



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02237V

15WC02237V	SUMMERS, RHINHILDA	10	9,316.19	1,193.00	456.00	0.00	0.00	0.00	0.00	10,965.19
KLOCKNER E.S.	6/1/2015	6/1/2015	9/ 3/2015	9,316.19	1,193.00	456.00	0.00	0.00	0.00	10,965.19
FELL DOWN FLIGHT OF STAIRS AND INJURED HEAD, BACK, L HIP				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				9,316.19	1,193.00	456.00	0.00	0.00	0.00	10,965.19
				9,316.19	1,193.00	456.00	0.00	0.00	0.00	10,965.19
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02248W

15WC02248W	GARCIA, LOURDES	11	705.09	243.00	0.00	0.00	0.00	0.00	0.00	948.09
WASHINGTON SCHOOL	6/1/2015	6/1/2015	8/25/2015	705.09	243.00	0.00	0.00	0.00	0.00	948.09
SLIPPED ON WET FLOOR AND FELL ON L WRIST, HAND, ELBOW, R KNEE, FOC				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				705.09	243.00	0.00	0.00	0.00	0.00	948.09
				705.09	243.00	0.00	0.00	0.00	0.00	948.09
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02250W

15WC02250W	STASKIEL, JESSICA	11	268.71	243.00	0.00	0.00	0.00	0.00	0.00	511.71
COPELAND MS	6/1/2015	6/1/2015	7/16/2015	268.71	243.00	0.00	0.00	0.00	0.00	511.71
PULLING DOWN PROJECTOR SCREEN, THE SCREEN FELL HITTING R WRIST A				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				268.71	243.00	0.00	0.00	0.00	0.00	511.71
				268.71	243.00	0.00	0.00	0.00	0.00	511.71
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02257C

15WC02257C	LOATMAN, JOHN	10	47,980.00	1,193.00	53,000.00	0.00	0.00	0.00	0.00	102,173.00
ADMIN OFFICE	6/1/2015	6/1/2015	Open	17,812.80	1,193.00	6,656.16	0.00	0.00	0.00	25,661.96
CARRYING A CHAIR DOWN THE STAIRS, MISSED THE LAST STEP & LANDED O				30,167.20	0.00	46,343.84	0.00	0.00	0.00	76,511.04



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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

Total by Claim Number 1 Claim	47,980.00	1,193.00	53,000.00	0.00	0.00	0.00	0.00	0.00	0.00	102,173.00
	17,812.80	1,193.00	6,656.16	0.00	0.00	0.00	0.00	0.00	0.00	25,661.96
	30,167.20	0.00	46,343.84	0.00	0.00	0.00	0.00	0.00	0.00	76,511.04

Claim Number: 15WC02258W

15WC02258W	VIDAZINHA, NOEMIA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
AMERIGO A ANASTASIA	6/1/2015	6/1/2015	Open	914.20	243.00	0.00	0.00	0.00	0.00	0.00	1,157.20
WALKING & TRIPPED FROM WET GROUND, FELL INJURED LT KNEE, LT HAND				1,585.80	2.00	0.00	0.00	0.00	0.00	0.00	1,587.80
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				914.20	243.00	0.00	0.00	0.00	0.00	0.00	1,157.20
				1,585.80	2.00	0.00	0.00	0.00	0.00	0.00	1,587.80

Claim Number: 15WC02259B

15WC02259B	TURLEY, STEVE	11		1,289.87	243.00	0.00	0.00	0.00	0.00	0.00	1,532.87
JOSEPH J CATENA E.S.	6/1/2015	6/1/2015	7/17/2015	1,289.87	243.00	0.00	0.00	0.00	0.00	0.00	1,532.87
WHILE CLIMBING A LADDER HE CUT HIS LT HAND THUMB ON A METAL STRIP				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,289.87	243.00	0.00	0.00	0.00	0.00	0.00	1,532.87
				1,289.87	243.00	0.00	0.00	0.00	0.00	0.00	1,532.87
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02263K

15WC02263K	FRANZ, BETTINA	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
RIVERA SCHOOL	6/1/2015	6/1/2015	7/28/2015	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WHILE MOVING A DESK BACK INTO THE ROW, THE DESK BECAME STUCK TO				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02264J



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02264J

15WC02264J	ZAMBRANO, AMY	10	1,481.04	1,193.00	1,107.45	0.00	0.00	0.00	0.00	3,781.49
RED BANK REGIONAL HS	6/1/2015	6/2/2015	7/28/2015	1,481.04	1,193.00	1,107.45	0.00	0.00	0.00	3,781.49
DURING GYM CLASS SPEC ED STUDENT KICKED A SOCCER BALL THE BALL S				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			1,481.04	1,193.00	1,107.45	0.00	0.00	0.00	0.00	3,781.49
			1,481.04	1,193.00	1,107.45	0.00	0.00	0.00	0.00	3,781.49
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02268W

15WC02268W	LUGO, ALVIN	11	306.33	243.00	0.00	0.00	0.00	0.00	0.00	549.33
CONSTABLE E S	6/1/2015	6/1/2015	7/28/2015	306.33	243.00	0.00	0.00	0.00	0.00	549.33
HE FELT A SHARP PAIN IN THIS LT FOREARM AS HE APPLIED PRESSURE TO /				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			306.33	243.00	0.00	0.00	0.00	0.00	0.00	549.33
			306.33	243.00	0.00	0.00	0.00	0.00	0.00	549.33
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02271W

15WC02271W	HOOLIHAN, JILLIAN	11	69.54	243.00	0.00	0.00	0.00	0.00	0.00	312.54
WARREN DEVELOP. LEARNING CTI	6/2/2015	6/2/2015	7/14/2015	69.54	243.00	0.00	0.00	0.00	0.00	312.54
SPEC ED STUDENT GRABBED AND YANKED HAIR CAUSING BUMP ON LT SIDE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			69.54	243.00	0.00	0.00	0.00	0.00	0.00	312.54
			69.54	243.00	0.00	0.00	0.00	0.00	0.00	312.54
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02272Y

15WC02272Y	JORDAN, TERESA	11	46.19	243.00	0.00	0.00	0.00	0.00	0.00	289.19
HACKENSACK HS	6/2/2015	6/2/2015	8/20/2015	46.19	243.00	0.00	0.00	0.00	0.00	289.19
WALKING IN HER CLASSROOM SHE ACCIDENTALLY KICKED A CREDENZAS IN				0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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										
Total by Claim Number 1 Claim				46.19	243.00	0.00	0.00	0.00	0.00	289.19
				46.19	243.00	0.00	0.00	0.00	0.00	289.19
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02273W										
15WC02273W	HYDE, SHARON	11		155.23	243.00	0.00	0.00	0.00	0.00	398.23
BRUNSWICK ACRES E. S.	6/1/2015	6/2/2015	7/16/2015	155.23	243.00	0.00	0.00	0.00	0.00	398.23
SITTING WITH STUDENTS WHEN A SPEC ED STUDENT WAS WAVING AROUND				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: 15WC02274Y										
15WC02274Y	LAWRENCE, MATTHEW	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
JANIS E DISMUS MS	6/2/2015	6/2/2015	Open	1,172.29	243.00	0.00	0.00	0.00	0.00	1,415.29
WHILE RUNNING WITH STUDENTS, EE STEPPED ON THE BASE OF THE VOLLE				1,327.71	2.00	0.00	0.00	0.00	0.00	1,329.71
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				1,172.29	243.00	0.00	0.00	0.00	0.00	1,415.29
				1,327.71	2.00	0.00	0.00	0.00	0.00	1,329.71
Claim Number: 15WC02276B										
15WC02276B	GARBACCIO, DONNA	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
INDIAN HILLS HS	6/1/2015	6/2/2015	7/21/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
EE SLIPPED & FELL WHILE RUNNING UP THE RAMP TOWARDS THE AUDITORIUM				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: 15WC02277K										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02277K

15WC02277K	MORGAN, EDWARD	11		139.98	243.00	0.00	0.00	0.00	0.00	0.00	382.98
WASHINGTON SCHOOL	6/1/2015	6/1/2015	8/ 4/2015	139.98	243.00	0.00	0.00	0.00	0.00	0.00	382.98
ATTEMPTED TO SIT IN A CHAIR WITH WHEELS, THE CHAIR ROLLED CAUSING				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				139.98	243.00	0.00	0.00	0.00	0.00	0.00	382.98
				139.98	243.00	0.00	0.00	0.00	0.00	0.00	382.98
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02279G

15WC02279G	BISCHOFF, TAMMY	10		38,500.00	1,193.00	31,700.00	0.00	0.00	0.00	0.00	71,393.00
NIXON ES	6/1/2015	6/2/2015	Open	2,415.01	1,193.00	0.00	0.00	0.00	0.00	0.00	3,608.01
EE SLIPPED ON WET STAIRS & FELL CAUSING INJURY TO R KNEE AS SHE EXI				36,084.99	0.00	31,700.00	0.00	0.00	0.00	0.00	67,784.99
Total by Claim Number 1 Claim				38,500.00	1,193.00	31,700.00	0.00	0.00	0.00	0.00	71,393.00
				2,415.01	1,193.00	0.00	0.00	0.00	0.00	0.00	3,608.01
				36,084.99	0.00	31,700.00	0.00	0.00	0.00	0.00	67,784.99

Claim Number: 15WC02283Y

15WC02283Y	SOWDEN, KATELYN	11		69.54	243.00	0.00	0.00	0.00	0.00	0.00	312.54
UNION-DEVEL LC (HUNT)	6/2/2015	6/2/2015	6/30/2015	69.54	243.00	0.00	0.00	0.00	0.00	0.00	312.54
STUDENT HAVING A BEHAVIORAL ISSUE IN THE STAIRCASE CAUSED HER TO				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				69.54	243.00	0.00	0.00	0.00	0.00	0.00	312.54
				69.54	243.00	0.00	0.00	0.00	0.00	0.00	312.54
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02284K

15WC02284K	DELGRANDE, ERIC	11		303.14	243.00	0.00	0.00	0.00	0.00	0.00	546.14
BANKBRIDGE REG DEVELOPMENT.	6/2/2015	6/2/2015	7/14/2015	303.14	243.00	0.00	0.00	0.00	0.00	0.00	546.14
WHILE CLMT WAS PLAYING SOCCER HE TURNED TO MOVE FELT PAIN IN RT C				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



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 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										
Total by Claim Number 1 Claim				303.14	243.00	0.00	0.00	0.00	0.00	546.14
				303.14	243.00	0.00	0.00	0.00	0.00	546.14
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02285M										
15WC02285M	BOONSTRA, KEVIN	11		30,000.00	1,193.00	0.00	0.00	0.00	0.00	31,193.00
WAYNE VALLEY H.S.	6/2/2015	6/2/2015	Open	4,572.40	243.00	0.00	0.00	0.00	0.00	4,815.40
LIFTING A FULL MOP BUCKET TO EMPTY IN CUSTODIAL CLOSET, FELT PAIN IN				25,427.60	950.00	0.00	0.00	0.00	0.00	26,377.60
Total by Claim Number 1 Claim				30,000.00	1,193.00	0.00	0.00	0.00	0.00	31,193.00
				4,572.40	243.00	0.00	0.00	0.00	0.00	4,815.40
				25,427.60	950.00	0.00	0.00	0.00	0.00	26,377.60
Claim Number: 15WC02286W										
15WC02286W	HUNTER, MICHELE	11		795.00	243.00	0.00	0.00	0.00	0.00	1,038.00
NORTH MAIN STREET SCHOOL	6/2/2015	6/3/2015	9/10/2015	795.00	243.00	0.00	0.00	0.00	0.00	1,038.00
EE STRUCK HER HEAD ON SHELF IN CLASSROOM WHILE ASSISTING 2 STUDE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				795.00	243.00	0.00	0.00	0.00	0.00	1,038.00
				795.00	243.00	0.00	0.00	0.00	0.00	1,038.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02287B										
15WC02287B	WOZUNK, DONNA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
PAULINE PETWAY ES	6/3/2015	6/3/2015	Open	1,784.93	243.00	0.00	0.00	0.00	0.00	2,027.93
PUSHING A CART BACK IN THE CAFETERIA, SHELF FELL LANDING ON R HANC				715.07	2.00	0.00	0.00	0.00	0.00	717.07
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				1,784.93	243.00	0.00	0.00	0.00	0.00	2,027.93
				715.07	2.00	0.00	0.00	0.00	0.00	717.07
Claim Number: 15WC02288Y										



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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: 15WC02288Y

15WC02288Y	SHUEMAKER, ALLEN	11		66.56	243.00	0.00	0.00	0.00	0.00	309.56
HOWELL MS SOUTH	6/3/2015	6/3/2015	7/13/2015	66.56	243.00	0.00	0.00	0.00	0.00	309.56
WHILE MOVING RISERS HE FELT A SHARP PAIN IN THE LOWER BACK				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				66.56	243.00	0.00	0.00	0.00	0.00	309.56
				66.56	243.00	0.00	0.00	0.00	0.00	309.56
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02290Y

15WC02290Y	ROBBINS, MICHELLE	11		63.99	243.00	0.00	0.00	0.00	0.00	306.99
SPOTSWOOD HS	6/2/2015	6/3/2015	7/27/2015	63.99	243.00	0.00	0.00	0.00	0.00	306.99
ATTEMPTING TO BREAK UP FIGHT BETWEEN STUDENTS WAS PUNCHED IN N				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				63.99	243.00	0.00	0.00	0.00	0.00	306.99
				63.99	243.00	0.00	0.00	0.00	0.00	306.99
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02291P

15WC02291P	LUTZ, LAUREN	10		3,383.12	1,193.00	1,587.85	0.00	0.00	0.00	6,163.97
LINWOOD MIDDLE SCHOOL	6/3/2015	6/3/2015	8/11/2015	3,383.12	1,193.00	1,587.85	0.00	0.00	0.00	6,163.97
CLMT WAS OPENING A WINDOW IN THE CLASSROOM THE METAL FRAME SWI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				3,383.12	1,193.00	1,587.85	0.00	0.00	0.00	6,163.97
				3,383.12	1,193.00	1,587.85	0.00	0.00	0.00	6,163.97
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02292B

15WC02292B	OSTROWSKI, LINDSAY	11		113.25	243.00	0.00	0.00	0.00	0.00	356.25
WARREN DEVELOP. LEARNING CTI	6/3/2015	6/3/2015	7/31/2015	113.25	243.00	0.00	0.00	0.00	0.00	356.25
REDIRECTING A SPEC ED STUDENT TO A MAT IN CLASSROOM THE STUDENT				0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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

Total by Claim Number 1 Claim

113.25	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	356.25
113.25	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	356.25
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02293Y

15WC02293Y	SKOK, DEBORAH	11	347.87	243.00	0.00	0.00	0.00	0.00	0.00	590.87
NORTH WARREN REG HS	6/1/2015	6/3/2015	7/27/2015	347.87	243.00	0.00	0.00	0.00	0.00	590.87
WALKING STUDENTS TO BUS, SLIPPED ON WET FLOOR AND TWISTED L ANKLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			347.87	243.00	0.00	0.00	0.00	0.00	0.00	590.87
			347.87	243.00	0.00	0.00	0.00	0.00	0.00	590.87
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02295P

15WC02295P	MAZZA, MAURA	10	3,404.19	1,193.00	4,416.96	0.00	0.00	0.00	0.00	9,014.15
CUMBERLAND CAMPUS	6/3/2015	6/3/2015	8/24/2015	3,404.19	1,193.00	4,416.96	0.00	0.00	0.00	9,014.15
STUDENT HAD AN OUTBURST AND HIT HER ON L SIDE OF HER FOREHEAD WITH PENCIL				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			3,404.19	1,193.00	4,416.96	0.00	0.00	0.00	0.00	9,014.15
			3,404.19	1,193.00	4,416.96	0.00	0.00	0.00	0.00	9,014.15
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02297T

15WC02297T	SIMPKINS, AMANDA	10	1,093.28	1,193.00	411.96	0.00	0.00	0.00	0.00	2,698.24
BANKBRIDGE REG DEVELOPMENT	6/3/2015	6/3/2015	8/18/2015	1,093.28	1,193.00	411.96	0.00	0.00	0.00	2,698.24
TRYING TO TAKE A PENCIL FROM A CHILD HIT HER HEAD UNDER THE TABLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			1,093.28	1,193.00	411.96	0.00	0.00	0.00	0.00	2,698.24
			1,093.28	1,193.00	411.96	0.00	0.00	0.00	0.00	2,698.24
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02298K



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02298K

15WC02298K	POST-ZENTZ, DOROTHY	11		218.91	243.00	0.00	0.00	0.00	0.00	0.00	461.91
WILLIAMSTOWN H.S.	6/3/2015	6/3/2015	7/28/2015	218.91	243.00	0.00	0.00	0.00	0.00	0.00	461.91
GOING DOWN STAIRS, CHILD BUMPED INTO HER TWISTED R LEG ATTEMPTIN				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				218.91	243.00	0.00	0.00	0.00	0.00	0.00	461.91
				218.91	243.00	0.00	0.00	0.00	0.00	0.00	461.91
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02299B

15WC02299B	EDWARDS, VANESSA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
INDIAN AVENUE E.S.	6/1/2015	6/1/2015	Open	582.09	243.00	0.00	0.00	0.00	0.00	0.00	825.09
WHILE TAKING PAN OF FRIES OUT OF THE OVEN, THE POWER WENT OUT CA				1,917.91	2.00	0.00	0.00	0.00	0.00	0.00	1,919.91
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				582.09	243.00	0.00	0.00	0.00	0.00	0.00	825.09
				1,917.91	2.00	0.00	0.00	0.00	0.00	0.00	1,919.91

Claim Number: 15WC02300F

15WC02300F	KOTOWSKA, ALICJA	14		62,500.00	245.00	68,000.00	0.00	0.00	0.00	0.00	130,745.00
BAYONNE H.S. AND ADMIN. OFFICE	6/1/2015	6/3/2015	Open	50,949.99	243.00	2,740.11	0.00	0.00	0.00	0.00	53,933.10
WHILE LIFTING HEAVY GARBAGE PAIL SHE INJURED R ARM				11,550.01	2.00	65,259.89	0.00	0.00	0.00	0.00	76,811.90
Total by Claim Number 1 Claim				62,500.00	245.00	68,000.00	0.00	0.00	0.00	0.00	130,745.00
				50,949.99	243.00	2,740.11	0.00	0.00	0.00	0.00	53,933.10
				11,550.01	2.00	65,259.89	0.00	0.00	0.00	0.00	76,811.90

Claim Number: 15WC02301K

15WC02301K	HEATH, SHAWN	11		1,003.43	243.00	0.00	0.00	0.00	0.00	0.00	1,246.43
KATHERINE D MALONE ES	6/3/2015	6/4/2015	7/30/2015	1,003.43	243.00	0.00	0.00	0.00	0.00	0.00	1,246.43
USING A HOE TO PULL WEEDS OUT AND FELT A POP IN R SHOULDER				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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										
Total by Claim Number 1 Claim				1,003.43	243.00	0.00	0.00	0.00	0.00	1,246.43
				1,003.43	243.00	0.00	0.00	0.00	0.00	1,246.43
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02303K										
15WC02303K	KRAKOWSKI, FRANK	11		206.33	243.00	0.00	0.00	0.00	0.00	449.33
SCHOOL 8	6/3/2015	6/3/2015	7/15/2015	206.33	243.00	0.00	0.00	0.00	0.00	449.33
WHILE CARRYING A BOX OF CABLES UP THE STEP, HE TRIPPED & FELL LAND				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				206.33	243.00	0.00	0.00	0.00	0.00	449.33
				206.33	243.00	0.00	0.00	0.00	0.00	449.33
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02304W										
15WC02304W	RIOS, RAFAEL	11		467.61	243.00	0.00	0.00	0.00	0.00	710.61
UNION HIGH SCHOOL (UNION)	6/3/2015	6/3/2015	7/15/2015	467.61	243.00	0.00	0.00	0.00	0.00	710.61
AS A RESULT OF BREAKING UP A FIGHT BETWEEN STUDENTS HE FELT STRA				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				467.61	243.00	0.00	0.00	0.00	0.00	710.61
				467.61	243.00	0.00	0.00	0.00	0.00	710.61
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02305W										
15WC02305W	RUIZ, KATHLEEN	11		643.99	243.00	0.00	0.00	0.00	0.00	886.99
JEFFERSON ES	6/3/2015	6/3/2015	7/15/2015	643.99	243.00	0.00	0.00	0.00	0.00	886.99
SITTING @ THE COMPUTER DESK SHE BANGED THE RT KNEE ON METAL UNC				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				643.99	243.00	0.00	0.00	0.00	0.00	886.99
				643.99	243.00	0.00	0.00	0.00	0.00	886.99
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02306Y



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02306Y

15WC02306Y	MALINE-KESSLER, ANDREA	11		3,175.00	243.00	0.00	0.00	0.00	0.00	0.00	3,418.00
ALFRED VAIL E.S.	6/3/2015	6/4/2015	Reopened	853.00	243.00	0.00	0.00	0.00	0.00	0.00	1,096.00
SLIPPED ON WET STEPS AND FELL INJURED L SIDE AND L FOOT BIG TOE				2,322.00	0.00	0.00	0.00	0.00	0.00	0.00	2,322.00
Total by Claim Number 1 Claim				3,175.00	243.00	0.00	0.00	0.00	0.00	0.00	3,418.00
				853.00	243.00	0.00	0.00	0.00	0.00	0.00	1,096.00
				2,322.00	0.00	0.00	0.00	0.00	0.00	0.00	2,322.00

Claim Number: 15WC02307W

15WC02307W	SARIAHMED, NEFISSA	11		139.88	243.00	0.00	0.00	0.00	0.00	0.00	382.88
MARLBORO M.S.	6/2/2015	6/4/2015	8/25/2015	139.88	243.00	0.00	0.00	0.00	0.00	0.00	382.88
BENDING DOWN TO PICK SOMETHING UP FROM GROUND, HIT HER FOREHEA				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				139.88	243.00	0.00	0.00	0.00	0.00	0.00	382.88
				139.88	243.00	0.00	0.00	0.00	0.00	0.00	382.88
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02308Y

15WC02308Y	MASSARI, LINDA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
DOROTHY L BULLOCK SCHOOL	6/3/2015	6/4/2015	Open	889.46	243.00	0.00	0.00	0.00	0.00	0.00	1,132.46
FELT STRAIN TO L ARM FROM STUDENT PULLING				1,610.54	2.00	0.00	0.00	0.00	0.00	0.00	1,612.54
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				889.46	243.00	0.00	0.00	0.00	0.00	0.00	1,132.46
				1,610.54	2.00	0.00	0.00	0.00	0.00	0.00	1,612.54

Claim Number: 15WC02310J

15WC02310J	PIETROPINTO, FRANK	10		690.00	1,193.00	0.00	0.00	0.00	0.00	0.00	1,883.00
LIVINGSTON SENIOR HS	6/3/2015	6/3/2015	9/ 8/2015	690.00	1,193.00	0.00	0.00	0.00	0.00	0.00	1,883.00
WHILE CLEANING LUNCH TABLES HE SLIPPED ON A PIECE OF FOOD ON THE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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

Total by Claim Number 1 Claim	690.00	1,193.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,883.00
	690.00	1,193.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,883.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02311W

15WC02311W	HALL, ALFURQUAN	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
NORTH STAR ACADEMY BOE	6/3/2015	6/4/2015	7/21/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
LIFTING MILK CRATES FELT PAIN IN L FOREARM MOVING TOWARDS SHOULDER				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02312K

15WC02312K	BELENGUER, EDUARDO	11		163.96	243.00	0.00	0.00	0.00	0.00	406.96
VALLEY VIEW	6/4/2015	6/4/2015	7/14/2015	163.96	243.00	0.00	0.00	0.00	0.00	406.96
CARRY A 5 GALLON WATER COOLER OUTSIDE, FELT POP IN R FOOT				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				163.96	243.00	0.00	0.00	0.00	0.00	406.96
				163.96	243.00	0.00	0.00	0.00	0.00	406.96
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02315Y

15WC02315Y	FACCIPONTE, CONNIE	11		842.69	243.00	0.00	0.00	0.00	0.00	1,085.69
DEPT OF TRANSPORTATION	6/4/2015	6/4/2015	7/29/2015	842.69	243.00	0.00	0.00	0.00	0.00	1,085.69
SCHOOL BUS TOOK OFF & SUDDENLY HAD TO SLAM ON BRAKES, SHE FLEW				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				842.69	243.00	0.00	0.00	0.00	0.00	1,085.69
				842.69	243.00	0.00	0.00	0.00	0.00	1,085.69
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02316G





NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02316G

15WC02316G	FITZGERALD, DAVID	11	1,116.52	243.00	1,689.90	0.00	0.00	0.00	0.00	3,049.42
THOMAS JEFFERSON MS	6/3/2015	6/3/2015	9/ 8/2015	1,116.52	243.00	1,689.90	0.00	0.00	0.00	3,049.42
WHEN PICKING UP A JACK HAMMER HE PULLED A MUSCLE IN HIS LOWER BA				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,116.52	243.00	1,689.90	0.00	0.00	0.00	3,049.42
				1,116.52	243.00	1,689.90	0.00	0.00	0.00	3,049.42
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02317W

15WC02317W	YANNACCI, JEANNE	11	28.23	243.00	0.00	0.00	0.00	0.00	0.00	271.23
BROOKS CROSSING	6/3/2015	6/3/2015	7/21/2015	28.23	243.00	0.00	0.00	0.00	0.00	271.23
ESCORTING A STUDENT IN THE HALLWAY, THE STUDENT JUMPED UP FROM I				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				28.23	243.00	0.00	0.00	0.00	0.00	271.23
				28.23	243.00	0.00	0.00	0.00	0.00	271.23
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02318B

15WC02318B	FAULHABER, LORRAINE	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
HERRINGTON PARK	6/4/2015	6/4/2015	8/28/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
CLMT WAS CHANGING A SPEC ED STUDENT IN THE RESTROOM THE CHILD BI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02319V

15WC02319V	SELIMI, ARTA	10	16,500.00	1,195.00	2,500.00	0.00	0.00	0.00	0.00	20,195.00
TRANSPORTATION	6/1/2015	6/4/2015	Open	3,388.68	1,193.00	915.84	0.00	0.00	0.00	5,497.52
SPECIAL ED STUDENT GRABBED CLMT'S HAIR ON SCHOOL BUS INJ NECK ANI				13,111.32	2.00	1,584.16	0.00	0.00	0.00	14,697.48



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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										
Total by Claim Number 1 Claim			16,500.00	1,195.00	2,500.00	0.00	0.00	0.00	0.00	20,195.00
			3,388.68	1,193.00	915.84	0.00	0.00	0.00	0.00	5,497.52
			13,111.32	2.00	1,584.16	0.00	0.00	0.00	0.00	14,697.48
Claim Number: 15WC02320G										
15WC02320G	GONZALEZ, MARIA	11	1,451.02	243.00	558.13	0.00	0.00	0.00	0.00	2,252.15
MORRIS UNION JC TRANSPORTATI	6/3/2015	6/3/2015	8/18/2015	1,451.02	243.00	558.13	0.00	0.00	0.00	2,252.15
WHILE ON BUS 2 STUDENTS WERE FIGHTING, SHE GOT INBETWEEN STUDEN				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			1,451.02	243.00	558.13	0.00	0.00	0.00	0.00	2,252.15
			1,451.02	243.00	558.13	0.00	0.00	0.00	0.00	2,252.15
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02321B										
15WC02321B	SZALABOFKA, MIRIAM	11	180.00	243.00	0.00	0.00	0.00	0.00	0.00	423.00
MARY F JANVIER E.S.	6/4/2015	6/4/2015	7/13/2015	180.00	243.00	0.00	0.00	0.00	0.00	423.00
WHILE PREPARING EQUIPMENT FOR GYM CLASS, SHE WAS STRUCK IN THE L				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			180.00	243.00	0.00	0.00	0.00	0.00	0.00	423.00
			180.00	243.00	0.00	0.00	0.00	0.00	0.00	423.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02323M										
15WC02323M	CASTELLANOS, JUDITH	10	7,500.00	1,193.00	20,000.00	0.00	0.00	2,500.00	0.00	31,193.00
DEPT OF TRANSPORTATION	6/3/2015	6/5/2015	Open	5,758.18	1,193.00	1,912.44	0.00	0.00	0.00	8,863.62
WHILE AT STOP LIGHT, SUV WAS PUSHED INTO BACK OF BUS HITTING HEAD,				1,741.82	0.00	18,087.56	0.00	0.00	2,500.00	22,329.38
Total by Claim Number 1 Claim			7,500.00	1,193.00	20,000.00	0.00	0.00	2,500.00	0.00	31,193.00
			5,758.18	1,193.00	1,912.44	0.00	0.00	0.00	0.00	8,863.62
			1,741.82	0.00	18,087.56	0.00	0.00	2,500.00	0.00	22,329.38
Claim Number: 15WC02324B										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02324B

15WC02324B	ANNUCCI, ALEXA	11		948.00	243.00	0.00	0.00	0.00	0.00	0.00	1,191.00
CENTRAL ES	6/4/2015	6/4/2015	7/31/2015	948.00	243.00	0.00	0.00	0.00	0.00	0.00	1,191.00
SITTING IN CHAIR WITH WHEELS, FELL INJURED R SIDE OF LOWER BACK				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				948.00	243.00	0.00	0.00	0.00	0.00	0.00	1,191.00
				948.00	243.00	0.00	0.00	0.00	0.00	0.00	1,191.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02327B

15WC02327B	PRICE, DIANE	11		95.40	243.00	0.00	0.00	0.00	0.00	0.00	338.40
BANKBRIDGE REG DEVELOPMENT.	6/4/2015	6/5/2015	7/21/2015	95.40	243.00	0.00	0.00	0.00	0.00	0.00	338.40
BREAKING UP FIGHT AMONG TWO STUDENTS, STRAINED L KNEE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				95.40	243.00	0.00	0.00	0.00	0.00	0.00	338.40
				95.40	243.00	0.00	0.00	0.00	0.00	0.00	338.40
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02328J

15WC02328J	MOSKAL, RALPH	10		2,500.00	1,193.00	4,500.00	0.00	0.00	0.00	0.00	8,193.00
RAHWAY HIGH SCHOOL	6/3/2015	6/3/2015	Open	1,840.53	1,193.00	1,710.00	0.00	0.00	0.00	0.00	4,743.53
HE WAS PLAYING BASKETBALL WITH HIS STUDENTS & INJURED HIS RT LEG,				659.47	0.00	2,790.00	0.00	0.00	0.00	0.00	3,449.47
Total by Claim Number 1 Claim				2,500.00	1,193.00	4,500.00	0.00	0.00	0.00	0.00	8,193.00
				1,840.53	1,193.00	1,710.00	0.00	0.00	0.00	0.00	4,743.53
				659.47	0.00	2,790.00	0.00	0.00	0.00	0.00	3,449.47

Claim Number: 15WC02329W

15WC02329W	RUIZ, LISA	11		2,171.67	243.00	0.00	0.00	0.00	0.00	0.00	2,414.67
EARLY CHILDHOOD ED CENTER	6/4/2015	6/4/2015	8/18/2015	2,171.67	243.00	0.00	0.00	0.00	0.00	0.00	2,414.67
GETTING PAPERS OFF OF A SHELF WHILE A STUDENT WAS PASSING IN FRONT				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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

Total by Claim Number 1 Claim	2,171.67	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,414.67
	2,171.67	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,414.67
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02330V

