



# Loss and Premium History

Loss Valuation Date:04/14/2023

## 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	BKO	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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<b>Supported Lead Liability</b>	<b>USO</b>	<b>55561312</b>	<b>06/01/2022 - 06/01/2023</b>	<b>\$1,450</b>	<b>N/A</b>	<b>0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>N/A</b>	<b>N/A</b>
			06/01/2021 - 06/01/2022	\$1,220	N/A	0	\$0	\$0	\$0	\$0	\$0	N/A	N/A
			06/01/2020 - 06/01/2021	\$3,098	N/A	0	\$0	\$0	\$0	\$0	\$0	N/A	N/A
			06/01/2019 - 06/01/2020	\$3,641	N/A	0	\$0	\$0	\$0	\$0	\$0	N/A	N/A
			06/01/2018 - 06/01/2019	\$3,271	N/A	0	\$0	\$0	\$0	\$0	\$0	N/A	N/A
			06/01/2017 - 06/01/2018	\$4,978	N/A	0	\$0	\$0	\$0	\$0	\$0	N/A	N/A
			06/01/2016 - 06/01/2017	\$1,846	N/A	0	\$0	\$0	\$0	\$0	\$0	N/A	N/A
			06/01/2015 - 06/01/2016	\$1,780	N/A	0	\$0	\$0	\$0	\$0	\$0	N/A	N/A
<b>ALL YEARS</b>				<b>\$21,284</b>	<b>N/A</b>	<b>0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>N/A</b>	<b>N/A</b>
<b>Workers Comp</b>	<b>XWO</b>	<b>55561312</b>	<b>06/01/2022 - 06/01/2023</b>	<b>\$0</b>	<b>N/A</b>	<b>0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>N/A</b>	<b>N/A</b>
			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
<b>ALL YEARS</b>				<b>\$38,613</b>	<b>N/A</b>	<b>4</b>	<b>\$15,508</b>	<b>\$0</b>	<b>\$15,508</b>	<b>\$3,226</b>	<b>\$18,733</b>	<b>N/A</b>	<b>N/A</b>
<b>BAS TOTAL</b>				<b>\$118,891</b>	<b>N/A</b>	<b>13</b>	<b>\$61,561</b>	<b>\$0</b>	<b>\$61,561</b>	<b>\$0</b>	<b>\$61,561</b>	<b>N/A</b>	<b>N/A</b>
<b>BKO TOTAL</b>				<b>\$81,956</b>	<b>N/A</b>	<b>3</b>	<b>\$13,000</b>	<b>\$0</b>	<b>\$13,000</b>	<b>\$0</b>	<b>\$13,000</b>	<b>N/A</b>	<b>N/A</b>
<b>USO TOTAL</b>				<b>\$21,284</b>	<b>N/A</b>	<b>0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>N/A</b>	<b>N/A</b>
<b>XWO TOTAL</b>				<b>\$38,613</b>	<b>N/A</b>	<b>4</b>	<b>\$15,508</b>	<b>\$0</b>	<b>\$15,508</b>	<b>\$3,226</b>	<b>\$18,733</b>	<b>N/A</b>	<b>N/A</b>
<b>GRAND TOTAL</b>				<b>\$260,744</b>	<b>N/A</b>	<b>20</b>	<b>\$90,069</b>	<b>\$0</b>	<b>\$90,069</b>	<b>\$3,226</b>	<b>\$93,294</b>	<b>N/A</b>	<b>N/A</b>

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**Agency:** STARKWEATHER & SHEPLEY INSURANCE BROKERAGE INC  
PO BOX 549  
PROVIDENCE, RI 029010549

