

Loss Valuation Date:04/14/2023

Loss and Premium History

NT 1

Account Summary

North Area - CT/MA/RI

Insured: UNDERGROUND TESTING AND SERVICE 809 BACK MOUNTAIN RD GOFFSTOWN, NH -03045 Agency: STARKWEATHER & SHEPLEY INSURAN CE BROKERAGE INC PO BOX 549 PROVIDENCE, RI 029010549 **Code:** 3810432

Line Of Business	Prefix	Policy Number	Policy Term	Written Premium	Earned Premium	Number of Claims	Net Paid Losses	Current Reserves	Paid + Reserves	Allocated Expenses	Total	Loss Ratio (%) *	L/R incl. Exp (%)
Business Auto	BAS	55561312	06/01/2020 - 06/01/2021	\$21,297	N/A	4	\$37,119	\$0	\$37,119	\$0	\$37,119	N/A	N/A
			06/01/2019 - 06/01/2020	\$27,705	N/A	2	\$571	\$0	\$571	\$0	\$571	N/A	N/A
			06/01/2018 - 06/01/2019	\$23,248	N/A	2	\$4,515	\$0	\$4,515	\$0	\$4,515	N/A	N/A
			06/01/2017 - 06/01/2018	\$19,832	N/A	2	\$12,368	\$0	\$12,368	\$0	\$12,368	N/A	N/A
			06/01/2016 - 06/01/2017	\$14,716	N/A	2	\$4,367	\$0	\$4,367	\$0	\$4,367	N/A	N/A
			06/01/2015 - 06/01/2016	\$12,093	N/A	1	\$2,620	\$0	\$2,620	\$0	\$2,620	N/A	N/A
ALL YEARS				\$118,891	N/A	13	\$61,561	\$0	\$61,561	\$0	\$61,561	N/A	N/A
Commercial Package	ВКО	55561312	06/01/2022 - 06/01/2023	\$18,633	N/A	0	\$0	\$0	\$0	\$0	\$0	N/A	N/A
			06/01/2021 - 06/01/2022	\$15,301	N/A	0	\$0	\$0	\$0	\$0	\$0	N/A	N/A
			06/01/2020 - 06/01/2021	\$11,929	N/A	0	\$0	\$0	\$0	\$0	\$0	N/A	N/A
			06/01/2019 - 06/01/2020	\$8,731	N/A	0	\$0	\$0	\$0	\$0	\$0	N/A	N/A
			06/01/2018 - 06/01/2019	\$7,521	N/A	1	\$0	\$0	\$0	\$0	\$0	N/A	N/A
			06/01/2017 - 06/01/2018	\$8,334	N/A	0	\$0	\$0	\$0	\$0	\$0	N/A	N/A
			06/01/2016 - 06/01/2017	\$6,192	N/A	2	\$13,000	\$0	\$13,000	\$0	\$13,000	N/A	N/A
			06/01/2015 - 06/01/2016	\$5,315	N/A	0	\$0	\$0	\$0	\$0	\$0	N/A	N/A
ALL YEARS				\$81,956	N/A	3	\$13,000	\$0	\$13,000	\$0	\$13,000	N/A	N/A

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Loss Valuation Date:04/14/2023

GRAND TOTAL

Loss and Premium History

Account Summary

North Area - CT/MA/RI

Insured: UNDERGROUND TESTING AND SERVICE 809 BACK MOUNTAIN RD GOFFSTOWN, NH -03045 Agency: STARKWEATHER & SHEPLEY INSURAN CE BROKERAGE INC PO BOX 549 PROVIDENCE, RI 029010549