15WC02330V	AMELLA, MARIA	14		16.55	0.00	0.00	0.00	0.00	0.00	16.55
HAMBURG ES	6/4/2015	6/5/2015	7/30/2015	16.55	0.00	0.00	0.00	0.00	0.00	16.55
LAYING ON STOMACH DOING OBSTACLE DURING FIELD DAY, LEGS BENT BAC				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				16.55	0.00	0.00	0.00	0.00	0.00	16.55
				16.55	0.00	0.00	0.00	0.00	0.00	16.55
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02331Y

15WC02331Y	SMITH, DEBORAH	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
STRATHMORE ES	6/5/2015	6/5/2015	Open	1,544.97	243.00	0.00	0.00	0.00	0.00	1,787.97
STUDENT HAD TANTRUM AND KICKED HER IN R KNEE				955.03	2.00	0.00	0.00	0.00	0.00	957.03
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				1,544.97	243.00	0.00	0.00	0.00	0.00	1,787.97
				955.03	2.00	0.00	0.00	0.00	0.00	957.03

Claim Number: 15WC02332B

15WC02332B	SPEZZACATENA, KIMBERLY	11		155.23	243.00	0.00	0.00	0.00	0.00	398.23
CARL SANDBURG MS	6/5/2015	6/5/2015	7/13/2015	155.23	243.00	0.00	0.00	0.00	0.00	398.23
IN HER COOKING CLASSROOM & REALIZED THE GAS HAD BEEN LEFT ON, SHI				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: 15WC02333K



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02333K

15WC02333K	ALBANESE, ROSEMARIE	11	161.55	243.00	0.00	0.00	0.00	0.00	0.00	404.55
BANKBRIDGE REG DEVELOPMENT	6/5/2015	6/5/2015	9/ 3/2015	161.55	243.00	0.00	0.00	0.00	0.00	404.55
SITTING AT HER DESK STUDENT HAVING BEHAVIOR OUTBURST CAME UP AN				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				161.55	243.00	0.00	0.00	0.00	0.00	404.55
				161.55	243.00	0.00	0.00	0.00	0.00	404.55
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02334G

15WC02334G	AFFINITO, SHIRLEY	10	38,000.00	1,193.00	0.00	0.00	0.00	0.00	0.00	39,193.00
ROOSEVELT E.S.	6/4/2015	6/5/2015	Open	2,249.84	1,193.00	0.00	0.00	0.00	0.00	3,442.84
STOPPING A STUDENT FROM RUNNING AWAY TWISTED R KNEE				35,750.16	0.00	0.00	0.00	0.00	0.00	35,750.16
Total by Claim Number 1 Claim				38,000.00	1,193.00	0.00	0.00	0.00	0.00	39,193.00
				2,249.84	1,193.00	0.00	0.00	0.00	0.00	3,442.84
				35,750.16	0.00	0.00	0.00	0.00	0.00	35,750.16

Claim Number: 15WC02335Z

15WC02335Z	SPARROCK, SUSAN	10	1,918.66	1,193.00	2,565.00	0.00	0.00	0.00	0.00	5,676.66
TINTON FALLS MS	6/4/2015	6/4/2015	8/31/2015	1,918.66	1,193.00	2,565.00	0.00	0.00	0.00	5,676.66
WALKING WITH STUDENTS ON A CLASS FIELD TRIP & CAUGHT HER TOE ON A				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,918.66	1,193.00	2,565.00	0.00	0.00	0.00	5,676.66
				1,918.66	1,193.00	2,565.00	0.00	0.00	0.00	5,676.66
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02336K

15WC02336K	RADLOF, GEORGE	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
HUNTERDON CENTRAL REG HS	6/3/2015	6/5/2015	7/14/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
CLMT CAME DOWN FROM A LADDER CLMT MISSED A STEP CAUSING HIS LT A				0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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										
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: 15WC02337Y										
15WC02337Y	DUNSMORE, JOANNE	11		827.68	243.00	0.00	0.00	0.00	0.00	1,070.68
CENTRE CITY ES	6/5/2015	6/5/2015	8/14/2015	827.68	243.00	0.00	0.00	0.00	0.00	1,070.68
WALKING IN THE BLDG AFTER PREP, SHE SLIPPED ON WET FLOOR FROM TH				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				827.68	243.00	0.00	0.00	0.00	0.00	1,070.68
				827.68	243.00	0.00	0.00	0.00	0.00	1,070.68
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02338G										
15WC02338G	DECKER, RICHARD	11		824.11	243.00	0.00	0.00	0.00	0.00	1,067.11
MIDDLETOWN-NORTH HS	6/5/2015	6/5/2015	9/ 8/2015	824.11	243.00	0.00	0.00	0.00	0.00	1,067.11
A STUDENT SHOT A LASER INTO HIS RT EYE IN THE CLASSROOM				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				824.11	243.00	0.00	0.00	0.00	0.00	1,067.11
				824.11	243.00	0.00	0.00	0.00	0.00	1,067.11
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02339B										
15WC02339B	PIZARRO, GLORIA	11		249.36	243.00	0.00	0.00	0.00	0.00	492.36
LENNA W CONROW	6/5/2015	6/5/2015	7/27/2015	249.36	243.00	0.00	0.00	0.00	0.00	492.36
WHILE MOVING A WATER TABLE CLMT SLIPPED AS TABLE MOVED FELL INJ L'				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				249.36	243.00	0.00	0.00	0.00	0.00	492.36
				249.36	243.00	0.00	0.00	0.00	0.00	492.36
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02340K										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02340K

15WC02340K	MCCANN, JUSTIN	11		324.15	243.00	0.00	0.00	0.00	0.00	0.00	567.15
HIGHLAND HS	6/4/2015	6/8/2015	7/13/2015	324.15	243.00	0.00	0.00	0.00	0.00	0.00	567.15
WORKING ON PLATFORM FOR PROM WENT UNDERNEATH TO MOVE PLATFOI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				324.15	243.00	0.00	0.00	0.00	0.00	0.00	567.15
				324.15	243.00	0.00	0.00	0.00	0.00	0.00	567.15
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02341K

15WC02341K	VIDAL, MARIA RAQUEL	11		52.30	243.00	0.00	0.00	0.00	0.00	0.00	295.30
MEMORIAL SCHOOL	6/5/2015	6/8/2015	7/30/2015	52.30	243.00	0.00	0.00	0.00	0.00	0.00	295.30
WORKING WITH STUDENT, WAS PUNCHED ON BOTH ARMS AND R SHOULDER				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				52.30	243.00	0.00	0.00	0.00	0.00	0.00	295.30
				52.30	243.00	0.00	0.00	0.00	0.00	0.00	295.30
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02342B

15WC02342B	JONES, ROBERT	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
NORTHERN VALLEY REG BOE	6/3/2015	6/8/2015	8/14/2015	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WAS BITTEN ON R FOREARM DURING STUDENTS OUTBURST				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: 15WC02343W

15WC02343W	MONGO, SCOTT	11		771.55	243.00	0.00	0.00	0.00	0.00	0.00	1,014.55
DELTRAN MIDDLE SCHOOL	6/3/2015	6/8/2015	9/10/2015	771.55	243.00	0.00	0.00	0.00	0.00	0.00	1,014.55
PLAYING SOCCER WITH STUDENT, FELL FROM UNEVEN GROUND INJURED R				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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										
Total by Claim Number 1 Claim				771.55	243.00	0.00	0.00	0.00	0.00	1,014.55
				771.55	243.00	0.00	0.00	0.00	0.00	1,014.55
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02344B										
15WC02344B	SCHLAGENHAFT, PAUL	11		11.68	243.00	0.00	0.00	0.00	0.00	254.68
FORKED RIVER E.S.	6/5/2015	6/8/2015	7/15/2015	11.68	243.00	0.00	0.00	0.00	0.00	254.68
SWITCHING A FLUORESCENT LIGHT BULB, BULB BROKE IN HIS R HAND				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				11.68	243.00	0.00	0.00	0.00	0.00	254.68
				11.68	243.00	0.00	0.00	0.00	0.00	254.68
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02345T										
15WC02345T	MCHUGH, LAURA	10		1,375.94	1,193.00	1,710.00	0.00	0.00	0.00	4,278.94
CARL SANDBURG MS	6/5/2015	6/8/2015	8/ 4/2015	1,375.94	1,193.00	1,710.00	0.00	0.00	0.00	4,278.94
STUDENT HAVING BEHAVIOR ISSUE PUNCHED HER SHOULDER				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,375.94	1,193.00	1,710.00	0.00	0.00	0.00	4,278.94
				1,375.94	1,193.00	1,710.00	0.00	0.00	0.00	4,278.94
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02347G										
15WC02347G	SMITH, MARY	10		7,500.00	1,438.00	60,300.00	0.00	0.00	2,500.00	71,738.00
MARTIN LUTHER KING MIDDLE SCH	6/4/2015	6/8/2015	Open	1,250.56	1,193.00	0.00	0.00	0.00	0.00	2,443.56
RESTRAINING A STUDENT HAVING BEHAVIORAL ISSUE INJURED SHOULDER				6,249.44	245.00	60,300.00	0.00	0.00	2,500.00	69,294.44
Total by Claim Number 1 Claim				7,500.00	1,438.00	60,300.00	0.00	0.00	2,500.00	71,738.00
				1,250.56	1,193.00	0.00	0.00	0.00	0.00	2,443.56
				6,249.44	245.00	60,300.00	0.00	0.00	2,500.00	69,294.44
Claim Number: 15WC02349Y										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02349Y

15WC02349Y	SANDERS, LYNNE	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
LUMBERTON CAMPUS	6/5/2015	6/8/2015	7/6/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
ESCORTING STUDENT DOWN HALL, WAS ATTACKED AND PUNCHED IN HER N				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: 15WC02350B

15WC02350B	FEULNER, JULIA	11		79.27	243.00	0.00	0.00	0.00	0.00	322.27
NORTHERN VALLEY REG BOE	6/5/2015	6/8/2015	7/31/2015	79.27	243.00	0.00	0.00	0.00	0.00	322.27
BIT ON L FOREARM BY STUDENT WHO WAS HAVING AN OUTBURST				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				79.27	243.00	0.00	0.00	0.00	0.00	322.27
				79.27	243.00	0.00	0.00	0.00	0.00	322.27
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02351W

15WC02351W	SALAS, DIEGO	11		288.75	243.00	0.00	0.00	0.00	0.00	531.75
THOMAS JEFFERSON ES	6/5/2015	6/5/2015	7/15/2015	288.75	243.00	0.00	0.00	0.00	0.00	531.75
CUT HIMSELF WITH AN EXACTO KNIFE ON L INDEX FINGER				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				288.75	243.00	0.00	0.00	0.00	0.00	531.75
				288.75	243.00	0.00	0.00	0.00	0.00	531.75
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02352W

15WC02352W	SANTOS, JULIA	11		200.78	243.00	0.00	0.00	0.00	0.00	443.78
JOSEPH M FERRAINA EARLY CH LE	6/8/2015	6/8/2015	7/27/2015	200.78	243.00	0.00	0.00	0.00	0.00	443.78
CLOSING CAR DOOR BEHIND STUDENT, CAUGHT L INDEX FINGER IN DOOR				0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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										
Total by Claim Number 1 Claim				200.78	243.00	0.00	0.00	0.00	0.00	443.78
				200.78	243.00	0.00	0.00	0.00	0.00	443.78
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02354K										
15WC02354K	SMITH, THOMAS	11		5,000.00	245.00	0.00	0.00	0.00	0.00	5,245.00
CLIFTON T BARKALOW E.S.	6/5/2015	6/5/2015	Open	3,294.25	243.00	0.00	0.00	0.00	0.00	3,537.25
HE FELT A STRAIN TO HIS LT CALF WHILE PLAYING BASKETBALL WITH A STU				1,705.75	2.00	0.00	0.00	0.00	0.00	1,707.75
Total by Claim Number 1 Claim				5,000.00	245.00	0.00	0.00	0.00	0.00	5,245.00
				3,294.25	243.00	0.00	0.00	0.00	0.00	3,537.25
				1,705.75	2.00	0.00	0.00	0.00	0.00	1,707.75
Claim Number: 15WC02355B										
15WC02355B	ELLIOTT, LAURA	11		594.00	243.00	0.00	0.00	0.00	0.00	837.00
NUMBER 2 ES	6/5/2015	6/5/2015	7/13/2015	594.00	243.00	0.00	0.00	0.00	0.00	837.00
SHE FELT A STRAIN TO HER LT ANKLE AFTER ATTEMPTING TO RUN AFTER A				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				594.00	243.00	0.00	0.00	0.00	0.00	837.00
				594.00	243.00	0.00	0.00	0.00	0.00	837.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02356W										
15WC02356W	MARIN, RAQUEL	11		1,858.74	243.00	0.00	0.00	0.00	0.00	2,101.74
UNION CITY HIGH SCHOOL	6/8/2015	6/8/2015	7/28/2015	1,858.74	243.00	0.00	0.00	0.00	0.00	2,101.74
SHOE STUCK ON FLOOR CAUSING HER TO FALL HITTING HEAD ON A PICTURI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,858.74	243.00	0.00	0.00	0.00	0.00	2,101.74
				1,858.74	243.00	0.00	0.00	0.00	0.00	2,101.74
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02357B										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02357B

15WC02357B	DEVLIEGER, JENNIFER	11		140.99	243.00	0.00	0.00	0.00	0.00	0.00	383.99
PRIMARY ES	6/8/2015	6/8/2015	8/11/2015	140.99	243.00	0.00	0.00	0.00	0.00	0.00	383.99
TRIPPED OVER A BUNCHED UP RUG, SHE FELL INJURED L SIDE LOWER BACK				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				140.99	243.00	0.00	0.00	0.00	0.00	0.00	383.99
				140.99	243.00	0.00	0.00	0.00	0.00	0.00	383.99
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02358Y

15WC02358Y	STEPHENS, MARTHA	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TRENTON CENTRAL HS MAIN CAMI	6/8/2015	6/8/2015	8/14/2015	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TAKING OUT GARBAGE AND LIFTED BAG INJURED L SHOULDER				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02359V

15WC02359V	CARROLL, KEVIN	10		36,500.00	1,195.00	5,000.00	0.00	0.00	0.00	0.00	42,695.00
THOMPSON MS	6/5/2015	6/5/2015	Open	2,488.40	1,193.00	4,828.59	0.00	0.00	0.00	0.00	8,509.99
LIFTING A RECYCLING CAN FULL OF FOLDERS HE FELT PAIN TO HIS LOWER E				34,011.60	2.00	171.41	0.00	0.00	0.00	0.00	34,185.01
Total by Claim Number 1 Claim				36,500.00	1,195.00	5,000.00	0.00	0.00	0.00	0.00	42,695.00
				2,488.40	1,193.00	4,828.59	0.00	0.00	0.00	0.00	8,509.99
				34,011.60	2.00	171.41	0.00	0.00	0.00	0.00	34,185.01

Claim Number: 15WC02361B

15WC02361B	HULLIHEN, JENNIFER	11		359.06	243.00	0.00	0.00	0.00	0.00	0.00	602.06
JOHN H. WINSLOW E.S.	6/8/2015	6/8/2015	7/21/2015	359.06	243.00	0.00	0.00	0.00	0.00	0.00	602.06
HOLDING A STUDENTS HAND WHILE WALKING IN THE BLDG, THE STUDENT BI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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										
Total by Claim Number 1 Claim				359.06	243.00	0.00	0.00	0.00	0.00	602.06
				359.06	243.00	0.00	0.00	0.00	0.00	602.06
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02362Z										
15WC02362Z	BOYD-PETROSKI, PAMELA	10		2,500.00	1,193.00	0.00	0.00	0.00	0.00	3,693.00
PINELANDS HIGH SCHOOL	6/8/2015	6/9/2015	Open	1,185.85	243.00	0.00	0.00	0.00	0.00	1,428.85
PITCHING FOR STUDENTS STEPPED IN HOLE IN GRASS R HIP POPPED OUT				1,314.15	950.00	0.00	0.00	0.00	0.00	2,264.15
Total by Claim Number 1 Claim				2,500.00	1,193.00	0.00	0.00	0.00	0.00	3,693.00
				1,185.85	243.00	0.00	0.00	0.00	0.00	1,428.85
				1,314.15	950.00	0.00	0.00	0.00	0.00	2,264.15
Claim Number: 15WC02363B										
15WC02363B	DOLES, CHRISTINE	11		795.39	243.00	0.00	0.00	0.00	0.00	1,038.39
CAMBRIDGE E S	6/8/2015	6/9/2015	7/27/2015	795.39	243.00	0.00	0.00	0.00	0.00	1,038.39
MISSED A STEP L ANKLE TWISTED				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				795.39	243.00	0.00	0.00	0.00	0.00	1,038.39
				795.39	243.00	0.00	0.00	0.00	0.00	1,038.39
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02364Y										
15WC02364Y	PLENT, KRISTINE	11		160.00	243.00	0.00	0.00	0.00	0.00	403.00
THELMA L SANDMEIER E.S.	6/8/2015	6/9/2015	6/30/2015	160.00	243.00	0.00	0.00	0.00	0.00	403.00
GOING TOWARD BLACKBOARD THAT WAS LEANING AGAINST WALL IT FELL S				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				160.00	243.00	0.00	0.00	0.00	0.00	403.00
				160.00	243.00	0.00	0.00	0.00	0.00	403.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02365K										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02365K

15WC02365K	PHILLIPS, TIMOTHY	11	160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
WALLACE MIDDLE SCHOOL	6/8/2015	6/9/2015	7/13/2015	160.00	243.00	0.00	0.00	0.00	0.00	403.00
BREAKING UP FIGHT BETWEEN STUDENTS, LOST BALANCE AND FELL ON BO				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: 15WC02366W

15WC02366W	DUQUE, ELIZABETH	11	378.61	243.00	0.00	0.00	0.00	0.00	0.00	621.61
SOMERVILLE MS	6/8/2015	6/9/2015	7/28/2015	378.61	243.00	0.00	0.00	0.00	0.00	621.61
TRYING TO REACH SEAT BELT WAS ON HER KNEES ON FLOOR, FELT SHARP				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			378.61	243.00	0.00	0.00	0.00	0.00	0.00	621.61
			378.61	243.00	0.00	0.00	0.00	0.00	0.00	621.61
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02368Y

15WC02368Y	COX, DAVID	11	2,500.00	245.00	1,500.00	0.00	0.00	0.00	0.00	4,245.00
PASSAIC COUNTY TECH. INSTITUT	6/8/2015	6/9/2015	Open	1,538.26	243.00	977.14	0.00	0.00	0.00	2,758.40
PUSHING DOWN METAL DOOR, HAND SLIPPED ON WET SURFACE A PIECE OF				961.74	2.00	522.86	0.00	0.00	0.00	1,486.60
Total by Claim Number 1 Claim			2,500.00	245.00	1,500.00	0.00	0.00	0.00	0.00	4,245.00
			1,538.26	243.00	977.14	0.00	0.00	0.00	0.00	2,758.40
			961.74	2.00	522.86	0.00	0.00	0.00	0.00	1,486.60

Claim Number: 15WC02369Y

15WC02369Y	RICE, CHRISTA	11	213.38	243.00	0.00	0.00	0.00	0.00	0.00	456.38
ARDENA SCHOOL	6/9/2015	6/9/2015	7/17/2015	213.38	243.00	0.00	0.00	0.00	0.00	456.38
STEPPING ON CHAIR TO TAKE PICTURE DOWN, CHAIR TIPPED OVER FELL ON				0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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										
Total by Claim Number 1 Claim				213.38	243.00	0.00	0.00	0.00	0.00	456.38
				213.38	243.00	0.00	0.00	0.00	0.00	456.38
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02370B										
15WC02370B	KUDLESS, SUSAN	11		1,064.15	243.00	0.00	0.00	0.00	0.00	1,307.15
EVERGREEN SCHOOL	6/9/2015	6/9/2015	8/21/2015	1,064.15	243.00	0.00	0.00	0.00	0.00	1,307.15
WALKED INTO A BOX ON FLOOR HITTING L PINKY TOE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,064.15	243.00	0.00	0.00	0.00	0.00	1,307.15
				1,064.15	243.00	0.00	0.00	0.00	0.00	1,307.15
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02371K										
15WC02371K	CHERRY, ROSALINE	11		142.11	243.00	0.00	0.00	0.00	0.00	385.11
DECATUR AVE	6/8/2015	6/9/2015	7/28/2015	142.11	243.00	0.00	0.00	0.00	0.00	385.11
SHADOWING A STUDENT ON A TRICYCLE AND STUDENT RAN OVER L FOOT/A				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				142.11	243.00	0.00	0.00	0.00	0.00	385.11
				142.11	243.00	0.00	0.00	0.00	0.00	385.11
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02372Y										
15WC02372Y	NORTON, ASIA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
NORTH STAR ACADEMY BOE	6/8/2015	6/9/2015	Open	940.81	243.00	0.00	0.00	0.00	0.00	1,183.81
BUS RETURNING FROM SCHOOL FIELD TRIP, BUS HIT ANOTHER INJURED L A				1,559.19	2.00	0.00	0.00	0.00	0.00	1,561.19
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				940.81	243.00	0.00	0.00	0.00	0.00	1,183.81
				1,559.19	2.00	0.00	0.00	0.00	0.00	1,561.19
Claim Number: 15WC02373Y										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02373Y

15WC02373Y	GUARINO, DANIELLE	11		370.24	243.00	0.00	0.00	0.00	0.00	0.00	613.24
NORTH STAR ACADEMY BOE	6/8/2015	6/9/2015	7/2/2015	370.24	243.00	0.00	0.00	0.00	0.00	0.00	613.24
BUS RETURNING FROM SCHOOL FIELD TRIP, BUS HIT ANOTHER INJURED LO				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				370.24	243.00	0.00	0.00	0.00	0.00	0.00	613.24
				370.24	243.00	0.00	0.00	0.00	0.00	0.00	613.24
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02374Y

15WC02374Y	HORTON, MAURI	11		261.40	243.00	0.00	0.00	0.00	0.00	0.00	504.40
NORTH STAR ACADEMY BOE	6/8/2015	6/9/2015	7/21/2015	261.40	243.00	0.00	0.00	0.00	0.00	0.00	504.40
BUS RETURNING FROM SCHOOL FIELD TRIP, BUS HIT ANOTHER INJURED HE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				261.40	243.00	0.00	0.00	0.00	0.00	0.00	504.40
				261.40	243.00	0.00	0.00	0.00	0.00	0.00	504.40
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02375V

15WC02375V	BUCKLE, SHARIKA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NORTH STAR ACADEMY BOE	6/8/2015	6/8/2015	Open	319.64	243.00	0.00	0.00	0.00	0.00	0.00	562.64
ON A BUS RETURNING FROM A MANDATORY SCHOOL FIELD TRIP, 1 BUS HIT				2,180.36	2.00	0.00	0.00	0.00	0.00	0.00	2,182.36
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				319.64	243.00	0.00	0.00	0.00	0.00	0.00	562.64
				2,180.36	2.00	0.00	0.00	0.00	0.00	0.00	2,182.36

Claim Number: 15WC02376W

15WC02376W	MORTON, SUSAN	11		355.67	243.00	0.00	0.00	0.00	0.00	0.00	598.67
H. ASHTON MARSH ES	6/8/2015	6/8/2015	7/15/2015	355.67	243.00	0.00	0.00	0.00	0.00	0.00	598.67
WHILE A STUDENT WAS HAVING A BEHAVIORAL ISSUE ON THE FLOOR, SHE T				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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										
Total by Claim Number 1 Claim				355.67	243.00	0.00	0.00	0.00	0.00	598.67
				355.67	243.00	0.00	0.00	0.00	0.00	598.67
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02377K										
15WC02377K	MASTROSERIO, MICHAEL	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
SPOTSWOOD HS	6/2/2015	6/9/2015	Open	845.95	243.00	0.00	0.00	0.00	0.00	1,088.95
FELT STRAIN TO R ARM, R HAND, R ELBOW AFTER BREAKING FIGHT BETWEEN				1,654.05	2.00	0.00	0.00	0.00	0.00	1,656.05
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				845.95	243.00	0.00	0.00	0.00	0.00	1,088.95
				1,654.05	2.00	0.00	0.00	0.00	0.00	1,656.05
Claim Number: 15WC02378B										
15WC02378B	HEINBACH, JENNIFER	11		353.73	243.00	0.00	0.00	0.00	0.00	596.73
HILLSIDE E S	6/8/2015	6/8/2015	7/21/2015	353.73	243.00	0.00	0.00	0.00	0.00	596.73
WHILE ESCORTING STUDENTS UPSTAIRS TO THE CAFETERIA, HER RT LOWE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				353.73	243.00	0.00	0.00	0.00	0.00	596.73
				353.73	243.00	0.00	0.00	0.00	0.00	596.73
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02379W										
15WC02379W	DUARTE, CARLOS	11		96.96	243.00	0.00	0.00	0.00	0.00	339.96
MT. PLEASANT MS	6/8/2015	6/9/2015	8/17/2015	96.96	243.00	0.00	0.00	0.00	0.00	339.96
OPENING UP WALL TABLES HE JOLTED BACK TO AVOID BEING HIT BY TABLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				96.96	243.00	0.00	0.00	0.00	0.00	339.96
				96.96	243.00	0.00	0.00	0.00	0.00	339.96
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02380Y										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02380Y

15WC02380Y	BARTUS, DONNA	11		461.02	243.00	0.00	0.00	0.00	0.00	0.00	704.02
WASHINGTON SCHOOL	6/4/2015	6/9/2015	8/12/2015	461.02	243.00	0.00	0.00	0.00	0.00	0.00	704.02
STRAINED HER BACK WHILE RUNNING IN POTATO SACK RACE DURING FIELD				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				461.02	243.00	0.00	0.00	0.00	0.00	0.00	704.02
				461.02	243.00	0.00	0.00	0.00	0.00	0.00	704.02
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02381K

15WC02381K	AARON, SUSAN	11		205.29	243.00	0.00	0.00	0.00	0.00	0.00	448.29
TRANSPORTATION DEPARTMENT	6/9/2015	6/9/2015	7/15/2015	205.29	243.00	0.00	0.00	0.00	0.00	0.00	448.29
WALKING TO THE BUS TO START HER ROUTE, SHE SLIPPED ON MUD & FELL (0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				205.29	243.00	0.00	0.00	0.00	0.00	0.00	448.29
				205.29	243.00	0.00	0.00	0.00	0.00	0.00	448.29
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02382B

15WC02382B	SOKOLOVIC, MICHELE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WOODBURY HIGH SCHOOL	6/5/2015	6/9/2015	Open	1,895.55	243.00	0.00	0.00	0.00	0.00	0.00	2,138.55
GOING DOWN RAMP OUTSIDE AT RESORT, FELL DISLOCATING R TOE, INJURE				604.45	2.00	0.00	0.00	0.00	0.00	0.00	606.45
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				1,895.55	243.00	0.00	0.00	0.00	0.00	0.00	2,138.55
				604.45	2.00	0.00	0.00	0.00	0.00	0.00	606.45

Claim Number: 15WC02383W

15WC02383W	ANDREASSI, EMILIA	11		384.24	243.00	0.00	0.00	0.00	0.00	0.00	627.24
BROOKSIDE ES	6/8/2015	6/8/2015	7/27/2015	384.24	243.00	0.00	0.00	0.00	0.00	0.00	627.24
WATCHING KIDS DURING RECESS, SHE WAS HIT IN THE HEAD & LT EAR WITH				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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										
Total by Claim Number 1 Claim				384.24	243.00	0.00	0.00	0.00	0.00	627.24
				384.24	243.00	0.00	0.00	0.00	0.00	627.24
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02384K										
15WC02384K	WATTS, HAROLD	11		177.84	243.00	0.00	0.00	0.00	0.00	420.84
HOWELL TWP MEMORIAL MS	6/9/2015	6/9/2015	7/28/2015	177.84	243.00	0.00	0.00	0.00	0.00	420.84
LIFTING AND MOVING GRADUATION PLATFORM, FELT PULL IN UPPER L ARM/I				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				177.84	243.00	0.00	0.00	0.00	0.00	420.84
				177.84	243.00	0.00	0.00	0.00	0.00	420.84
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02385K										
15WC02385K	BENNETT, ROBERT	11		437.67	243.00	0.00	0.00	0.00	0.00	680.67
COLD SPRINGS ES	6/9/2015	6/10/2015	7/17/2015	437.67	243.00	0.00	0.00	0.00	0.00	680.67
WAS PUNCHED IN LIP AND SCRATCHED ON L HAND BY STUDENT HAVING OU				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				437.67	243.00	0.00	0.00	0.00	0.00	680.67
				437.67	243.00	0.00	0.00	0.00	0.00	680.67
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02386B										
15WC02386B	MEADE, ELENA	11		187.86	243.00	0.00	0.00	0.00	0.00	430.86
NORTH MAIN STREET SCHOOL	6/9/2015	6/10/2015	7/30/2015	187.86	243.00	0.00	0.00	0.00	0.00	430.86
STUDENT HAVING BEHAVIORAL SPIT IN HER MOUTH AND EYES				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				187.86	243.00	0.00	0.00	0.00	0.00	430.86
				187.86	243.00	0.00	0.00	0.00	0.00	430.86
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02387G										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02387G

15WC02387G	DEMARCO, MARIE	10	1,949.97	1,193.00	843.90	0.00	0.00	0.00	0.00	3,986.87
JAMES MADISON SCHOOL	6/9/2015	6/10/2015	8/20/2015	1,949.97	1,193.00	843.90	0.00	0.00	0.00	3,986.87
WAS OUTSIDE WITH STUDENTS, WAS HIT ON TOP OF HEAD BY A BASKETBALL				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			1,949.97	1,193.00	843.90	0.00	0.00	0.00	0.00	3,986.87
			1,949.97	1,193.00	843.90	0.00	0.00	0.00	0.00	3,986.87
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02388Y

15WC02388Y	MILLER, CATHERINE	11	1,395.46	243.00	0.00	0.00	0.00	0.00	0.00	1,638.46
SCHOOL #4 & 5 AVENEL ST SCHOC	6/9/2015	6/9/2015	7/23/2015	1,395.46	243.00	0.00	0.00	0.00	0.00	1,638.46
SUPERVISING STUDENTS ON THE PLAYGROUND, SHE WAS STRUCK IN THE B				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			1,395.46	243.00	0.00	0.00	0.00	0.00	0.00	1,638.46
			1,395.46	243.00	0.00	0.00	0.00	0.00	0.00	1,638.46
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02389W

15WC02389W	LALKA, FRANCEEN	11	219.41	243.00	0.00	0.00	0.00	0.00	0.00	462.41
ALBERT E. GRICE M.S.	6/9/2015	6/10/2015	8/25/2015	219.41	243.00	0.00	0.00	0.00	0.00	462.41
SUPERVISING STUDENTS ON LUNCH DUTY, SOCCER BALL STRUCK 4 FINGER				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			219.41	243.00	0.00	0.00	0.00	0.00	0.00	462.41
			219.41	243.00	0.00	0.00	0.00	0.00	0.00	462.41
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02390W

