



Loss Analysis

Today's Date: 3/8/2024
Valuation Date: 3/7/2024

Policy Effective Dates 7/1/2018 To 7/1/2024

Production Code: AF15074

Agency Name: Arthur J. Gallagher RMS Inc. - Davenport

Account Number: A010061584,AF6169601

Account Name: CARL SANDBURG COLLEGE ATTN: CAROL ROGERS

Policy Number: 100040435,6169601

Policy Period: 7/1/2023 To 7/1/2024

Department: Location: 201 E MAIN STREET,GALESBURG,IL,61401

Claim Number: AFC230697578 **Claim Type Name:** Incident

Claimant Name: Rogers, Carol **Claim Handler:** Pam Goodman

Accident Date: 2/15/2024 **Detailed Injury Type:** Inflammation

Date Reported: 2/15/2024 **Claim Status:** Closed

Date Closed: 2/15/2024 **Primary Insured:** CARL SANDBURG
COLLEGE ATTN: CAROL
ROGERS

Medical Losses:	Paid	Reserves	Incurred
	\$0.00	\$0.00	\$0.00
Indemnity Losses:	\$0.00	\$0.00	\$0.00
Legal Expenses:	\$0.00	\$0.00	\$0.00
Other Expenses:	\$0.00	\$0.00	\$0.00

Reported to Employer: 2/15/2024

Carol tripped on the top step while walking up the stairs at the Annex. She fell forward and hit her face on the edge of a coffee table.

Net:	\$0.00	\$0.00	\$0.00
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Department: Location: 2400 TOM L WILSON BLVD,GALESBURG,IL,61401

Claim Number: AFC230691619 **Claim Type Name:** Incident

Claimant Name: Day, Tony **Claim Handler:** Pam Goodman

Accident Date: 1/22/2024 **Detailed Injury Type:** No Physical Injury

Date Reported: 1/25/2024 **Claim Status:** Closed

Date Closed: 1/25/2024 **Primary Insured:** CARL SANDBURG
COLLEGE ATTN: CAROL
ROGERS

Medical Losses:	Paid	Reserves	Incurred
	\$0.00	\$0.00	\$0.00
Indemnity Losses:	\$0.00	\$0.00	\$0.00
Legal Expenses:	\$0.00	\$0.00	\$0.00
Other Expenses:	\$0.00	\$0.00	\$0.00

Reported to Employer: 1/25/2024

This is an incident report only--While walking into work, Tony slipped and fell on some ice in the loading dock area. He reports no known injuries at the time.

Net:	\$0.00	\$0.00	\$0.00
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Department: 2400 TOM L WILSON BLVD,GALESBURG,IL,61401

Claim Number: AFC230691253 **Location:** 2400 TOM L WILSON BLVD,GALESBURG,IL,61401
Claimant Name: Colwell, Carl **Claim Type Name:** Incident
Accident Date: 1/23/2024 **Claim Handler:** Pam Goodman
Date Reported: 1/25/2024 **Detailed Injury Type:** No Physical Injury
Date Closed: 1/25/2024 **Claim Status:** Closed
Primary Insured: CARL SANDBURG
COLLEGE ATTN: CAROL
ROGERS

Reported to Employer: 1/23/2024	Medical Losses:	Paid	Reserves	Incurred
		\$0.00	\$0.00	\$0.00
	Indemnity Losses:	\$0.00	\$0.00	\$0.00
	Legal Expenses:	\$0.00	\$0.00	\$0.00
	Other Expenses:	\$0.00	\$0.00	\$0.00
	Net:	\$0.00	\$0.00	\$0.00

When arriving for work, Carl stepped out of his truck in the E/F parking lot and fell to the ground. He managed to get to his feet by 9:50 am and walk into the building without a limp or noticable injury. At 10:50 am, Carl walked into public safety and filed an incident report. He stated that he fell in the parking lot and hurt his right arm.

