

Policy Number(s): 41M60435, 31M61471



## Detail Loss Report

Losses From: 07/01/2016 To 07/01/2019

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
<b>Policy Year: 2018</b>											
<b>Line of Insurance: GL - GENERAL LIABILITY</b>											
	007	LR	<a href="#">FKD2610</a>	06/05/2019	06/18/2019		C				
							Inc:	\$0.00	\$0.00	\$0.00	\$0.00
							Pd:	\$0.00	\$0.00	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
<b>Subtotals for Line of Insurance : GL</b>											
<b>Total Claim Count: 1</b>								Inc:	\$0.00	\$0.00	\$0.00
								Pd:	\$0.00	\$0.00	\$0.00
								O/S:	\$0.00	\$0.00	\$0.00
<hr/>											
<b>Subtotals for Policy Year : 2018</b>											
<b>Total Claim Count: 1</b>								Inc:	\$0.00	\$0.00	\$0.00
								Pd:	\$0.00	\$0.00	\$0.00
								O/S:	\$0.00	\$0.00	\$0.00
<hr/>											
<b>Report Grand Totals</b>											
<b>Total Claim Count: 1</b>								Inc:	\$0.00	\$0.00	\$0.00
								Pd:	\$0.00	\$0.00	\$0.00
								O/S:	\$0.00	\$0.00	\$0.00



Detail Loss Report			Losses From: 07/01/2016 To 07/01/2019	
Report Parameters				
Report Name: Detail Loss			Policy Number(s): 41M60435, 31M61471	
Losses From: 07/01/2016 To 07/01/2019				
Sorts				
<u>Sort Name</u>		<u>Sort Label</u>	<u>Subtotal</u>	<u>Page Break</u>
1. Policy Year		Policy Year	Y	N
2. Line of Insurance		Line of Insurance	Y	N
Limiting Statements				
Large Loss Limiting				
Drill Down Limiting Criteria				