15WC02390W	GARRETT, EILEEN	11	298.00	243.00	0.00	0.00	0.00	0.00	0.00	541.00
HCST JERSEY CITY CENTER	6/10/2015	6/10/2015	7/31/2015	298.00	243.00	0.00	0.00	0.00	0.00	541.00
REPORTING TO WORK AT DOOR 2 ENTRANCE WAY, INSIDE SHE TRIPPED ON				0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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										
Total by Claim Number 1 Claim			298.00	243.00	0.00	0.00	0.00	0.00	0.00	541.00
			298.00	243.00	0.00	0.00	0.00	0.00	0.00	541.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02391Y										
15WC02391Y	RYBKA, ASHLEY	11	926.98	243.00	0.00	0.00	0.00	0.00	0.00	1,169.98
ROBERT WATERS SCHOOL	6/9/2015	6/10/2015	8/13/2015	926.98	243.00	0.00	0.00	0.00	0.00	1,169.98
TREATING STUDENT WITH NOSE BLEED EXPOSED TO BLOOD ON LOWER ARM			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			926.98	243.00	0.00	0.00	0.00	0.00	0.00	1,169.98
			926.98	243.00	0.00	0.00	0.00	0.00	0.00	1,169.98
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02392W										
15WC02392W	KIGER, SHEILA	11	188.81	243.00	0.00	0.00	0.00	0.00	0.00	431.81
CUMBERLAND CAMPUS	6/9/2015	6/10/2015	7/28/2015	188.81	243.00	0.00	0.00	0.00	0.00	431.81
ASSISTING A WHEELCHAIR BOUND STUDENT IN RESTROOM, WAS HEAD BUT			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			188.81	243.00	0.00	0.00	0.00	0.00	0.00	431.81
			188.81	243.00	0.00	0.00	0.00	0.00	0.00	431.81
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02393Y										
15WC02393Y	HERMAN, JEROME	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MORRIS UNION JC TRANSPORTATI	6/9/2015	6/10/2015	Open	537.66	243.00	0.00	0.00	0.00	0.00	780.66
INVOLVED IN MVA AT LIGHT WAS REAR ENDED INJURED LOWER BACK			1,962.34	2.00	0.00	0.00	0.00	0.00	0.00	1,964.34
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			537.66	243.00	0.00	0.00	0.00	0.00	0.00	780.66
			1,962.34	2.00	0.00	0.00	0.00	0.00	0.00	1,964.34
Claim Number: 15WC02394B										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02394B

15WC02394B	SPENCE, SHARON	11		160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
ORANGE PREP ACADEMY	6/9/2015	6/10/2015	7/21/2015	160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
WALKING TOWARDS DESK, TRIPPED ON SMALL GARBAGE CAN INJURED R AN				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: 15WC02395Y

15WC02395Y	RADIMER, JONATHAN	11		111.41	243.00	0.00	0.00	0.00	0.00	0.00	354.41
STILLWATER TWP ES	6/9/2015	6/10/2015	8/24/2015	111.41	243.00	0.00	0.00	0.00	0.00	0.00	354.41
CLMT KNELT DOWN TO GET SOMETHING OUT OF A DRAWER AND PUNCTURE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				111.41	243.00	0.00	0.00	0.00	0.00	0.00	354.41
				111.41	243.00	0.00	0.00	0.00	0.00	0.00	354.41
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02396B

15WC02396B	KIRY, CHARMAINE	11		454.27	243.00	0.00	0.00	0.00	0.00	0.00	697.27
AVON SCHOOL	6/9/2015	6/10/2015	7/21/2015	454.27	243.00	0.00	0.00	0.00	0.00	0.00	697.27
ATTEMPTING TO REMOVE A STICK FROM STUDENT, 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				454.27	243.00	0.00	0.00	0.00	0.00	0.00	697.27
				454.27	243.00	0.00	0.00	0.00	0.00	0.00	697.27
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02397G

15WC02397G	GOODHEART, JUDITH	10		7,500.00	1,193.00	1,058.42	0.00	0.00	0.00	0.00	9,751.42
CROSSROADS M S	6/9/2015	6/9/2015	Open	3,080.19	1,193.00	1,058.42	0.00	0.00	0.00	0.00	5,331.61
SHE INJURED HER RT SHOULDER UPON LIFTING A BAG FILLED WITH NOTEBC				4,419.81	0.00	0.00	0.00	0.00	0.00	0.00	4,419.81



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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										
Total by Claim Number 1 Claim				7,500.00	1,193.00	1,058.42	0.00	0.00	0.00	9,751.42
				3,080.19	1,193.00	1,058.42	0.00	0.00	0.00	5,331.61
				4,419.81	0.00	0.00	0.00	0.00	0.00	4,419.81
Claim Number: 15WC02398Y										
15WC02398Y	MERKELBACH, NANCY	11		160.00	243.00	0.00	0.00	0.00	0.00	403.00
LAFAYETTE LEARNING CENTER	6/9/2015	6/10/2015	7/14/2015	160.00	243.00	0.00	0.00	0.00	0.00	403.00
WAS STRUCK ON L EYE WITH A KICKBALL AS STUDENT PLAYGED IN GYM				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				160.00	243.00	0.00	0.00	0.00	0.00	403.00
				160.00	243.00	0.00	0.00	0.00	0.00	403.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02399B										
15WC02399B	PINTO, ERIN	11		188.96	243.00	0.00	0.00	0.00	0.00	431.96
RED BANK REGIONAL HS	6/9/2015	6/10/2015	8/27/2015	188.96	243.00	0.00	0.00	0.00	0.00	431.96
WAS STRUCK BY VOLLEYBALL IN GYM INJURED L WRIST				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				188.96	243.00	0.00	0.00	0.00	0.00	431.96
				188.96	243.00	0.00	0.00	0.00	0.00	431.96
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02400K										
15WC02400K	BLAIR, CHRISTOPHER	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
NORTH STAR ACADEMY BOE	6/8/2015	6/10/2015	Open	2,131.82	243.00	0.00	0.00	0.00	0.00	2,374.82
BUS RETURNING FROM SCHOOL FIELD TRIP, BUS HIT ANOTHER INJURED NE				368.18	2.00	0.00	0.00	0.00	0.00	370.18
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				2,131.82	243.00	0.00	0.00	0.00	0.00	2,374.82
				368.18	2.00	0.00	0.00	0.00	0.00	370.18
Claim Number: 15WC02401Y										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02401Y

15WC02401Y	KOHEN, CHERYL	11		172.64	243.00	0.00	0.00	0.00	0.00	0.00	415.64
RAMTOWN SCHOOL	6/5/2015	6/10/2015	7/9/2015	172.64	243.00	0.00	0.00	0.00	0.00	0.00	415.64
PICKING UP A BOX OF STUDENT BINDERS, PAIN IN LOWER BACK, BUTTOCKS				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				172.64	243.00	0.00	0.00	0.00	0.00	0.00	415.64
				172.64	243.00	0.00	0.00	0.00	0.00	0.00	415.64
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02402W

15WC02402W	CHEATHAM, DOMINIQUE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NORTH STAR ACADEMY BOE	6/8/2015	6/10/2015	Open	101.90	243.00	0.00	0.00	0.00	0.00	0.00	344.90
BUS RETURNING FROM SCHOOL FIELD TRIP, BUS HIT ANOTHER INJURED NE				2,398.10	2.00	0.00	0.00	0.00	0.00	0.00	2,400.10
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				101.90	243.00	0.00	0.00	0.00	0.00	0.00	344.90
				2,398.10	2.00	0.00	0.00	0.00	0.00	0.00	2,400.10

Claim Number: 15WC02403F

15WC02403F	KERSEY, DEBORAH	10		10,000.00	1,195.00	21,000.00	0.00	0.00	6,000.00	0.00	38,195.00
GLASSBORO INTERMEDIATE	6/9/2015	6/10/2015	Open	1,999.55	1,193.00	426.48	0.00	0.00	0.00	0.00	3,619.03
TRIPPED OVER UNKNOWN OBJECT AND FELL HITTING HEAD				8,000.45	2.00	20,573.52	0.00	0.00	6,000.00	0.00	34,575.97
Total by Claim Number 1 Claim				10,000.00	1,195.00	21,000.00	0.00	0.00	6,000.00	0.00	38,195.00
				1,999.55	1,193.00	426.48	0.00	0.00	0.00	0.00	3,619.03
				8,000.45	2.00	20,573.52	0.00	0.00	6,000.00	0.00	34,575.97

Claim Number: 15WC02404K

15WC02404K	PETTY, LYNN	11		252.72	243.00	0.00	0.00	0.00	0.00	0.00	495.72
ARDENA SCHOOL	6/10/2015	6/10/2015	7/28/2015	252.72	243.00	0.00	0.00	0.00	0.00	0.00	495.72
UNAWARE THAT COFFEE POT WAS STILL BREWING BURNED L HAND				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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

Total by Claim Number 1 Claim	252.72	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	495.72
	252.72	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	495.72
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02405V

15WC02405V	WILKES, GRETCHEN	10		1,292.43	1,193.00	0.00	0.00	0.00	0.00	0.00	2,485.43
LEEDS AVENUE SCHOOL	6/10/2015	6/10/2015	9/ 1/2015	1,292.43	1,193.00	0.00	0.00	0.00	0.00	0.00	2,485.43
PARTICIPATING IN FIELD DAY, PLAYING VOLLEYBALL FELT POP IN R KNEE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,292.43	1,193.00	0.00	0.00	0.00	0.00	0.00	2,485.43
				1,292.43	1,193.00	0.00	0.00	0.00	0.00	0.00	2,485.43
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02406Y

15WC02406Y	LOZAK, JOANN	11		162.33	243.00	0.00	0.00	0.00	0.00	0.00	405.33
NATHAN HALE E.S.	6/10/2015	6/10/2015	7/ 6/2015	162.33	243.00	0.00	0.00	0.00	0.00	0.00	405.33
STUDENT JUMPED FROM A RISER LANDING ON L FOOT				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				162.33	243.00	0.00	0.00	0.00	0.00	0.00	405.33
				162.33	243.00	0.00	0.00	0.00	0.00	0.00	405.33
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02408F

15WC02408F	GOMEZ, ADRIAN	10		67,500.00	1,436.00	70,000.00	0.00	0.00	0.00	0.00	138,936.00
BAYONNE H.S. AND ADMIN. OFFICE	6/7/2015	6/10/2015	Open	2,811.00	1,436.00	0.00	0.00	0.00	0.00	0.00	4,247.00
PICKING UP 40 TABLES, INJURED R SHOULDER				64,689.00	0.00	70,000.00	0.00	0.00	0.00	0.00	134,689.00
Total by Claim Number 1 Claim				67,500.00	1,436.00	70,000.00	0.00	0.00	0.00	0.00	138,936.00
				2,811.00	1,436.00	0.00	0.00	0.00	0.00	0.00	4,247.00
				64,689.00	0.00	70,000.00	0.00	0.00	0.00	0.00	134,689.00

Claim Number: 15WC02409B



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02409B

15WC02409B	SHANLEY, ALYSSA	11		309.66	243.00	0.00	0.00	0.00	0.00	552.66
BATTLE HILL SCHOOL (UNION)	6/10/2015	6/11/2015	8/13/2015	309.66	243.00	0.00	0.00	0.00	0.00	552.66
DOOR MONITOR PUSHED OPEN DOOR HITTING HER L FOOT/TOES				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				309.66	243.00	0.00	0.00	0.00	0.00	552.66
				309.66	243.00	0.00	0.00	0.00	0.00	552.66
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02411K

15WC02411K	KLIEMISCH, KELLY	11		320.37	243.00	0.00	0.00	0.00	0.00	563.37
HILLSIDE E S	6/10/2015	6/10/2015	7/15/2015	320.37	243.00	0.00	0.00	0.00	0.00	563.37
RESTRAINING A STUDENT THAT WAS ATTACKING A STAFF MEMBER, THE STL				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				320.37	243.00	0.00	0.00	0.00	0.00	563.37
				320.37	243.00	0.00	0.00	0.00	0.00	563.37
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02412K

15WC02412K	DENNEHY, CATHLEEN	11		352.39	243.00	0.00	0.00	0.00	0.00	595.39
HANOVER PARK HS	6/9/2015	6/11/2015	8/26/2015	352.39	243.00	0.00	0.00	0.00	0.00	595.39
ATTEMPTED TO REMOVE PLASTIC FROM SALAD DRESSING BOTTLE KNIFE PL				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				352.39	243.00	0.00	0.00	0.00	0.00	595.39
				352.39	243.00	0.00	0.00	0.00	0.00	595.39
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02413K

15WC02413K	LALENA, JILL	11		231.53	243.00	0.00	0.00	0.00	0.00	474.53
HARRISON TWP. ES	6/10/2015	6/11/2015	7/15/2015	231.53	243.00	0.00	0.00	0.00	0.00	474.53
WAS IN FILING CABINET AND IT FELL OVER HITTING L ARM				0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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										
Total by Claim Number 1 Claim			231.53	243.00	0.00	0.00	0.00	0.00	0.00	474.53
			231.53	243.00	0.00	0.00	0.00	0.00	0.00	474.53
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02415M										
15WC02415M	CALLOWAY, NATALIE	11	2,500.00	245.00	15,082.20	0.00	0.00	2,500.00	0.00	20,327.20
BANKBRIDGE REG DEVELOPMENT.	6/10/2015	6/11/2015	Open	1,030.93	243.00	0.00	0.00	0.00	0.00	1,273.93
STUDENT HAVING OUTBURST BIT HER L HAND MIDDLE FINGER				1,469.07	2.00	15,082.20	0.00	2,500.00	0.00	19,053.27
Total by Claim Number 1 Claim			2,500.00	245.00	15,082.20	0.00	0.00	2,500.00	0.00	20,327.20
			1,030.93	243.00	0.00	0.00	0.00	0.00	0.00	1,273.93
			1,469.07	2.00	15,082.20	0.00	0.00	2,500.00	0.00	19,053.27
Claim Number: 15WC02416A										
15WC02416A	FILGUEIRAS, JOHN	11	25,000.00	2,243.00	46,500.00	0.00	0.00	0.00	0.00	73,743.00
BURNETT JR. HIGH SCHOOL (UNIC	6/10/2015	6/11/2015	Open	821.48	243.00	0.00	0.00	0.00	0.00	1,064.48
SITTING IN CHAIR AND LEANED BACK, HE FELL INJURED HEAD/TONGUE/NECK				24,178.52	2,000.00	46,500.00	0.00	0.00	0.00	72,678.52
Total by Claim Number 1 Claim			25,000.00	2,243.00	46,500.00	0.00	0.00	0.00	0.00	73,743.00
			821.48	243.00	0.00	0.00	0.00	0.00	0.00	1,064.48
			24,178.52	2,000.00	46,500.00	0.00	0.00	0.00	0.00	72,678.52
Claim Number: 15WC02417W										
15WC02417W	DIMONTE, COLLEEN	11	618.63	243.00	0.00	0.00	0.00	0.00	0.00	861.63
BRIDGEWATER-RARITAN M S	6/11/2015	6/11/2015	7/31/2015	618.63	243.00	0.00	0.00	0.00	0.00	861.63
GOING DOWN STAIRS IN STAIRWELL, SHE MISSED A STEP, FALLING, INJURED				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			618.63	243.00	0.00	0.00	0.00	0.00	0.00	861.63
			618.63	243.00	0.00	0.00	0.00	0.00	0.00	861.63
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02418K										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02418K

15WC02418K	SHULSKIE, HELEN	11	498.54	243.00	0.00	0.00	0.00	0.00	0.00	741.54
HILLSBOROUGH TRANSPORTATIO	6/11/2015	6/11/2015	8/18/2015	498.54	243.00	0.00	0.00	0.00	0.00	741.54
A STUDENT HAVING A BEHAVIORAL ISSUE ON THE SCHOOL BUS ROUTE PUSI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			498.54	243.00	0.00	0.00	0.00	0.00	0.00	741.54
			498.54	243.00	0.00	0.00	0.00	0.00	0.00	741.54
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02419B

15WC02419B	DAVID, SANDRA	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
RICHARD C. CROCKETT M.S.	6/10/2015	6/12/2015	7/31/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
LEAVING FOR THE DAY WALKING ON THE SIDEWALK SHE STEPPED ON A RO				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: 15WC02420K

15WC02420K	HESSE, ELIZABETH	11	63.37	243.00	0.00	0.00	0.00	0.00	0.00	306.37
ELWOOD SCHOOL	6/11/2015	6/12/2015	8/ 4/2015	63.37	243.00	0.00	0.00	0.00	0.00	306.37
RESTRAINING STUDENT HAVING BEHAVIORAL STRUCK HEAD ON BOOK SHEL				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			63.37	243.00	0.00	0.00	0.00	0.00	0.00	306.37
			63.37	243.00	0.00	0.00	0.00	0.00	0.00	306.37
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02421G

15WC02421G	CHERRY, KELVIN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HIGH SCHOOL	6/2/2015	6/11/2015	Open	261.80	243.00	0.00	0.00	0.00	0.00	504.80
RESTRAINING STUDENT INJURED LOWER BACK, R HIP				2,238.20	2.00	0.00	0.00	0.00	0.00	2,240.20



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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

Total by Claim Number 1 Claim	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,745.00
	261.80	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	504.80
	2,238.20	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,240.20

Claim Number: 15WC02422B

15WC02422B	ROMANO, MARISOL	11		160.00	243.00	0.00	0.00	0.00	0.00	403.00
DALLAGO IMPACT PRE SCHOOL	6/9/2015	6/11/2015	8/ 6/2015	160.00	243.00	0.00	0.00	0.00	0.00	403.00
SLIPPED IN MAIN LOBBY PAIN IN L SIDE OF LOWER BACK, L LEG				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				160.00	243.00	0.00	0.00	0.00	0.00	403.00
				160.00	243.00	0.00	0.00	0.00	0.00	403.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02423Y

15WC02423Y	MIRSIK, KRYSTA	11		369.65	243.00	0.00	0.00	0.00	0.00	612.65
SCHOOL 6	6/9/2015	6/11/2015	7/16/2015	369.65	243.00	0.00	0.00	0.00	0.00	612.65
STEPPED IN POT HOLE STRAINED R ANKLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				369.65	243.00	0.00	0.00	0.00	0.00	612.65
				369.65	243.00	0.00	0.00	0.00	0.00	612.65
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02424W

15WC02424W	SHAH, ZAREEN	11		9,364.45	243.00	0.00	0.00	0.00	0.00	9,607.45
GREENBROOK E S	6/10/2015	6/11/2015	7/30/2015	9,364.45	243.00	0.00	0.00	0.00	0.00	9,607.45
STUDENT KICKED SOCCERBALL HITTING HER IN NOSE AND L EYE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				9,364.45	243.00	0.00	0.00	0.00	0.00	9,607.45
				9,364.45	243.00	0.00	0.00	0.00	0.00	9,607.45
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02425K





NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02425K

15WC02425K	CASTLE, WANDA	11		315.66	243.00	0.00	0.00	0.00	0.00	0.00	558.66
AMERIGO A ANASTASIA	6/11/2015	6/11/2015	7/17/2015	315.66	243.00	0.00	0.00	0.00	0.00	0.00	558.66
OUTSIDE DURING FUN DAY WITH STUDENTS, INJURED L ANKLE STOPPING ST				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				315.66	243.00	0.00	0.00	0.00	0.00	0.00	558.66
				315.66	243.00	0.00	0.00	0.00	0.00	0.00	558.66
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02426B

15WC02426B	PRIZGAR, LAURA	11		2,514.25	243.00	0.00	0.00	0.00	0.00	0.00	2,757.25
WARREN DEVELOP. LEARNING CTI	6/11/2015	6/11/2015	8/13/2015	2,514.25	243.00	0.00	0.00	0.00	0.00	0.00	2,757.25
STUDENT GRABBED HAIR PULLING HER HEAD BACKWARDS				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				2,514.25	243.00	0.00	0.00	0.00	0.00	0.00	2,757.25
				2,514.25	243.00	0.00	0.00	0.00	0.00	0.00	2,757.25
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02427B

15WC02427B	LEWIS, TENNYSON	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
P.J. HILL SCHOOL	6/11/2015	6/11/2015	7/30/2015	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
BREAKING UP FIGHT BETWEEN STUDENTS, INJURED R KNEE, 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: 15WC02428K

15WC02428K	DEBONIS, MICHELLE	11		2,204.67	243.00	0.00	0.00	0.00	0.00	0.00	2,447.67
COLLINS ES	6/8/2015	6/11/2015	7/30/2015	2,204.67	243.00	0.00	0.00	0.00	0.00	0.00	2,447.67
CLMT WAS STRUCK ON THE BACK OF HER HEAD WITH A BASKETBALL AS STL				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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										
Total by Claim Number 1 Claim				2,204.67	243.00	0.00	0.00	0.00	0.00	2,447.67
				2,204.67	243.00	0.00	0.00	0.00	0.00	2,447.67
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02429Y										
15WC02429Y	ROMEO, THOMAS		11	2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
PARKER SCHOOL	6/11/2015	6/12/2015	Open	1,490.75	243.00	0.00	0.00	0.00	0.00	1,733.75
CLMT WAS STRUCK ON LT PINKY FINGER WITH A FOOTBALL THROWN BY STL				1,009.25	2.00	0.00	0.00	0.00	0.00	1,011.25
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				1,490.75	243.00	0.00	0.00	0.00	0.00	1,733.75
				1,009.25	2.00	0.00	0.00	0.00	0.00	1,011.25
Claim Number: 15WC02430B										
15WC02430B	MILFORD, CANDICE		11	179.02	243.00	0.00	0.00	0.00	0.00	422.02
WDBG TRANSPORTATION DEPT	6/11/2015	6/11/2015	7/21/2015	179.02	243.00	0.00	0.00	0.00	0.00	422.02
PUSHING A STUDENT IN A WHEELCHAIR, SHE STARTED TO FEEL PAIN IN THE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				179.02	243.00	0.00	0.00	0.00	0.00	422.02
				179.02	243.00	0.00	0.00	0.00	0.00	422.02
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02431K										
15WC02431K	ARENA, RYAN		11	317.00	243.00	0.00	0.00	0.00	0.00	560.00
BRIGHT BEGINNINGS LEARNING CI	6/9/2015	6/9/2015	7/15/2015	317.00	243.00	0.00	0.00	0.00	0.00	560.00
HELPING A STUDENT UP OFF THE FLOOR, THE STUDENT HEADBUTTED HIM II				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				317.00	243.00	0.00	0.00	0.00	0.00	560.00
				317.00	243.00	0.00	0.00	0.00	0.00	560.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02433W										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02433W

15WC02433W	SANKUS, KRISTEN	11	69.54	243.00	0.00	0.00	0.00	0.00	0.00	312.54
WARREN DEVELOP. LEARNING CTI	6/10/2015	6/10/2015	7/28/2015	69.54	243.00	0.00	0.00	0.00	0.00	312.54
STUDENT HAVING AN OUTBURST HIT HER, INJURING HER LT EYE			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			69.54	243.00	0.00	0.00	0.00	0.00	0.00	312.54
			69.54	243.00	0.00	0.00	0.00	0.00	0.00	312.54
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02434K

15WC02434K	TOMASETTE, DAVID	11	6,000.00	245.00	0.00	0.00	0.00	0.00	0.00	6,245.00
GLOUCESTER CTY ALTERNATE	6/11/2015	6/11/2015	Open	2,582.29	243.00	0.00	0.00	0.00	0.00	2,825.29
HE WAS BREAKING UP 2 STUDENTS FIGHTING & HIT HIS HEAD ON THE FLOOR			3,417.71	2.00	0.00	0.00	0.00	0.00	0.00	3,419.71
Total by Claim Number 1 Claim			6,000.00	245.00	0.00	0.00	0.00	0.00	0.00	6,245.00
			2,582.29	243.00	0.00	0.00	0.00	0.00	0.00	2,825.29
			3,417.71	2.00	0.00	0.00	0.00	0.00	0.00	3,419.71

Claim Number: 15WC02435Y

15WC02435Y	MORENO, ROSEANNE	11	638.64	243.00	0.00	0.00	0.00	0.00	0.00	881.64
COVE ROAD ES	6/2/2015	6/12/2015	8/11/2015	638.64	243.00	0.00	0.00	0.00	0.00	881.64
SLIPPED ON WET TILE AND FELL INJURED L FOOT/ANKLE, R HIP AND R KNEE			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			638.64	243.00	0.00	0.00	0.00	0.00	0.00	881.64
			638.64	243.00	0.00	0.00	0.00	0.00	0.00	881.64
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02437Y

15WC02437Y	YAWN, OLIVER	11	5,000.00	245.00	0.00	0.00	0.00	0.00	0.00	5,245.00
TRENTON CENTRAL HS MAIN CAMI	6/12/2015	6/12/2015	Open	2,407.88	243.00	0.00	0.00	0.00	0.00	2,650.88
CLOSING DOORS, DOOR SLAMMED SHUT ON R HAND/WRIST			2,592.12	2.00	0.00	0.00	0.00	0.00	0.00	2,594.12



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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										
Total by Claim Number 1 Claim			5,000.00	245.00	0.00	0.00	0.00	0.00	0.00	5,245.00
			2,407.88	243.00	0.00	0.00	0.00	0.00	0.00	2,650.88
			2,592.12	2.00	0.00	0.00	0.00	0.00	0.00	2,594.12
Claim Number: 15WC02438V										
15WC02438V	RIVERA, CAROLINA	10	430.56	1,193.00	2,327.67	0.00	0.00	0.00	0.00	3,951.23
BELLEVILLE SENIOR HS	6/11/2015	6/12/2015	8/18/2015	430.56	1,193.00	2,327.67	0.00	0.00	0.00	3,951.23
STANDING ON CHAIR HANGING UP ART, SHE STEPPED OFF CHAIR TWISTED F			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			430.56	1,193.00	2,327.67	0.00	0.00	0.00	0.00	3,951.23
			430.56	1,193.00	2,327.67	0.00	0.00	0.00	0.00	3,951.23
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02439K										
15WC02439K	HAAS, MAE	11	364.98	243.00	0.00	0.00	0.00	0.00	0.00	607.98
HOLLY HEIGHTS ES	6/12/2015	6/12/2015	7/17/2015	364.98	243.00	0.00	0.00	0.00	0.00	607.98
WAS UNLOADING JUICE CRATE, FELT PAIN 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			364.98	243.00	0.00	0.00	0.00	0.00	0.00	607.98
			364.98	243.00	0.00	0.00	0.00	0.00	0.00	607.98
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02440Z										
15WC02440Z	SWIGER, RALPH	10	17,500.00	1,193.00	33,000.00	0.00	0.00	0.00	0.00	51,693.00
MAINTENANCE DEPT	6/9/2015	6/12/2015	Open	3,801.40	1,193.00	2,110.64	0.00	0.00	0.00	7,105.04
ENTERING ELEVATOR, TRIPPED OVER RAISED PLATFORM AND FELL HITTING			13,698.60	0.00	30,889.36	0.00	0.00	0.00	0.00	44,587.96
Total by Claim Number 1 Claim			17,500.00	1,193.00	33,000.00	0.00	0.00	0.00	0.00	51,693.00
			3,801.40	1,193.00	2,110.64	0.00	0.00	0.00	0.00	7,105.04
			13,698.60	0.00	30,889.36	0.00	0.00	0.00	0.00	44,587.96
Claim Number: 15WC02441Y										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
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: 15WC02441Y

15WC02441Y	OMOWALE, IMANI	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TRENTON CENTRAL HS MAIN CAMI	6/8/2015	6/12/2015	7/6/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
DUE TO HEAT IN CLASSROOM, HER ASTHMA WAS EFFECTED AND SHE HAD 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	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: 15WC02442K

15WC02442K	DEVENEY, DINA	11	161.55	243.00	0.00	0.00	0.00	0.00	0.00	404.55
RADIX E.S.	6/11/2015	6/12/2015	7/30/2015	161.55	243.00	0.00	0.00	0.00	0.00	404.55
SUPERVISING STUDENTS ON PLAYGROUND, HAD A SEIZURE HITTING HEAD C			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			161.55	243.00	0.00	0.00	0.00	0.00	0.00	404.55
			161.55	243.00	0.00	0.00	0.00	0.00	0.00	404.55
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02443B

15WC02443B	BENACCAIO, JANICE	11	389.00	243.00	0.00	0.00	0.00	0.00	0.00	632.00
BURNET HILL ES	6/12/2015	6/12/2015	8/6/2015	389.00	243.00	0.00	0.00	0.00	0.00	632.00
CLMT WAS BITTEN ON HER LT INDEX FINGER BY A SPEC ED STUDENT			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			389.00	243.00	0.00	0.00	0.00	0.00	0.00	632.00
			389.00	243.00	0.00	0.00	0.00	0.00	0.00	632.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02444B

15WC02444B	WELLS, AMIE	11	160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
JOHN F. KENNEDY E.S.	6/11/2015	6/12/2015	7/31/2015	160.00	243.00	0.00	0.00	0.00	0.00	403.00
WALKING TO HER CAR, EE STEPPED OVER GUARDRAIL AND HIT R KNEE			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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										
Total by Claim Number 1 Claim				160.00	243.00	0.00	0.00	0.00	0.00	403.00
				160.00	243.00	0.00	0.00	0.00	0.00	403.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02445B										
15WC02445B	BURGOS, DONNA	11		5,300.52	243.00	0.00	0.00	0.00	0.00	5,543.52
B. BERNICE YOUNG ES	6/11/2015	6/12/2015	9/ 3/2015	5,300.52	243.00	0.00	0.00	0.00	0.00	5,543.52
SLIPPED ON A STICKY MOUSE PAD AND FELL HITTING HEAD ON EASEL STAN				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				5,300.52	243.00	0.00	0.00	0.00	0.00	5,543.52
				5,300.52	243.00	0.00	0.00	0.00	0.00	5,543.52
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02446B										
15WC02446B	MCBRIDE, ANNE	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
WESTWOOD JR/SR HS	6/11/2015	6/12/2015	7/27/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STANDING ON CHAIR TO REACH FOR SOMETHING MISSED A STEP AND FELL				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: 15WC02447B										
15WC02447B	PACKER, RENEE	11		5,500.00	245.00	0.00	0.00	0.00	0.00	5,745.00
CAMBRIDGE E S	6/12/2015	6/15/2015	Open	3,663.56	243.00	0.00	0.00	0.00	0.00	3,906.56
MONITORING STUDENTS DURING FIELD DAY, TRIPPED OVER A WATER BOTTL				1,836.44	2.00	0.00	0.00	0.00	0.00	1,838.44
Total by Claim Number 1 Claim				5,500.00	245.00	0.00	0.00	0.00	0.00	5,745.00
				3,663.56	243.00	0.00	0.00	0.00	0.00	3,906.56
				1,836.44	2.00	0.00	0.00	0.00	0.00	1,838.44
Claim Number: 15WC02448Y										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02448Y

15WC02448Y	HANSEN, GINA	11		398.35	243.00	0.00	0.00	0.00	0.00	0.00	641.35
ALLEN W ROBERTS SCHOOL	6/12/2015	6/12/2015	7/14/2015	398.35	243.00	0.00	0.00	0.00	0.00	0.00	641.35
SHE WAS MONITORING RECESS & WAS HIT IN THE LT SIDE OF THE HEAD WIT				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				398.35	243.00	0.00	0.00	0.00	0.00	0.00	641.35
				398.35	243.00	0.00	0.00	0.00	0.00	0.00	641.35
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02449W

15WC02449W	SMITH, CHRISTOPHER	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ESSEX REGIONAL ED SVC COM	6/12/2015	6/15/2015	7/31/2015	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WAS KICKED ON L LOWER LEG, L KNEE, GROIN AREA BY STUDENT HAVING A				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: 15WC02450K

15WC02450K	VAZQUEZ, VAANESSAA	11		381.10	243.00	0.00	0.00	0.00	0.00	0.00	624.10
RED BANK PRIMARY	6/12/2015	6/12/2015	8/ 4/2015	381.10	243.00	0.00	0.00	0.00	0.00	0.00	624.10
DURING SCHOOL FIELD DAY SHE ENTERED THE BOUNCE HOUSE & FELL, LAN				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				381.10	243.00	0.00	0.00	0.00	0.00	0.00	624.10
				381.10	243.00	0.00	0.00	0.00	0.00	0.00	624.10
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02451T

