.00	0.00	0.00	0.00	5,398.00	0.00	0.00
ALLEGES MULTIPLE LEAKS BOILER NOT BEING FIRED				0.00	0.00	5,000.00	0.00	0.00	0.00	5,000.00
Total by Claim Number 1 Claim			0.00	0.00	5,000.00	0.00	5,398.00	0.00	0.00	5,000.00
			0.00	0.00	0.00	0.00	5,398.00	0.00	0.00	0.00
			0.00	0.00	5,000.00	0.00	0.00	0.00	0.00	5,000.00

Claim Number: 16PR00307D





NEW CLAIMS

December 2016

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

Major Coverage: 70 - PROPERTY

Claim Number: 16PR00307D

16PR00307D	BAYONNE BOE	70	0.00	0.00	0.00	0.00	0.00	0.00	437.36	437.36
BAYONNE BOARD OF EDUCATION	12/23/2016	1/18/2017	2/28/2017	0.00	0.00	0.00	0.00	0.00	437.36	437.36
ALLEGES POOR ENVIRONMENTAL CONDITIONS				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	437.36	437.36
			0.00	0.00	0.00	0.00	0.00	0.00	437.36	437.36
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16PR00308L

16PR00308L	MIDDLETOWN TWP BOE	70	0.00	0.00	50,000.00	0.00	0.00	0.00	1,500.00	51,500.00
MIDDLETOWN-NORTH HS	12/19/2016	2/14/2017	Open	0.00	0.00	0.00	0.00	0.00	484.48	484.48
ALLEGES PIPE BURST, WATER DAMAGE TO BLDG				0.00	0.00	50,000.00	0.00	0.00	1,015.52	51,015.52
Total by Claim Number 1 Claim			0.00	0.00	50,000.00	0.00	0.00	0.00	1,500.00	51,500.00
			0.00	0.00	0.00	0.00	0.00	0.00	484.48	484.48
			0.00	0.00	50,000.00	0.00	0.00	0.00	1,015.52	51,015.52

Claim Number: 16PR00309N

16PR00309N	BETHLEHEM TWP BOE	75	0.00	0.00	2,500.00	0.00	0.00	0.00	0.00	2,500.00
BETHLEHEM TWP BOE	12/30/2016	2/15/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES CRACKS IN BOILER				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





NEW CLAIMS

December 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 16 Claims			25,000.00	0.00	198,031.25	0.00	5,398.00	0.00	9,494.48	232,525.73
			25,000.00	0.00	44,171.25	0.00	5,398.00	0.00	5,687.76	74,859.01
			0.00	0.00	153,860.00	0.00	0.00	0.00	3,806.72	157,666.72
Grand Totals: 373 Claims			977,417.62	127,502.17	926,654.37	0.00	5,398.00	18,825.00	31,191.39	2,081,590.55
			373,160.33	113,674.17	299,158.25	0.00	5,398.00	325.00	10,865.37	797,183.12
			604,257.29	13,828.00	627,496.12	0.00	0.00	18,500.00	20,326.02	1,284,407.43