**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 Coverage Type			Risk State	Description of Loss							

<b>Policy Number:</b> BAS 55561312				<b>Policy Term:</b> 06/01/2020 - 06/01/2021							
23891202	01/19/2021	01/29/2021	0	\$493	\$0	\$493	\$0	\$493	\$0	\$493	C
COMP			N	ROCK FROM ROAD - NO ONE AT FAULT--SAFELILTE REF.#379564							
23885211	12/22/2020	01/06/2021	0	\$3,459	\$0	\$3,459	\$0	\$3,459	\$0	\$3,459	C
PD			N	CAMPBELL, LISA INSURED WAS INVOLVED IN A COLLISION WITH OTHER PARTIES PARKED AND UNOCCUPIED VEHICLE							
23885211	12/22/2020	01/06/2021	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	C
COLL			N	CAMPBELL, LISA INSURED WAS INVOLVED IN A COLLISION WITH OTHER PARTIES PARKED AND UNOCCUPIED VEHICLE							
23875215	11/23/2020	11/23/2020	0	\$20,352	-\$2,345	\$18,007	\$0	\$18,007	\$0	\$18,007	C
COLL			N	TRASK, NATHAN INSURED VEHICLE STRUCK GUARD RAIL							
23875215	11/23/2020	11/23/2020	0	\$14,526	\$0	\$14,526	\$0	\$14,526	\$0	\$14,526	C
PD			N	TRASK, NATHAN INSURED VEHICLE STRUCK GUARD RAIL							
23876450	11/01/2020	11/30/2020	0	\$634	\$0	\$634	\$0	\$634	\$0	\$634	O
COMP			N	ROCK FROM ROAD - NO ONE AT FAULT--SAFELILTE REF.#290730							
<b>TOTAL</b>				<b>\$39,464</b>	<b>-\$2,345</b>	<b>\$37,119</b>	<b>\$0</b>	<b>\$37,119</b>	<b>\$0</b>	<b>\$37,119</b>	

<b>Policy Number:</b> BAS 55561312				<b>Policy Term:</b> 06/01/2019 - 06/01/2020							
23584891	08/28/2019	09/03/2019	0	\$571	\$0	\$571	\$0	\$571	\$0	\$571	C
COLL			N	CAMPBELL, SEAN B OTHER VEHICLE CROSSED CENTER LINE AND OTHER VEHICLE STRUCK INSURED VEHICLE'S MIRROR. OTHER VEHICLE FLED THE SCENE. INSURED VEHICLE H							
23564726	06/24/2019	07/09/2019	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	C
PD			N	SIGNER, TYLER INSURED VEHICLE REAR-ENDED OTHER VEHICLE.							
23564726	06/24/2019	07/09/2019	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	C
COLL			N	SIGNER, TYLER INSURED VEHICLE REAR-ENDED OTHER VEHICLE.							

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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 State	Description of Loss							

<b>TOTAL</b>				<b>\$571</b>	<b>\$0</b>	<b>\$571</b>	<b>\$0</b>	<b>\$571</b>	<b>\$0</b>	<b>\$571</b>	
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<b>Policy Number:</b> BAS 55561312				<b>Policy Term:</b> 06/01/2018 - 06/01/2019							
23516682	02/20/2019	02/20/2019	0	\$1,321	\$0	\$1,321	\$0	\$1,321	\$0	\$1,321	C
PD			N	CAMPBELL, SEAN B INSURED VEHICLE BACKED UP AND STRUCK OTHER VEHICLE. INSURED IS NOT CLAIMING DAMAGES TO INSURED VEHICLE.							
23490070	11/30/2018	12/04/2018	0	\$3,194	\$0	\$3,194	\$0	\$3,194	\$0	\$3,194	C
PD			N	TRASK, NATHAN INSURED VEHICLE COLLIDED WITH OTHER VEHICLE							
23490070	11/30/2018	12/04/2018	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	C
COLL			N	TRASK, NATHAN INSURED VEHICLE COLLIDED WITH OTHER VEHICLE							
<b>TOTAL</b>				<b>\$4,515</b>	<b>\$0</b>	<b>\$4,515</b>	<b>\$0</b>	<b>\$4,515</b>	<b>\$0</b>	<b>\$4,515</b>	