15WC02451T	CLARK, VERNA	11		25,000.00	1,193.00	45,172.56	0.00	0.00	0.00	0.00	71,365.56
FORKED RIVER E.S.	6/12/2015	6/12/2015	Open	3,681.86	243.00	6,220.56	0.00	0.00	0.00	0.00	10,145.42
FELT A STRAIN TO HER LOWER BACK AFTER LIFTING A RISER IN THE GYM				21,318.14	950.00	38,952.00	0.00	0.00	0.00	0.00	61,220.14



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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										
Total by Claim Number 1 Claim				25,000.00	1,193.00	45,172.56	0.00	0.00	0.00	71,365.56
				3,681.86	243.00	6,220.56	0.00	0.00	0.00	10,145.42
				21,318.14	950.00	38,952.00	0.00	0.00	0.00	61,220.14
Claim Number: 15WC02453I										
15WC02453I	DINGLE, LORRAINE		10	45,000.00	1,193.00	72,500.00	0.00	0.00	0.00	118,693.00
MCGALLIARD E.S.	6/12/2015	6/15/2015	Open	10,671.21	1,193.00	0.00	0.00	0.00	0.00	11,864.21
ROLLERSKATING AT FUN ZONE AND FELL FX R ELBOW, FX L WRIST				34,328.79	0.00	72,500.00	0.00	0.00	0.00	106,828.79
Total by Claim Number 1 Claim				45,000.00	1,193.00	72,500.00	0.00	0.00	0.00	118,693.00
				10,671.21	1,193.00	0.00	0.00	0.00	0.00	11,864.21
				34,328.79	0.00	72,500.00	0.00	0.00	0.00	106,828.79
Claim Number: 15WC02454Y										
15WC02454Y	CLARK, KIMBERLY		11	0.00	243.00	0.00	0.00	0.00	0.00	243.00
PINELANDS JR HIGH SCHOOL	6/11/2015	6/15/2015	8/24/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
DISMISSING STUDENTS FROM CAFETERIA SHE ACCIDENTLY KICKED A CHAIR				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: 15WC02455B										
15WC02455B	ARGIRO, CLORINDA		11	592.88	243.00	0.00	0.00	0.00	0.00	835.88
HARMONY ES	6/12/2015	6/12/2015	8/27/2015	592.88	243.00	0.00	0.00	0.00	0.00	835.88
OUTSIDE WITH THE STUDENTS FOR FUN DAY WHEN SHE GOT UP TO CHASE .				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				592.88	243.00	0.00	0.00	0.00	0.00	835.88
				592.88	243.00	0.00	0.00	0.00	0.00	835.88
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02456K										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02456K

15WC02456K	BOWENS, FRANK	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
ORANGE HIGH SCHOOL	6/11/2015	6/15/2015	7/15/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
RAN ACROSS STREET TO PIZZERIA TO BREAK UP FIGHT BETWEEN STUDENT				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: 15WC02457T

15WC02457T	CRITELLI, KIMBERLY	14		5,906.17	0.00	0.00	0.00	0.00	0.00	5,906.17
ORCHARD HILL ES	6/11/2015	6/15/2015	7/14/2015	5,906.17	0.00	0.00	0.00	0.00	0.00	5,906.17
WALKING ON PLAYGROUND BENT OVER SLIGHTLY TO FIX SUNGLASSES WAL				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				5,906.17	0.00	0.00	0.00	0.00	0.00	5,906.17
				5,906.17	0.00	0.00	0.00	0.00	0.00	5,906.17
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02458Y

15WC02458Y	KALUCKI, MARYJO	11		1,054.73	243.00	0.00	0.00	0.00	0.00	1,297.73
LACEY TWP M.S.	6/12/2015	6/15/2015	9/11/2015	1,054.73	243.00	0.00	0.00	0.00	0.00	1,297.73
WALKING ON BOARDWALK, WAS STRUCK HER FOOT AGAINST A WOODEN SL				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,054.73	243.00	0.00	0.00	0.00	0.00	1,297.73
				1,054.73	243.00	0.00	0.00	0.00	0.00	1,297.73
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02459K

15WC02459K	ZEMA, MARIANN	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
CHITTICK E.S.	6/9/2015	6/15/2015	7/16/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
RUNNING AFTER STUDENT IN CLASSROOM, PAIN IN R KNEE				0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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										
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: 15WC02460Y										
15WC02460Y	EUFFE, MIGUEL	11		842.01	243.00	0.00	0.00	0.00	0.00	1,085.01
WINFIELD SCHOOL	6/12/2015	6/15/2015	8/10/2015	842.01	243.00	0.00	0.00	0.00	0.00	1,085.01
STRAINED L SIDE OF RIBS AFTER CARRYING PODIUM FROM GYM TO FIELD				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				842.01	243.00	0.00	0.00	0.00	0.00	1,085.01
				842.01	243.00	0.00	0.00	0.00	0.00	1,085.01
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02461G										
15WC02461G	CHAMBERS, MELISSA	14		0.00	0.00	25,000.00	0.00	0.00	2,500.00	27,500.00
HARMONY ES	6/12/2015	6/15/2015	Reopened	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SITTING IN FIELD ON FUN DAY, STOOD UP AND FELT PAIN IN LOWER BACK				0.00	0.00	25,000.00	0.00	0.00	2,500.00	27,500.00
Total by Claim Number 1 Claim				0.00	0.00	25,000.00	0.00	0.00	2,500.00	27,500.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	25,000.00	0.00	0.00	2,500.00	27,500.00
Claim Number: 15WC02462W										
15WC02462W	DEUTSCH, ANNMARIE	11		32.37	243.00	0.00	0.00	0.00	0.00	275.37
NORTH HUNTERDON H S	6/10/2015	6/15/2015	7/31/2015	32.37	243.00	0.00	0.00	0.00	0.00	275.37
WAS SPRAYED BY A COWORKER WITH CLEANING SOLUTION ON HER R LEG				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				32.37	243.00	0.00	0.00	0.00	0.00	275.37
				32.37	243.00	0.00	0.00	0.00	0.00	275.37
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02463K										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02463K

15WC02463K	FILIP, DANIEL		11	172.07	243.00	0.00	0.00	0.00	0.00	0.00	415.07
ARTHUR L. JOHNSON HS	6/12/2015	6/16/2015	7/28/2015	172.07	243.00	0.00	0.00	0.00	0.00	0.00	415.07
WEED WACKING CAME IN CONTACT WITH POISON IVY ON BOTH HANDS, ARM				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				172.07	243.00	0.00	0.00	0.00	0.00	0.00	415.07
				172.07	243.00	0.00	0.00	0.00	0.00	0.00	415.07
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02464B

15WC02464B	KELLMAN, JANET		11	729.62	243.00	0.00	0.00	0.00	0.00	0.00	972.62
ALFRED VAIL E.S.	6/15/2015	6/16/2015	9/ 3/2015	729.62	243.00	0.00	0.00	0.00	0.00	0.00	972.62
SLIPPED AND FELL IN CAFETERIA INJURED L FOOT, L MIDDLE KNUCKLE, R WI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				729.62	243.00	0.00	0.00	0.00	0.00	0.00	972.62
				729.62	243.00	0.00	0.00	0.00	0.00	0.00	972.62
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02465Y

15WC02465Y	LULLO, BARBARA		11	197.00	243.00	0.00	0.00	0.00	0.00	0.00	440.00
RANDOLPHVILLE E.S.	6/15/2015	6/15/2015	7/16/2015	197.00	243.00	0.00	0.00	0.00	0.00	0.00	440.00
HIT IN THE LT EYE WITH A BASKETBALL BY A STUDENT, GLASSES WERE BRO				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				197.00	243.00	0.00	0.00	0.00	0.00	0.00	440.00
				197.00	243.00	0.00	0.00	0.00	0.00	0.00	440.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02466Y

15WC02466Y	TANRIKULU, EMIN		11	2,185.00	243.00	0.00	0.00	0.00	0.00	0.00	2,428.00
CENTRAL JERSEY COLLEGE PREP	6/5/2015	6/16/2015	9/ 8/2015	2,185.00	243.00	0.00	0.00	0.00	0.00	0.00	2,428.00
WAS HIT IN HEAD WITH A BASKETBALL BY STUDENT				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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										
Total by Claim Number 1 Claim				2,185.00	243.00	0.00	0.00	0.00	0.00	2,428.00
				2,185.00	243.00	0.00	0.00	0.00	0.00	2,428.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02467B										
15WC02467B	HARRIS-JENKINS, CHARLENE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
FOUNTAIN WOODS E.S.	6/15/2015	6/15/2015	Open	1,996.69	243.00	0.00	0.00	0.00	0.00	2,239.69
PERFORMING AN EVACUATION DRILL & TURNED IMPROPERLY TO CHECK FOI				503.31	2.00	0.00	0.00	0.00	0.00	505.31
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				1,996.69	243.00	0.00	0.00	0.00	0.00	2,239.69
				503.31	2.00	0.00	0.00	0.00	0.00	505.31
Claim Number: 15WC02468W										
15WC02468W	PITTEL, DONNA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
ROBERT N. WILENTZ ES.	6/15/2015	6/16/2015	Open	781.15	243.00	0.00	0.00	0.00	0.00	1,024.15
WALKING IN HALLWAY STUDENT STOPPED SHORT STEPPED ON HER L FOOT				1,718.85	2.00	0.00	0.00	0.00	0.00	1,720.85
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				781.15	243.00	0.00	0.00	0.00	0.00	1,024.15
				1,718.85	2.00	0.00	0.00	0.00	0.00	1,720.85
Claim Number: 15WC02469B										
15WC02469B	CISNEROS-LEBER, SONNIA	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
WOODROW WILSON SCOOOL	6/16/2015	6/16/2015	7/27/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STOPPED TO USE RESTROOM, SLIPPED AND FELL IN WATER INJURED L ANKI				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: 15WC02470K										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02470K

15WC02470K	EBERDING, JANICE	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
JEFFERSON ES	6/15/2015	6/16/2015	7/17/2015	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
DROPPED A BINDER ON TOP OF R FOOT DURING WORK				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: 15WC02471K

15WC02471K	ANDREWS, DANIEL	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ETHEL HOPPOCK ELEMENTARY	6/16/2015	6/16/2015	7/17/2015	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
MOVING A DRUM OF WAX & THE WAS SPLASHED IN HIS LT EYE				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: 15WC02472Y

15WC02472Y	BUONO, ZACHARY	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
BURLINGTON CO SPEC SER SCH V	6/16/2015	6/16/2015	7/16/2015	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
HE WAS KICKED TWICE IN THE FACE BY AN AUTISTIC CHILD				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: 15WC02473Y

15WC02473Y	GONZALO, VIELKA	11		659.29	243.00	0.00	0.00	0.00	0.00	0.00	902.29
UNION CITY HIGH SCHOOL	6/16/2015	6/16/2015	8/25/2015	659.29	243.00	0.00	0.00	0.00	0.00	0.00	902.29
CLMT WAS HELPING A STUDENT WITH CRUTCHES AND THE STUDENT PUT TH				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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										
Total by Claim Number 1 Claim				659.29	243.00	0.00	0.00	0.00	0.00	902.29
				659.29	243.00	0.00	0.00	0.00	0.00	902.29
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02474W										
15WC02474W	PARKER, KIYOE	11		266.53	243.00	0.00	0.00	0.00	0.00	509.53
BRIGHT BEGINNINGS LEARNING CI	6/16/2015	6/16/2015	7/31/2015	266.53	243.00	0.00	0.00	0.00	0.00	509.53
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				266.53	243.00	0.00	0.00	0.00	0.00	509.53
				266.53	243.00	0.00	0.00	0.00	0.00	509.53
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02475B										
15WC02475B	VOTTA, BRENDA	11		423.70	243.00	0.00	0.00	0.00	0.00	666.70
TEWKSBURY ES	6/16/2015	6/16/2015	7/27/2015	423.70	243.00	0.00	0.00	0.00	0.00	666.70
CHILD THREW BINDER AND STRUCK HER IN NECK, HEAD JERKED				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				423.70	243.00	0.00	0.00	0.00	0.00	666.70
				423.70	243.00	0.00	0.00	0.00	0.00	666.70
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02477W										
15WC02477W	ROSARIO, SYLVIA	11		351.33	243.00	0.00	0.00	0.00	0.00	594.33
CROSSROADS M S	6/16/2015	6/16/2015	7/31/2015	351.33	243.00	0.00	0.00	0.00	0.00	594.33
IN THE STAFF LUNCH ROOM, THE FILM-SCREEN PROJECTOR POLE FELL ON I				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				351.33	243.00	0.00	0.00	0.00	0.00	594.33
				351.33	243.00	0.00	0.00	0.00	0.00	594.33
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02478K										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02478K

15WC02478K	THOMAS, PATRICK	11		194.48	243.00	0.00	0.00	0.00	0.00	0.00	437.48
INDIAN HILL E.S.	6/16/2015	6/16/2015	7/17/2015	194.48	243.00	0.00	0.00	0.00	0.00	0.00	437.48
FELT STRAIN TO LOWER BACK BENDING DOWN TO GET PIECE OF PAPER OFF				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				194.48	243.00	0.00	0.00	0.00	0.00	0.00	437.48
				194.48	243.00	0.00	0.00	0.00	0.00	0.00	437.48
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02479B

15WC02479B	DEPAUL, GAIL	11		234.24	243.00	0.00	0.00	0.00	0.00	0.00	477.24
SCHOOL 1	6/10/2015	6/16/2015	8/25/2015	234.24	243.00	0.00	0.00	0.00	0.00	0.00	477.24
RESTRAINING A SPEC ED STUDENT THAT WAS HAVING A TANTRUM THE STU				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				234.24	243.00	0.00	0.00	0.00	0.00	0.00	477.24
				234.24	243.00	0.00	0.00	0.00	0.00	0.00	477.24
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02480Y

15WC02480Y	DONNELLY, MICHELLE	11		1,349.00	243.00	0.00	0.00	0.00	0.00	0.00	1,592.00
AUSTIN SCHOENLY SCHOOL	6/15/2015	6/16/2015	7/16/2015	1,349.00	243.00	0.00	0.00	0.00	0.00	0.00	1,592.00
CLMT WAS AT THE TRAINING FACILITY PLAYING WITH SPEC ED STUDENT WH				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,349.00	243.00	0.00	0.00	0.00	0.00	0.00	1,592.00
				1,349.00	243.00	0.00	0.00	0.00	0.00	0.00	1,592.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02482V

15WC02482V	ERRICKSON, RONALD	10		50,000.00	1,195.00	42,500.00	0.00	0.00	0.00	0.00	93,695.00
INDIAN HILL E.S.	6/15/2015	6/15/2015	Open	17,453.75	1,193.00	10,260.00	0.00	0.00	0.00	0.00	28,906.75
TAKING OUT THE GARBAGE TO DUMPSTERS WHEN HE FELT A POP IN HIS LT				32,546.25	2.00	32,240.00	0.00	0.00	0.00	0.00	64,788.25



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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										
Total by Claim Number 1 Claim				50,000.00	1,195.00	42,500.00	0.00	0.00	0.00	93,695.00
				17,453.75	1,193.00	10,260.00	0.00	0.00	0.00	28,906.75
				32,546.25	2.00	32,240.00	0.00	0.00	0.00	64,788.25
Claim Number: 15WC02483C										
15WC02483C	KOPEC, VIOLETTA	15		0.00	0.00	50,000.00	0.00	0.00	4,300.00	54,300.00
MAPLEWOOD JUNIOR HIGH SCHO	6/3/2015	6/17/2015	Reopened	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HAD TO WAIT WITH STUDENT WHO WAS CARRYING A FIREARM UNTIL THE PC				0.00	0.00	50,000.00	0.00	0.00	4,300.00	54,300.00
Total by Claim Number 1 Claim				0.00	0.00	50,000.00	0.00	0.00	4,300.00	54,300.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	50,000.00	0.00	0.00	4,300.00	54,300.00
Claim Number: 15WC02484Y										
15WC02484Y	ALPAUGH, PHYLLIS	11		373.46	243.00	0.00	0.00	0.00	0.00	616.46
LINCOLN E.S.	6/16/2015	6/16/2015	7/23/2015	373.46	243.00	0.00	0.00	0.00	0.00	616.46
WALKING OUT OF THE TEACHERS' LOUNGE & FELL ON SLIPPERY FLOOR INJL				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				373.46	243.00	0.00	0.00	0.00	0.00	616.46
				373.46	243.00	0.00	0.00	0.00	0.00	616.46
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02485Y										
15WC02485Y	WILSON, ROSEMARY	11		475.42	243.00	0.00	0.00	0.00	0.00	718.42
ADELPHIA ES	6/16/2015	6/17/2015	7/30/2015	475.42	243.00	0.00	0.00	0.00	0.00	718.42
MOVING BOOKS TO BACK OF CLASSROOM INJURED LOWER BACK				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				475.42	243.00	0.00	0.00	0.00	0.00	718.42
				475.42	243.00	0.00	0.00	0.00	0.00	718.42
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02486Y										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02486Y

15WC02486Y	HAQQ-MUHAMMAD, ANISAH	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
ORANGE PREP ACADEMY	6/16/2015	6/17/2015	7/22/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WALKING IN CAFETERIA A NAIL ON THE FLOOR CAUGHT ONTO PANTS, SHE F				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02487B

15WC02487B	CORACE, KRISTYN	11		127.92	243.00	0.00	0.00	0.00	0.00	370.92
THORNE MS	6/16/2015	6/16/2015	7/21/2015	127.92	243.00	0.00	0.00	0.00	0.00	370.92
STUDENT HAVING A BEHAVIORAL OUTBURST SMACKED HER IN THE GLASSE:				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				127.92	243.00	0.00	0.00	0.00	0.00	370.92
				127.92	243.00	0.00	0.00	0.00	0.00	370.92
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02488K

15WC02488K	PETERSON, DENIS	11		549.49	243.00	0.00	0.00	0.00	0.00	792.49
GRIEBLING SCHOOL	6/14/2015	6/17/2015	8/20/2015	549.49	243.00	0.00	0.00	0.00	0.00	792.49
TAKING OUT TRASH, TWISTED L KNEE ON UNEVEN BLACK TOP				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				549.49	243.00	0.00	0.00	0.00	0.00	792.49
				549.49	243.00	0.00	0.00	0.00	0.00	792.49
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02489F

15WC02489F	OSTROWSKI, LINDSAY	14		1.00	1,700.00	0.00	0.00	0.00	0.00	1,701.00
WARREN DEVELOP. LEARNING CTI	6/16/2015	6/17/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STUDENT KNOCKED OFF HER TOP LEFT FRONT VERNEER				1.00	1,700.00	0.00	0.00	0.00	0.00	1,701.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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

Total by Claim Number 1 Claim	1.00	1,700.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,701.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	1.00	1,700.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,701.00

Claim Number: 15WC02490W

15WC02490W	GERDING, CHRYSTAL	11		106.08	243.00	0.00	0.00	0.00	0.00	0.00	349.08
THE SHORE CENTER FOR STUDEN	6/16/2015	6/17/2015	7/31/2015	106.08	243.00	0.00	0.00	0.00	0.00	0.00	349.08
WORKING WITH STUDENT, STUDENT GRABBED HER HAIR AND PULLED INJUR				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				106.08	243.00	0.00	0.00	0.00	0.00	0.00	349.08
				106.08	243.00	0.00	0.00	0.00	0.00	0.00	349.08
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02491Y

15WC02491Y	MINUE, STEPHEN	11		382.19	243.00	0.00	0.00	0.00	0.00	0.00	625.19
NATHAN HALE E.S.	6/16/2015	6/16/2015	7/20/2015	382.19	243.00	0.00	0.00	0.00	0.00	0.00	625.19
STEPPING OFF A STEP STOOL AFTER REMOVING GUM OFF A SHELF, THE STC				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				382.19	243.00	0.00	0.00	0.00	0.00	0.00	625.19
				382.19	243.00	0.00	0.00	0.00	0.00	0.00	625.19
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02492B

15WC02492B	CLANCY, EMILY	11		93.00	243.00	0.00	0.00	0.00	0.00	0.00	336.00
HAMILTON E S	6/16/2015	6/17/2015	7/21/2015	93.00	243.00	0.00	0.00	0.00	0.00	0.00	336.00
HELPING STUDENT THAT HAD FELL, STUDENTS BLOOD UNDER R THUMB NAIL				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: 15WC02493J



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02493J

15WC02493J	MOSCUFO, KAREN	11		7,500.00	1,193.00	0.00	0.00	0.00	0.00	0.00	8,693.00
LANOKA HARBOR E.S.	6/16/2015	6/17/2015	Open	1,868.29	243.00	0.00	0.00	0.00	0.00	0.00	2,111.29
WALKING OUT CLASSROOM, SLIPPED AND FELL INJURED HEAD, L KNEE, NEC				5,631.71	950.00	0.00	0.00	0.00	0.00	0.00	6,581.71
Total by Claim Number 1 Claim				7,500.00	1,193.00	0.00	0.00	0.00	0.00	0.00	8,693.00
				1,868.29	243.00	0.00	0.00	0.00	0.00	0.00	2,111.29
				5,631.71	950.00	0.00	0.00	0.00	0.00	0.00	6,581.71

Claim Number: 15WC02495W

15WC02495W	SILVA-ROJAS, ALVARO	11		490.21	243.00	0.00	0.00	0.00	0.00	0.00	733.21
PARKER ES	6/16/2015	6/17/2015	7/31/2015	490.21	243.00	0.00	0.00	0.00	0.00	0.00	733.21
MOVING BOXES FROM 3RD FL TO 2ND FL FELL ON 2ND FLOOR STAIRS INJ LT				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				490.21	243.00	0.00	0.00	0.00	0.00	0.00	733.21
				490.21	243.00	0.00	0.00	0.00	0.00	0.00	733.21
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02496G

15WC02496G	SANFILIPPO, JOHN	10		17,500.00	1,195.00	25,000.00	0.00	0.00	0.00	0.00	43,695.00
WASHINGTON E.S.	6/15/2015	6/17/2015	Open	1,326.34	1,193.00	5,130.00	0.00	0.00	0.00	0.00	7,649.34
LOADING A VACUUM MACHINE INTO A TRUCK OUTSIDE INJ RT SHOULDER				16,173.66	2.00	19,870.00	0.00	0.00	0.00	0.00	36,045.66
Total by Claim Number 1 Claim				17,500.00	1,195.00	25,000.00	0.00	0.00	0.00	0.00	43,695.00
				1,326.34	1,193.00	5,130.00	0.00	0.00	0.00	0.00	7,649.34
				16,173.66	2.00	19,870.00	0.00	0.00	0.00	0.00	36,045.66

Claim Number: 15WC02497B

15WC02497B	DALY, NICOLE	11		538.61	243.00	0.00	0.00	0.00	0.00	0.00	781.61
BRIDGETON SENIOR H.S.	6/16/2015	6/17/2015	8/25/2015	538.61	243.00	0.00	0.00	0.00	0.00	0.00	781.61
ATTEMPTING TO GET A BOX OF COLOR PENCILS FROM TOP SHELF A SPEAKE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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										
Total by Claim Number 1 Claim				538.61	243.00	0.00	0.00	0.00	0.00	781.61
				538.61	243.00	0.00	0.00	0.00	0.00	781.61
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02498Y										
15WC02498Y	LASCALA, LAUREN	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
CAMDEN ACADEMY CHARTER SCH	6/15/2015	6/17/2015	7/15/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
ATTEMPTED TO CATCH A TENT THAT WAS BLOWN OVER BY WIND STRAINED				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: 15WC02499W										
15WC02499W	KENGETER, KEITH	11		2,501.00	243.00	0.00	0.00	0.00	0.00	2,744.00
WINSLOW TWP #5 E.S.	6/17/2015	6/17/2015	Open	592.35	243.00	0.00	0.00	0.00	0.00	835.35
PLAYING GAME OF KICKBALL WITH STUDENTS, HE JUMPED UP FOR BALL CAI				1,908.65	0.00	0.00	0.00	0.00	0.00	1,908.65
Total by Claim Number 1 Claim				2,501.00	243.00	0.00	0.00	0.00	0.00	2,744.00
				592.35	243.00	0.00	0.00	0.00	0.00	835.35
				1,908.65	0.00	0.00	0.00	0.00	0.00	1,908.65
Claim Number: 15WC02500Y										
15WC02500Y	BRUNETTI, REGINA	11		5,500.00	245.00	0.00	0.00	0.00	0.00	5,745.00
STONY BROOK ES	6/12/2015	6/17/2015	Open	3,813.19	243.00	0.00	0.00	0.00	0.00	4,056.19
CLMT WAS ON A SCHOOL FIELD TRIP WHEN SHE WAS RUNNING WITH HER S1				1,686.81	2.00	0.00	0.00	0.00	0.00	1,688.81
Total by Claim Number 1 Claim				5,500.00	245.00	0.00	0.00	0.00	0.00	5,745.00
				3,813.19	243.00	0.00	0.00	0.00	0.00	4,056.19
				1,686.81	2.00	0.00	0.00	0.00	0.00	1,688.81
Claim Number: 15WC02501Y										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02501Y

15WC02501Y	CANALI, CORINNE	11		454.06	243.00	0.00	0.00	0.00	0.00	0.00	697.06
THEUNIS DEY E.S.	6/17/2015	6/17/2015	7/24/2015	454.06	243.00	0.00	0.00	0.00	0.00	0.00	697.06
STUDENT RAN INTO HER CAUSING HER TO FALL ON R ANKLE, KNEE, FOOT				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				454.06	243.00	0.00	0.00	0.00	0.00	0.00	697.06
				454.06	243.00	0.00	0.00	0.00	0.00	0.00	697.06
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02502W

15WC02502W	PRATHER, DEBORAH	11		2,500.00	243.00	0.00	0.00	0.00	0.00	0.00	2,743.00
INDIAN FIELDS E S	6/17/2015	6/17/2015	Open	977.04	243.00	0.00	0.00	0.00	0.00	0.00	1,220.04
WALKING BACKWARDS STEPPING AWAY FROM CAR HIT FOOT ON CURB, SHE				1,522.96	0.00	0.00	0.00	0.00	0.00	0.00	1,522.96
Total by Claim Number 1 Claim				2,500.00	243.00	0.00	0.00	0.00	0.00	0.00	2,743.00
				977.04	243.00	0.00	0.00	0.00	0.00	0.00	1,220.04
				1,522.96	0.00	0.00	0.00	0.00	0.00	0.00	1,522.96

Claim Number: 15WC02503W

15WC02503W	SIMONE, ALISON	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
MANCHESTER TWP. ES	6/16/2015	6/17/2015	7/31/2015	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING OUTBURST PUSHED HER IN ABDOMEN KNOCKING HER TO				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02504K

15WC02504K	BYRD, RICK	11		328.68	243.00	0.00	0.00	0.00	0.00	0.00	571.68
PLEASANTVILLE MS	6/17/2015	6/17/2015	8/18/2015	328.68	243.00	0.00	0.00	0.00	0.00	0.00	571.68
USING A RAZOR TO CUT WIRES PUNCTURED HIS R THUMB				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

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

Total by Claim Number 1 Claim

328.68	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	571.68
328.68	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	571.68
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02505V

15WC02505V	BABINO, MICHELINA	15	2,500.00	245.00	3,307.50	0.00	0.00	2,500.00	0.00	8,552.50
NUMBER 5, ROEBLING E.S.	6/16/2015	6/17/2015	Open	1,062.75	243.00	0.00	0.00	0.00	0.00	1,305.75
CLOSING WINDOW CAUGHT HER R THUMB				1,437.25	2.00	3,307.50	0.00	0.00	2,500.00	7,246.75
Total by Claim Number 1 Claim				2,500.00	245.00	3,307.50	0.00	0.00	2,500.00	8,552.50
				1,062.75	243.00	0.00	0.00	0.00	0.00	1,305.75
				1,437.25	2.00	3,307.50	0.00	0.00	2,500.00	7,246.75

Claim Number: 15WC02507Y

15WC02507Y	SYNNAMON, FAITH	11	401.95	243.00	0.00	0.00	0.00	0.00	0.00	644.95
GEORGE E BAILEY M.S.	6/17/2015	6/17/2015	8/27/2015	401.95	243.00	0.00	0.00	0.00	0.00	644.95
FELT STRAIN IN L WRIST ATTEMPTING TO TAKE TRASH BAG FROM LARGE RC				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				401.95	243.00	0.00	0.00	0.00	0.00	644.95
				401.95	243.00	0.00	0.00	0.00	0.00	644.95
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02508T

15WC02508T	OMELIO, MELISSA	14	652.41	0.00	0.00	0.00	0.00	0.00	0.00	652.41
STONEY BROOK ES	6/17/2015	6/17/2015	7/21/2015	652.41	0.00	0.00	0.00	0.00	0.00	652.41
RUNNING DURING GAME OF KICKBALL WITH STUDENTS, FELT PAIN IN R CALF				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				652.41	0.00	0.00	0.00	0.00	0.00	652.41
				652.41	0.00	0.00	0.00	0.00	0.00	652.41
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02509B





NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02509B

15WC02509B	TALARICO, VANESSA	11		179.03	243.00	0.00	0.00	0.00	0.00	0.00	422.03
HIGH MOUNTAIN MS	6/17/2015	6/17/2015	8/ 4/2015	179.03	243.00	0.00	0.00	0.00	0.00	0.00	422.03
CLMT WAS SITTING IN THE GYM WAS STRUCK BY A VOLLEYBALL ON RT SIDE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				179.03	243.00	0.00	0.00	0.00	0.00	0.00	422.03
				179.03	243.00	0.00	0.00	0.00	0.00	0.00	422.03
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02510K

15WC02510K	BURTENSHAW, DAVID	11		336.10	243.00	0.00	0.00	0.00	0.00	0.00	579.10
CROSSROADS M S	6/16/2015	6/17/2015	7/30/2015	336.10	243.00	0.00	0.00	0.00	0.00	0.00	579.10
MOVING A TABLE WITH TRAVEL MUG ON IT, MUG STARTED TO FALL TRIED TC				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				336.10	243.00	0.00	0.00	0.00	0.00	0.00	579.10
				336.10	243.00	0.00	0.00	0.00	0.00	0.00	579.10
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02511K

15WC02511K	REILLY, GRACE	11		4,441.77	245.00	0.00	0.00	0.00	0.00	0.00	4,686.77
BANKBRIDGE REG DEVELOPMENT.	6/17/2015	6/17/2015	Open	3,106.50	243.00	0.00	0.00	0.00	0.00	0.00	3,349.50
TRYING TO REASON WITH UNRULY CHILD, WAS PUSHED TO GROUND INJURE				1,335.27	2.00	0.00	0.00	0.00	0.00	0.00	1,337.27
Total by Claim Number 1 Claim				4,441.77	245.00	0.00	0.00	0.00	0.00	0.00	4,686.77
				3,106.50	243.00	0.00	0.00	0.00	0.00	0.00	3,349.50
				1,335.27	2.00	0.00	0.00	0.00	0.00	0.00	1,337.27

