

Detail Loss Report

Losses 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: 2017											
Line of Insurance: OM - OCEAN MARINE											
	527	LR	E3N7579	06/29/2018	04/22/2021	04/27/2021	C				
SUIT FILED AGAINST INSURED							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
Subtotals for Line of Insurance : OM											
Total Claim Count: 1							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
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Subtotals for Policy Year : 2017											
Total Claim Count: 1							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
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Report Grand Totals											
Total Claim Count: 1							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

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Report Parameters

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Policy Number(s): 11P90751

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