



12 South Center Street  
Bensenville, IL 60105

Office: 630.350.3404  
Fax: 630.350.3438  
[www.bensenville.il.us](http://www.bensenville.il.us)

**VILLAGE BOARD**

March 21, 2018

**President**  
Frank DeSimone

**Board of Trustees**  
Rosa Carmena  
Ann Franz  
Agneska "Annie" Jaworska  
McLane Lomax  
Nicholas Panicola Jr.  
Armando Perez

**Village Clerk**  
Nancy Quinn

**Village Manager**  
Evan K. Summers

**Mr. Jared Rutecki**  
Better Government Association  
223 West Jackson Blvd., Suite 300  
Chicago, Illinois 60606

**Re: March 14, 2018 FOIA Request**

Dear Mr. Rutecki:

I am pleased to help you with your March 14, 2018 Freedom of Information Act ("FOIA"). The Village of Bensenville received your request on March 14, 2018. You requested copies of the items indicated below:

*"All cases where the city or village or town paid a plaintiff or plaintiffs by verdict, settlement and/or satisfaction in a case from 2010 to the present. The record or records should include a case number, name of party paid, payment amount, fees and costs (if kept separately), the cause of the case and the department involved in the litigation. Departments might include but should not be limited to police, fire, transportation, buildings, streets, water and family services.*

*The records should also express all money paid to outside counsel in the cases. If possible, this information should connect the information to the related legal cases."*

After a search of Village files, the following documents are enclosed to fulfill your request:

- 1) Traveler's Losses from 12/1/2013 to 12/01/2016 for the Village of Bensenville 8D335206. (7 pgs.)
- 2) Traveler's Losses from 12/1/2013 to 12/01/2016 for the Village of Bensenville 15R54940. (2 pgs.)
- 3) One Beacon Policy Loss Analysis from 12/01/2009 to 03/20/2018 for the Village of Bensenville 7910002680000. (15 pgs.)
- 4) Traveler's Losses from 12/1/2013 to 12/01/2018 for the Village of Bensenville 15R54939. (9 pgs.)
- 5) Traveler's Losses from 12/1/2016 to 12/01/2018 for the Village of Bensenville 1J387257. (2 pgs.)

These are all of the documents that can be discovered responsive to your request.

Do not hesitate to contact me if you have any questions or concerns in connection with this response.

Very truly yours,

  
Corey Williamsen  
Freedom of Information Officer  
Village of Bensenville

**Detail Loss Report**

**Losses From: 12/01/2013 To 12/01/2016**

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
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**Line of Insurance: AL - AUTOMOBILE**

**Policy Eff Date: 12/01/2013**

**Policy Number Other: <Blank>**

**Policy Number: 8D335206**

**Subline of Insurance: ALBI**

DREW QAIYIM	028	AB	CER1417	03/25/2014	03/26/2014	11/17/2014	C				
OV IN FAR LEFT LANE, NEAR AUSTIN EXIT, OV SUDDENLY STOPPED, AND VERVED OFF TO AVOID REAR ENDING							Inc:	\$11,377.00	\$11,309.00	\$0.00	\$68.00
OV BUT COULD NOT IN TIME AND IV REAR ENDED OV							Pd:	\$11,376.71	\$11,308.91	\$0.00	\$67.80
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00

**Subtotals for Subline of Insurance : ALBI**

**Total Claim Count: 1**

Inc:	\$11,377.00	\$11,309.00	\$0.00	\$68.00
Pd:	\$11,376.71	\$11,308.91	\$0.00	\$67.80
O/S:	\$0.00	\$0.00	\$0.00	\$0.00

**Subline of Insurance: ALPD**

IGE FLEET	028	AD	E0A7933	03/06/2014	03/11/2014	05/07/2014	C				
IV BACKED INTO MOVING OV.							Inc:	\$3,538.00	\$3,538.00	\$0.00	\$0.00
							Pd:	\$3,537.98	\$3,537.98	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00

IHH INDUSTRIAL MOTOR SERV	028	AD	E0A5302	02/17/2014	02/21/2014	04/01/2014	C				
IV HIT AN ILLEGALLY PARKED AND UNOCCUPIED OV ON SIDE STREET							Inc:	\$3,912.00	\$3,912.00	\$0.00	\$0.00
							Pd:	\$3,911.92	\$3,911.92	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00

BRYLA DONALD	028	AD	E0A6462	02/20/2014	02/28/2014	11/04/2014	C				
OV WAS BROKEN DOWN ON SIDE OF ROAD, IV PUSHED THE OV WITH THE FRONT END OF IV AND DAMAGED BOTH							Inc:	\$1,695.00	\$1,695.00	\$0.00	\$0.00
THE IV AND OV--							Pd:	\$1,694.69	\$1,694.69	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00

DREW QAIYIM	028	AB	CER1417	03/25/2014	03/26/2014	11/17/2014	C				
OV IN FAR LEFT LANE, NEAR AUSTIN EXIT, OV SUDDENLY STOPPED, AND VERVED OFF TO AVOID REAR ENDING							Inc:	\$2,737.00	\$2,737.00	\$0.00	\$0.00
OV BUT COULD NOT IN TIME AND IV REAR ENDED OV							Pd:	\$2,736.70	\$2,736.70	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00

**Subtotals for Subline of Insurance : ALPD**

**Total Claim Count: 4**

Inc:	\$11,882.00	\$11,882.00	\$0.00	\$0.00
Pd:	\$11,881.29	\$11,881.29	\$0.00	\$0.00
O/S:	\$0.00	\$0.00	\$0.00	\$0.00

**Subline of Insurance: OTC**

**Detail Loss Report**

**Losses From: 12/01/2013 To 12/01/2016**

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
<b>Line of Insurance: AL - AUTOMOBILE</b>											
<b>Policy Eff Date: 12/01/2013</b>											
<b>Policy Number Other: &lt;Blank&gt;</b>											
<b>Policy Number: 8D335206</b>											
<b>Subline of Insurance: OTC</b>											
/GE FLEET	028	AD	E0A7933	03/06/2014	03/11/2014	05/07/2014	C				
IV BACKED INTO MOVING OV.							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
BRYLA DONALD	028	AD	E0A6462	02/20/2014	02/28/2014	11/04/2014	C				
OV WAS BROKEN DOWN ON SIDE OF ROAD, IV PUSHED THE OV WITH THE FRONT END OF IV AND DAMAGED BOTH THE IV AND OV--							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
DREW QAIYIM	028	AB	CER1417	03/25/2014	03/26/2014	11/17/2014	C				
OV IN FAR LEFT LANE, NEAR AUSTIN EXIT, OV SUDDENLY STOPPED, AND VERVED OFF TO AVOID REAR ENDING OV BUT COULD NOT IN TIME AND IV REAR ENDED OV							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
<b>Subtotals for Subline of Insurance : OTC</b>											
Total Claim Count: 3											
							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
<b>Subtotals for Policy Number : 8D335206</b>											
Total Claim Count: 8											
							Inc:	\$23,259.00	\$23,191.00	\$0.00	\$68.00
							Pd:	\$23,258.00	\$23,190.20	\$0.00	\$67.80
							O/S:	\$1.00	\$0.00	\$0.00	\$0.00
<b>Subtotals for Policy Number Other : &lt;Blank&gt;</b>											
Total Claim Count: 8											
							Inc:	\$23,259.00	\$23,191.00	\$0.00	\$68.00
							Pd:	\$23,258.00	\$23,190.20	\$0.00	\$67.80
							O/S:	\$1.00	\$0.00	\$0.00	\$0.00
<b>Subtotals for Policy Eff Date : 12/01/2013</b>											
Total Claim Count: 8											
							Inc:	\$23,259.00	\$23,191.00	\$0.00	\$68.00
							Pd:	\$23,258.00	\$23,190.20	\$0.00	\$67.80
							O/S:	\$1.00	\$0.00	\$0.00	\$0.00