Claim Number: 15WC02512W

15WC02512W	JURISIC, DANIELA	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
NUMBER 3 ES	6/17/2015	6/17/2015	8/ 5/2015	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WORKING WITH STUDENT WAS BITTEN ON L WRIST BY STUDENT				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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										
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: 15WC02513B										
15WC02513B	WERNER, LISA	11	39.63	243.00	0.00	0.00	0.00	0.00	0.00	282.63
H & M POTTER ES	6/16/2015	6/17/2015	9/ 3/2015	39.63	243.00	0.00	0.00	0.00	0.00	282.63
TRYING TO GET SOMETHING OUT OF CLOSET, HIT HER L RING FINGER ON SH			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			39.63	243.00	0.00	0.00	0.00	0.00	0.00	282.63
			39.63	243.00	0.00	0.00	0.00	0.00	0.00	282.63
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02515Y										
15WC02515Y	CANNIZZARO, CONNIE	11	1,735.64	243.00	0.00	0.00	0.00	0.00	0.00	1,978.64
MAHALA ATCHINSON ELEM.	6/17/2015	6/17/2015	8/24/2015	1,735.64	243.00	0.00	0.00	0.00	0.00	1,978.64
WALKING QUICKLY TO COPY MACHINE, TRIPPED OVER MAT INJURED R FOOT			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			1,735.64	243.00	0.00	0.00	0.00	0.00	0.00	1,978.64
			1,735.64	243.00	0.00	0.00	0.00	0.00	0.00	1,978.64
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02516W										
15WC02516W	HAMILTON, WANDA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
TRENTON CENTRAL HS MAIN CAMI	6/17/2015	6/17/2015	Open	745.70	243.00	0.00	0.00	0.00	0.00	988.70
WALKING DOWN THE STEPS & MISSED THE LAST 2 STEPS, JARRED HER RT S			1,754.30	2.00	0.00	0.00	0.00	0.00	0.00	1,756.30
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			745.70	243.00	0.00	0.00	0.00	0.00	0.00	988.70
			1,754.30	2.00	0.00	0.00	0.00	0.00	0.00	1,756.30

Claim Number: 15WC02517K



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02517K

15WC02517K	TRANZ, DOUGLAS	11		231.53	243.00	0.00	0.00	0.00	0.00	0.00	474.53
WALTER HILL SCHOOL	6/10/2015	6/15/2015	7/28/2015	231.53	243.00	0.00	0.00	0.00	0.00	0.00	474.53
PARTICIPATING IN FUN DAY AS THE DJ & BECAUSE HE WAS STANDING BY TH				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				231.53	243.00	0.00	0.00	0.00	0.00	0.00	474.53
				231.53	243.00	0.00	0.00	0.00	0.00	0.00	474.53
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02518W

15WC02518W	LEWIS, BARBARA	11		2,501.00	243.00	0.00	0.00	0.00	0.00	0.00	2,744.00
COLUMBUS SCHOOL (NEW)	6/17/2015	6/18/2015	Open	950.65	243.00	0.00	0.00	0.00	0.00	0.00	1,193.65
CLMT WAS WALKING STUDENTS DOWN THE SIDEWALK TRIPPED OVER A BUN				1,550.35	0.00	0.00	0.00	0.00	0.00	0.00	1,550.35
Total by Claim Number 1 Claim				2,501.00	243.00	0.00	0.00	0.00	0.00	0.00	2,744.00
				950.65	243.00	0.00	0.00	0.00	0.00	0.00	1,193.65
				1,550.35	0.00	0.00	0.00	0.00	0.00	0.00	1,550.35

Claim Number: 15WC02519B

15WC02519B	CARR, ARLENE	11		474.92	243.00	0.00	0.00	0.00	0.00	0.00	717.92
DEPT OF TRANSPORTATION	6/17/2015	6/18/2015	8/25/2015	474.92	243.00	0.00	0.00	0.00	0.00	0.00	717.92
CLMT WAS UNHOOKING A STUDENT'S WHEELCHAIR ON THE BUS LIFT WHEN				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				474.92	243.00	0.00	0.00	0.00	0.00	0.00	717.92
				474.92	243.00	0.00	0.00	0.00	0.00	0.00	717.92
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02521Y

15WC02521Y	RAVALLY, MARYANN	11		670.40	243.00	0.00	0.00	0.00	0.00	0.00	913.40
POINT PLEASANT BEACH HS	6/16/2015	6/16/2015	7/24/2015	670.40	243.00	0.00	0.00	0.00	0.00	0.00	913.40
CHILD HAVING A BEHAVIORAL, SHE TRIED TO CALM HIM DOWN, INJURED BO1				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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

Total by Claim Number 1 Claim

670.40	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	913.40
670.40	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	913.40
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02522W

15WC02522W	BOLTAS, MICHAEL	11		2,030.25	243.00	0.00	0.00	0.00	0.00	0.00	2,273.25
LANGTREE E.S.	6/16/2015	6/16/2015	8/13/2015	2,030.25	243.00	0.00	0.00	0.00	0.00	0.00	2,273.25
WHILE THROWING OUT A GARBAGE BAG, HE SUSTAINED A CUT FROM FOREI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				2,030.25	243.00	0.00	0.00	0.00	0.00	0.00	2,273.25
				2,030.25	243.00	0.00	0.00	0.00	0.00	0.00	2,273.25
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02523K

15WC02523K	PADGETT, LORI	11		148.95	243.00	0.00	0.00	0.00	0.00	0.00	391.95
MONMOUTH REGIONAL H.S.	6/17/2015	6/18/2015	7/17/2015	148.95	243.00	0.00	0.00	0.00	0.00	0.00	391.95
LIFTING A COMPUTER FROM A DESK, COMPUTER SLIPPED OFF DESK STRIKIN				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				148.95	243.00	0.00	0.00	0.00	0.00	0.00	391.95
				148.95	243.00	0.00	0.00	0.00	0.00	0.00	391.95
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02524B

15WC02524B	ONOREVOLE, MARIE	11		464.00	243.00	0.00	0.00	0.00	0.00	0.00	707.00
COPELAND MS	6/17/2015	6/17/2015	8/27/2015	464.00	243.00	0.00	0.00	0.00	0.00	0.00	707.00
TRIPPED ON GRAVEL IN THE PARKING LOT & FELL, CAUSING INJURIES TO HE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				464.00	243.00	0.00	0.00	0.00	0.00	0.00	707.00
				464.00	243.00	0.00	0.00	0.00	0.00	0.00	707.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02525Y



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02525Y

15WC02525Y	DENMAN, EDWARD	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
GROUNDS AND PROPERTY MAINT	6/17/2015	6/17/2015	7/17/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUNG BY A BEE ON HIS HEAD WHILE TRIMMING THE HEDGES IN THE SCHOC				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: 15WC02526W

15WC02526W	JOYCE, HEATHER	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
BANKBRIDGE REG DEVELOPMENT.	6/18/2015	6/18/2015	Open	2,421.56	243.00	0.00	0.00	0.00	0.00	2,664.56
CLMT WAS HELPING TO CARRY A BOARD ACROSS THE GYM AND IT WAS PUS				78.44	2.00	0.00	0.00	0.00	0.00	80.44
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				2,421.56	243.00	0.00	0.00	0.00	0.00	2,664.56
				78.44	2.00	0.00	0.00	0.00	0.00	80.44

Claim Number: 15WC02528Y

15WC02528Y	PARAISO, JOHNNY	11		205.16	243.00	0.00	0.00	0.00	0.00	448.16
PARKVIEW SCHOOL	6/17/2015	6/18/2015	7/17/2015	205.16	243.00	0.00	0.00	0.00	0.00	448.16
REMOVING A TREE STUMP IN REAR OF SCHOOL YARD, HE HAS POISON IVY C				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				205.16	243.00	0.00	0.00	0.00	0.00	448.16
				205.16	243.00	0.00	0.00	0.00	0.00	448.16
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02529B

15WC02529B	THORN, ANTOINETTE	11		670.40	243.00	0.00	0.00	0.00	0.00	913.40
POINT PLEASANT BEACH HS	6/16/2015	6/18/2015	9/10/2015	670.40	243.00	0.00	0.00	0.00	0.00	913.40
RESTRAINING SPEC ED STUDENT HAVING A BEHAVIORAL ISSUE ON BUS ROL				0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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										
Total by Claim Number 1 Claim				670.40	243.00	0.00	0.00	0.00	0.00	913.40
				670.40	243.00	0.00	0.00	0.00	0.00	913.40
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02530W										
15WC02530W	DAVENPORT, MAUREEN	11		3,106.59	243.00	0.00	0.00	0.00	0.00	3,349.59
SETH BOYDEN	6/17/2015	6/17/2015	7/31/2015	3,106.59	243.00	0.00	0.00	0.00	0.00	3,349.59
SUPERVISING STUDENTS ON THE PLAYGROUND, SHE WAS STUNG BY A BEE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				3,106.59	243.00	0.00	0.00	0.00	0.00	3,349.59
				3,106.59	243.00	0.00	0.00	0.00	0.00	3,349.59
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02531K										
15WC02531K	PERSICO, PATRICIA	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
SOUTHWOOD ES	6/8/2015	6/8/2015	7/30/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SUPERVISING STUDENTS WHILE PLAYING KICKBALL, SHE TRIPPED OVER A B				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: 15WC02532W										
15WC02532W	ZARRO, MARIA	11		266.63	243.00	0.00	0.00	0.00	0.00	509.63
NUMBER 9 ES	6/17/2015	6/18/2015	7/31/2015	266.63	243.00	0.00	0.00	0.00	0.00	509.63
PULLING PAPER OUT OF FILE CABINET, CABINET FELL OVER HITTING R WRIS				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				266.63	243.00	0.00	0.00	0.00	0.00	509.63
				266.63	243.00	0.00	0.00	0.00	0.00	509.63
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02533K										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC02533K

15WC02533K	KRUPA, MARGARET	11	244.60	243.00	0.00	0.00	0.00	0.00	0.00	487.60
MT. PLEASANT MS	6/11/2015	6/11/2015	7/17/2015	244.60	243.00	0.00	0.00	0.00	0.00	487.60
WALKING A STUDENT TO THE OFFICE, THE STUDENT PUNCHED HER IN THE L				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				244.60	243.00	0.00	0.00	0.00	0.00	487.60
				244.60	243.00	0.00	0.00	0.00	0.00	487.60
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02534Y

15WC02534Y	CARAVELLA, NATALIE	11	1,896.71	243.00	0.00	0.00	0.00	0.00	0.00	2,139.71
LAURA DONOVAN E.S.	6/18/2015	6/19/2015	8/18/2015	1,896.71	243.00	0.00	0.00	0.00	0.00	2,139.71
TRIPPED AND FELL ON CRACK IN SIDEWALK INJURED HEAD				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,896.71	243.00	0.00	0.00	0.00	0.00	2,139.71
				1,896.71	243.00	0.00	0.00	0.00	0.00	2,139.71
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02535K

15WC02535K	LITSCHUTZ, ALYSE	11	382.51	243.00	0.00	0.00	0.00	0.00	0.00	625.51
BRIGHT BEGINNINGS LEARNING CI	6/9/2015	6/9/2015	7/28/2015	382.51	243.00	0.00	0.00	0.00	0.00	625.51
RUNNING AFTER A STUDENT IN THE HALLWAY, SHE TRIPPED OVER THE STUI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				382.51	243.00	0.00	0.00	0.00	0.00	625.51
				382.51	243.00	0.00	0.00	0.00	0.00	625.51
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02536B

15WC02536B	CLINTON, MARILYN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NEW HORIZON COMM CHARTER S	6/12/2015	6/19/2015	Open	1,511.70	243.00	0.00	0.00	0.00	0.00	1,754.70
STEPPING OFF CHAIR AFTER PUTTING GLUE ON SHELF, TWISTED R KNEE, HI				988.30	2.00	0.00	0.00	0.00	0.00	990.30



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				1,511.70	243.00	0.00	0.00	0.00	0.00	1,754.70
				988.30	2.00	0.00	0.00	0.00	0.00	990.30
Claim Number: 15WC02537B										
15WC02537B	GARCIA, BLANCA	11		601.09	243.00	0.00	0.00	0.00	0.00	844.09
THOMAS EDISON SCHOOL	6/18/2015	6/19/2015	8/20/2015	601.09	243.00	0.00	0.00	0.00	0.00	844.09
WALKING QUICKLY OVER TO STUDENT SHE SAW STUCK IN FENCE AND FELL				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				601.09	243.00	0.00	0.00	0.00	0.00	844.09
				601.09	243.00	0.00	0.00	0.00	0.00	844.09
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02538Y										
15WC02538Y	COSTA, CATHERINE	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
HILLSBOROUGH HS	6/18/2015	6/19/2015	7/27/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
MOVING BOXES IN CLOSET AND CUT R FOREARM ON METAL CLOSET LOCK				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: 15WC02540K										
15WC02540K	STEVENS, THOMAS	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
VOORHEES H S	6/17/2015	6/19/2015	7/28/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
HAD A SEIZURE, HITTING HIS HEAD AGAINST FLOOR				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: 15WC02541W										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02541W

15WC02541W	MOFFETT, JENNIFER	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
BRUNSWICK ACRES E. S.	6/18/2015	6/19/2015	7/27/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
OPENING DOOR CORNER OF DOOR WENT OVER R BIG TOE TEARING OFF NA				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: 15WC02542W

15WC02542W	CRUCES, LUZ	11		271.36	243.00	0.00	0.00	0.00	0.00	514.36
THOMAS EDISON SCHOOL	6/17/2015	6/19/2015	8/25/2015	271.36	243.00	0.00	0.00	0.00	0.00	514.36
BRINGING IN STUDENTS AFTER LUNCH, DOOR SWUNG BACK HITTING L EYE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				271.36	243.00	0.00	0.00	0.00	0.00	514.36
				271.36	243.00	0.00	0.00	0.00	0.00	514.36
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02543M

15WC02543M	CAIOLA, JANICE	10		5,000.00	1,193.00	7,500.00	0.00	0.00	0.00	13,693.00
CEDAR CREEK E.S.	6/18/2015	6/19/2015	Open	3,896.35	1,193.00	2,797.72	0.00	0.00	0.00	7,887.07
UNLOCKING BENCHES THEY FELL DOWN FRACTURING R FOOT				1,103.65	0.00	4,702.28	0.00	0.00	0.00	5,805.93
Total by Claim Number 1 Claim				5,000.00	1,193.00	7,500.00	0.00	0.00	0.00	13,693.00
				3,896.35	1,193.00	2,797.72	0.00	0.00	0.00	7,887.07
				1,103.65	0.00	4,702.28	0.00	0.00	0.00	5,805.93

Claim Number: 15WC02544W

15WC02544W	PEPE, NANCY	11		306.33	243.00	0.00	0.00	0.00	0.00	549.33
CENTER FOR LIFE LONG LEARNIN	6/12/2015	6/19/2015	7/31/2015	306.33	243.00	0.00	0.00	0.00	0.00	549.33
HAVING DAILY WALK WITH STUDENTS OUTSIDE, STUDENT GRABBED HER HE				0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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										
Total by Claim Number 1 Claim				306.33	243.00	0.00	0.00	0.00	0.00	549.33
				306.33	243.00	0.00	0.00	0.00	0.00	549.33
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02545P										
15WC02545P	COLEMAN, SYLVIA	10		15,557.76	1,193.00	1,250.00	0.00	0.00	0.00	18,000.76
HOPEWELL CREST ES	6/15/2015	6/19/2015	Open	705.86	1,193.00	0.00	0.00	0.00	0.00	1,898.86
TRANSFERRING ITEMS ON WOODEN CART TO ANOTHER ROOM, PULLING CAI				14,851.90	0.00	1,250.00	0.00	0.00	0.00	16,101.90
Total by Claim Number 1 Claim				15,557.76	1,193.00	1,250.00	0.00	0.00	0.00	18,000.76
				705.86	1,193.00	0.00	0.00	0.00	0.00	1,898.86
				14,851.90	0.00	1,250.00	0.00	0.00	0.00	16,101.90
Claim Number: 15WC02546W										
15WC02546W	MATTINA, SALVATORE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
PASSAIC COUNTY TECH. INSTITUT	6/17/2015	6/19/2015	Open	1,864.69	243.00	0.00	0.00	0.00	0.00	2,107.69
WALKING DOWN THE STAIRS, MISSED LAST TWP STEPS, HIT HIS HEAD, CUTT				635.31	2.00	0.00	0.00	0.00	0.00	637.31
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				1,864.69	243.00	0.00	0.00	0.00	0.00	2,107.69
				635.31	2.00	0.00	0.00	0.00	0.00	637.31
Claim Number: 15WC02547G										
15WC02547G	MIRANDI, JACQUALINE	10		17,500.00	1,193.00	40,000.00	0.00	0.00	2,500.00	61,193.00
COLUMBUS SCHOOL #8	6/19/2015	6/19/2015	Open	5,291.84	1,193.00	0.00	0.00	0.00	0.00	6,484.84
MONITORING STUDENTS ON PLAYGROUND, WAS HIT ON L SIDE OF HEAD WIT				12,208.16	0.00	40,000.00	0.00	2,500.00	0.00	54,708.16
Total by Claim Number 1 Claim				17,500.00	1,193.00	40,000.00	0.00	0.00	2,500.00	61,193.00
				5,291.84	1,193.00	0.00	0.00	0.00	0.00	6,484.84
				12,208.16	0.00	40,000.00	0.00	2,500.00	0.00	54,708.16
Claim Number: 15WC02548B										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02548B

15WC02548B	ADAMS, ASHLEY	11	311.33	243.00	0.00	0.00	0.00	0.00	0.00	554.33
UNIVERSITY HEIGHTS CHARTER S	6/17/2015	6/22/2015	7/31/2015	311.33	243.00	0.00	0.00	0.00	0.00	554.33
PLAYING GAME DURING FIELD DAY WITH STUDENTS, SHE FELL ON ASPHALT				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			311.33	243.00	0.00	0.00	0.00	0.00	0.00	554.33
			311.33	243.00	0.00	0.00	0.00	0.00	0.00	554.33
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02549W

15WC02549W	BATTAGLIA, DEAN	11	256.76	243.00	0.00	0.00	0.00	0.00	0.00	499.76
DAYTON E S	6/16/2015	6/19/2015	7/31/2015	256.76	243.00	0.00	0.00	0.00	0.00	499.76
TRIMMING BUSHES GOT POISON IVY ON LOWER ARM				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			256.76	243.00	0.00	0.00	0.00	0.00	0.00	499.76
			256.76	243.00	0.00	0.00	0.00	0.00	0.00	499.76
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02550W

15WC02550W	BOASCI-VAN GLAHN, SHANNON	11	106.08	243.00	0.00	0.00	0.00	0.00	0.00	349.08
THE SHORE CENTER FOR STUDEN	6/17/2015	6/19/2015	7/31/2015	106.08	243.00	0.00	0.00	0.00	0.00	349.08
HAS RINGWORM FROM A STUDENT, RASH ON L KNEE, R ELBOW				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			106.08	243.00	0.00	0.00	0.00	0.00	0.00	349.08
			106.08	243.00	0.00	0.00	0.00	0.00	0.00	349.08
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02551K

15WC02551K	ACOSTA, ESTEFER	11	1,269.02	243.00	0.00	0.00	0.00	0.00	0.00	1,512.02
RED BANK PRIMARY	6/19/2015	6/19/2015	8/20/2015	1,269.02	243.00	0.00	0.00	0.00	0.00	1,512.02
LIFTING TRASH CANS IN CAFETERIA PAIN IN LOWER BACK				0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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

Total by Claim Number 1 Claim

1,269.02	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,512.02
1,269.02	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,512.02
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02552K

15WC02552K	HAMPTON-LARUE, DEANNE	11	101.90	243.00	0.00	0.00	0.00	0.00	0.00	344.90
FRANKLIN SCHOOL (UNION)	6/12/2015	6/19/2015	7/29/2015	101.90	243.00	0.00	0.00	0.00	0.00	344.90
ATTENDING ASSEMBLY IN GYM, BECAME OVERHEATED SUFFERED HEAT EXHAUSTION				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			101.90	243.00	0.00	0.00	0.00	0.00	0.00	344.90
			101.90	243.00	0.00	0.00	0.00	0.00	0.00	344.90
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02553G

15WC02553G	POWELL, BEVERLY	11	17,500.00	1,195.00	15,000.00	0.00	0.00	0.00	0.00	33,695.00
INST.OF TECH - MEDFORD CAMPUS	6/18/2015	6/19/2015	Open	1,544.49	243.00	3,091.97	0.00	0.00	0.00	4,879.46
ENTERING GIRLS LOCKEROOM, SLIPPED AND FELL INJURED KNEE				15,955.51	952.00	11,908.03	0.00	0.00	0.00	28,815.54
Total by Claim Number 1 Claim			17,500.00	1,195.00	15,000.00	0.00	0.00	0.00	0.00	33,695.00
			1,544.49	243.00	3,091.97	0.00	0.00	0.00	0.00	4,879.46
			15,955.51	952.00	11,908.03	0.00	0.00	0.00	0.00	28,815.54

Claim Number: 15WC02554K

15WC02554K	HUGHES, DANA	11	272.78	243.00	0.00	0.00	0.00	0.00	0.00	515.78
VIOLA L. SICKLES ES	6/18/2015	6/19/2015	7/30/2015	272.78	243.00	0.00	0.00	0.00	0.00	515.78
BENDING DOWN TO PICK UP A BOX OF BOOKS, FELT PAIN IN LOWER BACK				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			272.78	243.00	0.00	0.00	0.00	0.00	0.00	515.78
			272.78	243.00	0.00	0.00	0.00	0.00	0.00	515.78
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02555B



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02555B

15WC02555B	IVALDI, JOHN	11		172.64	243.00	0.00	0.00	0.00	0.00	0.00	415.64
TOMS RIVER CENTER	6/16/2015	6/19/2015	7/27/2015	172.64	243.00	0.00	0.00	0.00	0.00	0.00	415.64
SLIPPED IN SAW DUST AND FELL ON R SHOULDER, HITTING BACK OF HEAD				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				172.64	243.00	0.00	0.00	0.00	0.00	0.00	415.64
				172.64	243.00	0.00	0.00	0.00	0.00	0.00	415.64
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02556Y

15WC02556Y	LINDIA, TRACY	11		234.71	243.00	0.00	0.00	0.00	0.00	0.00	477.71
MAYS LANDING CAMPUS	6/12/2015	6/19/2015	9/ 1/2015	234.71	243.00	0.00	0.00	0.00	0.00	0.00	477.71
THROWING WOOD INTO TRASH FELT PAIN 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				234.71	243.00	0.00	0.00	0.00	0.00	0.00	477.71
				234.71	243.00	0.00	0.00	0.00	0.00	0.00	477.71
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02557Y

15WC02557Y	THOMPSON, DEIRDRE	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
RYERSON SCHOOL	6/19/2015	6/19/2015	7/20/2015	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SITTING WITH STUDENTS DURING VOLLEYBALL GAME, WAS HIT IN HEAD, FAC				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: 15WC02558K

15WC02558K	JERZAK, MAY	11		190.68	243.00	0.00	0.00	0.00	0.00	0.00	433.68
CHURCHILL J.H.S.	6/18/2015	6/19/2015	7/30/2015	190.68	243.00	0.00	0.00	0.00	0.00	0.00	433.68
OPENING DOOR TO SECURITY OFFICE, HIT R FOOT L PINKY TOE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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

Total by Claim Number 1 Claim

190.68	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	433.68
190.68	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	433.68
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02560F

15WC02560F	CAPIZZI, DOLORES	10		790.54	1,193.00	0.00	0.00	0.00	0.00	0.00	1,983.54
WOODROW WILSON ES	6/19/2015	6/22/2015	8/21/2015	790.54	1,193.00	0.00	0.00	0.00	0.00	0.00	1,983.54
WINDOW PANE CAME DOWN ON TOP OF HER HEAD				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				790.54	1,193.00	0.00	0.00	0.00	0.00	0.00	1,983.54
				790.54	1,193.00	0.00	0.00	0.00	0.00	0.00	1,983.54
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02561B

15WC02561B	BARBITO, PATRICIA	14		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BAYONNE H.S. AND ADMIN. OFFICE	6/11/2015	6/22/2015	Open	363.00	243.00	0.00	0.00	0.00	0.00	0.00	606.00
PUSHING WINDOWS DOWN WRENCHED R SHOULDER				2,137.00	2.00	0.00	0.00	0.00	0.00	0.00	2,139.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				363.00	243.00	0.00	0.00	0.00	0.00	0.00	606.00
				2,137.00	2.00	0.00	0.00	0.00	0.00	0.00	2,139.00

Claim Number: 15WC02562K

15WC02562K	MAGISTRO, MICHELE	11		176.71	243.00	0.00	0.00	0.00	0.00	0.00	419.71
BAY HEAD E.S.	6/20/2015	6/22/2015	8/26/2015	176.71	243.00	0.00	0.00	0.00	0.00	0.00	419.71
FELT STRAIN TO LOWER BACK AFTER MOVING FURNITURE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				176.71	243.00	0.00	0.00	0.00	0.00	0.00	419.71
				176.71	243.00	0.00	0.00	0.00	0.00	0.00	419.71
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02563B



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02563B

15WC02563B	ARCHER, RENEE	11		231.53	243.00	0.00	0.00	0.00	0.00	0.00	474.53
DELSEA REG M S	6/16/2015	6/22/2015	7/31/2015	231.53	243.00	0.00	0.00	0.00	0.00	0.00	474.53
MOVING LAPTOPS, ONE SLIPPED OFF COUNTER TOP HITTING L FOOT BIG TO				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				231.53	243.00	0.00	0.00	0.00	0.00	0.00	474.53
				231.53	243.00	0.00	0.00	0.00	0.00	0.00	474.53
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02564Y

15WC02564Y	SHALLCROSS, MARIANN	11		417.44	243.00	0.00	0.00	0.00	0.00	0.00	660.44
UPPER TOWNSHIP E S	6/10/2015	6/22/2015	8/18/2015	417.44	243.00	0.00	0.00	0.00	0.00	0.00	660.44
COLLIDED WITH STUDENT WAS HEAD BUTTED ON R EYE BY STUDENT				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				417.44	243.00	0.00	0.00	0.00	0.00	0.00	660.44
				417.44	243.00	0.00	0.00	0.00	0.00	0.00	660.44
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02565Z

15WC02565Z	FLORES, HUBER	10		12,500.00	1,195.00	15,000.00	0.00	0.00	0.00	0.00	28,695.00
OCEAN TWP H.S.	6/21/2015	6/22/2015	Open	2,387.58	1,193.00	2,733.05	0.00	0.00	0.00	0.00	6,313.63
MOVING A TABLE, IT SLIPPED AND FELL ON L FOOT BIG TOE				10,112.42	2.00	12,266.95	0.00	0.00	0.00	0.00	22,381.37
Total by Claim Number 1 Claim				12,500.00	1,195.00	15,000.00	0.00	0.00	0.00	0.00	28,695.00
				2,387.58	1,193.00	2,733.05	0.00	0.00	0.00	0.00	6,313.63
				10,112.42	2.00	12,266.95	0.00	0.00	0.00	0.00	22,381.37

Claim Number: 15WC02566W

15WC02566W	PELLEGRINO, ROSEMARIE	11		168.33	243.00	0.00	0.00	0.00	0.00	0.00	411.33
CENTRAL MS	6/19/2015	6/22/2015	7/31/2015	168.33	243.00	0.00	0.00	0.00	0.00	0.00	411.33
SHOE GOT STUCK ON FLOOR AND FELL INJURED BOTH KNEES				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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

Total by Claim Number 1 Claim				168.33	243.00	0.00	0.00	0.00	0.00	0.00	411.33
				168.33	243.00	0.00	0.00	0.00	0.00	0.00	411.33
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02567Y

15WC02567Y	HAMILTON, KATHLEEN		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MCGALLIARD E.S.	6/19/2015	6/22/2015	Open	311.17	243.00	0.00	0.00	0.00	0.00	0.00	554.17
SLIPPED IN WATER AND FELL INJURED R WRIST				2,188.83	2.00	0.00	0.00	0.00	0.00	0.00	2,190.83
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				311.17	243.00	0.00	0.00	0.00	0.00	0.00	554.17
				2,188.83	2.00	0.00	0.00	0.00	0.00	0.00	2,190.83

Claim Number: 15WC02568B

15WC02568B	MONTORIO, EZIO		11	96.65	243.00	0.00	0.00	0.00	0.00	0.00	339.65
JERSEY CITY GOLDEN DOOR CHAF	6/19/2015	6/22/2015	7/21/2015	96.65	243.00	0.00	0.00	0.00	0.00	0.00	339.65
MOVING A TABLE FOR FUN FEST CUT HIS R CALF				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				96.65	243.00	0.00	0.00	0.00	0.00	0.00	339.65
				96.65	243.00	0.00	0.00	0.00	0.00	0.00	339.65
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02569K

15WC02569K	AUSTIN, STEVEN		11	1,085.94	243.00	0.00	0.00	0.00	0.00	0.00	1,328.94
EAST AMWELL TWP ES	6/19/2015	6/22/2015	7/30/2015	1,085.94	243.00	0.00	0.00	0.00	0.00	0.00	1,328.94
PUTTING AWAY PORTABLE STAGE IN GYM, HE FELL INJURING R ANKLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,085.94	243.00	0.00	0.00	0.00	0.00	0.00	1,328.94
				1,085.94	243.00	0.00	0.00	0.00	0.00	0.00	1,328.94
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02570Y



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02570Y

15WC02570Y	PAULICK, JENNIFER	11	2,610.88	243.00	0.00	0.00	0.00	0.00	0.00	2,853.88
PARKER SCHOOL	6/22/2015	6/22/2015	9/ 3/2015	2,610.88	243.00	0.00	0.00	0.00	0.00	2,853.88
BENT DOWN TO PLACE ITEM UNDER TABLE AND FELL ON R KNEE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				2,610.88	243.00	0.00	0.00	0.00	0.00	2,853.88
				2,610.88	243.00	0.00	0.00	0.00	0.00	2,853.88
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02571B

15WC02571B	TERCEK, SUZANNE	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ROOSEVELT E.S.	6/19/2015	6/22/2015	8/21/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
TWISTED R ANKLE AS SHE STEPPED IN POT HOLE AND FELL INJURED L WRIS				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: 15WC02572Y

15WC02572Y	CRESPO, MARIA	11	218.17	243.00	0.00	0.00	0.00	0.00	0.00	461.17
DEPT OF TRANSPORTATION (UNIC	6/22/2015	6/22/2015	7/24/2015	218.17	243.00	0.00	0.00	0.00	0.00	461.17
ASSISTING WHEELCHAIR BOUND STUDENT, LOST CONTROL OF WHEELCHAIF				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				218.17	243.00	0.00	0.00	0.00	0.00	461.17
				218.17	243.00	0.00	0.00	0.00	0.00	461.17
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02573K