Department: 2400 TOM L WILSON BLVD,GALESBURG,IL,61401

Claim Number: AFC230689599 **Location:** 2400 TOM L WILSON BLVD,GALESBURG,IL,61401
Claimant Name: Jones, Denzel **Claim Type Name:** Medical
Accident Date: 1/9/2024 **Claim Handler:** Pam Goodman
Date Reported: 1/23/2024 **Detailed Injury Type:** Inflammation
Date Closed: 1/23/2024 **Claim Status:** Open
Primary Insured: CARL SANDBURG
COLLEGE ATTN: CAROL
ROGERS

Reported to Employer: 1/10/2024	Medical Losses:	Paid	Reserves	Incurred
		\$0.00	\$5,000.00	\$5,000.00
	Indemnity Losses:	\$0.00	\$0.00	\$0.00
	Legal Expenses:	\$0.00	\$0.00	\$0.00
	Other Expenses:	\$0.00	\$50.00	\$50.00
	Net:	\$0.00	\$5,050.00	\$5,050.00

Denzel slipped while walking up the stairs. He tried to catch himself and his left knee buckled and gave out.

Department: 2400 TOM L WILSON BLVD,GALESBURG,IL,61401

Claim Number: AFC230690499 **Location:** 2400 TOM L WILSON BLVD,GALESBURG,IL,61401
Claimant Name: Pendleton, Terrence **Claim Type Name:** Incident
Accident Date: 11/24/2023 **Claim Handler:** Pam Goodman
Date Reported: 1/23/2024 **Detailed Injury Type:** Other specific injury
Date Closed: 1/23/2024 **Claim Status:** Closed
Primary Insured: CARL SANDBURG
COLLEGE ATTN: CAROL
ROGERS

Reported to Employer: 11/24/2023	Medical Losses:	Paid	Reserves	Incurred
		\$0.00	\$0.00	\$0.00
	Indemnity Losses:	\$0.00	\$0.00	\$0.00
	Legal Expenses:	\$0.00	\$0.00	\$0.00
	Other Expenses:	\$0.00	\$0.00	\$0.00
	Net:	\$0.00	\$0.00	\$0.00

Injured worker states he had called supervisor was not felling well. Ambulance was called and got to hospital and it was a cardiac arrest.

Policy Period Summary: 7/1/2023 To 7/1/2024

	Open	Closed	ReOpen	Medical Losses:	Paid	Reserves	Incurred
Medical Claims:	1	0	0	Indemnity Losses:	\$0.00	\$5,000.00	\$5,000.00
Indemnity Claims:	0	0	0	Legal Expenses:	\$0.00	\$0.00	\$0.00
				Other Expenses:	\$0.00	\$50.00	\$50.00
Total Claims:	1	0	0	Net:	\$0.00	\$5,050.00	\$5,050.00
Total Claims:	1		Incident-Only Claims:	4		Litigation:	0

Policy Period: 7/1/2022 To 7/1/2023

No claims reported for this policy period

Policy Period: 7/1/2021 To 7/1/2022

Department: Location: AFTN: CAROL ROGERS,2400 TOM L WILSON
BLVD,GALESBURG,IL,61401-9574

Claim Number: AFC230521479 **Claim Type Name:** Medical **Paid** **Reserves** **Incurred**
Claimant Name: Johnson, Lindell Mark **Claim Handler:** Pam Goodman **Medical Losses:** \$2,197.55 \$0.00 \$2,197.55
Accident Date: 5/20/2022 **Detailed Injury Type:** Crushing **Indemnity Losses:** \$0.00 \$0.00 \$0.00
Date Reported: 5/20/2022 **Claim Status:** Closed **Legal Expenses:** \$0.00 \$0.00 \$0.00
Date Closed: 5/26/2022 **Primary Insured:** CARL SANDBURG COLLEGE ATTN: CAROL ROGERS **Other Expenses:** \$0.00 \$0.00 \$0.00
Reported to Employer: 5/20/2022 **Net:** \$2,197.55 \$0.00 \$2,197.55

At approximately 10:26:12am, Lindell begins to enter the gym with the scissor lift. At 10:26:26am Lindell angles the lift to bring it into the gym, as he had his arm outstretched between the wall and the lift his arm was pinned between the wall and the lit with the lift also running over his right foot.