**Detail Loss Report**

**Losses From: 12/01/2013 To 12/01/2016**

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
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Line of Insurance: AL - AUTOMOBILE

Policy Eff Date: 12/01/2014

Policy Number Other: <Blank>

Policy Number: 8D335206

Subline of Insurance: ALBI

GRAY CARYN	028	AB	CER1766	01/09/2015	01/13/2015	08/09/2016	C					
IV WAS PUSHING SNOW INTO OTHER SIDE OF ST WHEN IT HIT OV THAT WAS PASSING IN FRONT OF IV//								Inc:	\$62,814.00	\$55,000.00	\$0.00	\$7,814.00
								Pd:	\$62,814.19	\$55,000.00	\$0.00	\$7,814.19
								O/S:	\$0.00	\$0.00	\$0.00	\$0.00

Subtotals for Subline of Insurance : ALBI

Total Claim Count: 1	Inc:	\$62,814.00	\$55,000.00	\$0.00	\$7,814.00
	Pd:	\$62,814.19	\$55,000.00	\$0.00	\$7,814.19
	O/S:	\$0.00	\$0.00	\$0.00	\$0.00

Subline of Insurance: ALPD

DZIECIELSKA MAJA	028	AD	E2U9859	02/01/2015	02/05/2015	02/16/2015	C					
IV WAS PLOWING AND VEERED OVER INTO OV'S LANE TRAVELING THE OPOSITE DIRECTION HITTING OV CAUSING OV TO HIT A MAILBOX.								Inc:	\$4,916.00	\$4,916.00	\$0.00	\$0.00
								Pd:	\$4,915.52	\$4,915.52	\$0.00	\$0.00
								O/S:	\$0.00	\$0.00	\$0.00	\$0.00

GRAY CARYN	028	AB	CER1766	01/09/2015	01/13/2015	08/09/2016	C					
IV WAS PUSHING SNOW INTO OTHER SIDE OF ST WHEN IT HIT OV THAT WAS PASSING IN FRONT OF IV//								Inc:	\$17,104.00	\$17,104.00	\$0.00	\$0.00
								Pd:	\$17,104.37	\$17,104.37	\$0.00	\$0.00
								O/S:	\$0.00	\$0.00	\$0.00	\$0.00

Subtotals for Subline of Insurance : ALPD

Total Claim Count: 2	Inc:	\$22,020.00	\$22,020.00	\$0.00	\$0.00
	Pd:	\$22,019.89	\$22,019.89	\$0.00	\$0.00
	O/S:	\$0.00	\$0.00	\$0.00	\$0.00

Subtotals for Policy Number : 8D335206

Total Claim Count: 3	Inc:	\$84,834.00	\$77,020.00	\$0.00	\$7,814.00
	Pd:	\$84,834.08	\$77,019.89	\$0.00	\$7,814.19
	O/S:	\$0.00	\$0.00	\$0.00	\$0.00

**Detail Loss Report**

**Losses From: 12/01/2013 To 12/01/2016**

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
<b>Line of Insurance: AL - AUTOMOBILE</b>											
<b>Policy Eff Date: 12/01/2014</b>											
<b>Policy Number Other: &lt;Blank&gt;</b>											
<b>Subtotals for Policy Number Other : &lt;Blank&gt;</b>											
Total Claim Count: 3											
Inc: \$84,834.00      \$77,020.00      \$0.00      \$7,814.00											
Pd: \$84,834.08      \$77,019.89      \$0.00      \$7,814.19											
O/S: \$0.00      \$0.00      \$0.00      \$0.00											
<b>Subtotals for Policy Eff Date : 12/01/2014</b>											
Total Claim Count: 3											
Inc: \$84,834.00      \$77,020.00      \$0.00      \$7,814.00											
Pd: \$84,834.08      \$77,019.89      \$0.00      \$7,814.19											
O/S: \$0.00      \$0.00      \$0.00      \$0.00											
<b>Policy Eff Date: 12/01/2015</b>											
<b>Policy Number Other: &lt;Blank&gt;</b>											
<b>Policy Number: 8D335206</b>											
<b>Subline of Insurance: ALPD</b>											
/ENTERPRISE FLEET MANAGEM 028 AD E6Y6219 03/14/2016 04/12/2016 07/21/2016 C											
IV OPEN DOOR AND PROCEEDED TO BACK UP AND STRUCK OV.											
Inc: \$2,095.00      \$2,095.00      \$0.00      \$0.00											
Pd: \$2,095.27      \$2,095.27      \$0.00      \$0.00											
O/S: \$0.00      \$0.00      \$0.00      \$0.00											
<b>Subtotals for Subline of Insurance : ALPD</b>											
Total Claim Count: 1											
Inc: \$2,095.00      \$2,095.00      \$0.00      \$0.00											
Pd: \$2,095.27      \$2,095.27      \$0.00      \$0.00											
O/S: \$0.00      \$0.00      \$0.00      \$0.00											
<b>Subline of Insurance: OTC</b>											
/ENTERPRISE FLEET MANAGEM 028 AD E6Y6219 03/14/2016 04/12/2016 07/21/2016 C											
IV OPEN DOOR AND PROCEEDED TO BACK UP AND STRUCK OV.											
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											
<b>Subtotals for Subline of Insurance : OTC</b>											
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											

**Detail Loss Report**

**Losses From: 12/01/2013 To 12/01/2016**

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
<b>Line of Insurance: AL - AUTOMOBILE</b>											
Policy Eff Date: 12/01/2015											
Policy Number Other: <Blank>											
Policy Number: 8D335206											
<b>Subtotals for Policy Number : 8D335206</b>											
Total Claim Count: 2							Inc:	\$2,095.00	\$2,095.00	\$0.00	\$0.00
							Pd:	\$2,095.27	\$2,095.27	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
<b>Subtotals for Policy Number Other : &lt;Blank&gt;</b>											
Total Claim Count: 2							Inc:	\$2,095.00	\$2,095.00	\$0.00	\$0.00
							Pd:	\$2,095.27	\$2,095.27	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
<b>Subtotals for Policy Eff Date : 12/01/2015</b>											
Total Claim Count: 2							Inc:	\$2,095.00	\$2,095.00	\$0.00	\$0.00
							Pd:	\$2,095.27	\$2,095.27	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
<b>Subtotals for Line of Insurance : AL</b>											
Total Claim Count: 13							Inc:	\$110,188.00	\$102,306.00	\$0.00	\$7,882.00
							Pd:	\$110,187.35	\$102,305.36	\$0.00	\$7,881.99
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
<b>Line of Insurance: P - PROPERTY</b>											
Policy Eff Date: 12/01/2013											
Policy Number Other: <Blank>											
Policy Number: 8D335206											
<b>Subline of Insurance: PROP</b>											
VILLAGE OF BENSENVILLE	028	FR	E2J6040	07/01/2014	10/16/2014	11/20/2014	C				
CLMT WAS EXCAVATING SITE WHERE IT WAS FLOODING & IT WAS DISCOVERED TO BE BROKEN PIPES & INSD CAME IN TO REPAIR PIPES (CITY OF BENSENVILLE)											
							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