15WC02573K	MARSHALL, ETISHA	11	489.22	243.00	0.00	0.00	0.00	0.00	0.00	732.22
KINDERGARTEN SUCCESS ACADEMI	6/22/2015	6/22/2015	7/28/2015	489.22	243.00	0.00	0.00	0.00	0.00	732.22
PACKING UP SCHOOL SUPPLIES WALKED ON SPILLED BUBBLES, SLIPPED AN				0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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										
Total by Claim Number 1 Claim				489.22	243.00	0.00	0.00	0.00	0.00	732.22
				489.22	243.00	0.00	0.00	0.00	0.00	732.22
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02574K										
15WC02574K	NESS, MICHAEL	11		135.30	243.00	0.00	0.00	0.00	0.00	378.30
NORTHERN HILLS ACADEMY	6/22/2015	6/23/2015	7/30/2015	135.30	243.00	0.00	0.00	0.00	0.00	378.30
MONITORING STUDENTS DURING RECESS, WAS BITTEN ON NECK AND ABDO				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				135.30	243.00	0.00	0.00	0.00	0.00	378.30
				135.30	243.00	0.00	0.00	0.00	0.00	378.30
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02575W										
15WC02575W	HEUMANN, LISA	11		1,635.00	243.00	0.00	0.00	0.00	0.00	1,878.00
SOUTH MOUNTAIN	6/11/2015	6/23/2015	7/31/2015	1,635.00	243.00	0.00	0.00	0.00	0.00	1,878.00
WALKING DOWN STAIRS MISSED A STEP TWISTING L ANKLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,635.00	243.00	0.00	0.00	0.00	0.00	1,878.00
				1,635.00	243.00	0.00	0.00	0.00	0.00	1,878.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02577W										
15WC02577W	FISHER, SHARON	11		441.18	243.00	0.00	0.00	0.00	0.00	684.18
VALLEY ROAD SCHOOL	6/22/2015	6/22/2015	8/ 5/2015	441.18	243.00	0.00	0.00	0.00	0.00	684.18
PULLING CART IN PREPARATION OF CLEANING OUT CLASSROOM, RAN OVER				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				441.18	243.00	0.00	0.00	0.00	0.00	684.18
				441.18	243.00	0.00	0.00	0.00	0.00	684.18
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02578K										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02578K

15WC02578K	LAUDANDO, JACQUELINE	14	556.64	243.00	0.00	0.00	0.00	0.00	0.00	799.64
WASHINGTON SCHOOL	6/23/2015	6/23/2015	8/20/2015	556.64	243.00	0.00	0.00	0.00	0.00	799.64
CLEANING BOILER SOMETHING FLEW INTO L EYE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				556.64	243.00	0.00	0.00	0.00	0.00	799.64
				556.64	243.00	0.00	0.00	0.00	0.00	799.64
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02579K

15WC02579K	MCKINLEY, JAMES	11	497.77	243.00	0.00	0.00	0.00	0.00	0.00	740.77
CAPE MAY COUNTY BRD OF VOC E	6/23/2015	6/23/2015	8/ 6/2015	497.77	243.00	0.00	0.00	0.00	0.00	740.77
PUNCTURED HIS R INDEX FINGER ON PIECE OF METAL				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				497.77	243.00	0.00	0.00	0.00	0.00	740.77
				497.77	243.00	0.00	0.00	0.00	0.00	740.77
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02580W

15WC02580W	BOLTAS, MICHAEL	11	1,897.87	243.00	0.00	0.00	0.00	0.00	0.00	2,140.87
LANGTREE E.S.	6/22/2015	6/23/2015	8/13/2015	1,897.87	243.00	0.00	0.00	0.00	0.00	2,140.87
DISCARDING BAG OF GARBAGE INTO DUMPSTER, A FOREIGN OBJECT FLEW				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,897.87	243.00	0.00	0.00	0.00	0.00	2,140.87
				1,897.87	243.00	0.00	0.00	0.00	0.00	2,140.87
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02581B

15WC02581B	LAZARUS, WENDALYN	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
THE VILLAGE ES	6/22/2015	6/23/2015	7/27/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
CUT R LOWER ARM ON FENCE AS SHE CLIMBED FENCE				0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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										
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: 15WC02582B										
15WC02582B	CARAVAGLIO, PATRICIA	11		175.50	243.00	0.00	0.00	0.00	0.00	418.50
RARITAN HS	6/23/2015	6/23/2015	7/27/2015	175.50	243.00	0.00	0.00	0.00	0.00	418.50
STEPPED ON A PIECE OF METAL PUNCTURING R FOOT				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				175.50	243.00	0.00	0.00	0.00	0.00	418.50
				175.50	243.00	0.00	0.00	0.00	0.00	418.50
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02583Y										
15WC02583Y	SILBER, GEORGANN	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
CARL SANDBURG MS	6/22/2015	6/23/2015	7/27/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
HER FOOT GOT CAUGHT IN STUDENTS SNEAKER, SHE FELL ON L HIP, L 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: 15WC02584V										
15WC02584V	HARRINGTON, ROBERT	11		355.00	0.00	0.00	0.00	0.00	0.00	355.00
MORRIS KNOLLS HIGH SCHOOL	6/22/2015	6/23/2015	7/9/2015	355.00	0.00	0.00	0.00	0.00	0.00	355.00
SLIPPED IN SAW DUST AND HIT CHIN ON PIECE OF METAL FRONT TOOTH CHI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				355.00	0.00	0.00	0.00	0.00	0.00	355.00
				355.00	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

Claim Number: 15WC02585W



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02585W

15WC02585W	THIBAUT, ENEDIA	11		1,280.73	243.00	0.00	0.00	0.00	0.00	0.00	1,523.73
JOHNSTONE E.S.	6/18/2015	6/23/2015	8/25/2015	1,280.73	243.00	0.00	0.00	0.00	0.00	0.00	1,523.73
CLMT WAS PLAYING A GAME OF KICKBALL STAFF VS STUDENTS INJ RT LEG C				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,280.73	243.00	0.00	0.00	0.00	0.00	0.00	1,523.73
				1,280.73	243.00	0.00	0.00	0.00	0.00	0.00	1,523.73
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02586Y

15WC02586Y	BURKE, KAITLIN	11		96.96	243.00	0.00	0.00	0.00	0.00	0.00	339.96
ELEANOR G. HEWITT SCHOOL	6/22/2015	6/23/2015	7/23/2015	96.96	243.00	0.00	0.00	0.00	0.00	0.00	339.96
PULLING A WHITEBOARD ACROSS ROOM FELT PAIN IN HER NECK WHEN TUR				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				96.96	243.00	0.00	0.00	0.00	0.00	0.00	339.96
				96.96	243.00	0.00	0.00	0.00	0.00	0.00	339.96
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02589V

15WC02589V	MOBLEY, LORENZO	10		24,001.00	1,193.00	10,000.00	0.00	0.00	0.00	0.00	35,194.00
UNION HIGH SCHOOL (UNION)	6/19/2015	6/24/2015	Open	1,361.27	1,193.00	8,550.00	0.00	0.00	0.00	0.00	11,104.27
LIFTING, PUSHING AND DUMPING HEAVY TRASH FELT PAIN IN L GROIN AREA				22,639.73	0.00	1,450.00	0.00	0.00	0.00	0.00	24,089.73
Total by Claim Number 1 Claim				24,001.00	1,193.00	10,000.00	0.00	0.00	0.00	0.00	35,194.00
				1,361.27	1,193.00	8,550.00	0.00	0.00	0.00	0.00	11,104.27
				22,639.73	0.00	1,450.00	0.00	0.00	0.00	0.00	24,089.73

Claim Number: 15WC02590W

15WC02590W	COLON, MIRIAM	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ROBERT WATERS SCHOOL	6/23/2015	6/24/2015	7/31/2015	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WORKING WITH A SPEC ED STUDENT THE CHILD GOT UPSET AND BIT LT UPF				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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

Total by Claim Number 1 Claim	0.00	243.00	0.00	0.00	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	0.00	0.00	243.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02591B

15WC02591B	ANELLO, JUDY	11		374.66	243.00	0.00	0.00	0.00	0.00	0.00	617.66
JOHN F. KENNEDY E.S.	6/16/2015	6/24/2015	7/28/2015	374.66	243.00	0.00	0.00	0.00	0.00	0.00	617.66
CLMT WAS REPORTING TO WORK TRIPPED ON SIDEWALK FELL TO GROUND				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				374.66	243.00	0.00	0.00	0.00	0.00	0.00	617.66
				374.66	243.00	0.00	0.00	0.00	0.00	0.00	617.66
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02592Y

15WC02592Y	BURD, WILLIAM	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
FRANKLIN SCHOOL	6/23/2015	6/24/2015	7/27/2015	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
MOVING FILE CABINET, PARTITION SWUNG OPEN AND HIT HIS 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: 15WC02593W

15WC02593W	LIPTAK, MARIA	11		270.19	243.00	0.00	0.00	0.00	0.00	0.00	513.19
DENVILLE TWP BOE	6/23/2015	6/24/2015	7/31/2015	270.19	243.00	0.00	0.00	0.00	0.00	0.00	513.19
STUDENT HAVING OUTBURST SCRATCHED HER ON BACK OF NECK, CHEST				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				270.19	243.00	0.00	0.00	0.00	0.00	0.00	513.19
				270.19	243.00	0.00	0.00	0.00	0.00	0.00	513.19
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02594B



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02594B

15WC02594B	MCBRIDE, MICHAEL	11	464.28	243.00	0.00	0.00	0.00	0.00	0.00	707.28
CAPE MAY COUNTY BRD OF VOC E	6/16/2015	6/24/2015	8/27/2015	464.28	243.00	0.00	0.00	0.00	0.00	707.28
DRIVING LAWN MOWER AND TWISTED HIS BODY LOWER BACK INJURED				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			464.28	243.00	0.00	0.00	0.00	0.00	0.00	707.28
			464.28	243.00	0.00	0.00	0.00	0.00	0.00	707.28
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02595K

15WC02595K	ERRICKSON, RONALD	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
INDIAN HILL E.S.	6/15/2015	6/24/2015	7/10/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
TAKING OUT GARBAGE TO DUMPSTER, FELT POP IN L SHOULDER				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			0.00	243.00	0.00	0.00	0.00	0.00	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: 15WC02596K

15WC02596K	SEPULVEDA, MARIVEL	11	337.40	243.00	0.00	0.00	0.00	0.00	0.00	580.40
EMERSON MS	6/23/2015	6/24/2015	7/30/2015	337.40	243.00	0.00	0.00	0.00	0.00	580.40
REACHED FOR SOME TOILET TISSUE, SCRAPED L HAND PINKY FINGER ON BF				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			337.40	243.00	0.00	0.00	0.00	0.00	0.00	580.40
			337.40	243.00	0.00	0.00	0.00	0.00	0.00	580.40
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02597Y

15WC02597Y	TALIAFERRO, DERRIC	11	258.00	243.00	0.00	0.00	0.00	0.00	0.00	501.00
HIGH SCHOOL	6/19/2015	6/24/2015	7/22/2015	258.00	243.00	0.00	0.00	0.00	0.00	501.00
SITTING IN BACK OF TRUCK WITH TABLES, A TABLE SLID HITTING HIS L WRIS				0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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

Total by Claim Number 1 Claim

258.00	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	501.00
258.00	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	501.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02598Y

15WC02598Y	SCHMELTZ, THOMAS	11	124.08	243.00	0.00	0.00	0.00	0.00	0.00	367.08
FAIR LAWN H.S.	6/23/2015	6/24/2015	7/24/2015	124.08	243.00	0.00	0.00	0.00	0.00	367.08
PICKING UP MATS, BEES FROM FENCE POST STUNG HIM ON L HAND/RING FINGER				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	0.00	0.00	0.00	367.08
124.08	243.00	0.00	0.00	0.00	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	0.00	0.00	0.00

Claim Number: 15WC02599K

15WC02599K	PEREZ, FELIX	11	924.80	243.00	0.00	0.00	0.00	0.00	0.00	1,167.80
FLORENCE M GAUDINEER M.S.	6/18/2015	6/24/2015	8/12/2015	924.80	243.00	0.00	0.00	0.00	0.00	1,167.80
LOCKING A DOOR HIS FINGER BECAME STUCK BETWEEN JAM AND LOCK				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Total by Claim Number 1 Claim

924.80	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,167.80
924.80	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,167.80
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02600B

15WC02600B	CAVRALES, GUSTAVO	11	425.06	243.00	0.00	0.00	0.00	0.00	0.00	668.06
WOODBROOK	6/23/2015	6/24/2015	8/21/2015	425.06	243.00	0.00	0.00	0.00	0.00	668.06
WAS CLEANING AIR CONDITIONER UNIT, PARTICLES WENT INTO HIS L EYE				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Total by Claim Number 1 Claim

425.06	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	668.06
425.06	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	668.06
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02602W



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02602W

15WC02602W	ROSA, DARLENE	11	631.04	243.00	0.00	0.00	0.00	0.00	0.00	874.04
MILL POND E.S.	6/23/2015	6/24/2015	8/ 6/2015	631.04	243.00	0.00	0.00	0.00	0.00	874.04
WAS ON SCHOOL BUS INVOLVED IN MVA AND WAS JERKED AROUND, INJURE			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			631.04	243.00	0.00	0.00	0.00	0.00	0.00	874.04
			631.04	243.00	0.00	0.00	0.00	0.00	0.00	874.04
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02603W

15WC02603W	FERRARIE, CHARLOTTE	11	160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
MEMORIAL INTERMEDIATE SCHOO	6/23/2015	6/24/2015	8/ 4/2015	160.00	243.00	0.00	0.00	0.00	0.00	403.00
UNLOADING CAR, TURNED AND TRIPPED OVER CURB FELL ON R HAND			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: 15WC02604G

15WC02604G	NISTICO, DAMIANO	14	1.00	0.00	10,000.00	0.00	0.00	2,500.00	0.00	12,501.00
RAYMOND E VOORHEES ES	6/18/2015	6/24/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FELT STRAIN TO LOWER BACK AND R SHOULDER AFTER LIFTING CHAIR RACI			1.00	0.00	10,000.00	0.00	0.00	2,500.00	0.00	12,501.00
Total by Claim Number 1 Claim			1.00	0.00	10,000.00	0.00	0.00	2,500.00	0.00	12,501.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			1.00	0.00	10,000.00	0.00	0.00	2,500.00	0.00	12,501.00

Claim Number: 15WC02605Z

15WC02605Z	DONOVAN, KEVIN	11	2,500.00	245.00	1,320.62	0.00	0.00	0.00	0.00	4,065.62
HIGH SCHOOL	6/22/2015	6/24/2015	Open	1,418.23	243.00	1,320.62	0.00	0.00	0.00	2,981.85
CLIMBING UP LADDER ATTACHED TO WALL, FELT PAIN IN SHOULDER			1,081.77	2.00	0.00	0.00	0.00	0.00	0.00	1,083.77



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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										
Total by Claim Number 1 Claim				2,500.00	245.00	1,320.62	0.00	0.00	0.00	4,065.62
				1,418.23	243.00	1,320.62	0.00	0.00	0.00	2,981.85
				1,081.77	2.00	0.00	0.00	0.00	0.00	1,083.77
Claim Number: 15WC02606B										
15WC02606B	SMITH, CHRISTINE	11		976.90	243.00	0.00	0.00	0.00	0.00	1,219.90
WARETOWN E.S.	6/24/2015	6/24/2015	8/27/2015	976.90	243.00	0.00	0.00	0.00	0.00	1,219.90
TRIPPED OVER CHAIR BY HER DESK INJURED R PINKY TOE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				976.90	243.00	0.00	0.00	0.00	0.00	1,219.90
				976.90	243.00	0.00	0.00	0.00	0.00	1,219.90
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02607K										
15WC02607K	PAGE, NATASHA	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
PARKER SCHOOL	6/24/2015	6/24/2015	7/29/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STANDING ON STAGE STUDENTS WERE WALKING ONTO IT, THE FLAG POLE F				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02608B										
15WC02608B	FILIPOWICZ, PATRICIA	14		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
BAYONNE H.S. AND ADMIN. OFFICE	6/25/2015	6/25/2015	Open	266.21	243.00	0.00	0.00	0.00	0.00	509.21
EXITING BLDG FOR FIRE DRILL, LEANED ON FENCE AND GATE SWUNG OPEN				2,233.79	2.00	0.00	0.00	0.00	0.00	2,235.79
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				266.21	243.00	0.00	0.00	0.00	0.00	509.21
				2,233.79	2.00	0.00	0.00	0.00	0.00	2,235.79
Claim Number: 15WC02609Z										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02609Z

15WC02609Z	ESTRELLA, ROSA	10		11,000.00	1,193.00	521.00	0.00	0.00	0.00	0.00	12,714.00
UNION HILL MS	6/24/2015	6/25/2015	Open	6,216.14	1,193.00	520.80	0.00	0.00	0.00	0.00	7,929.94
PUSHED CAN FILLED WITH RECYCLABLES THE CAN TILTED OVER CAUSING H				4,783.86	0.00	0.20	0.00	0.00	0.00	0.00	4,784.06
Total by Claim Number 1 Claim				11,000.00	1,193.00	521.00	0.00	0.00	0.00	0.00	12,714.00
				6,216.14	1,193.00	520.80	0.00	0.00	0.00	0.00	7,929.94
				4,783.86	0.00	0.20	0.00	0.00	0.00	0.00	4,784.06

Claim Number: 15WC02610J

15WC02610J	BOYCE, MICHAEL	10		1,087.99	1,193.00	5,230.73	0.00	0.00	0.00	0.00	7,511.72
DEPARTMENT OF TRANS. (MAINTENANCE)	6/24/2015	6/25/2015	9/10/2015	1,087.99	1,193.00	5,230.73	0.00	0.00	0.00	0.00	7,511.72
FELT STRAIN TO L SHOULDER AFTER LIFTING UP A BARREL FILLED WITH ICE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,087.99	1,193.00	5,230.73	0.00	0.00	0.00	0.00	7,511.72
				1,087.99	1,193.00	5,230.73	0.00	0.00	0.00	0.00	7,511.72
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02611K

15WC02611K	BRUDER, ANGELA	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
RAVINE DRIVE ES	6/25/2015	6/25/2015	7/28/2015	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
PICKING UP BOOKS FROM SHELF, STOOD UP HITTING L SIDE OF HEAD ON ME				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: 15WC02612K

15WC02612K	BOYD, RICKY	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
JONATHAN DAYTON H.S.	6/24/2015	6/24/2015	7/28/2015	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
LIFTING A CRATE OF COMPUTERS, FELT PAIN IN HIS UPPER BACK				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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

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: 15WC02613P

15WC02613P	FARMSIDE, RENEE		10	2,612.80	243.00	5,000.00	0.00	0.00	2,500.00	0.00	10,355.80
VINELAND TRANSPORTATION	6/24/2015	6/26/2015	Reopened	596.93	243.00	0.00	0.00	0.00	0.00	0.00	839.93
TALKING TO BUS DRIVER, SHE RAN BACK TO HER BUS TRIPPED ON PARKING				2,015.87	0.00	5,000.00	0.00	0.00	2,500.00	0.00	9,515.87
Total by Claim Number 1 Claim				2,612.80	243.00	5,000.00	0.00	0.00	2,500.00	0.00	10,355.80
				596.93	243.00	0.00	0.00	0.00	0.00	0.00	839.93
				2,015.87	0.00	5,000.00	0.00	0.00	2,500.00	0.00	9,515.87

Claim Number: 15WC02614B

15WC02614B	PATEL, AMIT		11	581.15	243.00	0.00	0.00	0.00	0.00	0.00	824.15
DWIGHT D EISENHOWER E.S.	6/26/2015	6/26/2015	8/13/2015	581.15	243.00	0.00	0.00	0.00	0.00	0.00	824.15
GETTING WATER OUT OF CLOSET, LIFTED A CORNER CUTTING HIS L HAND O				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				581.15	243.00	0.00	0.00	0.00	0.00	0.00	824.15
				581.15	243.00	0.00	0.00	0.00	0.00	0.00	824.15
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02615Y

15WC02615Y	MONTIBELLO, LISA		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BAYVIEW ES	6/19/2015	6/26/2015	Open	331.35	243.00	0.00	0.00	0.00	0.00	0.00	574.35
WALKING IN CLASSROOM, STRUCK R FOOT PINKY TO ON LEG OF CHAIR				2,168.65	2.00	0.00	0.00	0.00	0.00	0.00	2,170.65
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				331.35	243.00	0.00	0.00	0.00	0.00	0.00	574.35
				2,168.65	2.00	0.00	0.00	0.00	0.00	0.00	2,170.65

Claim Number: 15WC02616Y

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NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02616Y

15WC02616Y	GARCIA, MARCO	11		550.51	243.00	0.00	0.00	0.00	0.00	793.51
MORRIS HILLS ADULT HS	6/17/2015	6/26/2015	8/14/2015	550.51	243.00	0.00	0.00	0.00	0.00	793.51
SETTING UP FOR GRADUATION, LIFTING CHAIRS/PLATFORMS INJURED BACK				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				550.51	243.00	0.00	0.00	0.00	0.00	793.51
				550.51	243.00	0.00	0.00	0.00	0.00	793.51
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02618J

15WC02618J	SANISCALCHI, JOSEPH	10		2,500.00	1,195.00	0.00	0.00	0.00	0.00	3,695.00
JAMES J. FLYNN E.S.	6/24/2015	6/26/2015	Open	0.00	1,193.00	0.00	0.00	0.00	0.00	1,193.00
LOADING A FLAT CART AND LIFTED BOOKS TO PLACE ON CART, FELT PAIN IN				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	1,195.00	0.00	0.00	0.00	0.00	3,695.00
				0.00	1,193.00	0.00	0.00	0.00	0.00	1,193.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 15WC02619W

15WC02619W	GRIMM, RICHARD	11		328.48	243.00	0.00	0.00	0.00	0.00	571.48
JONATHAN DAYTON H.S.	6/18/2015	6/26/2015	8/ 5/2015	328.48	243.00	0.00	0.00	0.00	0.00	571.48
WORKING ON SUB PART IN BOILER ROOM, WRENCH SLIPPED INJURED R LOV				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				328.48	243.00	0.00	0.00	0.00	0.00	571.48
				328.48	243.00	0.00	0.00	0.00	0.00	571.48
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02620B

15WC02620B	LUCAS, AMY	11		197.00	243.00	0.00	0.00	0.00	0.00	440.00
INST.OF TECH - WESTAMPTON	6/25/2015	6/26/2015	7/31/2015	197.00	243.00	0.00	0.00	0.00	0.00	440.00
CARRYING A CASHBOX TO BASEMENT IN BREEZEWAY THE BOX OPENED CU				0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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										
Total by Claim Number 1 Claim				197.00	243.00	0.00	0.00	0.00	0.00	440.00
				197.00	243.00	0.00	0.00	0.00	0.00	440.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02623B										
15WC02623B	LEE, NANCY		11	83.67	243.00	0.00	0.00	0.00	0.00	326.67
DAYLIGHT TWILIGHT HS SOUTH W/	6/25/2015	6/26/2015	9/ 3/2015	83.67	243.00	0.00	0.00	0.00	0.00	326.67
CARRYING BOX OF CAPS AND GOWNS, FELL ON UNEVEN PAVEMENT INJURE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				83.67	243.00	0.00	0.00	0.00	0.00	326.67
				83.67	243.00	0.00	0.00	0.00	0.00	326.67
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02624W										
15WC02624W	REYES, MARIA		11	437.46	243.00	0.00	0.00	0.00	0.00	680.46
ROBERT WATERS SCHOOL	6/29/2015	6/29/2015	8/20/2015	437.46	243.00	0.00	0.00	0.00	0.00	680.46
STUDENT HAVING OUTBURST AND BIT HER ON R WRIST				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				437.46	243.00	0.00	0.00	0.00	0.00	680.46
				437.46	243.00	0.00	0.00	0.00	0.00	680.46
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02625K										
15WC02625K	DZITKOWSKA, ANNA		11	580.92	243.00	0.00	0.00	0.00	0.00	823.92
NUVIEW ACADEMY	6/29/2015	6/29/2015	7/30/2015	580.92	243.00	0.00	0.00	0.00	0.00	823.92
WAS ATTACKED BY AN AGGRESSIVE STUDENT, CHILD PUNCHED HER IN FAC				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				580.92	243.00	0.00	0.00	0.00	0.00	823.92
				580.92	243.00	0.00	0.00	0.00	0.00	823.92
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02626B										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02626B

15WC02626B	VILARDO, FREDERICK	11		269.31	243.00	0.00	0.00	0.00	0.00	0.00	512.31
AUDUBON HS	6/26/2015	6/29/2015	8/27/2015	269.31	243.00	0.00	0.00	0.00	0.00	0.00	512.31
WORKING ON DROP CEILING, PUT PRESSURE ON TWO PIECES OF METAL PAI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				269.31	243.00	0.00	0.00	0.00	0.00	0.00	512.31
				269.31	243.00	0.00	0.00	0.00	0.00	0.00	512.31
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02627Y

15WC02627Y	GUZMAN, VICTOR	11		318.00	243.00	0.00	0.00	0.00	0.00	0.00	561.00
UNION CITY HIGH SCHOOL	6/29/2015	6/29/2015	Reopened	318.00	243.00	0.00	0.00	0.00	0.00	0.00	561.00
WALKING TOWARD BLDG, WAS BITTEN BY DOG ON R HAND				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				318.00	243.00	0.00	0.00	0.00	0.00	0.00	561.00
				318.00	243.00	0.00	0.00	0.00	0.00	0.00	561.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02628W

15WC02628W	CAMPOFIORI, ROBERT	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HILLSBOROUGH HS	6/28/2015	6/29/2015	Open	212.67	243.00	0.00	0.00	0.00	0.00	0.00	455.67
MOVING A FILE CABINET INTO HALLWAY FELT POP IN L SHOULDER				2,287.33	2.00	0.00	0.00	0.00	0.00	0.00	2,289.33
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				212.67	243.00	0.00	0.00	0.00	0.00	0.00	455.67
				2,287.33	2.00	0.00	0.00	0.00	0.00	0.00	2,289.33

Claim Number: 15WC02629K

15WC02629K	CIEZAK, TERAY	11		620.03	243.00	0.00	0.00	0.00	0.00	0.00	863.03
OCEAN TWP H.S.	6/25/2015	6/29/2015	8/20/2015	620.03	243.00	0.00	0.00	0.00	0.00	0.00	863.03
FILING PAPERWORK WHEN CABINET FELL ON TOP OF HER INJURED NECK, R				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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

Total by Claim Number 1 Claim				620.03	243.00	0.00	0.00	0.00	0.00	863.03
				620.03	243.00	0.00	0.00	0.00	0.00	863.03
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02630V

15WC02630V	BELL, JAMES		11	160.00	243.00	293.14	0.00	0.00	0.00	0.00	696.14
SEWELL ES	6/24/2015	6/29/2015	8/ 3/2015	160.00	243.00	293.14	0.00	0.00	0.00	0.00	696.14
REMOVING TREES FROM STORM , CUT HIS R HAND				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	293.14	0.00	0.00	0.00	0.00	696.14
				160.00	243.00	293.14	0.00	0.00	0.00	0.00	696.14
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02631Y

15WC02631Y	BERCAW, EDNA		11	363.63	243.00	0.00	0.00	0.00	0.00	0.00	606.63
MILFORD E.S.	6/17/2015	6/29/2015	8/14/2015	363.63	243.00	0.00	0.00	0.00	0.00	0.00	606.63
PLAYING KICKBALL ON FIELD WITH STUDENTS INJURED R PINKY FINGER				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				363.63	243.00	0.00	0.00	0.00	0.00	0.00	606.63
				363.63	243.00	0.00	0.00	0.00	0.00	0.00	606.63
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02632W

15WC02632W	MEDINA, VICENTA		11	3,500.00	245.00	0.00	0.00	0.00	0.00	0.00	3,745.00
MCGINNIS M.S.	6/24/2015	6/29/2015	Open	1,749.31	243.00	0.00	0.00	0.00	0.00	0.00	1,992.31
THROWING TRASH BAGS INTO BINS INJURED L SHOULDER				1,750.69	2.00	0.00	0.00	0.00	0.00	0.00	1,752.69
Total by Claim Number 1 Claim				3,500.00	245.00	0.00	0.00	0.00	0.00	0.00	3,745.00
				1,749.31	243.00	0.00	0.00	0.00	0.00	0.00	1,992.31
				1,750.69	2.00	0.00	0.00	0.00	0.00	0.00	1,752.69

Claim Number: 15WC02633Y





NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02633Y

15WC02633Y	SUTTEN, JEANNE	11		1,203.49	243.00	0.00	0.00	0.00	0.00	0.00	1,446.49
CHILD FAMILY CENTER ES	6/26/2015	6/29/2015	8/24/2015	1,203.49	243.00	0.00	0.00	0.00	0.00	0.00	1,446.49
CLEANING FURNITURE AND A DESK FELL ON R HAND				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,203.49	243.00	0.00	0.00	0.00	0.00	0.00	1,446.49
				1,203.49	243.00	0.00	0.00	0.00	0.00	0.00	1,446.49
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02634W

15WC02634W	HERNANDEZ, TANYA	11		160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
JOHN F. KENNEDY MEMORIAL	6/29/2015	6/29/2015	8/ 5/2015	160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
SCRUBBING FLOORS TURNED CORNER AND JAMMED L PINKY FINGER INTO V				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: 15WC02635K

15WC02635K	CRESPO, LUIS	11		2,352.61	243.00	0.00	0.00	0.00	0.00	0.00	2,595.61
MCGINNIS M.S.	6/29/2015	6/30/2015	7/30/2015	2,352.61	243.00	0.00	0.00	0.00	0.00	0.00	2,595.61
WHILE MOVING FURNITURE INTO A CLASSROOM HE FELT A STRAIN TO HIS L				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				2,352.61	243.00	0.00	0.00	0.00	0.00	0.00	2,595.61
				2,352.61	243.00	0.00	0.00	0.00	0.00	0.00	2,595.61
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02636K

15WC02636K	JIMENEZ, JOSE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MORRISTOWN H.S.	6/29/2015	6/29/2015	Open	381.48	243.00	0.00	0.00	0.00	0.00	0.00	624.48
LIFTING A CLASSROOM DESK TO REMOVE GUM FROM UNDERNEATH IT, THE				2,118.52	2.00	0.00	0.00	0.00	0.00	0.00	2,120.52



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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										
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			381.48	243.00	0.00	0.00	0.00	0.00	0.00	624.48
			2,118.52	2.00	0.00	0.00	0.00	0.00	0.00	2,120.52
Claim Number: 15WC02637B										
15WC02637B	BOBIK, MELANIE	11	237.15	243.00	0.00	0.00	0.00	0.00	0.00	480.15
CAPE MAY CTY SPEC SERVICES H	6/30/2015	6/30/2015	8/21/2015	237.15	243.00	0.00	0.00	0.00	0.00	480.15
BIT BY A STUDENT ON LT SHOULDER, SKIN WAS BROKEN			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			237.15	243.00	0.00	0.00	0.00	0.00	0.00	480.15
			237.15	243.00	0.00	0.00	0.00	0.00	0.00	480.15
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02638K										
15WC02638K	CARUSO, JOHN	11	342.83	243.00	0.00	0.00	0.00	0.00	0.00	585.83
ATLANTIC CO VOTECH	6/24/2015	6/24/2015	9/ 8/2015	342.83	243.00	0.00	0.00	0.00	0.00	585.83
WHILE TEARING DOWN SHEET ROCK WALLS, HE FELT PAIN IN THE RT WRIST			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			342.83	243.00	0.00	0.00	0.00	0.00	0.00	585.83
			342.83	243.00	0.00	0.00	0.00	0.00	0.00	585.83
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02639W										
15WC02639W	AVENT, ALFONSO	11	818.77	243.00	0.00	0.00	0.00	0.00	0.00	1,061.77
LEEDS AVENUE SCHOOL	6/25/2015	6/25/2015	8/27/2015	818.77	243.00	0.00	0.00	0.00	0.00	1,061.77
MOVING MATERIALS IN THE HALLWAY HIS BOOT CLEAT SLID ON THE FLOOR			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			818.77	243.00	0.00	0.00	0.00	0.00	0.00	1,061.77
			818.77	243.00	0.00	0.00	0.00	0.00	0.00	1,061.77
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02640B										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02640B