<b>Policy Number:</b> BAS 55561312				<b>Policy Term:</b> 06/01/2017 - 06/01/2018							
23362294	11/16/2017	11/21/2017	0	\$3,796	\$0	\$3,796	\$0	\$3,796	\$0	\$3,796	C
COLL			N	RIVARD, BRANDON IV STRUCK OV WHEN CHANGING LANES.							
23362294	11/16/2017	11/21/2017	0	\$7,223	\$0	\$7,223	\$0	\$7,223	\$0	\$7,223	C
PD			N	RIVARD, BRANDON IV STRUCK OV WHEN CHANGING LANES.							
23335182	08/29/2017	08/31/2017	0	\$1,350	\$0	\$1,350	\$0	\$1,350	\$0	\$1,350	C
PD			N	RIVARD, BRANDON INSURED VEHICLE CAME TO STOP AT INTERSECTION, REVERSED AND STRUCK CLAIMANT VEHICLE.							
23335182	08/29/2017	08/31/2017	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	C
COLL			N	RIVARD, BRANDON INSURED VEHICLE CAME TO STOP AT INTERSECTION, REVERSED AND STRUCK CLAIMANT VEHICLE.							
<b>TOTAL</b>				<b>\$12,368</b>	<b>\$0</b>	<b>\$12,368</b>	<b>\$0</b>	<b>\$12,368</b>	<b>\$0</b>	<b>\$12,368</b>	

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Claimant Name or Coverage Type			Risk State	Description of Loss							

**Policy Number:** BAS 55561312

**Policy Term:** 06/01/2016 - 06/01/2017

23240888	10/03/2016	10/19/2016	0	\$4,367	\$0	\$4,367	\$0	\$4,367	\$0	\$4,367	C
PD			N	IV backed into p/u CV.							
23229839	09/12/2016	09/12/2016	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	C
PD			N	INSD CRANE WAS UP WHEN THEY TOOK OFF DOWN THE STREET AND IT HIT AND TOOK DOWN POWER LINES. EVERSOURCE WAS THERE WORKING ON IT.							
<b>TOTAL</b>				<b>\$4,367</b>	<b>\$0</b>	<b>\$4,367</b>	<b>\$0</b>	<b>\$4,367</b>	<b>\$0</b>	<b>\$4,367</b>	

**Policy Number:** BAS 55561312

**Policy Term:** 06/01/2015 - 06/01/2016

23178406	03/01/2016	03/03/2016	0	\$1,805	\$0	\$1,805	\$0	\$1,805	\$0	\$1,805	C
PD			N	Brandon Rivard According to claimant, insured changed from the slow right lane into the middle lane and hit her vehicle.							
23178406	03/01/2016	03/03/2016	0	\$815	\$0	\$815	\$0	\$815	\$0	\$815	C
COLL			N	Brandon Rivard According to claimant, insured changed from the slow right lane into the middle lane and hit her vehicle.							
<b>TOTAL</b>				<b>\$2,620</b>	<b>\$0</b>	<b>\$2,620</b>	<b>\$0</b>	<b>\$2,620</b>	<b>\$0</b>	<b>\$2,620</b>	

**Policy Number:** BKO 55561312

**Policy Term:** 06/01/2022 - 06/01/2023

<b>TOTAL</b>				<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
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**Policy Number:** BKO 55561312

**Policy Term:** 06/01/2021 - 06/01/2022

<b>TOTAL</b>				<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
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**Policy Number:** BKO 55561312

**Policy Term:** 06/01/2020 - 06/01/2021

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Claimant Name or Coverage Type			Risk State	Description of Loss							