**Detail Loss Report**

**Losses From: 12/01/2013 To 12/01/2016**

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
<b>Line of Insurance: P - PROPERTY</b>											
<b>Policy Eff Date: 12/01/2013</b>											
<b>Policy Number Other: &lt;Blank&gt;</b>											
<b>Policy Number: 8D335206</b>											
<b>Subline of Insurance: PROP</b>											
<b>Subtotals for Subline of Insurance : PROP</b>											
<b>Total Claim Count: 1</b>							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
<hr/>											
<b>Subtotals for Policy Number : 8D335206</b>											
<b>Total Claim Count: 1</b>							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
<hr/>											
<b>Subtotals for Policy Number Other : &lt;Blank&gt;</b>											
<b>Total Claim Count: 1</b>							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
<hr/>											
<b>Subtotals for Policy Eff Date : 12/01/2013</b>											
<b>Total Claim Count: 1</b>							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
<hr/>											
<b>Subtotals for Line of Insurance : P</b>											
<b>Total Claim Count: 1</b>							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
<hr/>											
<b>Report Grand Totals</b>											
<b>Total Claim Count: 14</b>							Inc:	\$110,188.00	\$102,306.00	\$0.00	\$7,882.00
							Pd:	\$110,187.35	\$102,305.36	\$0.00	\$7,881.99
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00

Detail Loss Report		Report Parameters		Losses From: 12/01/2013 To 12/01/2016	
Report Name: Detail Loss Losses From: 12/01/2013 To 12/01/2016		Policy Number(s): 8D335206			
		Sorts			
<b>Sorts</b>					
Sort Name	Sort Label		Subtotal	Page Break	
1. Line of Insurance	Line of Insurance		Y	N	
2. Policy Eff Date	Policy Eff Date		Y	N	
3. Policy Number Other	Policy Number Other		Y	N	
4. Policy Number	Policy Number		Y	N	
5. Subline of Insurance	Subline of Insurance		Y	N	
<b>Limiting Statements</b>					
<b>Large Loss Limiting</b>					
<b>Drill Down Limiting Criteria</b>					

**Detail Loss Report**

**Losses From: 12/01/2013 To 12/01/2018**

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
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No losses were found based on report selection criteria

Detail Loss Report		Report Parameters		Losses From: 12/01/2013 To 12/01/2018																																					
Report Name: Detail Loss Losses From: 12/01/2013 To 12/01/2018			Policy Number(s): 15R54940																																						
<table><thead><tr><th colspan="2">Sorts</th><th>Subtotal</th><th>Page Break</th><th colspan="2"></th></tr></thead><tbody><tr><td>Sort Name</td><td>Sort Label</td><td></td><td></td><td></td><td></td></tr><tr><td>1. Line of Insurance</td><td>Line of Insurance</td><td>Y</td><td>N</td><td></td><td></td></tr><tr><td>2. Policy Eff Date</td><td>Policy Eff Date</td><td>Y</td><td>N</td><td></td><td></td></tr><tr><td>3. Policy Number Other</td><td>Policy Number Other</td><td>Y</td><td>N</td><td></td><td></td></tr><tr><td>4. Policy Number</td><td>Policy Number</td><td>Y</td><td>N</td><td></td><td></td></tr></tbody></table>						Sorts		Subtotal	Page Break			Sort Name	Sort Label					1. Line of Insurance	Line of Insurance	Y	N			2. Policy Eff Date	Policy Eff Date	Y	N			3. Policy Number Other	Policy Number Other	Y	N			4. Policy Number	Policy Number	Y	N		
Sorts		Subtotal	Page Break																																						
Sort Name	Sort Label																																								
1. Line of Insurance	Line of Insurance	Y	N																																						
2. Policy Eff Date	Policy Eff Date	Y	N																																						
3. Policy Number Other	Policy Number Other	Y	N																																						
4. Policy Number	Policy Number	Y	N																																						
Limiting Statements																																									
Large Loss Limiting																																									
Drill Down Limiting Criteria																																									

## Risk Manager



### Policy Loss Analysis By Policy For All Locations

**Insured:** VILLAGE OF BENSENVILLE, ILLINOIS  
**Loss Period:** 12/01/2009 to 03/20/2018  
**Line(s) of Business:** < All >  
**Producer:** 1202676  
**Policy Number:** 7910002680000

**Valuation:** 03/19/2018  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000  
**Policy Term:** 12/01/2009 - 12/01/2010

Claim/Suffix	Suffix Status	Claimant	Age	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/ Salvge \$	Total \$	Ded Amt Rcvd\$
AA-676381 00	Closed			0	0	0	0	0	0	0	0
Type of Loss:	Auto Liability - Property Damage										
AA-676381 01	Closed	VILLAGE OF BENSE,	00	0	0	0	0	6	0	6	0
Type of Loss:	Collision										
AA-676381 02	Closed	Freeman, Michael	00	0	658	0	0	0	0	658	-658
Type of Loss:	APD										
AA-676381 03	Closed	Freeman, Michael	00	0	0	0	8,947	1	0	8,948	0
Type of Loss:	ABI										
Claim Totals:				0	658	0	8,947	7	0	9,612	-658
Loss Date: 12/16/2009 Date Reported: 01/15/2010 Claim Status: Closed				Accident Location: Addison T, IL							
Location:											
Cause of Accident: Struck Other Vehicle Ahead											
Claim Description: IV rearended stopped OV.											
Driver: Freeman, Edward											
AA-708870 00	Closed			0	0	0	0	0	0	0	0
Type of Loss:	Other										
AA-708870 01	Closed	Moberly, Richard	00	0	15,000	0	20,322	0	0	35,322	-15,000
Type of Loss:	OBI										
Claim Totals:				0	15,000	0	20,322	0	0	35,322	-15,000
Loss Date: 12/28/2009 Date Reported: 04/13/2010 Claim Status: Closed				Accident Location: Village o, IL							
Location:											
Cause of Accident: Bodily Injury/Physical Damage											
Claim Description: CLAIMANT ALLEGES SLIP AND FALL ON ICY SIDEWALK											

Policy Loss Analysis By Policy  
For All Locations



Insured: VILLAGE OF BENSENVILLE, ILLINOIS

Loss Period: 12/01/2009 to 03/20/2018

Line(s) of Business: < All >

Producer: 1202676

Policy Number: 7910002680000

Valuation: 03/19/2018

Claim Status: Open and Closed

Incidents: Include

SIC Code: 9199 000

Policy Term: 12/01/2009 - 12/01/2010

Claim/Suffix	Suffix Status	Claimant	Age	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/ Salvge \$	Total \$	Ded Amt Rcvd\$
AA-719499 01	Closed	SUNNY PETROLEUM,	00	0	10,639	0	0	1,321	0	11,960	0
Type of Loss:	APD										
Claim Totals:											
0 10,639 0 0 1,321 0 11,960 0											
Loss Date: 05/06/2010 Date Reported: 05/14/2010 Claim Status: Closed											
Location: Accident Location: Bensenville, IL											
Cause of Accident: Struck Object Other Than Pedestrian Or Vehicle											
Claim Description: IV WAS BACKING TO LEAVE STATION AND STRUCK GAS PUMP.											
Driver: Swalve, Bruce											
AB-007265 01	Closed	Brauner, Gerard	64	0	20,000	0	28,451	110	0	48,561	-20,000
Type of Loss:	OBI										
Claim Totals:											
0 20,000 0 28,451 110 0 48,561 -20,000											
Loss Date: 05/03/2010 Date Reported: 01/30/2013 Claim Status: Closed											
Location: Accident Location: Bensenville, IL											
Cause of Accident: BI/PD - Street/Roads Signs											
Claim Description: Claimant alleges insured failed to properly managed and maintain controlled traffic signals, in											