15WC02640B	PATULLO, FRANCIS	11		280.92	243.00	0.00	0.00	0.00	0.00	523.92
JOHN FABER SCHOOL	6/29/2015	6/30/2015	8/25/2015	280.92	243.00	0.00	0.00	0.00	0.00	523.92
INSTALLING A WINDOW-AIR CONDITIONER IN A CLASSROOM, HE CUT HIS LT F				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				280.92	243.00	0.00	0.00	0.00	0.00	523.92
				280.92	243.00	0.00	0.00	0.00	0.00	523.92
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02641K

15WC02641K	PAULINO, PURA	11		124.08	243.00	0.00	0.00	0.00	0.00	367.08
ROBERT WATERS SCHOOL	6/30/2015	6/30/2015	8/12/2015	124.08	243.00	0.00	0.00	0.00	0.00	367.08
STUDENT HAVING A BEHAVIOR STRUCK HER IN THE FACE WITH A TOY, INJUF				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	367.08
				124.08	243.00	0.00	0.00	0.00	0.00	367.08
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02643Y

15WC02643Y	SPEAKMAN, JACOB	11		447.75	243.00	0.00	0.00	0.00	0.00	690.75
TRITON HS	6/26/2015	6/26/2015	8/12/2015	447.75	243.00	0.00	0.00	0.00	0.00	690.75
STEPPING DOWN A LADDER & MISSED HIS STEP, INJURED HIS RT ANKLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				447.75	243.00	0.00	0.00	0.00	0.00	690.75
				447.75	243.00	0.00	0.00	0.00	0.00	690.75
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02644W

15WC02644W	BROWN, APRIL	11		6,036.37	243.00	0.00	0.00	0.00	0.00	6,279.37
NEWBURY SCHOOL	6/30/2015	6/30/2015	8/14/2015	6,036.37	243.00	0.00	0.00	0.00	0.00	6,279.37
STRIPPING THE FLOORS WITH THE FLOOR STRIPPER, SHE WAS KNOCKED D				0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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										
Total by Claim Number 1 Claim			6,036.37	243.00	0.00	0.00	0.00	0.00	0.00	6,279.37
			6,036.37	243.00	0.00	0.00	0.00	0.00	0.00	6,279.37
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02645C										
15WC02645C	COURTER, EDWIN	11	254,500.00	245.00	253,000.00	0.00	0.00	7,040.00	0.00	514,785.00
RARITAN HS	6/30/2015	6/30/2015	Open	32,889.56	243.00	7,944.00	0.00	0.00	0.00	41,076.56
STRIPPING FLOORS HE FELL FROM CHEMICALS ON THE FLOOR, HITTING HIS			221,610.44	2.00	245,056.00	0.00	0.00	7,040.00	0.00	473,708.44
Total by Claim Number 1 Claim			254,500.00	245.00	253,000.00	0.00	0.00	7,040.00	0.00	514,785.00
			32,889.56	243.00	7,944.00	0.00	0.00	0.00	0.00	41,076.56
			221,610.44	2.00	245,056.00	0.00	0.00	7,040.00	0.00	473,708.44
Claim Number: 15WC02646Y										
15WC02646Y	CONCEPCION-MCGRATH, SABRI	11	228.37	243.00	0.00	0.00	0.00	0.00	0.00	471.37
GEORGE E BAILEY M.S.	6/30/2015	6/30/2015	7/21/2015	228.37	243.00	0.00	0.00	0.00	0.00	471.37
ESCORTING A STUDENT TO THE BATHROOM, SHE STRUCK HER LT THUMB AC			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			228.37	243.00	0.00	0.00	0.00	0.00	0.00	471.37
			228.37	243.00	0.00	0.00	0.00	0.00	0.00	471.37
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02647K										
15WC02647K	VELEZ, FELIX	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PERTH AMBOY H.S.	6/23/2015	6/23/2015	Open	1,281.60	243.00	0.00	0.00	0.00	0.00	1,524.60
MOVING FURNITURE IN ORDER TO RECEIVE A FILING CABINET, FELT A SNAP			1,218.40	2.00	0.00	0.00	0.00	0.00	0.00	1,220.40
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			1,281.60	243.00	0.00	0.00	0.00	0.00	0.00	1,524.60
			1,218.40	2.00	0.00	0.00	0.00	0.00	0.00	1,220.40
Claim Number: 15WC02648V										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02648V

15WC02648V	WEIGEL, EDWARD	10		47,000.00	1,195.00	32,000.00	0.00	0.00	0.00	0.00	80,195.00
SOUTH ORANGE JUNIOR HIGH SCH	6/30/2015	7/1/2015	Open	10,291.92	1,193.00	3,420.00	0.00	0.00	0.00	0.00	14,904.92
PARKING A TRACTOR, WENT TO STEP OFF THE TRACTOR & TWISTED HIS LT I				36,708.08	2.00	28,580.00	0.00	0.00	0.00	0.00	65,290.08
Total by Claim Number 1 Claim				47,000.00	1,195.00	32,000.00	0.00	0.00	0.00	0.00	80,195.00
				10,291.92	1,193.00	3,420.00	0.00	0.00	0.00	0.00	14,904.92
				36,708.08	2.00	28,580.00	0.00	0.00	0.00	0.00	65,290.08

Claim Number: 15WC02659M

15WC02659M	STEWART, MICHAEL	10		6,000.00	1,193.00	17,000.00	0.00	0.00	0.00	0.00	24,193.00
JOHN A. FORREST E.S.	6/30/2015	6/30/2015	Open	2,895.61	1,193.00	6,405.00	0.00	0.00	0.00	0.00	10,493.61
SCRUBBING WINDOWS & HIS RT HAND WENT THROUGH THE WINDOW, CUTTI				3,104.39	0.00	10,595.00	0.00	0.00	0.00	0.00	13,699.39
Total by Claim Number 1 Claim				6,000.00	1,193.00	17,000.00	0.00	0.00	0.00	0.00	24,193.00
				2,895.61	1,193.00	6,405.00	0.00	0.00	0.00	0.00	10,493.61
				3,104.39	0.00	10,595.00	0.00	0.00	0.00	0.00	13,699.39

Claim Number: 15WC02662W

15WC02662W	BARBER, GUY	11		231.53	243.00	0.00	0.00	0.00	0.00	0.00	474.53
TRANSPORTATION DEPT	6/10/2015	6/11/2015	8/27/2015	231.53	243.00	0.00	0.00	0.00	0.00	0.00	474.53
CLIMBING THRU THE EMERGENCY EXIT ONTO THE BUS, CAUSING HIM TO FEI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				231.53	243.00	0.00	0.00	0.00	0.00	0.00	474.53
				231.53	243.00	0.00	0.00	0.00	0.00	0.00	474.53
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02663K

15WC02663K	SCHOENER, SUSAN	11		546.12	243.00	0.00	0.00	0.00	0.00	0.00	789.12
BUENA REGIONAL HS	6/16/2015	6/16/2015	8/20/2015	546.12	243.00	0.00	0.00	0.00	0.00	0.00	789.12
HER SANDAL CAUGHT ON THE CARPET CAUSING HER TO LOSE HER BALANC				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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										
Total by Claim Number 1 Claim				546.12	243.00	0.00	0.00	0.00	0.00	789.12
				546.12	243.00	0.00	0.00	0.00	0.00	789.12
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02694Y										
15WC02694Y	ALLOWAY, ROBERT	11		175.74	243.00	0.00	0.00	0.00	0.00	418.74
ALBERT E. GRICE M.S.	6/29/2015	7/9/2015	9/ 3/2015	175.74	243.00	0.00	0.00	0.00	0.00	418.74
CLEANING DEBRIS IN SCHOOL YARD CAME IN CONTACT WITH POISON IVY ON				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				175.74	243.00	0.00	0.00	0.00	0.00	418.74
				175.74	243.00	0.00	0.00	0.00	0.00	418.74
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02705M										
15WC02705M	GOLEMBO, VADIM	14		3,501.00	0.00	0.00	0.00	0.00	0.00	3,501.00
TIMBER CREEK HIGH SCHOOL	6/8/2015	7/10/2015	Open	441.87	0.00	0.00	0.00	0.00	0.00	441.87
BREAKING UP FIGHT BETWEEN 2 STUDENTS WAS KNOCKED DOWN INJURED				3,059.13	0.00	0.00	0.00	0.00	0.00	3,059.13
Total by Claim Number 1 Claim				3,501.00	0.00	0.00	0.00	0.00	0.00	3,501.00
				441.87	0.00	0.00	0.00	0.00	0.00	441.87
				3,059.13	0.00	0.00	0.00	0.00	0.00	3,059.13
Claim Number: 15WC02743Y										
15WC02743Y	TEDESCO, JOHN	11		58.80	243.00	0.00	0.00	0.00	0.00	301.80
CARTERET H. S.	6/17/2015	7/17/2015	8/24/2015	58.80	243.00	0.00	0.00	0.00	0.00	301.80
SETTING UP STADIUM FOR GRADUATION WHEN SOMETHING GOT INTO R EYE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				58.80	243.00	0.00	0.00	0.00	0.00	301.80
				58.80	243.00	0.00	0.00	0.00	0.00	301.80
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02753Z										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC02753Z

15WC02753Z	MONACO, THOMAS		14	37,000.00	5,193.00	22,000.00	0.00	0.00	0.00	0.00	64,193.00
SOEHL MIDDLE SCHOOL	6/29/2015	7/16/2015	Open	965.29	243.00	1,567.38	0.00	0.00	0.00	0.00	2,775.67
STRIPPING FLOORS SLIPPED AND STRUCK HIS L KNEE				36,034.71	4,950.00	20,432.62	0.00	0.00	0.00	0.00	61,417.33
Total by Claim Number 1 Claim				37,000.00	5,193.00	22,000.00	0.00	0.00	0.00	0.00	64,193.00
				965.29	243.00	1,567.38	0.00	0.00	0.00	0.00	2,775.67
				36,034.71	4,950.00	20,432.62	0.00	0.00	0.00	0.00	61,417.33

Claim Number: 15WC02778Y

15WC02778Y	OSHEA, JOHN		11	1,436.23	243.00	0.00	0.00	0.00	0.00	0.00	1,679.23
MIDDLE SCHOOL	6/9/2015	7/23/2015	8/25/2015	1,436.23	243.00	0.00	0.00	0.00	0.00	0.00	1,679.23
STUDENT THREW A HARD BALL HITTING HIM IN THROAT				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,436.23	243.00	0.00	0.00	0.00	0.00	0.00	1,679.23
				1,436.23	243.00	0.00	0.00	0.00	0.00	0.00	1,679.23
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02798Y

15WC02798Y	ARBITELL, PAT		11	5,336.00	243.00	0.00	0.00	0.00	0.00	0.00	5,579.00
HOPEWELL VALLEY REG BOE	6/15/2015	7/28/2015	9/10/2015	5,336.00	243.00	0.00	0.00	0.00	0.00	0.00	5,579.00
SLIPPED 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				5,336.00	243.00	0.00	0.00	0.00	0.00	0.00	5,579.00
				5,336.00	243.00	0.00	0.00	0.00	0.00	0.00	5,579.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02803Y

15WC02803Y	JOHNSON, MAUREEN		11	282.28	243.00	0.00	0.00	0.00	0.00	0.00	525.28
MAINTENANCE DEPT	6/2/2015	7/28/2015	8/12/2015	282.28	243.00	0.00	0.00	0.00	0.00	0.00	525.28
OPENING FRONT DOOR, IT SLIPPED OUT OF HAND, SLAMMED BACK ON R WR				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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										
Total by Claim Number 1 Claim				282.28	243.00	0.00	0.00	0.00	0.00	525.28
				282.28	243.00	0.00	0.00	0.00	0.00	525.28
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02813Y										
15WC02813Y	KUBICKE, BARBARA	11		155.23	243.00	0.00	0.00	0.00	0.00	398.23
INDIAN FIELDS E S	6/19/2015	7/29/2015	8/24/2015	155.23	243.00	0.00	0.00	0.00	0.00	398.23
STEPPED OFF CURB ANKLE TWISTED, SHE FELL HITTING BACK OF HEAD				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: 15WC02923T										
15WC02923T	CATENA, KAREN	14		1.00	0.00	0.00	0.00	0.00	0.00	1.00
MARION P THOMAS CHARTER SCH	6/8/2015	8/17/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CLMT WAS MOVING CRATES OF TEXT BOOKS FELT PAIN IN NECK, RT SHOULDER				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: 15WC02974Y										
15WC02974Y	CRUZ, MARIA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
INDIAN HILL E.S.	6/22/2015	8/24/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
MOVING BOXES DURING SUMMER INJURED R SHOULDER				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: 15WC03012M										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15WC03012M

15WC03012M	CALEO, FRANK	14	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
DWIGHT D EISENHOWER E.S.	6/30/2015	8/31/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MOVING FURNITURE OVER PAST TWO MONTHS, RECEIVED HERNIA/ABDOMEN				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: 15WC03148G

15WC03148G	DAUBER, MICHAEL	14	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
FOUNDATION ACADEMY CHAR SCH	6/19/2015	9/10/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STANDING ON STOOL REMOVING PENNANTS FROM WALL, STOOL GAVE WAY				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

Total by Major Coverage 359 Claims

1,312,702.63	133,461.00	1,149,410.99	0.00	0.00	37,340.00	0.00	2,632,914.62
433,761.30	119,714.00	106,495.61	0.00	0.00	0.00	0.00	659,970.91
878,941.33	13,747.00	1,042,915.38	0.00	0.00	37,340.00	0.00	1,972,943.71

Major Coverage: 20 - GENERAL LIABILITY

Claim Number: 15GL03400L

15GL03400L	WELSH, MARGUERIT	21	0.00	0.00	234.33	0.00	0.00	0.00	0.00	234.33
SHREWBURY E.S.	6/8/2015	6/11/2015	6/16/2015	0.00	0.00	234.33	0.00	0.00	0.00	234.33
ALLEGES WINDSHIELD WAS STRUCK BY ERRANT BALL DURING RECESS				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	0.00	234.33	0.00	0.00	0.00	234.33
				0.00	0.00	234.33	0.00	0.00	0.00	234.33
				0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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

Claim Number: 15GL03406E

15GL03406E	MATHELIER, MELISSA	20	1,000.00	0.00	0.00	0.00	0.00	0.00	5,000.00	6,000.00
SOJOURNER TRUTH M.S.	6/11/2015	6/15/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES WAS OBSERVED FLOATING ON HER BACK BY INSTRUCTOR			1,000.00	0.00	0.00	0.00	0.00	0.00	5,000.00	6,000.00
Total by Claim Number 1 Claim			1,000.00	0.00	0.00	0.00	0.00	0.00	5,000.00	6,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			1,000.00	0.00	0.00	0.00	0.00	0.00	5,000.00	6,000.00

Claim Number: 15GL03419S

15GL03419S	BAEZ, MIRIAM	20	20,000.00	0.00	0.00	0.00	0.00	0.00	0.00	20,000.00
H & M POTTER ES	6/11/2015	6/17/2015	Reopened	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES TRIPPED OVER A LIP ON WALKWAY			20,000.00	0.00	0.00	0.00	0.00	0.00	0.00	20,000.00
Total by Claim Number 1 Claim			20,000.00	0.00	0.00	0.00	0.00	0.00	0.00	20,000.00
			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	0.00	0.00	0.00	20,000.00

Claim Number: 15GL03424D

15GL03424D	LOPEZ, METZLI	22	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
PLAINFIELD HS	6/17/2015	6/19/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES PE TEACHER MOVING VOLLEYBALL POST W/BASE, BASE CAME OFF			0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
Total by Claim Number 1 Claim			0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00

Claim Number: 15GL03428S

15GL03428S	CLMT, UNKNOWN	20	15,000.00	0.00	0.00	0.00	0.00	0.00	0.00	15,000.00
DR. LENA EDWARDS ACADEMIC C	6/19/2015	6/22/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGED SEXUAL ENCOUNTER WITH STUDENT			15,000.00	0.00	0.00	0.00	0.00	0.00	0.00	15,000.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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			15,000.00	0.00	0.00	0.00	0.00	0.00	0.00	15,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			15,000.00	0.00	0.00	0.00	0.00	0.00	0.00	15,000.00
Claim Number: 15GL03430H										
15GL03430H	HAYNES, ISAIAS	22	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
NORTH STAR ACADEMY BOE	6/17/2015	6/22/2015	Reopened	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES PLAYING IN GYM, RAN INTO SOMEONES ELBOW INJURED HIS R EYE				0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
Total by Claim Number 1 Claim			0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
Claim Number: 15GL03456D										
15GL03456D	FORNAL, NICOLE	22	5,000.00	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00
LACEY TWP BOE	6/5/2015	6/30/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES STUDENT INJURED LEFT KNEE DURING VOLLEYBALL AT FIELD DAY				5,000.00	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: 15GL03457H										
15GL03457H	ALBERTO, KASSANDRA	22	5,000.00	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00
PASSAIC BOARD OF EDUCATION	6/18/2015	6/30/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEDGES STUDENT INJURED WHILE PLAYING TAG IN GYM CLASS				5,000.00	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: 15GL03460S										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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

Claim Number: 15GL03460S

15GL03460S	HOLLAND, ZI'YON	20	15,000.00	0.00	0.00	0.00	0.00	0.00	0.00	15,000.00
JOHNSTONE E.S.	6/11/2015	7/6/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STUDENT ALLEGES WAS INAPPROPRIATELY RESTRAINED			15,000.00	0.00	0.00	0.00	0.00	0.00	0.00	15,000.00
Total by Claim Number 1 Claim			15,000.00	0.00	0.00	0.00	0.00	0.00	0.00	15,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			15,000.00	0.00	0.00	0.00	0.00	0.00	0.00	15,000.00

Claim Number: 15GL03462D

15GL03462D	HANLON, MICHAELA	22	50,000.00	0.00	0.00	0.00	0.00	0.00	5,000.00	55,000.00
WOODGLEN SCHOOL	6/17/2015	7/6/2015	Open	0.00	0.00	0.00	0.00	0.00	364.60	364.60
ALLEGES FALL ON NEWLY INSTALLED SURFACE OUTSIDE DURING RECESS S			50,000.00	0.00	0.00	0.00	0.00	0.00	4,635.40	54,635.40
Total by Claim Number 1 Claim			50,000.00	0.00	0.00	0.00	0.00	0.00	5,000.00	55,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	364.60	364.60
			50,000.00	0.00	0.00	0.00	0.00	0.00	4,635.40	54,635.40

Claim Number: 15GL03464H

15GL03464H	FEKRY, BIAR	20	15,000.00	0.00	0.00	0.00	0.00	0.00	0.00	15,000.00
JERSEY CITY PUBLIC SCHOOLS	6/5/2015	7/7/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES STUDENT RAN INTO CLMT & FELL			15,000.00	0.00	0.00	0.00	0.00	0.00	0.00	15,000.00
Total by Claim Number 1 Claim			15,000.00	0.00	0.00	0.00	0.00	0.00	0.00	15,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			15,000.00	0.00	0.00	0.00	0.00	0.00	0.00	15,000.00

Claim Number: 15GL03478L

15GL03478L	GARRETT, BRIGID	22	0.00	0.00	0.00	0.00	0.00	0.00	1,310.00	1,310.00
MONMOUTH COUNTY VOCATIONAL	6/10/2015	7/16/2015	7/23/2015	0.00	0.00	0.00	0.00	0.00	1,310.00	1,310.00
ALLEGES WAS STRUCK BY A FALLEN CRUTCH			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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	1,310.00	1,310.00
				0.00	0.00	0.00	0.00	0.00	1,310.00	1,310.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15GL03492L										
15GL03492L	REYNOSO, FANNY		22	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
ROOSEVELT ELEMENTARY SCHOC	6/29/2015	7/24/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES TRIP AND FALL ON PREMISES				0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
Total by Claim Number 1 Claim				0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
Claim Number: 15GL03496H										
15GL03496H	BINENSTOCK, JAMIE		22	0.00	0.00	0.00	0.00	0.00	1,370.51	1,370.51
MILLTOWN SCHOOL	6/9/2015	7/28/2015	8/13/2015	0.00	0.00	0.00	0.00	0.00	1,370.51	1,370.51
ALLEGES MINOR RAN INTO DUMPSTER SLICED L EARLOBE				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	1,370.51	1,370.51
				0.00	0.00	0.00	0.00	0.00	1,370.51	1,370.51
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15GL03501D										
15GL03501D	HUDEK, SUSAN		20	5,000.00	0.00	0.00	0.00	0.00	0.00	5,000.00
SCHOOL 10	6/10/2015	7/30/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES FELL				5,000.00	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	5,000.00
				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	5,000.00
Claim Number: 15GL03508H										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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

Claim Number: 15GL03508H

15GL03508H	GREEN, KAONA	20	2,500.00	0.00	0.00	0.00	0.00	0.00	0.00	2,500.00
EAST ORANGE BOARD OF EDUCAT	6/10/2015	8/4/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REPORTED STUDENT HIT MOUTH WHILE SLIDING DOWN THE SLIDE TEETH CI				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	2,500.00
				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	2,500.00

Claim Number: 15GL03516D

15GL03516D	MARTINEZ, ALEX	20	20,000.00	0.00	0.00	0.00	0.00	0.00	0.00	20,000.00
MIDDLESEX REG ED. SERVICES CC	6/21/2015	8/13/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES CHILD HAD BROKEN LEG UNKNOWN DETAILS				20,000.00	0.00	0.00	0.00	0.00	0.00	20,000.00
Total by Claim Number 1 Claim				20,000.00	0.00	0.00	0.00	0.00	0.00	20,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				20,000.00	0.00	0.00	0.00	0.00	0.00	20,000.00

Claim Number: 15GL03524H

15GL03524H	HOWELL, JASMIN	20	15,000.00	0.00	0.00	0.00	0.00	0.00	0.00	15,000.00
HOLMES #5	6/3/2015	8/19/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STUDENT ALLEGES FELL OFF SLIDE INJURED LT ELBOW				15,000.00	0.00	0.00	0.00	0.00	0.00	15,000.00
Total by Claim Number 1 Claim				15,000.00	0.00	0.00	0.00	0.00	0.00	15,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				15,000.00	0.00	0.00	0.00	0.00	0.00	15,000.00

Claim Number: 15GL03530S

15GL03530S	CONTI, MICHAEL	21	0.00	0.00	5,000.00	0.00	0.00	0.00	0.00	5,000.00
BRICK TWP. BOARD OF EDUCATIOI	6/13/2015	8/21/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ETHICS COMPLAINT				0.00	0.00	5,000.00	0.00	0.00	0.00	5,000.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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	5,000.00	0.00	0.00	0.00	5,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	5,000.00	0.00	0.00	0.00	5,000.00
Total by Major Coverage 19 Claims				168,500.00	0.00	5,234.33	0.00	0.00	27,680.51	201,414.84
				0.00	0.00	234.33	0.00	0.00	3,045.11	3,279.44
				168,500.00	0.00	5,000.00	0.00	0.00	24,635.40	198,135.40
Major Coverage: 30 - AUTO LIABILITY										
Claim Number: 15AL03259L										
15AL03259L	CURRURULLO, JOSEPH	31		0.00	0.00	750.00	0.00	0.00	0.00	750.00
BLOOMFIELD BOARD OF EDUCATIO	6/4/2015	6/4/2015	7/16/2015	0.00	0.00	750.00	0.00	0.00	0.00	750.00
MAINTENANCE HIT ANOTHER CAR				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	0.00	750.00	0.00	0.00	0.00	750.00
				0.00	0.00	750.00	0.00	0.00	0.00	750.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15AL03262Q										
15AL03262Q	Zapanta, Josefina	31		0.00	211.40	646.11	0.00	0.00	0.00	857.51
MIDDLESEX REG ED. SERVICES CC	6/4/2015	6/4/2015	8/18/2015	0.00	211.40	646.11	0.00	0.00	0.00	857.51
IV ROLLED INTO OV				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	211.40	646.11	0.00	0.00	0.00	857.51
				0.00	211.40	646.11	0.00	0.00	0.00	857.51
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15AL03265Q										
15AL03265Q	BINOT, JOHN	31		0.00	0.00	500.00	0.00	0.00	0.00	500.00
OCEAN TWP. BOARD OF EDUCATIO	6/8/2015	6/8/2015	7/21/2015	0.00	0.00	500.00	0.00	0.00	0.00	500.00
IV BACKED INTO PARKED VEHICLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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										
Total by Claim Number 1 Claim				0.00	0.00	500.00	0.00	0.00	0.00	500.00
				0.00	0.00	500.00	0.00	0.00	0.00	500.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15AL03269L/01										
15AL03269L/01	RODRIQUEZ, ARLEEN	31		0.00	90.00	1,783.37	0.00	0.00	0.00	1,873.37
VINELAND BOE OFFICE	6/2/2015	6/9/2015	6/30/2015	0.00	90.00	1,783.37	0.00	0.00	0.00	1,873.37
BUS ROLLED ACROSS BUS YARD HITTING 2 DISTRICT EMPLOYEE VEHICLES				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	90.00	1,783.37	0.00	0.00	0.00	1,873.37
				0.00	90.00	1,783.37	0.00	0.00	0.00	1,873.37
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15AL03273H										
15AL03273H	BACON, JANIRAH	31		0.00	95.00	873.16	0.00	0.00	0.00	968.16
VINELAND BOE OFFICE	6/1/2015	6/15/2015	7/20/2015	0.00	95.00	873.16	0.00	0.00	0.00	968.16
IV STRUCK OV				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	95.00	873.16	0.00	0.00	0.00	968.16
				0.00	95.00	873.16	0.00	0.00	0.00	968.16
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15AL03277Q/01										
15AL03277Q/01	DAPALMA, JOSEPHINE	31		0.00	0.00	1,000.00	0.00	0.00	0.00	1,000.00
WOODBRIDGE BOARD OF EDUCAT	6/10/2015	6/15/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV WAS STRUCK ON DRIVER SIDE REAR PANEL				0.00	0.00	1,000.00	0.00	0.00	0.00	1,000.00
Total by Claim Number 1 Claim				0.00	0.00	1,000.00	0.00	0.00	0.00	1,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	1,000.00	0.00	0.00	0.00	1,000.00
Claim Number: 15AL03277Q/02										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15AL03277Q/02

15AL03277Q/02	ATTANASIO, RICK	30	3,500.00	0.00	0.00	0.00	0.00	0.00	0.00	3,500.00
WOODBRIIDGE BOARD OF EDUCAT	6/10/2015	6/26/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV WAS STRUCK ON DRIVER SIDE REAR PANEL				3,500.00	0.00	0.00	0.00	0.00	0.00	3,500.00
Total by Claim Number 1 Claim			3,500.00	0.00	0.00	0.00	0.00	0.00	0.00	3,500.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				3,500.00	0.00	0.00	0.00	0.00	0.00	3,500.00

Claim Number: 15AL03278Q

15AL03278Q	GIORNO, KIM	31	0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
ATLANTIC CO VOTECH	6/12/2015	6/16/2015	7/ 2/2015	0.00	0.00	500.00	0.00	0.00	0.00	500.00
IV STRUCK PARKED OV DAMAGING FENDER				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	500.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15AL03279L

15AL03279L	KERRIGAN, MARY	31	0.00	0.00	350.00	0.00	0.00	0.00	0.00	350.00
OCEAN TWP. BOARD OF EDUCATIC	6/15/2015	6/17/2015	8/ 4/2015	0.00	0.00	350.00	0.00	0.00	0.00	350.00
IV TRYING TO TURN AROUND STRUCK PARKED VEHICLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			0.00	0.00	350.00	0.00	0.00	0.00	0.00	350.00
				0.00	0.00	350.00	0.00	0.00	0.00	350.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15AL03286L

15AL03286L	POLIMEDA, DOMINICK	31	0.00	90.00	3,062.75	0.00	0.00	0.00	0.00	3,152.75
LACEY TWP BOE	6/23/2015	6/24/2015	7/ 2/2015	0.00	90.00	3,062.75	0.00	0.00	0.00	3,152.75
IV STRUCK OV AT STOP SIGN				0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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											
Total by Claim Number 1 Claim				0.00	90.00	3,062.75	0.00	0.00	0.00	0.00	3,152.75
				0.00	90.00	3,062.75	0.00	0.00	0.00	0.00	3,152.75
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15AL03287L											
15AL03287L	VARELA, MARIA	31		0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
HUDSON CNTY VO-TECH	6/24/2015	6/24/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEDGES VEHICLES COLLIDED WHEN INSURED DRIVER ATTEMPTED RT TUF				0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
Total by Claim Number 1 Claim				0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
Claim Number: 15AL03288Q											
15AL03288Q	CRUCES, ARTURO	31		0.00	0.00	250.00	0.00	0.00	0.00	0.00	250.00
BELLEVILLE BOARD OF EDUCATIOI	6/8/2015	7/2/2015	7/30/2015	0.00	0.00	250.00	0.00	0.00	0.00	0.00	250.00
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	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: 15AL03289L											
15AL03289L	MARTINEZ, VIDAL	31		0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
JERSEY CITY PUBLIC SCHOOLS	6/12/2015	7/2/2015	8/11/2015	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: 15AL03290L



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15AL03290L

15AL03290L	BRILLANTE, ROBERT	31		0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
TOTOWA BOE	6/17/2015	7/2/2015	8/18/2015	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: 15AL03293Q

15AL03293Q	Suriel, Judith	31		0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
ELIZABETH BOARD OF EDUCATION	6/12/2015	7/6/2015	7/21/2015	0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
IV struck OV parked on street				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: 15AL03294Q

15AL03294Q	ARMAS, BRENDA	30		5,000.00	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00
HUDSON CNTY VO-TECH	6/10/2015	7/6/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV STRUCK OV				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: 15AL03295Q

15AL03295Q	NASCIMENTO, MARIA	31		0.00	223.40	2,416.42	0.00	0.00	0.00	0.00	2,639.82
MORRIS SCHOOL DIST	6/16/2015	7/6/2015	9/ 3/2015	0.00	223.40	2,416.42	0.00	0.00	0.00	0.00	2,639.82
IV BACKED INTO OV				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name		Cov Status	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
	Loss Date	Rpt Date		Incurred Paid	Incurred Paid	Incurred Paid	Incurred Paid	Incurred Paid	Incurred Paid	Incurred Paid	Incurred Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 30 - AUTO LIABILITY											
Total by Claim Number 1 Claim				0.00	223.40	2,416.42	0.00	0.00	0.00	0.00	2,639.82
				0.00	223.40	2,416.42	0.00	0.00	0.00	0.00	2,639.82
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15AL03296Q											
15AL03296Q	RISDEN, ADAM		31	0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
LACEY TWP BOE	6/12/2015	7/7/2015	7/14/2015	0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
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	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: 15AL03306L											
15AL03306L	BRESCIA, CORNELIA		31	0.00	0.00	750.00	0.00	0.00	0.00	0.00	750.00
MATAWAN-ABERDEEN REG	6/18/2015	7/28/2015	8/11/2015	0.00	0.00	750.00	0.00	0.00	0.00	0.00	750.00
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	750.00	0.00	0.00	0.00	0.00	750.00
				0.00	0.00	750.00	0.00	0.00	0.00	0.00	750.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Major Coverage 19 Claims				8,500.00	709.80	15,881.81	0.00	0.00	0.00	0.00	25,091.61
				0.00	709.80	13,881.81	0.00	0.00	0.00	0.00	14,591.61
				8,500.00	0.00	2,000.00	0.00	0.00	0.00	0.00	10,500.00
Major Coverage: 40 - AUTO PHYSICAL DAMAGE											
Claim Number: 15AL03253Q											
15AL03253Q	LODI BOE		40	0.00	216.00	500.00	0.00	0.00	0.00	0.00	716.00
LODI BOE	6/1/2015	6/2/2015	Reopened	0.00	215.40	0.00	0.00	0.00	0.00	0.00	215.40
OV STRUCK IV				0.00	0.60	500.00	0.00	0.00	0.00	0.00	500.60



