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The information contained within this loss report document was generated by F. A. Richard & Associates, Inc. (FARA), your third party claims administrator and service provider. These reports are designed to keep you informed of the activities and developments on the claim events that have been reported to FARA.

The information contained in these reports is intended only for the use of the addressee and may contain privileged and/or confidential information. If you are not the intended recipient, you are hereby notified that the use, dissemination, distribution, or copying of this report is strictly prohibited.

If you find any incorrect or inaccurate information in this report document, please contact the FARA Claims Office that is servicing your claims as soon as possible.

To report a new claim to FARA, please fax a completed loss notice to (877) 297-3272. Alternatively, you can email the form to claimopening@fara.com.

Preventing and avoiding accidents through safety training, assessment, and awareness initiatives is the best way to avoid claim cost increases. To learn more, visit our website at <http://www.fara.com> and join our mailing list under the News and Information tab.

TABLE OF CONTENTS: There are up to 6 separate reports in this document*. Each one is bookmarked for easy navigation. The page numbering presented at the bottom of each report starts over within each report.

Report 1 - Active Claims Report	All active claims, showing details, sorted by accident date.
Report 2 - New Claims Report	Listing of new claims that we received from you this month. Please check it to verify these claims are valid.
Report 3 - Closed Claims Report	Listing of claims that we closed or re-closed this month.
Report 4 - Reserve Change Report	Listing of claims whose incurred values changed this month.
Report 5 - Check Register	All issued payments, showing details, sorted by draft number.
Report 6 - Annual Loss Summary	A summary of claims for each year and their associated total and net incurred costs.

*NOTE: Each of the reports will be included only if there is current data for that report. For example, if there are no active claims you will not receive the Active Claims Report.

St. John the Baptist Parish Council

Detailed Claims Report * Active Claims Only * Sorted by Accident Date within Location (If Any)

Claims administration by

For Insured: **St. John the Baptist Parish Council** (96958)