Policy Loss Analysis By Policy  
For All Locations



Insured: VILLAGE OF BENSENVILLE, ILLINOIS

Loss Period: 12/01/2009 to 03/20/2018

Line(s) of Business: < All >

Producer: 1202676

Policy Number: 7910002680000

Valuation: 03/19/2018

Claim Status: Open and Closed

Incidents: Include

SIC Code: 9199 000

	Total Claims	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/ Salvge \$	Total \$	Ded Amt Rcvd\$
Policy Totals:	4	0	46,297	0	57,720	1,438	0	105,455	-35,658

Policy Loss Analysis By Policy  
For All Locations



Insured: VILLAGE OF BENSENVILLE, ILLINOIS  
Loss Period: 12/01/2009 to 03/20/2018  
Line(s) of Business: < All >  
Producer: 1202676  
Policy Number: 7910002680001

Valuation: 03/19/2018  
Claim Status: Open and Closed  
Incidents: Include  
SIC Code: 9199 000  
Policy Term: 12/01/2010 - 12/01/2011

Claim/Suffix	Suffix Status	Claimant	Age	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/ Salvge \$	Total \$	Ded Amt Rcvd\$
AA-785816 01	Closed	VILLAGE OF BENSE, Collision	02	0	0	0	0	112	0	112	0
AA-785816 02	Closed	Olague, Gloria APD	00	0	7,493	0	0	0	0	7,493	-500
AA-785816 03	Closed	Williams, Allan APD	00	0	10,408	0	0	0	0	10,408	-500
AA-785816 04	Closed	Olague, Gloria ABI	02	0	0	0	0	0	0	0	0
AA-785816 05	Closed	McClain, Mary ABI	02	0	11,000	0	0	0	0	11,000	0
AA-785816 06	Closed	Collins, Geraldine ABI	02	0	56,000	0	0	0	0	56,000	-24,000
AA-785816 07	Closed	Jacobo, Elias ABI	02	0	7,500	0	0	0	0	7,500	0
AA-785816 08	Closed	Jacobo, Cecilia ABI	02	0	2,250	0	0	0	0	2,250	0
Claim Totals:				0	94,651	0	0	112	0	94,763	-25,000

Loss Date: 12/08/2010 Date Reported: 12/09/2010 Claim Status: Closed

Location:

Accident Location: Bensenvil, IL

Cause of Accident: Collided With Oncoming Vehicle

Claim Description: OV TRAVELING ON YORK RD IV RAN A STOP SIGN AND STRUCK OV1 WHICH WAS PUSHED INTO OV2,

Driver: Melone, Joseph

Policy Loss Analysis By Policy  
For All Locations



Insured: VILLAGE OF BENSENVILLE, ILLINOIS

Loss Period: 12/01/2009 to 03/20/2018

Line(s) of Business: < All >

Producer: 1202676

Policy Number: 7910002680001

Valuation: 03/19/2018

Claim Status: Open and Closed

Incidents: Include

SIC Code: 9199 000

Policy Term: 12/01/2010 - 12/01/2011

Claim/Suffix	Suffix Status	Claimant	Age	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/ Salvge \$	Total \$	Ded Amt Rcvd\$
AA-794309 01	Closed	VILLAGE OF BENSE, Collision	00	0	0	0	0	33	0	33	0
AA-794309 02	Closed	Budnik, Nancy APD	00	0	855	0	0	0	0	855	-855
Claim Totals:											
				0	855	0	0	33	0	888	-855
Loss Date: 01/07/2011 Date Reported: 01/10/2011 Claim Status: Closed											
Location: Accident Location: Bensenvil, IL											
Cause of Accident: Backed Into Other Vehicle											
Claim Description: IV & OV TRAV UNK DIR ON MASON. IV & OV STOPPED AT THE STOP SIGN WHEN IV START- ED TO BACK UP A											
Driver: Budnik , Nancy											
AA-798022 01	Closed	SYNAGRO CENTRALL, OPD	00	0	0	0	0	0	0	0	0
				0	0	0	0	0	0	0	0
Claim Totals:											
				0	0	0	0	0	0	0	0
Loss Date: 12/06/2010 Date Reported: 01/21/2011 Claim Status: Closed											
Location: Accident Location: Bensonvil, IL											
Cause of Accident: Bodily Injury/Physical Damage											
Claim Description: SYNAGRO ALLEGES THAT THEY HAD A CONTRACT WITH BENSENVILLE TO PROVIDE AND FURNISH ALL NECESSARY											
AA-802576 01	Closed	VILLAGE OF BENSE, Collision	00	0	0	0	0	33	0	33	0
AA-802576 02	Closed	Castle, Marybeth APD	00	0	1,055	0	0	0	0	1,055	-1,055
				0	1,055	0	0	33	0	1,088	-1,055
Claim Totals:											
				0	1,055	0	0	33	0	1,088	-1,055
Loss Date: 02/03/2011 Date Reported: 02/04/2011 Claim Status: Closed											
Location: Accident Location: Bensenvil, IL											
Cause of Accident: Was Passing Other Vehicle											
Claim Description: IV TRYING TO GO AROUND OV WHEN IV STRUCK OV IN THE REAR											
Driver: Stephens , Dexter											

Policy Loss Analysis By Policy  
For All Locations



Insured: VILLAGE OF BENSENVILLE, ILLINOIS

Loss Period: 12/01/2009 to 03/20/2018

Line(s) of Business: < All >

Producer: 1202676

Policy Number: 7910002680001

Valuation: 03/19/2018

Claim Status: Open and Closed

Incidents: Include

SIC Code: 9199 000

Policy Term: 12/01/2010 - 12/01/2011

Claim/Suffix	Suffix Status	Claimant	Age	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/ Salvge \$	Total \$	Ded Amt Rcvd\$
AA-807189 01	Closed	VILLAGE OF BENSE,	00	0	0	0	0	48	0	48	0
Type of Loss:		Collision									
AA-807189 02	Closed	Sebolt, Janet	00	0	587	0	0	0	0	587	-587
Type of Loss:		APD									
Claim Totals:				0	587	0	0	48	0	635	-587
Loss Date: 02/15/2011 Date Reported: 02/16/2011 Claim Status: Closed				Location: Accident Location: Bensovill, IL							
Cause of Accident: Backed Into Other Vehicle											
Claim Description: IV BACKED INTO OV AT A GAS STATION LOT											
Driver: Sebolt , Janet											
AA-811795 01	Closed	Kennedy, Kenneth	58	0	0	0	0	0	0	0	0
Type of Loss:		APD									
Claim Totals:				0	0	0	0	0	0	0	0
Loss Date: 03/01/2011 Date Reported: 03/02/2011 Claim Status: Closed				Location: Accident Location: Bensenvil, IL							
Cause of Accident: Was Passing Other Vehicle											
Claim Description: IV WAS TRAVELING SOUTH ON CHURCH ROAD W/EMERGENCY LIGHT & SIREN ACTIVATED IN ORDER TO ASSIST A											
Driver: Kennedy , Kenneth											
AA-813320 01	Closed	Illinois Paper,	0	0	0	0	0	0	0	0	0
Type of Loss:		OBI									
Claim Totals:				0	0	0	0	0	0	0	0
Loss Date: 06/01/2010 Date Reported: 01/06/2011 Claim Status: Closed				Location: Accident Location: Bensenville, IL							
Cause of Accident: POL Cov A - Wrongful Act No Cov - Breach Contract											
Claim Description: third party alleging fraud, breach of contract and abetting breach of											