\$90.069

20

\$90.069

\$0

\$3.226

\$93.294

N/A

N/A

Code: 3810432

Line Of Business	Prefix	Policy Number	Policy Term	Written Premium	Earned Premium	Number of Claims	Net Paid Losses	Current Reserves	Paid + Reserves	Allocated Expenses	Total	Loss Ratio (%) *	L/R incl. Exp (%)
Supported Lead Liability	USO	55561312	06/01/2022 - 06/01/2023	\$1,450	N/A	0	\$0	\$0	\$0	\$0	\$0	N/A	N/A
Supported Lead Liability	0.50	55501512	06/01/2022 - 06/01/2022	\$1,220	N/A		\$0 \$0	\$0	\$0 \$0	\$0	\$0 \$0		
			06/01/2020 - 06/01/2021	\$3,098	N/A		\$0	\$0	\$0 \$0	\$0	\$0		
			06/01/2019 - 06/01/2020	\$3,641	N/A		\$0	\$0	\$0 \$0	\$0	\$0		
			06/01/2018 - 06/01/2019	\$3,271	N/A		\$0	\$0	\$0	\$0	\$0		
			06/01/2017 - 06/01/2018	\$4.978	N/A		\$0	\$0	\$0	\$0	\$0		
			06/01/2016 - 06/01/2017	\$1,846	N/A		\$0	\$0	\$0	\$0	\$0		
			06/01/2015 - 06/01/2016	\$1,780	N/A		\$0	\$0	\$0	\$0	\$0		
ALL YEARS		1		\$21,284	N/A	0	\$0			\$0	\$0		
													1
Workers Comp	XWO	55561312	06/01/2022 - 06/01/2023	\$0	N/A	0	\$0	\$0	\$0	\$0	\$0	N/A	N/A
			06/01/2020 - 01/01/2021	\$5,658	N/A	0	\$0	\$0	\$0	\$0	\$0	N/A	N/A
			06/01/2019 - 06/01/2020	\$6,959	N/A	1	\$0	\$0	\$0	\$0	\$0	N/A	N/A
			06/01/2018 - 06/01/2019	\$7,363	N/A	1	\$106	\$0	\$106	\$21	\$126	N/A	N/A
			06/01/2017 - 06/01/2018	\$6,094	N/A	1	\$933	\$0	\$933	\$8	\$941	N/A	N/A
			06/01/2016 - 06/01/2017	\$6,329	N/A	0	\$0	\$0	\$0	\$0	\$0	N/A	N/A
			06/01/2015 - 06/01/2016	\$6,210	N/A	1	\$14,469	\$0	\$14,469	\$3,197	\$17,666	N/A	N/A
ALL YEARS				\$38,613	N/A	4	\$15,508	\$0	\$15,508	\$3,226	\$18,733	N/A	N/A
BAS TOTAL				\$118,891	N/A	13	\$61,561	\$0		\$0	\$61,561	N/A	
BKO TOTAL				\$81,956	N/A	3	\$13,000	\$0	\$13,000	\$0	\$13,000	N/A	N/A
USO TOTAL				\$21,284	N/A	0	\$0	\$0		\$0	\$0	N/A	
XWO TOTAL				\$38,613	N/A	4	\$15,508	\$0	\$15,508	\$3,226	\$18,733	N/A	N/A

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N/A

\$260,744

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L	loss Valuation I	Date:04/14/2023	1			L	Accou	int D	etail			North Area	- CT/MA/RI	
I	809 H	ERGROUND T BACK MOUNT FSTOWN, NH -		ERVICE				PO BOX	549	ER & SHEPLE RI 029010549	Y INSURAN CI	E BROKERAGE	INC	Code: 3810432
	Claim Number	Loss Date	Date Received	Location/ B Numb	Actual Paid Losses		ecovery mount	Net P Loss		Current Reserves	Paid + Reserves	Allocated Expenses	Total	Claim Status
	Claimant	Name or Cove	rage Type	Risk State						Description	of Loss			

Policy Nur	nber: BAS	55561312				Policy	Term: (06/01/2020 - 0	6/01/2021			
23891202	01/19/2021	01/29/2021	0		\$493	\$0	\$493	\$0	\$493	\$0	\$493	С
COMP			Ν	ROCK FI	ROM ROAD - N	O ONE AT FAUI	LTSAFELILI	E REF.#379564				
23885211	12/22/2020	01/06/2021	0		\$3,459	\$0	\$3,459	\$0	\$3,459	\$0	\$3,459	С
PD			Ν	CAMPBE	ELL, LISA INSU	RED WAS INVO	DLVED IN A C	OLLISION WIT	TH OTHER PAR	TIES PARKED	AND UNOCCU	PIED VEHICLE
23885211	12/22/2020	01/06/2021	0		\$0	\$0	\$0	\$0	\$0	\$0	\$0	С
COLL			Ν	CAMPBE	ELL, LISA INSU	RED WAS INVO	DLVED IN A C	OLLISION WIT	TH OTHER PAR	TIES PARKED	AND UNOCCU	PIED VEHICLE
23875215	11/23/2020	11/23/2020	0		\$20,352	-\$2,345	\$18,007	\$0	\$18,007	\$0	\$18,007	С
COLL			Ν	TRASK,	NATHAN INSU	RED VEHICLE S	STRUCK GUA	RD RAIL				
23875215	11/23/2020	11/23/2020	0		\$14,526	\$0	\$14,526	\$0	\$14,526	\$0	\$14,526	С
PD			Ν	TRASK,	NATHAN INSU	RED VEHICLE S	STRUCK GUA	RD RAIL				
23876450	11/01/2020	11/30/2020	0		\$634	\$0	\$634	\$0	\$634	\$0	\$634	0
COMP			Ν	ROCK FI	ROM ROAD - N	O ONE AT FAUI	LTSAFELILT	E REF.#290730				
TOTAL					\$39,464	-\$2,345	\$37,119	\$0	\$37,119	\$0	\$37,119	