Claimant (Worker) Occupation Claim Number Date of Accident Claim Status Policy Number Policy Period	Basis of Liab. / Nature of Inj. Part of Body Cause of Injury Description Given Claim Type Location Code Accident State	Ind/BI/Loss Med/PD/Dmg Expense Total (Recov)	Incurred	Paid to Date	Outstanding Reserves
Zumbrun, Dennis Not Provided 4493116 08/28/2012 Open 791-00-06-46-0000 04/15/2013 - 04/15/2014	Property Damage / Not Provided Not Provided Not Provided Aircraft flooded during Hurricane Isaac. Alleges negligence by P Commercial General Liability Coverage - Claims Made (CG 00 02) * Louisiana		\$0.00 \$5,000.00 \$7,525.00 \$12,525.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$5,000.00 \$7,525.00 \$12,525.00 \$0.00
Tara & Dane Duhe Not Provided 4493136 08/29/2012 Open 791-00-06-46-0000 04/15/2013 - 04/15/2014	Property Damage / Not Provided Not Provided Not Provided Claimant alleging negligence causing flooding during Hurricane I Commercial General Liability Coverage - Claims Made (CG 00 02) * Louisiana		\$0.00 \$5,000.00 \$7,525.00 \$12,525.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$5,000.00 \$7,525.00 \$12,525.00 \$0.00
Salinger, Malinda Not Provided 4361747 06/12/2013 Open 791-00-06-46-0000 04/15/2013 - 04/15/2014	Trauma / Specific Injury Fracture Multiple Body Parts (Including Body Systems and Body Parts) Fall, Slip, or Trip Injury On Same Level Claimant tripped on walking path at Hwy 51 Park and injured her Commercial General Liability Coverage - Claims Made (CG 00 02) * Louisiana		\$10,000.00 \$0.00 \$50.00 \$10,050.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$10,000.00 \$0.00 \$50.00 \$10,050.00 \$0.00
Unknown, Unknown Not Provided 4361347 07/26/2013 Open 791-00-06-46-0000 04/15/2013 - 04/15/2014	Property Damage / Not Provided Not Provided Not Provided A 12 inch pipe was hit by a grass cutting tractor causing damage Commercial General Liability Coverage - Occurrence (CG 00 01) * Louisiana		\$0.00 \$5,000.00 \$50.00 \$5,050.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$5,000.00 \$50.00 \$5,050.00 \$0.00
Kennedy, Ronnie Not Provided 4379422 08/31/2013 Open 791-00-06-46-0000 04/15/2013 - 04/15/2014	Trauma / Specific Injury All Other Specific Injuries NOC Trunk Lower Back Area Fall, Slip, or Trip Injury On Ice or Snow Claimant trip and fall on sidewalk coming from mailbox. Alleges Commercial General Liability Coverage - Occurrence (CG 00 01) * Louisiana		\$250.00 \$0.00 \$33.75 \$283.75 \$0.00	\$0.00 \$0.00 \$9.00 \$9.00 \$0.00	\$250.00 \$0.00 \$24.75 \$274.75 \$0.00
White, Tricher Not Provided 4498308 09/17/2013 Open 791-00-06-46-0000 04/15/2013 - 04/15/2014	Trauma / Specific Injury All Other Specific Injuries NOC Upper Extremities Lower Arm Fall, Slip, or Trip Injury From Liquid or Grease Spills Clmt slipped and fell at Parish Courthouse due to wet floors. Commercial General Liability Coverage - Occurrence (CG 00 01) * Louisiana		\$3,150.00 \$0.00 \$25.00 \$3,175.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$3,150.00 \$0.00 \$25.00 \$3,175.00 \$0.00
Anderson, Jonathan Not Provided 4510991 10/16/2013 Open 791-00-06-46-0000 04/15/2013 - 04/15/2014	Trauma / Specific Injury All Other Specific Injuries NOC Multiple Body Parts Insufficient Info to Properly Identify Motor Vehicle Collision or Sideswipe With Another Vehicle IV rear-ended the CV Business Auto Coverage(CA 00 01) * Liability - Bodily Injury Louisiana		\$7,500.00 \$0.00 \$50.00 \$7,550.00 \$0.00	\$0.00 \$0.00 \$9.00 \$9.00 \$0.00	\$7,500.00 \$0.00 \$41.00 \$7,541.00 \$0.00

St. John the Baptist Parish Council

Detailed Claims Report * Active Claims Only * Sorted by Accident Date within Location (If Any)

Claims administration by

For Insured: **St. John the Baptist Parish Council** (96958)

Claimant (Worker) Occupation Claim Number Date of Accident Claim Status Policy Number Policy Period	Basis of Liab. / Nature of Inj. Part of Body Cause of Injury Description Given Claim Type Location Code Accident State	Ind/BI/Loss Med/PD/Dmg Expense Total (Recov)	Incurred	Paid to Date	Outstanding Reserves
Nevers, Belinda Not Provided 4497721 10/16/2013 Open 791-00-06-46-0000 04/15/2013 - 04/15/2014	Property Damage / Not Provided Not Provided Not Provided Claimant vehicle was turning left from center turn lane of two-w Business Auto Coverage(CA 00 01) * Liability - Property Damage Louisiana		\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00
Scott, Rance J Not Provided 4510989 10/16/2013 Open 791-00-06-46-0000 04/15/2013 - 04/15/2014	Trauma / Specific Injury All Other Specific Injuries NOC Multiple Body Parts Insufficient Info to Properly Identify Motor Vehicle Collision or Sideswipe With Another Vehicle IV rear ended the CV Business Auto Coverage(CA 00 01) * Liability - Bodily Injury Louisiana		\$7,500.00 \$0.00 \$50.00 \$7,550.00 \$0.00	\$0.00 \$0.00 \$9.00 \$9.00 \$0.00	\$7,500.00 \$0.00 \$41.00 \$7,541.00 \$0.00
Mitchell, Ruby P Not Provided 4677600 11/02/2013 Open 791-00-06-46-0000 04/15/2013 - 04/15/2014	Trauma / Specific Injury All Other Specific Injuries NOC Multiple Body Parts Insufficient Info to Properly Identify Fall, Slip, or Trip Injury On Same Level Ruby Patterson Mitchell alleges she sustained injuries when she Commercial General Liability Coverage - Claims Made (CG 00 02) * Louisiana		\$7,500.00 \$0.00 \$58.75 \$7,558.75 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$7,500.00 \$0.00 \$58.75 \$7,558.75 \$0.00
Totals for St. John the Baptist Parish Council			\$35,900.00 \$15,000.00 \$15,367.50 \$66,267.50	\$0.00 \$0.00 \$27.00 \$27.00	\$35,900.00 \$15,000.00 \$15,340.50 \$66,240.50
10 Open/Active Claims			\$0.00	\$0.00	\$0.00