Policy Loss Analysis By Policy  
For All Locations



Insured: VILLAGE OF BENSENVILLE, ILLINOIS

Loss Period: 12/01/2009 to 03/20/2018

Line(s) of Business: < All >

Producer: 1202676

Policy Number: 7910002680001

VILLAGE OF BENSENVILLE ILLINOI

Valuation: 03/19/2018

Claim Status: Open and Closed

Incidents: Include

SIC Code: 9199 000

Policy Term: 12/01/2010 - 12/01/2011

Claim/Suffix	Suffix Status	Claimant	Age	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/ Salvge \$	Total \$	Ded Amt Rcvd\$
AA-844069 01	Closed	Village Of Bensenvil, le Illinois	0	0	85,640	0	0	3,747	0	89,387	0
Type of Loss:		Extended Coverage - Building									
AA-844069 02	Closed	Village Of Bensenvil, le Illinois	0	0	25,364	0	0	0	0	25,364	0
Type of Loss:		Extra Expense - Extended Coverage									
AA-844069 03	Closed	Village Of Bensenvil, le Illinois	0	0	18,159	0	0	0	0	18,159	0
Type of Loss:		Extended Coverage - Contents									
Claim Totals:				0	129,163	0	0	3,747	0	132,910	0

Loss Date: 06/21/2011 Date Reported: 06/23/2011 Claim Status: Closed

Location:

Accident Location: Bensenville, IL

Cause of Accident: Wind/ Hail Windstorm/Wind

Claim Description: THE INSD HAD SEVERAL AREAS DAMAGED. THESE AREAS ARE 2 BASEBALL FIELDS, GYMNASI CS ARENA AND A

AA-849345 01	Closed	Village Of Bensenvil, le Illinois	0	0	6,445	0	0	0	-265	6,180	0
Type of Loss:		Boiler & Machinery									
Claim Totals:				0	6,445	0	0	0	-265	6,180	0

Loss Date: 06/21/2011 Date Reported: 07/13/2011 Claim Status: Closed

Location:

Accident Location: Bensenville, IL

Cause of Accident: Boiler & Machinery Mechanical /Elec

Claim Description: The insured had several areas damaged. These areas are 2 baseball fields, gymnastics arena and

Policy Loss Analysis By Policy  
For All Locations



Insured: VILLAGE OF BENSENVILLE, ILLINOIS

Loss Period: 12/01/2009 to 03/20/2018

Line(s) of Business: < All >

Producer: 1202676

Policy Number: 7910002680001

Valuation: 03/19/2018

Claim Status: Open and Closed

Incidents: Include

SIC Code: 9199 000

Policy Term: 12/01/2010 - 12/01/2011

Claim/Suffix	Suffix Status	Claimant	Age	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/ Salvge \$	Total \$	Ded Amt Rcvd\$
AA-939903 00	Closed			0	0	0	0	0	0	0	0
Type of Loss:	Other										
AA-939903 01	Closed	Varney, Faith	00	0	0	0	1,474	0	0	1,474	0
Type of Loss:	OBI										
Claim Totals:				0	0	0	1,474	0	0	1,474	0

Loss Date: 06/08/2011 Date Reported: 06/22/2012 Claim Status: Closed

Location:

Accident Location: Bensenville, IL

Cause of Accident: Bodily Injury/Physical Damage

Claim Description: PLAINTIFF WAS CAUSED TO TRIP ON EXPOSED PIPE AND/OR METAL AND FELL WHICH CAUSED HER TO SUFFER

Policy Loss Analysis By Policy  
For All Locations



Insured: VILLAGE OF BENSENVILLE, ILLINOIS

Loss Period: 12/01/2009 to 03/20/2018

Line(s) of Business: < All >

Producer: 1202676

Policy Number: 7910002680001

Valuation: 03/19/2018

Claim Status: Open and Closed

Incidents: Include

SIC Code: 9199 000

	Total Claims	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/ Salvge \$	Total \$	Ded Amt Rcvd\$
Policy Totals:	10	0	232,756	0	1,474	3,973	-265	237,938	-27,497

Policy Loss Analysis By Policy  
For All Locations



Insured: VILLAGE OF BENSENVILLE, ILLINOIS

Loss Period: 12/01/2009 to 03/20/2018

Line(s) of Business: < All >

Producer: 1202676

Policy Number: 7910002680002

Valuation: 03/19/2018

Claim Status: Open and Closed

Incidents: Include

SIC Code: 9199 000

Policy Term: 12/01/2011 - 12/01/2012

Claim/Suffix	Suffix Status	Claimant	Age	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/ Salvge \$	Total \$	Ded Amt Rcvd\$
AA-943328 01	Closed	Umbricht, Dave	00	0	0	0	0	0	0	0	0
Type of Loss: OPD											
Claim Totals:											
Loss Date: 07/01/2012 Date Reported: 07/03/2012 Claim Status: Closed											
Location: Accident Location: Bensenville, IL											
Cause of Accident: Bodily Injury/Physical Damage											
Claim Description: PARKWAY TREE WAS BLOWN OVER AND STRUCK CLMT FRONT PORCH AND ROOF.											
AA-965099 01	Closed	Village Of Bensenville, Ile, Illinois	0	0	659	0	0	2,506	0	3,165	0
Type of Loss: Fidelity											
Claim Totals:											
Loss Date: 07/02/2012 Date Reported: 09/13/2012 Claim Status: Closed											
Location: Accident Location: Bensenville, IL											
Cause of Accident: Dishonesty of Reg Emp Empl											
Claim Description: Insured alleges ee has been stealing money from insured over two year period											
AB-029616 00	Closed			0	0	0	0	0	0	0	0
Type of Loss: Other											
AB-029616 01	Closed	Vazquez, William	54	0	8,000	0	23,933	7,232	0	39,165	-25,000
Type of Loss: OBI											
Claim Totals:											
Loss Date: 02/01/2012 Date Reported: 05/10/2013 Claim Status: Closed											
Location: Accident Location: Bensenville, IL											
Cause of Accident: Law Enforcement Liability											
Claim Description: MALICIOUS PROSECUTION, VIOLATION OF CIVIL RIGHTS											

Policy Loss Analysis By Policy  
For All Locations



Insured: VILLAGE OF BENSENVILLE, ILLINOIS

Loss Period: 12/01/2009 to 03/20/2018

Line(s) of Business: < All >

Producer: 1202676

Policy Number: 7910002680002

Valuation: 03/19/2018

Claim Status: Open and Closed

Incidents: Include

SIC Code: 9199 000

	Total Claims	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/ Salvge \$	Total \$	Ded Amt Rcvd\$
Policy Totals:	3	0	8,659	0	23,933	9,738	0	42,330	-25,000