Policy Nur	nber: BAS	55561312			Polic	Term: (6/01/2019 - (6/01/2020			
23584891	08/28/2019	09/03/2019	0	\$571	\$0	\$571	\$0	\$571	\$0	\$571	С
COLL				MPBELL, SEAN B O IER VEHICLE FLEE				D OTHER VEH	IICLE STRUCK	INSURED VEH	ICLE'S MIRROR.
23564726	06/24/2019	07/09/2019	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	С
PD			N SIG	NER, TYLER INSUR	RED VEHICLE R	EAR-ENDED (THER VEHICI	Æ.			
23564726	06/24/2019	07/09/2019	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	С
COLL			N SIG	NER, TYLER INSUF	RED VEHICLE R	EAR-ENDED (THER VEHICI	.E.			

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Loss Valuation	Date:04/14/2022	3				1 0001	ınt Detail			North Area -	CT/MΔ/RI	
Insured: UNI 809		TESTING AND S AIN RD	SERVICE			Agency:		ER & SHEPLE'	Y INSURAN CE	BROKERAGE IN		Code: 3810432
Claim Number	Loss Date	Date Received	Location/ Nun	Bldg/Veh nber	Actual Paid Losses	Recovery Amount	Net Paid Losses	Current Reserves	Paid + Reserves	Allocated Expenses	Total	Claim Status
Claiman	t Name or Cove	rage Type	Risk State	e				Description	of Loss			
TOTAL					\$57	1 \$0	\$571	\$0	\$571	\$0	\$571	
Policy Nu	mber: BAS	55561312				Polic	y Term: (06/01/2018 - 0	06/01/2019			
23516682	02/20/2019	02/20/2019	()	\$1,32	\$0	\$1,321	\$0	\$1,321	\$0	\$1,321	С
PD			N		ELL, SEAN B JRED VEHICI	INSURED VEHIC LE.	CLE BACKED U	JP AND STRUC	K OTHER VEHI	ICLE. INSURED	IS NOT CLAIM	ING DAMAGES
23490070	11/30/2018	12/04/2018	()	\$3,19	4 \$0	\$3,194	\$0	\$3,194	\$0	\$3,194	С
PD	1		N	TRASK,	NATHAN INS	SURED VEHICLE	COLLIDED W	ITH OTHER VE	EHICLE			
23490070	11/30/2018	12/04/2018	()	\$	\$0	\$0	\$0	\$0	\$0	\$0	С
COLL			N	TRASK,	NATHAN INS	SURED VEHICLE	E COLLIDED W	ITH OTHER VE	EHICLE			
TOTAL					\$4,51	5 \$0	\$4,515	\$0	\$4,515	\$0	\$4,515	
Policy Nu	mber: BAS	55561312				Polic	y Term: (06/01/2017 - 0	06/01/2018			
23362294	11/16/2017	11/21/2017	()	\$3,79	6 \$0	\$3,796	\$0	\$3,796	\$0	\$3,796	С
COLL			N	RIVARE	, BRANDON	IV STRUCK OV	WHEN CHANG	ING LANES.				
23362294	11/16/2017	11/21/2017	()	\$7,22	3 \$0	\$7,223	\$0	\$7,223	\$0	\$7,223	С
PD			N	RIVARE	, BRANDON	IV STRUCK OV	WHEN CHANG	ING LANES.				
23335182	08/29/2017	08/31/2017	()	\$1,35	0 \$0	\$1,350	\$0	\$1,350	\$0	\$1,350	С
PD	1	-	N	RIVARE	, BRANDON	INSURED VEHIC	CLE CAME TO S	STOP AT INTE	RSECTION, REV	ERSED AND ST	RUCK CLAIM	ANT VEHICLE.
23335182	08/29/2017	08/31/2017	(, 		0 \$0	+ -	+•		\$0	\$0	С
COLL			N	RIVARE	, BRANDON	INSURED VEHIC	CLE CAME TO S	STOP AT INTE	RSECTION, REV	ERSED AND ST	RUCK CLAIM	ANT VEHICLE.
TOTAL					\$12,36	8 \$0	\$12,368	\$0	\$12,368	\$0	\$12,368	