Department: Location: AFTN: CAROL ROGERS,2400 TOM L WILSON
BLVD,GALESBURG,IL,61401-9574

Claim Number: AFC230464959 **Claim Type Name:** Incident **Paid** **Reserves** **Incurred**
Claimant Name: JONES, GREGORY ALAN **Claim Handler:** Michele Goff **Medical Losses:** \$0.00 \$0.00 \$0.00
Accident Date: 11/11/2021 **Detailed Injury Type:** Other specific injury **Indemnity Losses:** \$0.00 \$0.00 \$0.00
Date Reported: 11/12/2021 **Claim Status:** Closed **Legal Expenses:** \$0.00 \$0.00 \$0.00
Date Closed: 12/10/2021 **Primary Insured:** CARL SANDBURG COLLEGE ATTN: CAROL ROGERS **Other Expenses:** \$0.00 \$0.00 \$0.00
Reported to Employer: 11/11/2021 **Net:** \$0.00 \$0.00 \$0.00

Greg was scheduled to video a 7:30 pm game on the evening of 11/11/21. He arrived in D parking lot approximately 6:49 pm. According to the public safety officer, he discovered the vehicle at about 9:08pm and found Greg mentally altered.

The Public Safety officer called 911 and GFD, GHAS, and GPD arrived. He was taken to St. Mary's Medical Center ER via ambulance. It is our understanding that he is hospitalized at St. Anthony Hospital in Rockford, IL.

Department: Location: AFTN: CAROL ROGERS,2400 TOM L WILSON
BLVD,GALESBURG,IL,61401-9574

Claim Number: AFC230451220 **Claim Type Name:** Medical **Paid** **Reserves** **Incurred**
Claimant Name: McCoy, Donald **Claim Handler:** Pam Goodman **Medical Losses:** \$204.21 \$0.00 \$204.21
Accident Date: 9/30/2021 **Detailed Injury Type:** Laceration **Indemnity Losses:** \$0.00 \$0.00 \$0.00
Date Reported: 9/30/2021 **Claim Status:** Closed **Legal Expenses:** \$0.00 \$0.00 \$0.00
Date Closed: 10/8/2021 **Primary Insured:** CARL SANDBURG COLLEGE ATTN: CAROL ROGERS **Other Expenses:** \$0.00 \$0.00 \$0.00

Reported to Employer: 9/30/2021 **Net:** \$204.21 **\$0.00** **\$204.21**

Don was tightening a bolt on a sprocket with an open-ended wrench. The wrench slipped and he cut his right index and middle fingers on the teeth of the sprocket.

Department: **Location:** AFTN: CAROL ROGERS,305 SANDBURG DRIVE,CARTHAGE,IL,62321

Claim Number: AFC230434351	Claim Type Name: Medical	Paid	Reserves	Incurred
Claimant Name: Poulson, Jeanette L	Claim Handler: Pam Goodman	\$3,224.03	\$0.00	\$3,224.03
Accident Date: 8/6/2021	Detailed Injury Type: Not Reported	\$0.00	\$0.00	\$0.00
Date Reported: 8/6/2021	Claim Status: Closed	\$0.00	\$0.00	\$0.00
Date Closed: 11/24/2021	Primary Insured: CARL SANDBURG COLLEGE AFTN: CAROL ROGERS	\$0.00	\$0.00	\$0.00

Reported to Employer: 8/6/2021 **Net:** \$3,224.03 **\$0.00** **\$3,224.03**

While cleaning out a shed, Jeanette was startled by a snake. She fell backwards and struck her head on the asphalt parking lot. She went inside to get help, and an ambulance was called.

