



Loss and Premium History

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Loss Valuation Date:04/14/2023

Account Summary

North Area - CT/MA/RI

Insured: UNDERGROUND TESTING AND
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 (%)
Workers Comp	XWO	65031217	06/01/2022 - 06/01/2023	\$4,862	N/A	0	\$0	\$0	\$0	\$0	\$0	N/A	N/A
ALL YEARS				\$4,862	N/A	0	\$0	\$0	\$0	\$0	\$0	N/A	N/A
XWO TOTAL				\$4,862	N/A	0	\$0	\$0	\$0	\$0	\$0	N/A	N/A
GRAND TOTAL				\$4,862	N/A	0	\$0	\$0	\$0	\$0	\$0	N/A	N/A

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

* 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.

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.



Loss and Premium History

Loss Valuation Date:04/14/2023				Account Detail			North Area - CT/MA/RI				
Insured: UNDERGROUND TESTING AND 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: XWO 65031217				Policy Term: 06/01/2022 - 06/01/2023							
TOTAL				\$0	\$0	\$0	\$0	\$0	\$0	\$0	
GRAND TOTAL				\$0	\$0	\$0	\$0	\$0	\$0	\$0	

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