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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:04/14/2023	3				A	Accour	nt Detai	l			North Area -	CT/MA/RI	
809 I	DERGROUND T BACK MOUNT FSTOWN, NH		SERVICE			A	P P	TARKWEATI O BOX 549 ROVIDENCE			INSURAN CE I	BROKERAGE II	NC	Code: 3810432
Claim Number	Loss Date	Date Received	Location/ I Num		Actual Pai Losses		covery nount	Net Paid Losses		Current Reserves	Paid + Reserves	Allocated Expenses	Total	Claim Status
Claimant	Name or Cove	rage Type	Risk State]	Description o	f Loss			
Policy Nur	nber: BAS	55561312					Policy	Term:	06/0	01/2016 - 06	5/01/2017			
23240888	10/03/2016	10/19/2016	0		\$4,3	67	\$0	\$4,367	7	\$0	\$4,367	\$0	\$4,367	С
PD			N	IV backed	d into p/u CV									
23229839	09/12/2016	09/12/2016	0			\$0	\$0	\$()	\$0	\$0	\$0	\$0	С
PD			N		ANE WAS U URCE WAS				WN T	THE STREET	AND IT HIT A	ND TOOK DOW	N POWER LIN	ES.
TOTAL					\$4,3	67	\$0	\$4,367	7	\$0	\$4,367	\$0	\$4,367	
Policy Nur	nber: BAS	55561312					Policy	Term:	06/0	01/2015 - 06	5/01/2016			
23178406	03/01/2016	03/03/2016	0		\$1,8	805	\$0	\$1,805	5	\$0	\$1,805	\$0	\$1,805	С
PD			N	Brandon	Rivard Accor	ding to cla	amaint, insu	ured changed f	rom t	the slow right	lane into the mi	dle lane and hit	her vehicle.	
23178406	03/01/2016	03/03/2016	0		\$8	815	\$0	\$815	5	\$0	\$815	\$0	\$815	С
COLL			N	Brandon	Rivard Accor	ding to cla	amaint, insu	ured changed f	rom t	the slow right	lane into the mi	dle lane and hit	her vehicle.	
TOTAL					\$2,6	520	\$0	\$2,620)	\$0	\$2,620	\$0	\$2,620	
Policy Nur	nber: BKC) 55561312					Policy	Term:	06/0	01/2022 - 06	5/01/2023			
TOTAL						\$0	\$0	\$()	\$0	\$0	\$0	\$0	
Policy Nur	nber: BKC	0 55561312					Policy	Term:	06/0	01/2021 - 06	5/01/2022			
TOTAL						\$0	\$0	\$()	\$0	\$0	\$0	\$0	
Policy Nur	nber: BKC	0 55561312					Policy	Term:	06/0	01/2020 - 06	5/01/2021			