Policy Period Summary: 7/1/2021 To 7/1/2022

	Open	Closed	ReOpen	Medical Losses:	Paid	Reserves	Incurred
Medical Claims:	0	3		Medical Losses:	\$5,625.79	\$0.00	\$5,625.79
Indemnity Claims:	0	0	0	Indemnity Losses:	\$0.00	\$0.00	\$0.00
				Legal Expenses:	\$0.00	\$0.00	\$0.00
				Other Expenses:	\$0.00	\$0.00	\$0.00
Total Claims:	0	3	0	Net:	\$5,625.79	\$0.00	\$5,625.79
Total Claims:	3		Incident-Only Claims:	1		Litigation:	0

Policy Period: 7/1/2020 To 7/1/2021

Department: Location: ATTN: CAROL ROGERS,2400 TOM L WILSON
BLVD,GALESBURG,IL,61401-9574

Claim Number: AFC230394458	Claim Type Name: Incident	Medical Losses:	Paid	Reserves	Incurred
Claimant Name: Mccants, Craig	Claim Handler: Leilani Walker		\$0.00	\$0.00	\$0.00
Accident Date: 3/19/2021	Detailed Injury Type: Laceration	Indemnity Losses:	\$0.00	\$0.00	\$0.00
Date Reported: 3/19/2021	Claim Status: Closed	Legal Expenses:	\$0.00	\$0.00	\$0.00
Date Closed: 3/19/2021	Primary Insured: CARL SANDBURG COLLEGE ATTN: CAROL ROGERS	Other Expenses:	\$0.00	\$0.00	\$0.00
Reported to Employer: 3/19/2021		Net:	\$0.00	\$0.00	\$0.00

Injured worker states; Laceration to the Head. IW was putting a fence up and cut the top on his head

Department: Location: ATTN: CAROL ROGERS,2400 TOM L WILSON
BLVD,GALESBURG,IL,61401-9574

Claim Number: AFC230354029	Claim Type Name: Incident	Medical Losses:	Paid	Reserves	Incurred
Claimant Name: Dennison, Todd	Claim Handler: Jeff Kimmey		\$0.00	\$0.00	\$0.00
Accident Date: 11/10/2020	Detailed Injury Type: Contusion	Indemnity Losses:	\$0.00	\$0.00	\$0.00
Date Reported: 11/12/2020	Claim Status: Closed	Legal Expenses:	\$0.00	\$0.00	\$0.00
Date Closed: 1/19/2021	Primary Insured: CARL SANDBURG COLLEGE ATTN: CAROL ROGERS	Other Expenses:	\$0.00	\$0.00	\$0.00
Reported to Employer: 11/12/2020		Net:	\$0.00	\$0.00	\$0.00

Injured worker states contusion to right knee and both hands. IW was exiting restroom and tripped over floor runner, and fell on right knee and hands.

Department: Location: ATTN: CINDY RESCINITO,2400 TOM L WILSON
BLVD,GALESBURG,IL,61401-9574

Claim Number: AFC230331768	Claim Type Name: Indemnity	Medical Losses:	Paid	Reserves	Incurred
Claimant Name: Lewis, Tammi	Claim Handler: Ronna Dodson		\$689.51	\$0.00	\$689.51
Accident Date: 8/31/2020	Detailed Injury Type: Contusion	Indemnity Losses:	\$5,788.05	\$0.00	\$5,788.05
Date Reported: 9/1/2020	Claim Status: Closed	Legal Expenses:	\$0.00	\$0.00	\$0.00
Date Closed: 11/24/2020	Primary Insured: CARL SANDBURG COLLEGE ATTN: CAROL ROGERS	Other Expenses:	\$0.00	\$0.00	\$0.00
Reported to Employer: 8/31/2020		Net:	\$6,477.56	\$0.00	\$6,477.56

Injured worker states contusion to tailbone when she was changing a tube on an IV bag and it leaked on the floor. She wiped it up with a pad that stuck to the floor and then called the janitor. She had forgotten that floor was damp and slipped and fell

Policy Period Summary: 7/1/2020 To 7/1/2021

	Open	Closed	ReOpen	Medical Losses:	Paid	Reserves	Incurred
Medical Claims:	0	0		Medical Losses: \$689.51	\$689.51	\$0.00	\$689.51
Indemnity Claims:	0	1		Indemnity Losses: \$5,788.05	\$5,788.05	\$0.00	\$5,788.05
				Legal Expenses: \$0.00	\$0.00	\$0.00	\$0.00
				Other Expenses: \$0.00	\$0.00	\$0.00	\$0.00
Total Claims:	0	1	0	Net: \$6,477.56	\$6,477.56	\$0.00	\$6,477.56
Total Claims:	1		Incident-Only Claims: 2			Litigation:	0

