

Data valued as of: 07/25/2017

## Zurich North America Customer Loss Runs Loss Detail



### COUNTY OF WASHINGTON

**Policy Year:** 2012

**PROPERTY**

**Policy Number:** CPP-6549916

Claim #	Site Code	Claimant	Loss Type	Date of Loss	Loss State	Status	Reported Date	Closed Date	Total Paid
5570100204		County of Washington,	PROPERTY	01/23/2012	AR	Closed	02/09/2012	03/06/2012	\$6,221.48
Acc Description:		Misc: Damage to insured property by vehicle							
<b>Policy Totals:</b>				<b>1</b>					<b>\$6,221.48</b>

**Policy Year: 2013**

**PROPERTY**

**Policy Number: CPP-6549916**

<b>Claim #</b>	<b>Site Code</b>	<b>Claimant</b>	<b>Loss Type</b>	<b>Date of Loss</b>	<b>Loss State</b>	<b>Status</b>	<b>Reported Date</b>	<b>Closed Date</b>	<b>Total Paid</b>
5570110495		Washington County, .	PROPERTY	04/01/2013	AR	Closed	04/02/2013	05/14/2013	\$42,958.43

Acc Description: Misc: Unknown/unclassified origin

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<b>Policy Totals:</b>	<b>1</b>	<b>\$42,958.43</b>
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<b>Policy Year Totals:</b>	<b>2</b>	<b>\$49,179.91</b>
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<b>Overall Totals:</b>	<b>2</b>	<b>\$49,179.91</b>
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Data valued as of: 07/25/2017

## Loss Run Summary



### COUNTY OF WASHINGTON

#### CPP-6549916

Policy Year	Status	Claim Count	Paid
2012	Closed	1	\$6,221.48
2013	Closed	1	\$42,958.43
<b>Overall Totals:</b>		<b>2</b>	<b>\$49,179.91</b>

### Glossary of Terms

<b>Claim Number:</b>	A unique ten-digit number used to identify an accident, event, or occurrence.
<b>Claimant:</b>	Entity that files a claim against a policy.
<b>Loss Type:</b>	Claim Level Coverage further breaks down the Coverages. Example: Workers Compensation (WC) is a Coverage and the Claim Level Coverages for WC are Lost Time and Medical. Also known as Sub Coverage.
<b>Coverage Type:</b>	Line of Business.
<b>Date of Loss:</b>	Actual date the loss occurred for a claim.
<b>Date valued as of:</b>	The date that the data within the report is valued.
<b>Acc Description:</b>	Description of Loss.
<b>Site</b>	Customers own unique value for where accident occurred.
<b>Loss State</b>	Loss State
<b>Paid:</b>	Paid indemnity and expense.
<b>Policy Symbol:</b>	The two or three position character field used to identify the policy type or line of business.
<b>Policy Number:</b>	The seven-digit number assigned to identify the policy.
<b>Policy Year:</b>	The year a policy was effective.
<b>Status:</b>	This field indicates whether the claim is open or closed.
<b>Customer Name:</b>	Name of the Insured.
<b>Date Closed:</b>	Date the loss was closed.
<b>Date Reported:</b>	Date the loss was reported to Zurich or a cooperative partner.

Data valued as of: 07/25/2017

## Zero Loss Run Summary



Policy Number : 6737839

**County of Washington**

**Policy/Loss Year(s) requested : 2013 , 2014 , 2015**

The Policy has no claim data for the years requested above (unless indicated by the link to Loss Run Report)

Claim Count	Paid	Reserves	Recoveries	Incurred
0	\$0.00	\$0.00	\$0.00	\$0.00



# Loss Run for NHT398933 - Washington County Arkansas

Insured Name:	<b>Washington County Arkansas</b>	Policy No:	NHT398933 0	Term:	1/1/2017 - 1/1/2018	Underwriter:	Gibson, Michael
Policy Limit:	\$97,176,362					Claim Prof:	N/a

No claims exist for this policy year.

Insured Name:	<b>Washington County Arkansas</b>	Policy No:	NHT395144 0	Term:	1/1/2016 - 1/1/2017	Underwriter:	Gibson, Michael
Policy Limit:	\$97,175,362					Claim Prof:	N/a

No claims exist for this policy year.

Insured Name:	<b>Washington County Arkansas</b>	Policy No:	NHT390670 0	Term:	1/1/2015 - 1/1/2016	Underwriter:	Gibson, Michael
Policy Limit:	\$106,926,371					Claim Prof:	N/a

No claims exist for this policy year.