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Loss Valuation	Date:04/14/2023	3				Accou	nt Detail			North Area -	CT/MA/RI	
809	DERGROUND T BACK MOUNT FSTOWN, NH		SERVICE			P	TARKWEATHI O BOX 549 ROVIDENCE, I		INSURAN CE I	BROKERAGE II	NC	Code: 3810432
Claim Number	Loss Date	Date Received	Location/ Blo Numbe		ual Paid Losses	Recovery Amount	Net Paid Losses	Current Reserves	Paid + Reserves	Allocated Expenses	Total	Claim Status
Claimant	t Name or Cove	rage Type	Risk State					Description	of Loss			
TOTAL					\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Dolfor Nor	whom DVC	55561212				Dallar	. T orres 0	C/01/2010 0	C/01/2020			
Policy Nu	nder: BKC) 55561312						6/01/2019 - 0				
TOTAL					\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Policy Nur	nber: BKC	0 55561312				Policy	Term: 0	6/01/2018 - 0	6/01/2019			
23864085	08/28/2018	10/14/2020	0		\$0	\$0	\$0	\$0	\$0	\$0	\$0	С
PROD/COMPL						TTACHED INVO		EGED DAMAC	ES TO EVERSO	OURCE'S PROPE	ERTY ACCORD	ING TO
TOTAL					\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Policy Nur	nber: BKC	0 55561312				Policy	Term: 0	6/01/2017 - 0	6/01/2018			
TOTAL					\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Policy Nur	nber: BKC	0 55561312				Policy	Term: 0	06/01/2016 - 0	6/01/2017			
23229861	09/12/2016	09/13/2016	0		\$3,000	\$0	\$3,000	\$0	\$3,000	\$0	\$3,000	С
I.M.						WHEN BEING D CRANE YET.	RIVEN AWAY	FROM WORK	AREA AND HI	T THE POWERL	LINES IN THE S	TREET. NOT
23242839	08/30/2016	10/28/2016	0		\$0	\$0	\$0	\$0	\$0	\$0	\$0	С
SPECL FORM			N V	When lowering	g the Rover	Video Camera C	rawler into the s	ewer line, the str	ap fell off and the	e Rover fellinto t	he brink invert.	The fa
23242839	08/30/2016	10/28/2016	0		\$10,000	\$0	\$10,000	\$0	\$10,000	\$0	\$10,000	С
I.M.			N V	When lowering	g the Rover	Video Camera C	rawler into the s	ewer line, the str	ap fell off and the	e Rover fellinto t	he brink invert. T	The fa