Policy Period: 7/1/2019 To 7/1/2020

Department: Location: ATTN: CINDY RESCINITO,305 SANDBURG DRIVE,CARTHAGE,IL,62321

Claim Number: AFC230325450	Claim Type Name: Incident	Paid	Reserves	Incurred
Claimant Name: Poulson, Jeanette	Claim Handler: Morgan Collins	\$0.00	\$0.00	\$0.00
Accident Date: 6/25/2020	Detailed Injury Type: Contusion	\$0.00	\$0.00	\$0.00
Date Reported: 8/12/2020	Claim Status: Closed	\$0.00	\$0.00	\$0.00
Date Closed: 11/9/2020	Primary Insured: CARL SANDBURG COLLEGE ATTN: CINDY RESCINITO	\$0.00	\$0.00	\$0.00
			Medical Losses:	
			Indemnity Losses:	
			Legal Expenses:	
			Other Expenses:	
			Net:	
		\$0.00	\$0.00	\$0.00

Reported to Employer: 8/11/2020

Injured worker states contusion to great toe when she was handling a table and it dropped on her toe

Policy Period Summary: 7/1/2019 To 7/1/2020

	Open	Closed	ReOpen	Medical Losses:	Paid	Reserves	Incurred
Medical Claims:	0	0		Medical Losses:	\$0.00	\$0.00	\$0.00
Indemnity Claims:	0	0	0	Indemnity Losses:	\$0.00	\$0.00	\$0.00
				Legal Expenses:	\$0.00	\$0.00	\$0.00
			0	Other Expenses:	\$0.00	\$0.00	\$0.00
Total Claims:	0	0	0	Net:	\$0.00	\$0.00	\$0.00
Total Claims:	0		Incident-Only Claims:	1		Litigation:	0

Policy Period: 7/1/2018 To 7/1/2019

Department: Location: ATTN: CINDY RESCINITO,2400 TOM L WILSON
BLVD,GALESBURG,IL,61401-9574

Claim Number: AFC230191865 **Claim Type Name:** Medical
Claimant Name: McCants, Craig **Claim Handler:** Pam Goodman **Medical Losses:** \$589.76 **Paid** \$589.76 **Reserves** \$0.00 **Incurred** \$589.76
Accident Date: 6/13/2019 **Detailed Injury Type:** Laceration **Indemnity Losses:** \$0.00 **Legal Expenses:** \$0.00
Date Reported: 6/13/2019 **Claim Status:** Closed **Other Expenses:** \$0.00
Date Closed: 6/25/2019 **Primary Insured:** CARL SANDBURG COLLEGE ATTN: CINDY RESCINITO

Reported to Employer: 6/13/2019 **Net:** \$589.76 **Paid** \$589.76 **Reserves** \$0.00 **Incurred** \$589.76

Cutting a piece of plastic from around a tree in preparation to plan. Knife cut through the plastic, continued through his work jeans and cut his left knee cap area. He had a cut approximately 1 inch long and the bleeding would not stop. He was transported to Occupational Health via car.

Department: Location: ATTN: CINDY RESCINITO,2400 TOM L WILSON
BLVD,GALESBURG,IL,61401-9574

Claim Number: AFC230187357 **Claim Type Name:** Medical
Claimant Name: Morgan, Susan R **Claim Handler:** Pam Goodman **Medical Losses:** \$515.06 **Paid** \$515.06 **Reserves** \$0.00 **Incurred** \$515.06
Accident Date: 5/29/2019 **Detailed Injury Type:** Fracture **Indemnity Losses:** \$0.00 **Legal Expenses:** \$0.00
Date Reported: 5/30/2019 **Claim Status:** Closed **Other Expenses:** \$0.00
Date Closed: 6/7/2019 **Primary Insured:** CARL SANDBURG COLLEGE ATTN: CINDY RESCINITO

Reported to Employer: 5/29/2019 **Net:** \$515.06 **Paid** \$515.06 **Reserves** \$0.00 **Incurred** \$515.06

She was getting ready to leave for the day when she stepped on the base of a fan that was beside her workstation causing her to lose her balance and fall to the floor on her right side.