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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	216.00	500.00	0.00	0.00	0.00	716.00
				0.00	215.40	0.00	0.00	0.00	0.00	215.40
				0.00	0.60	500.00	0.00	0.00	0.00	500.60
Claim Number: 15AL03256L										
15AL03256L	SOMERSET CTY ESC BOE,	40		0.00	256.40	10,000.00	0.00	0.00	0.00	10,256.40
SOMERSET CNTY ED.SERVICES CC	6/2/2015	6/3/2015	Open	0.00	256.40	1,997.83	0.00	0.00	0.00	2,254.23
OV STRUCK IV				0.00	0.00	8,002.17	0.00	0.00	0.00	8,002.17
Total by Claim Number 1 Claim				0.00	256.40	10,000.00	0.00	0.00	0.00	10,256.40
				0.00	256.40	1,997.83	0.00	0.00	0.00	2,254.23
				0.00	0.00	8,002.17	0.00	0.00	0.00	8,002.17
Claim Number: 15AL03270L										
15AL03270L	NORTH BRUNSWICK BOE	40		0.00	211.40	5,000.00	0.00	0.00	0.00	5,211.40
NORTH BRUNSWICK TOWNSHIP BF	6/11/2015	6/11/2015	Open	0.00	211.40	2,386.31	0.00	0.00	0.00	2,597.71
OV PASSING A STOPPED VEHICLE STRUCK IV				0.00	0.00	2,613.69	0.00	0.00	0.00	2,613.69
Total by Claim Number 1 Claim				0.00	211.40	5,000.00	0.00	0.00	0.00	5,211.40
				0.00	211.40	2,386.31	0.00	0.00	0.00	2,597.71
				0.00	0.00	2,613.69	0.00	0.00	0.00	2,613.69
Claim Number: 15AL03272L										
15AL03272L	BRIDGETON BOE	40		0.00	225.00	7,500.00	0.00	0.00	0.00	7,725.00
BRIDGETON	6/10/2015	6/12/2015	Open	0.00	225.00	3,143.43	0.00	0.00	0.00	3,368.43
OV STRUCK IV				0.00	0.00	4,356.57	0.00	0.00	0.00	4,356.57
Total by Claim Number 1 Claim				0.00	225.00	7,500.00	0.00	0.00	0.00	7,725.00
				0.00	225.00	3,143.43	0.00	0.00	0.00	3,368.43
				0.00	0.00	4,356.57	0.00	0.00	0.00	4,356.57
Claim Number: 15AL03274Q										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 40 - AUTO PHYSICAL DAMAGE

Claim Number: 15AL03274Q

15AL03274Q	SOUTH BRUNSWICK BOE	40		0.00	200.00	4,013.13	0.00	0.00	0.00	0.00	4,213.13
SOUTH BRUNSWICK BOE	6/15/2015	6/15/2015	9/10/2015	0.00	200.00	4,013.13	0.00	0.00	0.00	0.00	4,213.13
IV SWERVED HITTING POLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	200.00	4,013.13	0.00	0.00	0.00	0.00	4,213.13
				0.00	200.00	4,013.13	0.00	0.00	0.00	0.00	4,213.13
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15AL03275Q

15AL03275Q	ELIZABETH BOE	40		0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00
ELIZABETH BOARD OF EDUCATION	6/9/2015	6/15/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OV MAKING TURN STRUCK IV				0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00
Total by Claim Number 1 Claim				0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00

Claim Number: 15AL03277Q

15AL03277Q	WOODBIDGE TWP BOE	40		0.00	252.80	0.00	0.00	0.00	0.00	0.00	252.80
WOODBIDGE BOARD OF EDUCAT	6/10/2015	6/15/2015	8/13/2015	0.00	252.80	0.00	0.00	0.00	0.00	0.00	252.80
IV WAS STRUCK ON DRIVER SIDE REAR PANEL				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	252.80	0.00	0.00	0.00	0.00	0.00	252.80
				0.00	252.80	0.00	0.00	0.00	0.00	0.00	252.80
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15AL03280Q

15AL03280Q	HUNTERDON CTY ESC BOE	40		0.00	266.20	2,464.76	0.00	0.00	0.00	0.00	2,730.96
HUNTERDON COUNTY ED. SERVIC	6/17/2015	6/17/2015	7/14/2015	0.00	266.20	2,464.76	0.00	0.00	0.00	0.00	2,730.96
IV BACKED INTO TELEPHONE POLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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	266.20	2,464.76	0.00	0.00	0.00	0.00	2,730.96
				0.00	266.20	2,464.76	0.00	0.00	0.00	0.00	2,730.96
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15AL03285Q											
15AL03285Q	WOODBIDGE TWP BOE	40		0.00	252.80	0.00	0.00	0.00	0.00	0.00	252.80
WOODBIDGE BOARD OF EDUCAT	6/11/2015	6/22/2015	8/ 4/2015	0.00	252.80	0.00	0.00	0.00	0.00	0.00	252.80
BUS WAS REAR ENDED				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	252.80	0.00	0.00	0.00	0.00	0.00	252.80
				0.00	252.80	0.00	0.00	0.00	0.00	0.00	252.80
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15AL03290L/01											
15AL03290L/01	TOTOWA BOE	40		0.00	244.70	1,232.15	0.00	0.00	0.00	0.00	1,476.85
TOTOWA BOE	6/17/2015	8/17/2015	9/ 3/2015	0.00	244.70	1,232.15	0.00	0.00	0.00	0.00	1,476.85
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	244.70	1,232.15	0.00	0.00	0.00	0.00	1,476.85
				0.00	244.70	1,232.15	0.00	0.00	0.00	0.00	1,476.85
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Major Coverage 10 Claims				0.00	2,125.30	40,710.04	0.00	0.00	0.00	0.00	42,835.34
				0.00	2,124.70	15,237.61	0.00	0.00	0.00	0.00	17,362.31
				0.00	0.60	25,472.43	0.00	0.00	0.00	0.00	25,473.03
Major Coverage: 50 - ERRORS AND OMISSIONS											
Claim Number: 15EO03175S											
15EO03175S	Perez, Grace	50		0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00
MONMOUTH REGIONAL H.S.	6/1/2015	6/1/2015	Reopened	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES IN APPROPRIATE TEXT MESSAGES FROM FACULTY MEMBER TO ST				0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 50 - ERRORS AND OMISSIONS

Total by Claim Number 1 Claim	0.00	0.00	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	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: 15EO03178D

15EO03178D	LEVERS, SIMON	50		0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
CLINTON-GLEN GARDNER BOE	6/1/2015	6/1/2015	Reopened	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DUE PROCESS				0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
Total by Claim Number 1 Claim				0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00

Claim Number: 15EO03185H

15EO03185H	SCRIBNER, DARLENE	50		0.00	0.00	10,000.00	0.00	0.00	10,000.00	0.00	20,000.00
BRIDGETON	6/4/2015	6/4/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES DISABILITY DISCRIMINATION & FORCED RETIREMENT				0.00	0.00	10,000.00	0.00	0.00	10,000.00	0.00	20,000.00
Total by Claim Number 1 Claim				0.00	0.00	10,000.00	0.00	0.00	10,000.00	0.00	20,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	10,000.00	0.00	0.00	10,000.00	0.00	20,000.00

Claim Number: 15EO03187E

15EO03187E	CARLOR, MICHELE	50		0.00	0.00	5,000.00	0.00	0.00	0.00	0.00	5,000.00
PATERSON CHARTER SCHOOL OF	6/5/2015	6/5/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES WRONGFUL TERMINATION				0.00	0.00	5,000.00	0.00	0.00	0.00	0.00	5,000.00
Total by Claim Number 1 Claim				0.00	0.00	5,000.00	0.00	0.00	0.00	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: 15EO03189L





NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 50 - ERRORS AND OMISSIONS

Claim Number: 15EO03189L

15EO03189L	AURICCHIO, JUSTIN	50	0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
LAWRENCE TWP. BOARD OF EDUC	6/8/2015	6/8/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DUE PROCESS				0.00	0.00	1,000.00	0.00	1,000.00	0.00	2,000.00
Total by Claim Number 1 Claim			0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	1,000.00	0.00	1,000.00	0.00	2,000.00

Claim Number: 15EO03200H

15EO03200H	HUTCHINGS, SLOANE	50	0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
MIDDLETOWN TWP. BOE	6/16/2015	6/16/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DUE PROCESS				0.00	0.00	1,000.00	0.00	1,000.00	0.00	2,000.00
Total by Claim Number 1 Claim			0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	1,000.00	0.00	1,000.00	0.00	2,000.00

Claim Number: 15EO03203H/01

15EO03203H/01	P., K.	50	0.00	0.00	10.00	0.00	0.00	10.00	0.00	20.00
WAYNE TWP BOE	6/17/2015	6/17/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
RESIDENCY APPEAL				0.00	0.00	10.00	0.00	10.00	0.00	20.00
Total by Claim Number 1 Claim			0.00	0.00	10.00	0.00	0.00	10.00	0.00	20.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	10.00	0.00	10.00	0.00	20.00

Claim Number: 15EO03209L

15EO03209L	HARZOLD, ALYSSA	50	0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
MATAWAN-ABERDEEN REG	6/22/2015	6/22/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DUE PROCESS				0.00	0.00	1,000.00	0.00	1,000.00	0.00	2,000.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 50 - ERRORS AND OMISSIONS										
Total by Claim Number 1 Claim			0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
Claim Number: 15EO03216H										
15EO03216H	CAUVIN, GABRIEL	50	0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
MONTCLAIR BOE	6/22/2015	6/22/2015	Reopened	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DUE PROCESS				0.00	0.00	1,000.00	0.00	1,000.00	0.00	2,000.00
Total by Claim Number 1 Claim			0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
Claim Number: 15EO03222L										
15EO03222L	T., S.	50	0.00	0.00	10,000.00	0.00	0.00	10,000.00	0.00	20,000.00
SOMERSET HILLS BOE	6/23/2015	6/23/2015	Reopened	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DUE PROCESS				0.00	0.00	10,000.00	0.00	10,000.00	0.00	20,000.00
Total by Claim Number 1 Claim			0.00	0.00	10,000.00	0.00	0.00	10,000.00	0.00	20,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	10,000.00	0.00	0.00	10,000.00	0.00	20,000.00
Claim Number: 15EO03227L										
15EO03227L	FRIEDMAN, GABRIEL	50	0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
SOUTH RIVER BOARD OF EDUCATI	6/24/2015	6/24/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DUE PROCESS				0.00	0.00	1,000.00	0.00	1,000.00	0.00	2,000.00
Total by Claim Number 1 Claim			0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
Claim Number: 15EO03229L										



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 50 - ERRORS AND OMISSIONS

Claim Number: 15EO03229L

15EO03229L	ANTONE, PHILLIP	50	1,000.00	0.00	0.00	0.00	0.00	1,000.00	0.00	2,000.00
MIDDLETOWN TWP. BOE	6/23/2015	6/23/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DUE PROCESS				1,000.00	0.00	0.00	0.00	1,000.00	0.00	2,000.00
Total by Claim Number 1 Claim			1,000.00	0.00	0.00	0.00	0.00	1,000.00	0.00	2,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			1,000.00	0.00	0.00	0.00	0.00	1,000.00	0.00	2,000.00

Claim Number: 15EO03231E

15EO03231E	TSARDOULIAS, EMMANOUEL	50	5,000.00	0.00	10,000.00	0.00	0.00	15,000.00	0.00	30,000.00
HUNTERDON COUNTY ED. SERVIC	6/25/2015	6/25/2015	Open	5,000.00	0.00	0.00	0.00	0.00	0.00	5,000.00
ALLEGES AGE DISCRIMINATION & WRONGFUL TERMINATION				0.00	0.00	10,000.00	0.00	15,000.00	0.00	25,000.00
Total by Claim Number 1 Claim			5,000.00	0.00	10,000.00	0.00	0.00	15,000.00	0.00	30,000.00
			5,000.00	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00
			0.00	0.00	10,000.00	0.00	0.00	15,000.00	0.00	25,000.00

Claim Number: 15EO03232S

15EO03232S	CARTIER, KATHERINE	50	0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
MIDDLETOWN TWP. BOE	6/25/2015	6/25/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DUE PROCESS				0.00	0.00	1,000.00	0.00	1,000.00	0.00	2,000.00
Total by Claim Number 1 Claim			0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00

Claim Number: 15EO03233L

15EO03233L	THOMAS, JUSTIN	50	0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
LAWRENCE TWP. BOARD OF EDUC	6/26/2015	6/26/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DUE PROCESS				0.00	0.00	1,000.00	0.00	1,000.00	0.00	2,000.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 50 - ERRORS AND OMISSIONS											
Total by Claim Number 1 Claim				0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
Claim Number: 15EO03238D											
15EO03238D	MARINO, JOSEPH	50		0.00	0.00	10,000.00	0.00	0.00	10,000.00	0.00	20,000.00
WESTFIELD BOE	6/29/2015	6/29/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES WRONGFULLY TERMINATED AS BASKETBALL COACH				0.00	0.00	10,000.00	0.00	0.00	10,000.00	0.00	20,000.00
Total by Claim Number 1 Claim				0.00	0.00	10,000.00	0.00	0.00	10,000.00	0.00	20,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	10,000.00	0.00	0.00	10,000.00	0.00	20,000.00
Claim Number: 15EO03240L											
15EO03240L	W., S.	50		0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
STRATFORD BOARD OF EDUCATIC	6/29/2015	6/29/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DUE PROCESS				0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
Total by Claim Number 1 Claim				0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
Claim Number: 15EO03242L											
15EO03242L	TORRES, SIERRA	50		0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
NORTH HUNTERDON/VOORHEES E	6/29/2015	6/29/2015	Reopened	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DUE PROCESS				0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
Total by Claim Number 1 Claim				0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
Claim Number: 15EO03258D											



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 50 - ERRORS AND OMISSIONS

Claim Number: 15EO03258D

15EO03258D	C., C.	50	0.00	0.00	0.00	0.00	0.00	1,000.00	0.00	1,000.00
MONTGOMERY TWP. BOARD OF ED	6/30/2015	6/30/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REQUEST TO HAVE HIB FINDING OVERTURNED				0.00	0.00	0.00	0.00	1,000.00	0.00	1,000.00
Total by Claim Number 1 Claim				0.00	0.00	0.00	0.00	1,000.00	0.00	1,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	0.00	0.00	1,000.00	0.00	1,000.00

Claim Number: 15EO03299S

15EO03299S	TAMMIK, HUGO	50	0.00	0.00	25,000.00	0.00	0.00	5,000.00	0.00	30,000.00
MONTCLAIR BOE	6/30/2015	6/30/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DUE PROCESS CLAIM				0.00	0.00	25,000.00	0.00	5,000.00	0.00	30,000.00
Total by Claim Number 1 Claim				0.00	0.00	25,000.00	0.00	5,000.00	0.00	30,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	25,000.00	0.00	5,000.00	0.00	30,000.00

Claim Number: 15EO03301H

15EO03301H	SMITH, ISIAH	50	0.00	0.00	10,000.00	0.00	0.00	10,000.00	0.00	20,000.00
EDISON TWP BOE	6/30/2015	6/30/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES EDUCATIONAL AND DISABILITY DISCRIMINATION				0.00	0.00	10,000.00	0.00	10,000.00	0.00	20,000.00
Total by Claim Number 1 Claim				0.00	0.00	10,000.00	0.00	10,000.00	0.00	20,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	10,000.00	0.00	10,000.00	0.00	20,000.00

Claim Number: 15EO03330S

15EO03330S	WYZYKOWSKI, JACLYN	50	0.00	0.00	20,000.00	0.00	0.00	20,000.00	0.00	40,000.00
CLARA B. WORTH ES	6/30/2015	6/30/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES WRONGFUL TERMINATION				0.00	0.00	20,000.00	0.00	20,000.00	0.00	40,000.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 50 - ERRORS AND OMISSIONS											
Total by Claim Number 1 Claim				0.00	0.00	20,000.00	0.00	0.00	20,000.00	0.00	40,000.00
				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	20,000.00	0.00	40,000.00
Claim Number: 15EO03339H											
15EO03339H	KRATZER, SAMUEL	50		0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
DELAWARE VALLEY REG HS	6/30/2015	6/30/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DUE PROCESS				0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
Total by Claim Number 1 Claim				0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
Claim Number: 15EO03343E											
15EO03343E	ROLDAN, JONATHAN	50		0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
PLAINFIELD HS	6/30/2015	6/30/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES DISCRIMINATION RELATED TO ASSAULT BY TEACHER				0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
Total by Claim Number 1 Claim				0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
Claim Number: 15EO03344S/01											
15EO03344S/01	POWER STUDENT INFORMATIOI	50		0.00	0.00	1.00	0.00	0.00	0.00	0.00	1.00
STERLING H.S.	6/10/2015	6/10/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES BREACH OF CONTRACT				0.00	0.00	1.00	0.00	0.00	0.00	0.00	1.00
Total by Claim Number 1 Claim				0.00	0.00	1.00	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
				0.00	0.00	1.00	0.00	0.00	0.00	0.00	1.00
Claim Number: 15EO03344S/02											



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 50 - ERRORS AND OMISSIONS

Claim Number: 15EO03344S/02

15EO03344S/02	EDUCATION BUSINESS SERVICE	50	0.00	0.00	1.00	0.00	0.00	0.00	0.00	1.00
STERLING H.S.	6/10/2015	6/10/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES BREACH OF CONTRACT				0.00	0.00	1.00	0.00	0.00	0.00	1.00
Total by Claim Number 1 Claim				0.00	0.00	1.00	0.00	0.00	0.00	1.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	1.00	0.00	0.00	0.00	1.00

Claim Number: 15EO03346S

15EO03346S	KAPP, MICHAEL	50	0.00	0.00	1,000.00	0.00	0.00	1,000.00	0.00	2,000.00
MENDHAM TWP BOE	6/30/2015	6/30/2015	Reopened	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WAGE DISPUTE				0.00	0.00	1,000.00	0.00	1,000.00	0.00	2,000.00
Total by Claim Number 1 Claim				0.00	0.00	1,000.00	0.00	1,000.00	0.00	2,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	1,000.00	0.00	1,000.00	0.00	2,000.00

Claim Number: 15EO03349H

15EO03349H	P., B.	50	0.00	0.00	10,000.00	0.00	0.00	10,000.00	0.00	20,000.00
PINELANDS BOARD OF EDUCATION	6/30/2015	6/30/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES SEXUAL ORIENTATION HARASSMENT & DISCRIMINATION				0.00	0.00	10,000.00	0.00	10,000.00	0.00	20,000.00
Total by Claim Number 1 Claim				0.00	0.00	10,000.00	0.00	10,000.00	0.00	20,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	10,000.00	0.00	10,000.00	0.00	20,000.00

Total by Major Coverage 28 Claims

6,000.00	0.00	133,012.00	0.00	0.00	105,010.00	0.00	244,022.00
5,000.00	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00
1,000.00	0.00	133,012.00	0.00	0.00	105,010.00	0.00	239,022.00

Major Coverage: 70 - PROPERTY





NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15PR03109H

15PR03109H	MIDDLESEX BORO BOE	70	0.00	0.00	0.00	0.00	0.00	0.00	634.00	634.00
MIDDLESEX HS	6/1/2015	6/2/2015	Reopened	0.00	0.00	0.00	0.00	0.00	634.00	634.00
ALLEGES SEVERAL ACTIVE LEAKS ALONG THE COMMON WALL			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	634.00	634.00
			0.00	0.00	0.00	0.00	0.00	0.00	634.00	634.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15PR03111H

15PR03111H	MIDDLETOWN TWP BOE	70	5,000.00	0.00	0.00	0.00	0.00	0.00	420.00	5,420.00
MIDDLETOWN-NORTH HS	6/3/2015	6/5/2015	7/ 9/2015	5,000.00	0.00	0.00	0.00	0.00	420.00	5,420.00
ALLEGES A VEHICLE DROVE THROUGH FENCE & TREE			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	420.00	5,420.00
			5,000.00	0.00	0.00	0.00	0.00	0.00	420.00	5,420.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15PR03112Q

15PR03112Q	SALEM CTY SPEC SVCS BOE	70	0.00	0.00	30,000.00	0.00	0.00	0.00	0.00	30,000.00
SALEM COUNTY SPECIAL SERVICE	6/6/2015	6/9/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES BLDG WAS BROKEN INTO ITEMS STOLEN			0.00	0.00	30,000.00	0.00	0.00	0.00	0.00	30,000.00
Total by Claim Number 1 Claim			0.00	0.00	30,000.00	0.00	0.00	0.00	0.00	30,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	30,000.00	0.00	0.00	0.00	0.00	30,000.00

Claim Number: 15PR03113Q

15PR03113Q	EAST BRUNSWICK TWP BOE	70	0.00	0.00	0.00	0.00	0.00	0.00	535.60	535.60
EAST BRUNSWICK TWP. BOARD OF	6/9/2015	6/10/2015	8/18/2015	0.00	0.00	0.00	0.00	0.00	535.60	535.60
ALLEGES FIRE ON PLAYGROUND, SOURCE UNKNOWN			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total	
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	
Major Coverage: 70 - PROPERTY											
Total by Claim Number 1 Claim				0.00	0.00	0.00	0.00	0.00	0.00	535.60	535.60
				0.00	0.00	0.00	0.00	0.00	0.00	535.60	535.60
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15PR03114Q											
15PR03114Q	NETCONG BOE	70		0.00	0.00	0.00	0.00	0.00	668.97	668.97	
NETCONG E.S.	6/11/2015	6/11/2015	7/28/2015	0.00	0.00	0.00	0.00	0.00	668.97	668.97	
ALLEGES WATER DAMAGE ON 3RD FLOOR WALL, UNSURE OF CAUSE				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	668.97	668.97	
				0.00	0.00	0.00	0.00	0.00	668.97	668.97	
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Claim Number: 15PR03115E											
15PR03115E	CLINTON-GLEN GARDNER BOE	75		0.00	0.00	20,000.00	0.00	0.00	750.00	20,750.00	
CLINTON ES	6/12/2015	6/12/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
ALLEGES AC COMPRESSORS DAMAGED DUE TO BROWN OUT				0.00	0.00	20,000.00	0.00	0.00	750.00	20,750.00	
Total by Claim Number 1 Claim				0.00	0.00	20,000.00	0.00	0.00	750.00	20,750.00	
				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	750.00	20,750.00	
Claim Number: 15PR03116H											
15PR03116H	CARTERET BORO BOE	70		5,000.00	0.00	125,000.00	0.00	0.00	0.00	130,000.00	
COLUMBUS E.S.	6/15/2015	6/16/2015	Open	5,000.00	0.00	50,000.00	0.00	0.00	0.00	55,000.00	
ALLEGES PIPE BROKE ON 2ND FL CAUSING WATER DAMAGE				0.00	0.00	75,000.00	0.00	0.00	0.00	75,000.00	
Total by Claim Number 1 Claim				5,000.00	0.00	125,000.00	0.00	0.00	0.00	130,000.00	
				5,000.00	0.00	50,000.00	0.00	0.00	0.00	55,000.00	
				0.00	0.00	75,000.00	0.00	0.00	0.00	75,000.00	
Claim Number: 15PR03117H											



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 15PR03117H										
15PR03117H	CARTERET BORO BOE	70	5,000.00	0.00	30,579.43	0.00	0.00	0.00	1,597.60	37,177.03
NATHAN HALE E.S.	6/17/2015	6/17/2015	9/ 3/2015	5,000.00	0.00	30,579.43	0.00	0.00	1,597.60	37,177.03
ALLEGES PIPE BREAK, 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	30,579.43	0.00	0.00	0.00	1,597.60	37,177.03
			5,000.00	0.00	30,579.43	0.00	0.00	0.00	1,597.60	37,177.03
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15PR03118H										
15PR03118H	OCEAN TWP BOE	70	5,000.00	0.00	1,901.84	0.00	0.00	0.00	477.90	7,379.74
OCEAN TWP. BOARD OF EDUCATIC	6/10/2015	6/16/2015	7/ 8/2015	5,000.00	0.00	1,901.84	0.00	0.00	477.90	7,379.74
ALLEGES SOUTHERN REG BUSES HIT LIGHT POLE IN PARKING LOT				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	1,901.84	0.00	0.00	0.00	477.90	7,379.74
			5,000.00	0.00	1,901.84	0.00	0.00	0.00	477.90	7,379.74
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15PR03119H										
15PR03119H	GLOUCESTER CTY SPEC SVCS	70	0.00	0.00	15,000.00	0.00	0.00	0.00	0.00	15,000.00
BANKBRIDGE REG DEVELOPMENT	6/3/2015	6/16/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES A VEHICLE STRUCK LIGHT STANDARD & STOP SIGN				0.00	0.00	15,000.00	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: 15PR03120H										
15PR03120H	WALLKILL VALLEY REG BOE	70	0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00
WALLKILL VALLEY REG HS	6/4/2015	6/19/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES POWER SURGE CAUSED SEVERAL SYSTEMS TO GO DOWN				0.00	0.00	10,000.00	0.00	0.00	0.00	10,000.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	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: 70 - PROPERTY										
Total by Claim Number 1 Claim			0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00
Claim Number: 15PR03122Q										
15PR03122Q	RUNNEMEDE BOE	70	5,000.00	0.00	250,000.00	0.00	0.00	0.00	0.00	255,000.00
RUNNEMEDE BOARD OF EDUCATI	6/23/2015	6/24/2015	Open	5,000.00	0.00	23,543.39	0.00	0.00	0.00	28,543.39
ALLEGES ROOF OF GYM BLEW OFF, WATER DAMAGE TO GYM & 5 CLASSROC			0.00	0.00	226,456.61	0.00	0.00	0.00	0.00	226,456.61
Total by Claim Number 1 Claim			5,000.00	0.00	250,000.00	0.00	0.00	0.00	0.00	255,000.00
			5,000.00	0.00	23,543.39	0.00	0.00	0.00	0.00	28,543.39
			0.00	0.00	226,456.61	0.00	0.00	0.00	0.00	226,456.61
Claim Number: 15PR03123H										
15PR03123H	GLOUCESTER CTY VOC BOE	70	0.00	0.00	50,000.00	0.00	0.00	0.00	0.00	50,000.00
GLOUCESTER CO. TECH & VOC HS	6/23/2015	6/24/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES STORM DAMAGE, TREE WENT THROUGH ROOF OF BLDG			0.00	0.00	50,000.00	0.00	0.00	0.00	0.00	50,000.00
Total by Claim Number 1 Claim			0.00	0.00	50,000.00	0.00	0.00	0.00	0.00	50,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	50,000.00	0.00	0.00	0.00	0.00	50,000.00
Claim Number: 15PR03124Q										
15PR03124Q	EAST BRUNSWICK TWP BOE	70	0.00	0.00	0.00	0.00	0.00	0.00	482.40	482.40
WARNSDORFER E.S.	6/22/2015	6/26/2015	7/28/2015	0.00	0.00	0.00	0.00	0.00	482.40	482.40
ALLEGES AN ARAMARK VEHICLE STRUCK A STAND ALONE WALL BY KITCHEN			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	482.40	482.40
			0.00	0.00	0.00	0.00	0.00	0.00	482.40	482.40
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15PR03125Q



NEW CLAIMS

June 2015

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

Major Coverage: 70 - PROPERTY

Claim Number: 15PR03125Q

15PR03125Q	WEST DEPTFORD TWP BOE	70		1,000.00	0.00	14,670.65	0.00	0.00	0.00	1,391.55	17,062.20
WEST DEPTFORD HS	6/23/2015	6/26/2015	8/ 4/2015	1,000.00	0.00	14,670.65	0.00	0.00	0.00	1,391.55	17,062.20
ALLEGES TENNIS COURTS DAMAGE FROM RAIN STORM				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,000.00	0.00	14,670.65	0.00	0.00	0.00	1,391.55	17,062.20
				1,000.00	0.00	14,670.65	0.00	0.00	0.00	1,391.55	17,062.20
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15PR03127L

15PR03127L	WINSLOW TWP BOE	70		5,000.00	0.00	9,173.45	0.00	0.00	0.00	1,553.45	15,726.90
WINSLOW TWP M.S.	6/23/2015	6/26/2015	7/30/2015	5,000.00	0.00	9,173.45	0.00	0.00	0.00	1,553.45	15,726.90
ALLEGES TREE FELL ON ROOF OF SHED				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	9,173.45	0.00	0.00	0.00	1,553.45	15,726.90
				5,000.00	0.00	9,173.45	0.00	0.00	0.00	1,553.45	15,726.90
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15PR03128H

15PR03128H	HAMMONTON BOE	70		5,000.00	0.00	125,625.48	0.00	0.00	0.00	1,145.00	131,770.48
HAMMONTON HS	6/23/2015	6/29/2015	7/21/2015	5,000.00	0.00	125,625.48	0.00	0.00	0.00	1,145.00	131,770.48
ALLEGES SHINGLE BLEW OFF SCHOOL, WATER DAMAGE, WIND DAMAGE TO :				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	125,625.48	0.00	0.00	0.00	1,145.00	131,770.48
				5,000.00	0.00	125,625.48	0.00	0.00	0.00	1,145.00	131,770.48
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15PR03129Q

15PR03129Q	LITTLE FALLS BOE	70		0.00	0.00	15,000.00	0.00	0.00	0.00	0.00	15,000.00
E.S. #3	6/30/2015	6/30/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
INSURED ALLEDGEDLY LOCATED MOLD IN CLASSROOM				0.00	0.00	15,000.00	0.00	0.00	0.00	0.00	15,000.00



NEW CLAIMS

June 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total	
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	
Major Coverage: 70 - PROPERTY											
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: 15PR03135Q											
15PR03135Q	CAMDEN CTY VOC BOE		70	0.00	0.00	45,000.00	0.00	0.00	0.00	0.00	45,000.00
CAMDEN COUNTY VOCATIONAL	6/23/2015	7/14/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES STORM DAMAGE				0.00	0.00	45,000.00	0.00	0.00	0.00	0.00	45,000.00
Total by Claim Number 1 Claim				0.00	0.00	45,000.00	0.00	0.00	0.00	0.00	45,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	45,000.00	0.00	0.00	0.00	0.00	45,000.00
Claim Number: 15PR03149E											
15PR03149E	ASBURY PARK BOE		70	0.00	0.00	20,000.00	0.00	0.00	0.00	0.00	20,000.00
ASBURY PARK HIGH SCHOOL	6/12/2015	8/5/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES FAILED A/C UNIT				0.00	0.00	20,000.00	0.00	0.00	0.00	0.00	20,000.00
Total by Claim Number 1 Claim				0.00	0.00	20,000.00	0.00	0.00	0.00	0.00	20,000.00
				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	0.00	20,000.00
Total by Major Coverage 20 Claims				36,000.00	0.00	761,950.85	0.00	0.00	0.00	9,656.47	807,607.32
				36,000.00	0.00	255,494.24	0.00	0.00	0.00	8,906.47	300,400.71
				0.00	0.00	506,456.61	0.00	0.00	0.00	750.00	507,206.61
Grand Totals: 455 Claims				1,531,702.63	136,296.10	2,106,200.02	0.00	0.00	142,350.00	37,336.98	3,953,885.73
				474,761.30	122,548.50	391,343.60	0.00	0.00	0.00	11,951.58	1,000,604.98
				1,056,941.33	13,747.60	1,714,856.42	0.00	0.00	142,350.00	25,385.40	2,953,280.75