

Loss History

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Loss Valuation Date:01/29/2022

Account Summary

South Area - KY/VA/WV

Insured: BOARD OF EDUCATION OF FAYETTE

701 EAST MAIN STREET LEXINGTON, KY -40502

Agency: ASSUREDPARTNERS NL, LLC 2443 SIR BARTON WAY STE 400 LEXINGTON, KY 405092527

Code: 0060054

Line Of Business	Prefix	Policy Number	Policy Term	Number of Claims	Net Paid Losses	Current Reserves	Paid + Reserves	Allocated Expenses	Total
Commercial Package PROP	СВР	8162918	07/01/2017 - 07/01/2018	0	\$0	\$0	\$0	\$0	\$0
Commercial Package CIM	CBP	8162918	07/01/2017 - 07/01/2018	0	\$0	\$0	\$0	\$0	\$0
Commercial Package CR	CBP	8162918	07/01/2017 - 07/01/2018	0	\$0	\$0	\$0	\$0	\$0
TOTAL			07/01/2017 - 07/01/2018	0	\$0	\$0	\$0	\$0	\$0
Commercial Package PROP	CBP	8162918	07/01/2016 - 07/01/2017	0	\$0	\$0	\$0	\$0	\$0
Commercial Package CIM	CBP	8162918	07/01/2016 - 07/01/2017	0	\$0	\$0	\$0	\$0	\$0
Commercial Package CR	CBP	8162918	07/01/2016 - 07/01/2017	0	\$0	\$0	\$0	\$0	\$0
TOTAL			07/01/2016 - 07/01/2017	0	\$0	\$0	\$0	\$0	\$0
ALL YEARS				0	\$0	\$0	\$0	\$0	\$0
CBP TOTAL				0	\$0	\$0	\$0	\$0	\$0
GRAND TOTAL				0	\$0	\$0	\$0	\$0	\$0

This report is intended for informational purposes only, is subject to changes, and shall not be construed as an admission of liability. Reserve information is revealed only as a recognition of a potential exposure and does not necessarily represent the value of a claim or a decision that the claim should or will be paid.

NOTE: If a policy was previously written with Safeco Insurance, the policy's complete loss history will not be available on this report. To obtain the claims history while a policy was written with Safeco, you must access the Loss Runs tool on www.safeconow.com.





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Loss Valuation Date:01/29/2022 Account Detail South Area - KY/VA/WV

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701 EAST MAIN STREET LEXINGTON, KY -40502 Agency: ASSUREDPARTNERS NL, LLC 2443 SIR BARTON WAY STE 400 LEXINGTON, KY 405092527

Code: 0060054

Claim Number	Loss Date	Date Received	Location/ Bldg/Veh Number	Actual Paid Losses	Recovery Amount	Net Paid Losses	Current Reserves	Paid + Reserves	Allocated Expenses	Total	Claim Status
Claimant Name or Coverage Type Risk			Risk State				Description	of Loss			

Policy Number: CBP 8162918	CBP 8162918 Policy Term: 07/01/2017 - 07/01/2018								
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
Policy Number: CBP 8162918 Policy Term: 07/01/2016 - 07/01/2017									
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
GRAND TOTAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0		

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