Department: ATTN: CINDY RESCINITO,2400 TOM L WILSON
BLVD,GALESBURG,IL,61401-9574

Claim Number: AFC230173784
Claimant Name: Sharp, Susan
Accident Date: 4/17/2019
Date Reported: 4/18/2019
Date Closed: 4/18/2019

Claim Type Name: Incident
Claim Handler: Pam Goodman
Detailed Injury Type: Hearing loss or impairment
Claim Status: Closed
Primary Insured: CARL SANDBURG
COLLEGE ATTN: CINDY RESCINITO

Medical Losses: \$0.00
Indemnity Losses: \$0.00
Legal Expenses: \$0.00
Other Expenses: \$0.00

Reported to Employer: 4/18/2019
Net: \$0.00 \$0.00 \$0.00

Around 5 pm on 4-17-19 Susan and a student were in the theater. She had a student in the sound booth area. When the student turned on the sound booth, it caused feedback through the speakers causing a very loud noise that was not corrected by the sound booth student for about 10 seconds. Susan stated that the noise was so loud that when she woke up this morning she now has ear pain and ringing in her ears, she was concerned about hearing loss. She stated that right now she would just like a report in case she needs to seek medical treatment.

Department: ATTN: CINDY RESCINITO,2400 TOM L WILSON
BLVD,GALESBURG,IL,61401-9574

Claim Number: AFC230174503
Claimant Name: Jackson, Thad R
Accident Date: 4/18/2019
Date Reported: 4/23/2019
Date Closed: 12/22/2019

Claim Type Name: Indemnity
Claim Handler: Tate Latture
Detailed Injury Type: Inflammation
Claim Status: Closed
Primary Insured: CARL SANDBURG
COLLEGE ATTN: CINDY RESCINITO

Medical Losses: \$5,449.95
Indemnity Losses: \$8,514.43
Legal Expenses: \$0.00
Other Expenses: \$4,180.43

Reported to Employer: 4/18/2019
Net: \$18,144.81 \$0.00 \$18,144.81

Thad was hauling and setting up heavy equipment for the college at the Galesburg High School auditorium and strained his back. He is experiencing pain when standing, sitting and walking.

Department: ATTN: CINDY RESCINITO,2400 TOM L WILSON
BLVD,GALESBURG,IL,61401-9574

Claim Number: AFC230163356
Claimant Name: Wells, Alexis
Accident Date: 3/15/2019
Date Reported: 3/18/2019
Date Closed: 3/26/2019

Claim Type Name: Incident
Claim Handler: Pam Goodman
Detailed Injury Type: Foreign body
Claim Status: Closed
Primary Insured: CARL SANDBURG
COLLEGE ATTN: CINDY RESCINITO

Medical Losses: \$0.00
Indemnity Losses: \$0.00
Legal Expenses: \$0.00
Other Expenses: \$0.00

Reported to Employer: 3/15/2019
Net: \$0.00 \$0.00 \$0.00

Injured worker states sawdust to left eye when they were cutting down trees, they were loading the branches and dust flew into her eye

Department: Location: 305 SANDBURG DRIVE,CARTHAGE,IL,62321

Claim Number: AFC230145467 **Claim Type Name:** Incident **Medical Losses:** \$0.00 **Paid** \$0.00 **Reserves** \$0.00 **Incurred** \$0.00
Claimant Name: Pulson, Jenny **Claim Handler:** Pam Goodman
Accident Date: 1/28/2019 **Detailed Injury Type:** Contusion **Indemnity Losses:** \$0.00 **Legal Expenses:** \$0.00 **Other Expenses:** \$0.00
Date Reported: 1/29/2019 **Claim Status:** Closed
Date Closed: 3/6/2019 **Primary Insured:** CARL SANDBURG COLLEGE ATTN: CINDY RESCINITO

