ROANE COUNTY GOVERNMENT

Policy Number(s): 4J390440



Detail Loss Report	t							Losses	s From: 04/	03/2018 To	04/03/2023
Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
Policy Year: 2018											
Line of Insurance: P - PRO	PERTY										
/ROANE COUNTY GOVERNI	MENT 273	FR	DHX4597	02/18/2019	02/20/2019	03/28/2020	С				
FUNDS TRANSFER FRAUE FRAUDULENT INSTRUCTIC EMPLOYEE							Inc: Pd: O/S:	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00
/ROANE COUNTY GOVERNI	MENT 270	FR	DHX4598	02/18/2019	02/20/2019	02/20/2019	С				
PAYROLL CLERK GOT EMA HER BANK ACCOUNT INFO CARD							Inc: Pd: O/S:	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00
Subtotals for Line of Insura	nce : P										
Total Claim Count: 2	2						Inc: Pd: O/S:	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00
Subtotals for Policy Year : 2	018										
Total Claim Count: 2	2						Inc: Pd: O/S:	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00
Report Grand Totals											
Total Claim Count: 2	2						Inc: Pd: O/S:	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00

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Detail Loss Report				Losses From: 04/03/2018 To 04/03/2023							
	Re	port Parameters									
Losses From: 04/03/2018 To 04/03/2023		Policy Nur	nber(s): 4J390440								
		Sorts									
Sort Name 1. Policy Year 2. Line of Insurance	<u>Sort Label</u> Policy Year Line of Insurance	<u>Subtotal</u> Y Y	<u>Page Break</u> N N								
	Lim	iting Statements									
Large Loss Limiting											
	Drill Do	own Limiting Criteria									