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23				Accour	nt Detail				North Area -	CT/MA/RI	
TAIN RD	SERVICE			P	O BOX 549			INSURAN CE F	BROKERAGE I	NC	Code: 3810432
Date Received	Location/ Bldg/Veh Number			Recovery Amount	Net Paid Losses	Current Reserves		Paid + Reserves	Allocated Expenses	Total	Claim Status
verage Type	Risk State					Descripti	on of	f Loss			
		\$13	3,000	\$0	\$13,000		\$0	\$13,000	\$0	\$13,000	
0 55561312				Policy	Term: ()6/01/2015	- 06	5/01/2016			
			\$0	\$0	\$0		\$0	\$0	\$0	\$0	
O 55561312				Policy	Term: (06/01/2022	- 06	5/01/2023			
			\$0	\$0	\$0		\$0	\$0	\$0	\$0	
O 55561312				Policy	Term: (06/01/2021	- 06	5/01/2022			
			\$0	\$0	\$0		\$0	\$0	\$0	\$0	
O 55561312				Policy	Term: (06/01/2020	- 06	5/01/2021			
			\$0	\$0	\$0		\$0	\$0	\$0	\$0	
O 55561312				Policy	Term: (06/01/2019	- 06	5/01/2020			
			\$0	\$0	\$0		\$0	\$0	\$0	\$0	
O 55561312				Policy	Term: (06/01/2018	- 06	5/01/2019			
			\$0	\$0	\$0		\$0	\$0	\$0	\$0	
O 55561312				Policy	Term: (06/01/2017	- 06	5/01/2018			
			\$0	\$0	\$0		\$0	\$0	\$0	\$0	
	NTAIN RD H -03045	Difference Location/ Bldg/Veh Number Verage Type Risk State KO 55561312 30 SO 55561312 30	Difference Location/ Bldg/Veh Number Actual P Losses verage Type Risk State \$13 KO 55561312 \$30 \$55561312 SO 55561312 \$30 \$55561312 SO 55561312 \$30 \$55561312 SO 55561312 \$30 \$55561312 SO 55561312 \$30 \$55561312	Difference Location/ Bldg/Veh Number Actual Paid Losses verage Type Risk State \$13,000 KO 55561312 \$0 SO 55561312 \$0	D TESTING AND SERVICE Agency: S' PP NTAIN RD Location/Bldg/Veh Actual Paid Recovery Number Risk State Amount verage Type Risk State \$13,000 \$0 KO 55561312 Policy \$0 \$0 SO 55561312 \$0 \$0 \$0 SO 55561312 Policy \$0 \$0	Agency: STARKWEATH PO BOX 549 PROVIDENCE, Date Received Location/ Bldg/Veh Number Actual Paid Losses Recovery Amount Net Paid Losses verage Type Risk State \$13,000 \$0 \$13,000 & \$13,000 \$0 \$13,000 \$0 \$13,000 & \$13,000 \$0 \$13,000 \$0 \$0 & \$0 \$0 \$0 \$0 \$0 & \$0 \$0 \$0 \$0 \$0 & \$0 \$0 \$0 \$0 \$0 & \$0 \$0 \$0 \$0 \$0 & \$0 \$0 \$0 \$0 \$0 & \$0 \$0 \$0 \$0 \$0 & \$0 \$0 \$0 \$0 \$0 & \$0 \$0 \$0 \$0 \$0 & \$0 \$0 \$0 \$0 \$0 & \$0 \$0 \$0 \$0 \$0 & \$0 \$0 \$0	Account December Agency: STARKWEATHER & SHEPI Providence, RI 029010543 Date Received Location/Bildg/Veh Number Actual Paid Losses Recovery Amount Net Paid Losses Current Reserves verage Type Risk State Descripti Descripti \$13,000 \$0 \$13,000 \$0 \$13,000 CO 55561312 Policy Term: 06/01/2015 \$0 \$0 SO 55561312 Policy Term: 06/01/2022 \$0 \$0 SO 55561312 Policy Term: 06/01/2021 \$0 \$0 SO 55561312 Policy Term: 06/01/2021 \$0 \$0 SO 55561312 Policy Term: 06/01/2021 \$0 \$0 SO 55561312 Policy Term: 06/01/2020 \$0 \$0 SO 55561312 Policy Term: 06/01/2019 \$0 \$0 \$0 SO 55561312 Policy Term: 06/01/2018 \$0 \$0 \$0 SO 55561312 Policy Term: 06/01/2018 \$0 \$0 \$0 SO 55561312 <td>Agency: STARKWEATHER & SHEPLEY PO BOX 549 PROVIDENCE, RI 029010549 Date Received Location/Bldg/Veh Number Actual Paid Losses Recovery Amount Net Paid Losses Current Reserves verage Type Risk State Description of State State Description of State KO 55561312 Policy Term: 06/01/2015 - 06 State State State State State State State State State State State State State State State State State State State State State State State State State Sta</td> <td>Agency: STARKWEATHER & SHEPLEY INSURAN CE I PO BOX 549 PROVIDENCE, RI 029010549 Date Received Location/ Bldg/Veh Actual Paid Recovery Net Paid Current Paid + Verage Type Risk State Description of Loss Description of Loss Verage Type Risk State Description of Loss Description of Loss KO 55561312 Policy Term: 06/01/2015 - 06/01/2016 S0 \$0 \$0 \$0 \$0 S0 \$0 \$0 \$0 \$0 \$0 <</td> <td>Description of Loss Agency: STARKWEATHER & SHEPLEY INSURAN CE BROKERAGE I PO BOX 549 PROVIDENCE, RI 029010549 Date Received Number Location/Bidg/Veh Number Actual Paid Losses Recovery Amount Net Paid Losses Current Reserves Paid + Reserves Allocated Expenses verage Type Risk State 50 \$13,000 \$0 \$13,000 \$0 \$13,000 \$0 CO 55561312 Policy Term: 06/01/2015 - 06/01/2016 \$0 \$0 \$0 \$0 SO 55561312 Policy Term: 06/01/2022 - 06/01/2023 \$0 \$0 \$0 \$0 \$0 SO 55561312 Policy Term: 06/01/2021 - 06/01/2022 \$0 \$0 \$0 \$0 \$0 SO 55561312 Policy Term: 06/01/2020 - 06/01/2021 \$0 \$0 \$0 \$0 \$0 SO 55561312 Policy Term: 06/01/2020 - 06/01/2020 \$0 \$0 \$0 \$0 \$0 SO 55561312 Policy Term: 06/01/2019 - 06/01/2019 \$0 \$0 \$0 \$0 \$0 SO 55561312<td>Date Received H -03045 Location/Bldg/Veh Number Actual Paid Losses Recovery Recovery Net Paid Losses Net Paid Losses Current Reserves Net Paid Losses Allocated Expenses Total Date Received Number Location/Bldg/Veh Number Actual Paid Losses Recovery Losses Net Paid Losses Paid + Expenses Allocated Expenses Total verage Type Risk State Description of Loss Description of Loss Total CO 55561312 Policy Term: 06/01/2015 - 06/01/2016 S0 \$0</td></td>	Agency: STARKWEATHER & SHEPLEY PO BOX 549 PROVIDENCE, RI 029010549 Date Received Location/Bldg/Veh Number Actual Paid Losses Recovery Amount Net Paid Losses Current Reserves verage Type Risk State Description of State State Description of State KO 55561312 Policy Term: 06/01/2015 - 06 State State State State State State State State State State State State State State State State State State State State State State State State State Sta	Agency: STARKWEATHER & SHEPLEY INSURAN CE I PO BOX 549 PROVIDENCE, RI 029010549 Date Received Location/ Bldg/Veh Actual Paid Recovery Net Paid Current Paid + Verage Type Risk State Description of Loss Description of Loss Verage Type Risk State Description of Loss Description of Loss KO 55561312 Policy Term: 06/01/2015 - 06/01/2016 S0 \$0 \$0 \$0 \$0 S0 \$0 \$0 \$0 \$0 \$0 <	Description of Loss Agency: STARKWEATHER & SHEPLEY INSURAN CE BROKERAGE I PO BOX 549 PROVIDENCE, RI 029010549 Date Received Number Location/Bidg/Veh Number Actual Paid Losses Recovery Amount Net Paid Losses Current Reserves Paid + Reserves Allocated Expenses verage Type Risk State 50 \$13,000 \$0 \$13,000 \$0 \$13,000 \$0 CO 55561312 Policy Term: 06/01/2015 - 06/01/2016 \$0 \$0 \$0 \$0 SO 55561312 Policy Term: 06/01/2022 - 06/01/2023 \$0 \$0 \$0 \$0 \$0 SO 55561312 Policy Term: 06/01/2021 - 06/01/2022 \$0 \$0 \$0 \$0 \$0 SO 55561312 Policy Term: 06/01/2020 - 06/01/2021 \$0 \$0 \$0 \$0 \$0 SO 55561312 Policy Term: 06/01/2020 - 06/01/2020 \$0 \$0 \$0 \$0 \$0 SO 55561312 Policy Term: 06/01/2019 - 06/01/2019 \$0 \$0 \$0 \$0 \$0 SO 55561312 <td>Date Received H -03045 Location/Bldg/Veh Number Actual Paid Losses Recovery Recovery Net Paid Losses Net Paid Losses Current Reserves Net Paid Losses Allocated Expenses Total Date Received Number Location/Bldg/Veh Number Actual Paid Losses Recovery Losses Net Paid Losses Paid + Expenses Allocated Expenses Total verage Type Risk State Description of Loss Description of Loss Total CO 55561312 Policy Term: 06/01/2015 - 06/01/2016 S0 \$0</td>	Date Received H -03045 Location/Bldg/Veh Number Actual Paid Losses Recovery Recovery Net Paid Losses Net Paid Losses Current Reserves Net Paid Losses Allocated Expenses Total Date Received Number Location/Bldg/Veh Number Actual Paid Losses Recovery Losses Net Paid Losses Paid + Expenses Allocated Expenses Total verage Type Risk State Description of Loss Description of Loss Total CO 55561312 Policy Term: 06/01/2015 - 06/01/2016 S0 \$0