Insured Name:	<b>Washington County Arkansas</b>	Policy No:	NHT385122 0	Term:	1/1/2014 - 1/1/2015	Underwriter:	Gibson, Michael
Policy Limit:	\$103,852,005					Claim Prof:	N/a

No claims exist for this policy year.

Insured Name:	<b>Washington County Arkansas</b>	Policy No:	NHT379760 0	Term:	1/1/2013 - 1/1/2014	Underwriter:	Gibson, Michael
Policy Limit:	\$98,270,983					Claim Prof:	N/a

No claims exist for this policy year.

Insured Name:	<b>Washington County Arkansas</b>	Policy No:	NHT374500 0	Term:	1/1/2012 - 1/1/2013	Underwriter:	Gibson, Michael
Policy Limit:	\$185,060,423					Claim Prof:	N/a

No claims exist for this policy year.

	<u>Total Gross Incurred</u>	<u>Paid</u>	<u>Reserve</u>	<u>Incurred</u>
	<u>Indemnity</u>	\$0.00	\$0.00	\$0.00
	<u>Expense</u>	\$0.00	\$0.00	\$0.00
	<u>Total</u>	\$0.00	\$0.00	\$0.00



## The Hartford Steam Boiler Inspection and Insurance Company

Wednesday, July 26, 2017

Greg Olson  
Peachtree Spec Risk Brokers  
3525 Piedmont Road Ne  
Building 5, Suite 700  
Atlanta, GA 30305

**Named Insured:** Washington County  
**Policy Number:** FBP2357396  
**Policy Status:** Active  
**Coverage:** Equipment Breakdown  
**Policy Term(s):** 1/1/2016 - 1/1/2017  
1/1/2017 - 1/1/2018

**The above referenced account has had no paid Equipment Breakdown Coverage losses  
or open claims for the above listed policy terms.**

The Hartford Steam Boiler Inspection & Insurance Co.  
One State Street  
P.O. Box 5024  
Hartford, CT 06102-5024



# AXIS INSURANCE LOSS RUN

INSURED: WASHINGTON COUNTY, ARKANSAS  
PRODUCER: PEACHTREE SPECIAL RISK BROKERS, LLC [ATLANTA]

REPORT RUN DATE: 7/26/2017  
# OF POLICY TERMS: 3

## Loss Run Summary

Policy Term	Policy Type	# of Claims	Open Claims	Losses Paid	Expenses Paid	Recovered	Total Incurred
Policy #: 785188/01/2015/0000/000							
1/1/2015 - 1/1/2016	PROPERTY	0	0	\$0.00	\$0.00	\$0.00	\$0.00
Policy #: 785188/01/2016/0000/000							
1/1/2016 - 1/1/2017	PROPERTY	0	0	\$0.00	\$0.00	\$0.00	\$0.00
Policy #: 785188/01/2017/0000/000							
1/1/2017 - 1/1/2018	PROPERTY	0	0	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTALS:</b>		<b>0</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

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**Please contact your AXIS representative/office with any questions regarding the content of this AXIS Loss Run report**



# AXIS INSURANCE LOSS RUN

INSURED: WASHINGTON COUNTY, ARKANSAS  
PRODUCER: PEACHTREE SPECIAL RISK BROKERS, LLC [ATLANTA]

REPORT RUN DATE: 7/26/2017  
# OF POLICY TERMS: 3

**Loss Run Detail - Policy Term: 1/1/2015 - 1/1/2016 Policy #: 785188/01/2015/0000/000**

Claim #:	Loss State:	Loss Date:	Claims Status:	Claimant(s):
Total Losses Paid:	Total Expenses Paid:		Total Recovered:	Total Incurred:
Coverage:	Loss Description:			

No losses for this period

**Loss Run Detail - Policy Term: 1/1/2016 - 1/1/2017 Policy #: 785188/01/2016/0000/000**

Claim #:	Loss State:	Loss Date:	Claims Status:	Claimant(s):
Total Losses Paid:	Total Expenses Paid:		Total Recovered:	Total Incurred:
Coverage:	Loss Description:			

No losses for this period

**Loss Run Detail - Policy Term: 1/1/2017 - 1/1/2018 Policy #: 785188/01/2017/0000/000**

Claim #:	Loss State:	Loss Date:	Claims Status:	Claimant(s):
Total Losses Paid:	Total Expenses Paid:		Total Recovered:	Total Incurred:
Coverage:	Loss Description:			

No losses for this period

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