Policy Loss Analysis By Policy  
For All Locations



Insured: VILLAGE OF BENSENVILLE, ILLINOIS

Loss Period: 12/01/2009 to 03/20/2018

Line(s) of Business: < All >

Producer: 1202676

Policy Number: 7910002680003

VILLAGE OF BENSENVILLE, ILLINO

Valuation: 03/19/2018

Claim Status: Open and Closed

Incidents: Include

SIC Code: 9199 000

Policy Term: 12/01/2012 - 12/01/2013

Claim/Suffix	Suffix Status	Claimant	Age	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/ Salvge \$	Total \$	Ded Amt Rcvd\$
AB-009515 01	Closed	Road Ranger LLC,	0	0	0	0	43,425	18,913	0	62,338	-25,000
Type of Loss:	OBI										
Claim Totals:											
				0	0	0	43,425	18,913	0	62,338	-25,000
Loss Date: 01/18/2013 Date Reported: 02/06/2013 Claim Status: Closed											
Location: Accident Location: Bensenville, IL											
Cause of Accident: POL Cov A - Wrongful Act Zoning-Other											
Claim Description: Clmt alleging zoning restrictions on property at the southeast corner of the intersection of Il											
AB-026123 01	Closed	Village Of Bensenvil, Ie, Illinois	0	0	77,411	0	0	1,169	0	78,580	0
Type of Loss:	Extended Coverage - Building										
Claim Totals:											
			0	77,411	0	0	1,169	0	78,580	0	0
Loss Date: 04/17/2013 Date Reported: 04/24/2013 Claim Status: Closed											
Location: Accident Location: Bensenville, IL											
Cause of Accident: Fire, litning & Rem Lightning (not resulti											
Claim Description: Lightning struck building. Phone lines and computers damaged. Probable amount of loss of pho											
AB-029660 01	Closed	Biddle, Liz	00	0	0	0	0	0	0	0	0
Type of Loss:	OPD										
Claim Totals:											
			0	0	0	0	0	0	0	0	0
Loss Date: 04/18/2013 Date Reported: 05/10/2013 Claim Status: Closed											
Location: Accident Location: Northlake, IL											
Cause of Accident: Bodily Injury/Physical Damage											
Claim Description: CLMT ALLEGES WATER DAMAGE FROM FLOODING OF REDMOND PARK.											

Policy Loss Analysis By Policy  
For All Locations



Insured: VILLAGE OF BENSENVILLE, ILLINOIS

Loss Period: 12/01/2009 to 03/20/2018

Line(s) of Business: < All >

Producer: 1202676

Policy Number: 7910002680003

Valuation: 03/19/2018

Claim Status: Open and Closed

Incidents: Include

SIC Code: 9199 000

Policy Term: 12/01/2012 - 12/01/2013

Claim/Suffix	Suffix Status	Claimant	Age	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/ Salvge \$	Total \$	Ded Amt Rcvd\$
AB-061512 01	Closed	Village of Bense, Collision	00	0	0	0	0	160	0	160	0
AB-061512 02	Closed	Brechin, James APD	00	0	3,636	0	0	0	0	3,636	0
Claim Totals:				0	3,636	0	0	160	0	3,796	0

Loss Date: 10/18/2013 Date Reported: 10/23/2013 Claim Status: Closed

Location:

Accident Location: Bensenville, IL

Cause of Accident: Backed Into Other Vehicle

Claim Description: IV street sweeper backed into CV at intx

Driver: Ferguson, Gary

AB-160172 01	Closed	Bassette, Cleodis OBI	32	0	20,000	0	43,963	5,558	0	69,521	-25,000
AB-160172 FD	Closed	,		0	0	0	0	0	0	0	0
Claim Totals:				0	20,000	0	43,963	5,558	0	69,521	-25,000

Loss Date: 08/01/2013 Date Reported: 03/28/2016 Claim Status: Closed

Location:

Accident Location: Addison, IL

Cause of Accident: LEL - False Arrest All Other

Claim Description: Civil Suit - Claimant alleging false arrest by insd police officers who were on a ride along wi

Policy Loss Analysis By Policy  
For All Locations



Insured: VILLAGE OF BENSENVILLE, ILLINOIS  
Loss Period: 12/01/2009 to 03/20/2018  
Line(s) of Business: < All >  
Producer: 1202676

Valuation: 03/19/2018  
Claim Status: Open and Closed  
Incidents: Include  
SIC Code: 9199 000

	Total Claims	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/ Salvge \$	Total \$	Ded Amt Rcvd\$
Policy Totals:	5	0	101,047	0	87,388	25,800	0	214,235	-50,000

Policy Loss Analysis By Policy  
For All Locations



Insured: VILLAGE OF BENSENVILLE, ILLINOIS  
Loss Period: 12/01/2009 to 03/20/2018  
Line(s) of Business: < All >  
Producer: 1202676

Valuation: 03/19/2018  
Claim Status: Open and Closed  
Incidents: Include

	Total Claims	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/ Salvge \$	Total \$	Ded Amt Rcvd\$
<b>Grand Total:</b>	<b>22</b>	<b>0</b>	<b>388,759</b>	<b>0</b>	<b>170,515</b>	<b>40,949</b>	<b>-265</b>	<b>599,958</b>	<b>-138,155</b>

The information provided in this report is proprietary and confidential. No further disclosure of this information may be made except to authorized representatives of the policyholder. OneBeacon makes no representation or warranty with respect to the information contained herein.

**Detail Loss Report**

**Losses From: 12/01/2013 To 12/01/2018**

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
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**Line of Insurance: GL - GENERAL LIABILITY**

**Policy Eff Date: 12/01/2013**

**Policy Number Other: GP09317679**

**Policy Number: 15R54939**

**Subline of Insurance: GLPD**

/ILLINOIS FARMERS INSURAN	789	LR	E0S6166	12/01/2013	05/16/2014	05/22/2014	C	Inc:	\$0.00	\$0.00	\$0.00	\$0.00
SEWER WATER BACKUP								Pd:	\$0.00	\$0.00	\$0.00	\$0.00
								O/S:	\$0.00	\$0.00	\$0.00	\$0.00

/WILLIAMS BROTHERS CONSTR	028	LR	E2U0765	07/01/2014	11/21/2014	04/15/2016	C	Inc:	\$0.00	\$0.00	\$0.00	\$0.00
CLMT WAS EXCAVATING SITE WHERE IT WAS FLOODING AND IT WAS DISCOVERED TO BE BROKEN PIPES AND								Pd:	\$0.00	\$0.00	\$0.00	\$0.00
INSD CAME IN TO REPAIR PIPES (CITY OF BENSENVILLE)								O/S:	\$0.00	\$0.00	\$0.00	\$0.00

**Subtotals for Subline of Insurance : GLPD**

**Total Claim Count: 2**

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 Policy Number : 15R54939**

**Total Claim Count: 2**

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 Policy Number Other : GP09317679**

**Total Claim Count: 2**

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 Policy Eff Date : 12/01/2013**

**Total Claim Count: 2**

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

**Policy Eff Date: 12/01/2014**

**Policy Number Other: GP09317679**

**Policy Number: 15R54939**

Detail Loss Report

Losses From: 12/01/2013 To 12/01/2018

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
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Line of Insurance: GL - GENERAL LIABILITY