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* Premium Notes: The premium on this report may not represent the total charges related to the policy. Taxes and surcharges are not included in premium when calculating loss ratio. Additionally, premiums are updated on a monthly basis and may not reflect recent premium changes nor premium fully earned as of the Valuation Date.



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Loss Valuation I	Date:04/14/2023	3				Accou	nt Detail	l			North Area -	CT/MA/RI	
	ERGROUND 7 ACK MOUNT STOWN, NH	AIN RD	SERVICE	,		P	TARKWEATH O BOX 549 ROVIDENCE,			ISURAN CE B	BROKERAGE I	NC	Code: 3810432
Claim Number	Loss Date	Date Received	Location/ Bldg/Veh Number	Actual Pai Losses		lecovery Amount	Net Paid Losses	Currei Reserv	-	Paid + Reserves	Allocated Expenses	Total	Claim Status
Claimant	Name or Cove	erage Type	Risk State					Descrij	tion of I	LOSS			
Policy Num	iber: USC) 55561312				Policy	y Term: (06/01/201	6 - 06/0	01/2017			
TOTAL					\$0	\$0	\$0		\$0	\$0	\$0	\$0	
Policy Num	iber: USC) 55561312				Policy	y Term: (06/01/201	5 - 06/0	01/2016			
TOTAL					\$0	\$0	\$0		\$0	\$0	\$0	\$0	
Policy Num	ber: XW	O 55561312				Policy	y Term: (06/01/202	2 - 06/0	01/2023			
TOTAL					\$0	\$0	\$0		\$0	\$0	\$0	\$0	
Policy Num	iber: XW	0 55561312				Policy	y Term: (06/01/202	0 - 01/0	01/2021			
TOTAL					\$0	\$0	\$0		\$0	\$0	\$0	\$0	
Policy Num	ber: XW	0 55561312				Policy	y Term: (06/01/201	9 - 06/(01/2020			
823C30411	10/03/2019	10/03/2019	0		\$0	\$0	\$0		\$0	\$0	\$0	\$0	С
MED							TESTING A MERATION EXP				PLODED AND	THE SHRAPN	EL STRUCK HIS
TOTAL					\$0	\$0	\$0		\$0	\$0	\$0	\$0	
Policy Num	her: XW	0 55561312				Policy	v Term: (06/01/201	8 - 06/0)1/2019			