Reported to Employer: 1/28/2019 **Net:** \$0.00 \$0.00 \$0.00

Injured worker states contusion to head. IW slipped on ice in the parking lot and hit their head

Department: Location: 2400 TOM L WILSON BLVD,GALESBURG,IL,61401-9574

Claim Number: AFC230116451 **Claim Type Name:** Indemnity **Medical Losses:** \$977.81 **Paid** \$977.81 **Reserves** \$0.00 **Incurred** \$977.81
Claimant Name: Christensen, Michael **Claim Handler:** Kim Deal **Indemnity Losses:** \$199.64 **Legal Expenses:** \$0.00 **Other Expenses:** \$0.00
Accident Date: 10/26/2018 **Detailed Injury Type:** Fracture **Claim Status:** Closed
Date Reported: 10/29/2018 **Primary Insured:** CARL SANDBURG COLLEGE ATTN: CINDY RESCINITO

Reported to Employer: 10/26/2018 **Net:** \$1,177.45 \$0.00 \$1,177.45

Walking to the maintenance building to inspect fire extinguishers and stepped wrong on a rock in the gravel driveway, his ankle buckled and he fell. We have pictures and video. He went to the emergency room Friday (26th). Diagnosis is a closed avulsion fracture return date is unknown.

Policy Period Summary: 7/1/2018 To 7/1/2019

	Open	Closed	ReOpen	Medical Losses:	Paid	Reserves	Incurred
Medical Claims:	0	2		Medical Losses:	\$7,532.58	\$0.00	\$7,532.58
Indemnity Claims:	0	2	0	Indemnity Losses:	\$8,714.07	\$0.00	\$8,714.07
			0	Legal Expenses:	\$0.00	\$0.00	\$0.00
			0	Other Expenses:	\$4,180.43	\$0.00	\$4,180.43
Total Claims:	0	4	0	Net:	\$20,427.08	\$0.00	\$20,427.08
Total Claims:	4		Incident-Only Claims:	3		Litigation:	0

Overall Summary

	Open	Closed	ReOpen	Paid	Reserves	Incurred
Medical Claims:	1	5	0	\$13,847.88	\$5,000.00	\$18,847.88
Indemnity Claims:	0	3	0	\$14,502.12	\$0.00	\$14,502.12
Total Claims:	1	8	0	\$32,530.43	\$5,050.00	\$37,580.43
				Medical Losses:		
				Indemnity Losses:		
				Legal Expenses:		
				Other Expenses:		
				Net:		

Total Claims: 9 Incident-Only Claims: 11

Losses By Policy Year

Account Name: CARL SANDBURG COLLEGE ATTN: CAROL ROGERS

Policy Number: 100040435,6169601

Policy Period: 7/1/2020 To 7/1/2024

Policy Period	Carrier	Indemnity Claims	Medical Claims	Incident Claims	Incurred Indemnity Losses	Incurred Medical Losses	Incurred Legal Expenses	Incurred Other Expenses	Total Incurred
7/1/2023 To 7/1/2024	AFICA	0	1	4	\$0.00	\$5,000.00	\$0.00	\$50.00	\$5,050.00
7/1/2022 To 7/1/2023	AFICA	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7/1/2021 To 7/1/2022	AFICA	0	3	1	\$0.00	\$5,625.79	\$0.00	\$0.00	\$5,625.79
7/1/2020 To 7/1/2021	AFICA	1	0	2	\$5,788.05	\$689.51	\$0.00	\$0.00	\$6,477.56
Net:		1	4	7	\$5,788.05	\$11,315.30	\$0.00	\$50.00	\$17,153.35

Account Name: CARL SANDBURG COLLEGE ATTN: CINDY RESCINITO

Policy Number: 100040435,6169601

Policy Period: 7/1/2018 To 7/1/2020

Policy Period	Carrier	Indemnity Claims	Medical Claims	Incident Claims	Incurred Indemnity Losses	Incurred Medical Losses	Incurred Legal Expenses	Incurred Other Expenses	Total Incurred
7/1/2019 To 7/1/2020	AFICA	0	0	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00