Policy Eff Date: 12/01/2014

Policy Number Other: GP09317679

Policy Number: 15R54939

Subline of Insurance: GLBI

BOLLER CARYL J	028	LR	E6Y4043	06/24/2015	03/24/2016	12/29/2017	C				
CLAIMANT TRIPPED OVER THE RAISED LIGHT FOR THE AMERICAN FLAG,							Inc:	\$112,300.00	\$95,000.00	\$0.00	\$17,300.00
							Pd:	\$112,299.70	\$95,000.00	\$0.00	\$17,299.70
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
FERRER ALYSON	028	LR	E0W5360	06/24/2015	07/13/2015	09/23/2016	C				
CLAIMANT HAS FILED NOTICE OF TORT FOR FAILURE TO PROTECT, MALICIOUS PROSECUTION							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 Subline of Insurance : GLBI

Total Claim Count: 2

Inc:	\$112,300.00	\$95,000.00	\$0.00	\$17,300.00
Pd:	\$112,299.70	\$95,000.00	\$0.00	\$17,299.70
O/S:	\$0.00	\$0.00	\$0.00	\$0.00

Subline of Insurance: GLPD

ADVANCED MACHINING CORPO 234	LR	E0W8786	10/20/2015	11/05/2015	12/03/2015	C					
INSD HIRED A CONSTRUCTION COMPANY WHO IS EXCAVATING FOR A NEW BUILDING, DURING THE EXCAVATION PROCESS CAUSING CLMT'S FOUNDATION TO SHIFT.							Inc:	\$0.00	\$0.00	\$0.00	\$0.00

Subtotals for Subline of Insurance : GLPD

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

Subline of Insurance: MPEO

FERRER ALYSON	028	LR	E0W5360	06/24/2015	07/13/2015	09/23/2016	C				
CLAIMANT HAS FILED NOTICE OF TORT FOR FAILURE TO PROTECT, MALICIOUS PROSECUTION							Inc:	\$0.00	\$0.00	\$0.00	\$0.00

**Detail Loss Report**

**Losses From: 12/01/2013 To 12/01/2018**

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
<b>Line of Insurance: GL - GENERAL LIABILITY</b>											
<b>Policy Eff Date: 12/01/2014</b>											
<b>Policy Number Other: GP09317679</b>											
<b>Policy Number: 15R54939</b>											
<b>Subline of Insurance: MPEO</b>											
<b>Subtotals for Subline of Insurance : MPEO</b>											
<b>Total Claim Count: 1</b>							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
<hr/>											
<b>Subtotals for Policy Number : 15R54939</b>											
<b>Total Claim Count: 4</b>							Inc:	\$112,300.00	\$95,000.00	\$0.00	\$17,300.00
							Pd:	\$112,299.70	\$95,000.00	\$0.00	\$17,299.70
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
<hr/>											
<b>Subtotals for Policy Number Other : GP09317679</b>											
<b>Total Claim Count: 4</b>							Inc:	\$112,300.00	\$95,000.00	\$0.00	\$17,300.00
							Pd:	\$112,299.70	\$95,000.00	\$0.00	\$17,299.70
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
<hr/>											
<b>Subtotals for Policy Eff Date : 12/01/2014</b>											
<b>Total Claim Count: 4</b>							Inc:	\$112,300.00	\$95,000.00	\$0.00	\$17,300.00
							Pd:	\$112,299.70	\$95,000.00	\$0.00	\$17,299.70
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
<hr/>											
<b>Policy Eff Date: 12/01/2015</b>											
<b>Policy Number Other: GP09317679</b>											
<b>Policy Number: 15R54939</b>											
<b>Subline of Insurance: GLBI</b>											
/960 & 970 COUNTY LINE RD	028	LR	E6M4520	08/17/2015	01/12/2016	01/28/2016	C				
IMPROPER ZONING BEING CLAIMED BY CLMT. CLMT WANTS TO STORE EQUIPMENT IN STORAGE FACILITY, BUT INSD WILL NOT LET THEM...IT IS NOT ZONED FOR THIS.											
							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

**Detail Loss Report**

**Losses From: 12/01/2013 To 12/01/2018**

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
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**Line of Insurance: GL - GENERAL LIABILITY**

**Policy Eff Date: 12/01/2015**

**Policy Number Other: GP09317679**

**Policy Number: 15R54939**

**Subline of Insurance: GLBI**

**Subtotals for Subline of Insurance : GLBI**

**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

**Subtotals for Policy Number : 15R54939**

**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

**Subtotals for Policy Number Other : GP09317679**

**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

**Subtotals for Policy Eff Date : 12/01/2015**

**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

**Policy Eff Date: 12/01/2017**

**Policy Number Other: GP09317679**

**Policy Number: 15R54939**

**Subline of Insurance: GLBI**

HOMRICH STEVE	028	LR	FBU7633	01/07/2018	01/08/2018	O				
CLMNT SLIPPED ON ICE WHILE WORKING TO HIS CAR AND NOW HAVE TO HAVE SURGERY DUE TO BROKEN ANKLE.							Inc:	\$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

**Detail Loss Report**

**Losses From: 12/01/2013 To 12/01/2018**

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
<b>Line of Insurance: GL - GENERAL LIABILITY</b>											
<b>Policy Eff Date: 12/01/2017</b>											
<b>Policy Number Other: GP09317679</b>											
<b>Policy Number: 15R54939</b>											
<b>Subline of Insurance: GLBI</b>											
<b>Subtotals for Subline of Insurance : GLBI</b>											
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
<hr/>											
<b>Subtotals for Policy Number : 15R54939</b>											
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
<hr/>											
<b>Subtotals for Policy Number Other : GP09317679</b>											
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
<hr/>											
<b>Subtotals for Policy Eff Date : 12/01/2017</b>											
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
<hr/>											
<b>Subtotals for Line of Insurance : GL</b>											
Total Claim Count: 8							Inc:	\$112,300.00	\$95,000.00	\$0.00	\$17,300.00
							Pd:	\$112,299.70	\$95,000.00	\$0.00	\$17,299.70
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
<hr/>											

Line of Insurance: MP - MALPRACTICE

Policy Eff Date: 12/01/2015

Policy Number Other: GP09317679

Policy Number: 15R54939

Subline of Insurance: MPEO

**Detail Loss Report**

**Losses From: 12/01/2013 To 12/01/2018**

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
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**Line of Insurance: MP - MALPRACTICE**

**Policy Eff Date: 12/01/2015**

**Policy Number Other: GP09317679**

**Policy Number: 15R54939**

**Subline of Insurance: MPEO**

/CHICAGO TRUST COMPANY	028	LR	E8K2808	12/01/2015	08/16/2016	O					
DAYCARE COMPANY IS CLAIMING THAT INSRD IS CAUSING THEM TO LOSE BUISNESS BC THEY ARE BEING BLOCKED FROM ADDITIONAL PARKING BY RAILROAD TRACKS, DUE TO BUILT BARRIERS/BARRICADE WERE BUILT BC IT WAS DEEMED A QUIET ZONE.											
Inc:	\$44,950.00		\$14,950.00		\$0.00		\$30,000.00				
Pd:	\$18,647.89		\$0.00		\$0.00		\$18,647.89				
O/S:	\$26,302.11		\$14,950.00		\$0.00		\$11,352.11				