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Loss Valuation	Date:04/14/2023	3				Accou	int Detail				North Area -	CT/MA/RI	
809	DERGROUND T BACK MOUNT FSTOWN, NH		SERVICE				STARKWEATHI PO BOX 549 PROVIDENCE, I			SURAN CE I	BROKERAGE I	NC	Code: 3810432
Claim Number	Loss Date	Date Received	Location/ Num		Actual Paid Losses	Recovery Amount	Net Paid Losses	Current Reserves		Paid + Reserves	Allocated Expenses	Total	Claim Status
Claiman	t Name or Cove	rage Type	Risk State					Descript	ion of L	JOSS			
823A99935	08/09/2018	08/10/2018	0		\$10	6 \$0 HAN IW WAS S		SUDEDVIS	\$0	\$106	\$21	\$126	C C
MED			N			RATION MISCEL		SUPERVIS		HEN STRUC	K D I AN ODJI		AD. MOLTIFLE
TOTAL					\$10	6 \$0	\$106		\$0	\$106	\$21	\$126	
		0.555(1010						C/01/0015	0.610	1/2010			
Policy Nu	mber: XW	O 55561312	1			Polic	y Term: 0	6/01/2017	- 06/0	01/2018			
823A90488	09/22/2017	09/28/2017	0		\$93				\$0	\$933	\$8	\$941	С
MED			N	22271703 LIFTED	5 SIGNER,TYI	LER IW DROPPE	D A MANHOLE	COVER O	N HISLI	EFT FINGER	S FINGER(S) C	CRUSHING OBJ	ECT BEING
TOTAL					\$93	3 \$0	\$933		\$0	\$933	\$8	\$941	
Policy Nu	mber: XW	0 55561312				Polic	y Term: 0	6/01/2016	5 - 06/0	01/2017			
TOTAL					\$	0 \$0	\$0		\$0	\$0	\$0	\$0	
Policy Nu	nber: XW	O 55561312				Polic	y Term: 0	6/01/2015	5 - 06/0	01/2016			
823A84206	06/01/2015	03/07/2017	0		\$14,46	9 \$0	\$14,469		\$0	\$14,469	\$3,197	\$17,666	С
MED			N			ER,JAY IW WAS IAND CARPAL				WRENCH O	N NUTS AND I	BOLTS AND FE	LT PAIN BOTH
823A84206	06/01/2015	03/07/2017	0		\$	0 \$0	\$0		\$0	\$0	\$0	\$0	С
IND			N			ER,JAY IW WAS HAND CARPAL				WRENCH O	N NUTS AND I	BOLTS AND FE	LT PAIN BOTH
TOTAL					\$14,46	9 \$0	\$14,469		\$0	\$14,469	\$3,197	\$17,666	

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	rty Mutual ^{surance}		Los	s an	d Pr	emiu	ım H	listoi	ſy		Page 10 of 10
Loss Valuation	Date:04/14/2023				Accou	nt Detail			North Area -	CT/MA/RI	
809	DERGROUND T BACK MOUNT FSTOWN, NH -		SERVICE		P	TARKWEATHI 20 BOX 549 2ROVIDENCE, I		INSURAN CE	BROKERAGE II	NC	Code: 3810432
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 Cover	rage Type	Risk State				Description	of Loss			
GRAND T	OTAL			\$92,414	-\$2,345	\$90,069	\$0	\$90,069	\$3,226	\$93,294	

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