<b>TOTAL</b>				\$0	\$0	\$0	\$0	\$0	\$0	\$0	
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<b>Policy Number:</b> BKO 55561312	<b>Policy Term:</b> 06/01/2019 - 06/01/2020
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<b>TOTAL</b>				\$0	\$0	\$0	\$0	\$0	\$0	\$0	
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<b>Policy Number:</b> BKO 55561312	<b>Policy Term:</b> 06/01/2018 - 06/01/2019
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23864085	08/28/2018	10/14/2020	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	C
PROD/COMPL			N	INSURED RECEIVED ATTACHED INVOICE FOR ALLEGED DAMAGES TO EVERSOURCE'S PROPERTY ACCORDING TO INSURED THAT'S WHEN THEY WENT OUT AND DI							

<b>TOTAL</b>				\$0	\$0	\$0	\$0	\$0	\$0	\$0	
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<b>Policy Number:</b> BKO 55561312	<b>Policy Term:</b> 06/01/2017 - 06/01/2018
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<b>TOTAL</b>				\$0	\$0	\$0	\$0	\$0	\$0	\$0	
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<b>Policy Number:</b> BKO 55561312	<b>Policy Term:</b> 06/01/2016 - 06/01/2017
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23229861	09/12/2016	09/13/2016	0	\$3,000	\$0	\$3,000	\$0	\$3,000	\$0	\$3,000	C
I.M.			N	INSURED CRANE WAS UP WHEN BEING DRIVEN AWAY FROM WORK AREA AND HIT THE POWERLINES IN THE STREET. NOT SURE IF ANY DMG TO CRANE YET.							
23242839	08/30/2016	10/28/2016	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	C
SPECL FORM			N	When lowering the Rover Video Camera Crawler into the sewer line, the strap fell off and the Rover fell into the brink invert. The fa							
23242839	08/30/2016	10/28/2016	0	\$10,000	\$0	\$10,000	\$0	\$10,000	\$0	\$10,000	C
I.M.			N	When lowering the Rover Video Camera Crawler into the sewer line, the strap fell off and the Rover fell into the brink invert. The fa							

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# Loss and Premium History

Loss Valuation Date:04/14/2023				Account Detail				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			

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 State	Description of Loss							

TOTAL				\$13,000	\$0	\$13,000	\$0	\$13,000	\$0	\$13,000	
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Policy Number: BKO 55561312				Policy Term: 06/01/2015 - 06/01/2016							
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TOTAL				\$0	\$0	\$0	\$0	\$0	\$0	\$0	
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Policy Number: USO 55561312				Policy Term: 06/01/2022 - 06/01/2023							
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TOTAL				\$0	\$0	\$0	\$0	\$0	\$0	\$0	
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Policy Number: USO 55561312				Policy Term: 06/01/2021 - 06/01/2022							
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TOTAL				\$0	\$0	\$0	\$0	\$0	\$0	\$0	
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Policy Number: USO 55561312				Policy Term: 06/01/2020 - 06/01/2021							
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TOTAL				\$0	\$0	\$0	\$0	\$0	\$0	\$0	
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Policy Number: USO 55561312				Policy Term: 06/01/2019 - 06/01/2020							
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TOTAL				\$0	\$0	\$0	\$0	\$0	\$0	\$0	
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Policy Number: USO 55561312				Policy Term: 06/01/2018 - 06/01/2019							
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TOTAL				\$0	\$0	\$0	\$0	\$0	\$0	\$0	
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Policy Number: USO 55561312				Policy Term: 06/01/2017 - 06/01/2018							
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TOTAL				\$0	\$0	\$0	\$0	\$0	\$0	\$0	
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# Loss and Premium History

Loss Valuation Date:04/14/2023				Account Detail				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			

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 State	Description of Loss							

Policy Number:	USO 55561312	Policy Term:	06/01/2016 - 06/01/2017
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TOTAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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Policy Number:	USO 55561312	Policy Term:	06/01/2015 - 06/01/2016
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TOTAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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Policy Number:	XWO 55561312	Policy Term:	06/01/2022 - 06/01/2023
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TOTAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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Policy Number:	XWO 55561312	Policy Term:	06/01/2020 - 01/01/2021
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TOTAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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Policy Number:	XWO 55561312	Policy Term:	06/01/2019 - 06/01/2020
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823C30411	10/03/2019	10/03/2019	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	C
MED	N	26014002 GAWTHROP,JACOB IW WAS TESTING A MANHOLE WHEN THE LINE EXPLODED AND THE SHRAPNEL STRUCK HIS NECK MULTIPLE NECK INJURY LACERATION EXPLOSION OR FLARE BACK									

TOTAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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Policy Number:	XWO 55561312	Policy Term:	06/01/2018 - 06/01/2019
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# Loss and Premium History

Loss Valuation Date:04/14/2023

## Account Detail

North Area - CT/MA/RI

**Insured:** UNDERGROUND TESTING AND SERVICE  
809 BACK MOUNTAIN RD  
GOFFSTOWN, NH -03045

**Agency:** STARKWEATHER & SHEPLEY INSURANCE BROKERAGE INC  
PO BOX 549  
PROVIDENCE, RI 029010549

**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 Coverage Type			Risk State	Description of Loss							

823A99935	08/09/2018	08/10/2018	0	\$106	\$0	\$106	\$0	\$106	\$21	\$126	C
MED			N	22286331 TRASK,NATHAN IW WAS STANDING AND SUPERVISING WHEN STRUCK BY AN OBJECT IN THE HEAD. MULTIPLE HEAD INJURY LACERATION MISCELLANEOUS							
TOTAL				\$106	\$0	\$106	\$0	\$106	\$21	\$126	

<b>Policy Number:</b> XWO 55561312						<b>Policy Term:</b> 06/01/2017 - 06/01/2018					
823A90488	09/22/2017	09/28/2017	0	\$933	\$0	\$933	\$0	\$933	\$8	\$941	C
MED			N	22271705 SIGNER,TYLER IW DROPPED A MANHOLE COVER ON HISLEFT FINGERS FINGER(S) CRUSHING OBJECT BEING LIFTED							
TOTAL				\$933	\$0	\$933	\$0	\$933	\$8	\$941	

<b>Policy Number:</b> XWO 55561312						<b>Policy Term:</b> 06/01/2016 - 06/01/2017					
TOTAL				\$0	\$0	\$0	\$0	\$0	\$0	\$0	

<b>Policy Number:</b> XWO 55561312						<b>Policy Term:</b> 06/01/2015 - 06/01/2016					
823A84206	06/01/2015	03/07/2017	0	\$14,469	\$0	\$14,469	\$0	\$14,469	\$3,197	\$17,666	C
MED			N	22263679 PROVENCHER,JAY IW WAS USING AIR IMPACT GUNS AND WRENCH ON NUTS AND BOLTS AND FELT PAIN BOTH WRIST AND HANDS HAND CARPAL TUNNEL REPETITIVE MOTION							
823A84206	06/01/2015	03/07/2017	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	C
IND			N	22263679 PROVENCHER,JAY IW WAS USING AIR IMPACT GUNS AND WRENCH ON NUTS AND BOLTS AND FELT PAIN BOTH WRIST AND HANDS HAND CARPAL TUNNEL REPETITIVE MOTION							
TOTAL				\$14,469	\$0	\$14,469	\$0	\$14,469	\$3,197	\$17,666	

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# Loss and Premium History

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Loss Valuation Date:04/14/2023

## Account Detail

North Area - CT/MA/RI

**Insured:** UNDERGROUND TESTING AND SERVICE  
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GOFFSTOWN, NH -03045

**Agency:** STARKWEATHER & SHEPLEY INSURAN CE BROKERAGE INC  
PO BOX 549  
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**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 Coverage Type			Risk State	Description of Loss							
<b>GRAND TOTAL</b>				<b>\$92,414</b>	<b>-\$2,345</b>	<b>\$90,069</b>	<b>\$0</b>	<b>\$90,069</b>	<b>\$3,226</b>	<b>\$93,294</b>	

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