**Subtotals for Subline of Insurance : MPEO**

**Total Claim Count: 1**

Inc:	\$44,950.00		\$14,950.00		\$0.00		\$30,000.00				
Pd:	\$18,647.89		\$0.00		\$0.00		\$18,647.89				
O/S:	\$26,302.11		\$14,950.00		\$0.00		\$11,352.11				

**Subtotals for Policy Number : 15R54939**

**Total Claim Count: 1**

Inc:	\$44,950.00		\$14,950.00		\$0.00		\$30,000.00				
Pd:	\$18,647.89		\$0.00		\$0.00		\$18,647.89				
O/S:	\$26,302.11		\$14,950.00		\$0.00		\$11,352.11				

**Subtotals for Policy Number Other : GP09317679**

**Total Claim Count: 1**

Inc:	\$44,950.00		\$14,950.00		\$0.00		\$30,000.00				
Pd:	\$18,647.89		\$0.00		\$0.00		\$18,647.89				
O/S:	\$26,302.11		\$14,950.00		\$0.00		\$11,352.11				

**Subtotals for Policy Eff Date : 12/01/2015**

**Total Claim Count: 1**

Inc:	\$44,950.00		\$14,950.00		\$0.00		\$30,000.00				
Pd:	\$18,647.89		\$0.00		\$0.00		\$18,647.89				
O/S:	\$26,302.11		\$14,950.00		\$0.00		\$11,352.11				

**Policy Eff Date: 12/01/2016**

**Policy Number Other: GP09317679**

**Policy Number: 15R54939**

**Subline of Insurance: MPEP**

**Detail Loss Report**

**Losses From: 12/01/2013 To 12/01/2018**

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
<b>Line of Insurance: MP - MALPRACTICE</b>											
<b>Policy Eff Date: 12/01/2016</b>											
<b>Policy Number Other: GP09317679</b>											
<b>Policy Number: 15R54939</b>											
<b>Subline of Insurance: MPEP</b>											
WATSON JENNA	028	LR	FBC5972	12/01/2016	08/22/2017		O				
INSD RECEIVED LAWSUIT ADVISING THAT CLMT IS SUING FOR TERMINATION DUE TO WHISTLEBLOWER ACT, SEX DISCRIMINATION.						RETALIATION, THE	Inc:	\$182,000.00	\$117,000.00	\$0.00	\$65,000.00
							Pd:	\$7,402.75	\$0.00	\$0.00	\$7,402.75
							O/S:	\$174,597.25	\$117,000.00	\$0.00	\$57,597.25
<b>Subtotals for Subline of Insurance : MPEP</b>											
Total Claim Count: 1							Inc:	\$182,000.00	\$117,000.00	\$0.00	\$65,000.00
							Pd:	\$7,402.75	\$0.00	\$0.00	\$7,402.75
							O/S:	\$174,597.25	\$117,000.00	\$0.00	\$57,597.25
<b>Subtotals for Policy Number : 15R54939</b>											
Total Claim Count: 1							Inc:	\$182,000.00	\$117,000.00	\$0.00	\$65,000.00
							Pd:	\$7,402.75	\$0.00	\$0.00	\$7,402.75
							O/S:	\$174,597.25	\$117,000.00	\$0.00	\$57,597.25
<b>Subtotals for Policy Number Other : GP09317679</b>											
Total Claim Count: 1							Inc:	\$182,000.00	\$117,000.00	\$0.00	\$65,000.00
							Pd:	\$7,402.75	\$0.00	\$0.00	\$7,402.75
							O/S:	\$174,597.25	\$117,000.00	\$0.00	\$57,597.25
<b>Subtotals for Policy Eff Date : 12/01/2016</b>											
Total Claim Count: 1							Inc:	\$182,000.00	\$117,000.00	\$0.00	\$65,000.00
							Pd:	\$7,402.75	\$0.00	\$0.00	\$7,402.75
							O/S:	\$174,597.25	\$117,000.00	\$0.00	\$57,597.25
<b>Subtotals for Line of Insurance : MP</b>											
Total Claim Count: 2							Inc:	\$226,950.00	\$131,950.00	\$0.00	\$95,000.00
							Pd:	\$26,050.64	\$0.00	\$0.00	\$26,050.64
							O/S:	\$200,899.36	\$131,950.00	\$0.00	\$68,949.36

Detail Loss Report

Losses From: 12/01/2013 To 12/01/2018

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
<b>Report Grand Totals</b>											
<b>Total Claim Count: 10</b>											
							Inc:	\$339,250.00	\$226,950.00	\$0.00	\$112,300.00
							Pd:	\$138,350.34	\$95,000.00	\$0.00	\$43,350.34
							O/S:	\$200,899.66	\$131,950.00	\$0.00	\$68,949.66

Detail Loss Report		Report Parameters		Losses From: 12/01/2013 To 12/01/2018																																					
Report Name: Detail Loss Losses From: 12/01/2013 To 12/01/2018			Policy Number(s): 15R54939																																						
<b>Sorts</b>																																									
<table><thead><tr><th><u>Sort Name</u></th><th><u>Sort Label</u></th><th><u>Subtotal</u></th><th><u>Page Break</u></th><th></th><th></th></tr></thead><tbody><tr><td>1. Line of Insurance</td><td>Line of Insurance</td><td>Y</td><td>N</td><td></td><td></td></tr><tr><td>2. Policy Eff Date</td><td>Policy Eff Date</td><td>Y</td><td>N</td><td></td><td></td></tr><tr><td>3. Policy Number Other</td><td>Policy Number Other</td><td>Y</td><td>N</td><td></td><td></td></tr><tr><td>4. Policy Number</td><td>Policy Number</td><td>Y</td><td>N</td><td></td><td></td></tr><tr><td>5. Subline of Insurance</td><td>Subline of Insurance</td><td>Y</td><td>N</td><td></td><td></td></tr></tbody></table>						<u>Sort Name</u>	<u>Sort Label</u>	<u>Subtotal</u>	<u>Page Break</u>			1. Line of Insurance	Line of Insurance	Y	N			2. Policy Eff Date	Policy Eff Date	Y	N			3. Policy Number Other	Policy Number Other	Y	N			4. Policy Number	Policy Number	Y	N			5. Subline of Insurance	Subline of Insurance	Y	N		
<u>Sort Name</u>	<u>Sort Label</u>	<u>Subtotal</u>	<u>Page Break</u>																																						
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5. Subline of Insurance	Subline of Insurance	Y	N																																						
<b>Limiting Statements</b>																																									
<b>Large Loss Limiting</b>																																									
<b>Drill Down Limiting Criteria</b>																																									

**Detail Loss Report**

**Losses From: 12/01/2016 To 12/01/2018**

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
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No losses were found based on report selection criteria

Detail Loss Report		Report Parameters		Losses From: 12/01/2016 To 12/01/2018																																					
Report Name: Detail Loss Losses From: 12/01/2016 To 12/01/2018			Policy Number(s): 1J387257																																						
<b>Sorts</b>																																									
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<u>Sort Name</u>	<u>Sort Label</u>	<u>Subtotal</u>	<u>Page Break</u>																																						
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2. Policy Eff Date	Policy Eff Date	Y	N																																						
3. Policy Number Other	Policy Number Other	Y	N																																						
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5. Subline of Insurance	Subline of Insurance	Y	N																																						
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