St. John the Baptist Parish Council
Claims Closed this Month



For Insured: **St. John the Baptist Parish Council** (96958)

Claim Number + Claim Type: **4499013** * Business Auto Coverage(CA 00 01) * Liability - Property Damage
Claimant (Worker) + Occupation: AAA Insurance as subrogee for Charles Smith * Not Provided
Date of Accident + Date Reported + Date Opened: 10/18/2013 * 11/05/2013 * 11/06/2013
Claim Status + Substatus: Closed *
Description of Accident Given: Parking lot accident. IV and CV both backed into each other coming out of parking sp
Policy Number + Effective Date + Expiration Date: 791-00-06-46-0000 * 04/15/2013 * 04/15/2014
Location Code:
Accident State: Louisiana
Incurred & Paid in Ind/BI/Loss Benefits: \$0.00
Incurred & Paid in Med/PD/Dmg Benefits: \$1,761.50
Incurred & Paid Expenses: \$0.00
Amount Recovered: \$0.00
Net Claim Cost: **\$1,761.50**

1 CLAIMS WERE CLOSED or RECLOSED THIS MONTH

St. John the Baptist Parish Council
 Reserve Change Report * Subtotalled by Policy Number



For Insured: **St. John the Baptist Parish Council** (96958)

Claimant	Claim Type		Prior Incurred	Incurred Changes	Current Incurred
Claim Number	Location + Accident State				
Date of Accident	Accident Description				
Claim Status	Adjuster				
AAA Insurance as subrogee fo	Business Auto Coverage(CA 00 01) * Liability - Property Damage		\$2,000.00	(\$238.50)	\$1,761.50
4499013	* Louisiana				
10/18/2013	Parking lot accident. IV and CV both backed into each other coming o				
Closed	Laurie Stone (laurie.stone@yorkrsg.com)				
	Number of Incurred Changes	1			
	Carrier: Atlantic Specialty Insurance Company				
	Totals for Policy Number 791-00-06-46-0000 (04/15/2013 - 04/15/2014)		\$2,000.00	(\$238.50)	\$1,761.50
	Total Number of Incurred Changes	1			
	Totals for Insured: St. John the Baptist Parish Council		\$2,000.00	(\$238.50)	\$1,761.50

St. John the Baptist Parish Council
[Check Register \(02/01/2014 to 02/28/2014\)](#)

Claims administration by

For Insured: **St. John the Baptist Parish Council** (96958)

Draft Number FARA Claim # Policy Number Payment Type Location	Payee Tax ID Issued Date Client Claim # Payment Status	Policy Holder Name Payee Claimant Name Payment Subtype	Service Date Period Bank Account #	Amount Accident Date File Type
0000001004 4499013 791-00-06-46-0000 Property Damage Not Provided	***** 02/24/2014 Final	St. John the Baptist Parish Council AAA Insurance as subrogee for Charles Smith AAA Insurance as subrogee for Charles Smith, Property Damage	10/18/2013 to 10/18/2013 0205058672	\$1,761.50 10/18/2013 LA - AU - LPD
0001468443 4379422 791-00-06-46-0000 Expense Not Provided	*****4146 02/13/2014 Allocated Expense Adjustment	St. John the Baptist Parish Council F. A. Richard & Associates, Inc. Kennedy, Ronnie Miscellaneous Expense	02/13/2014 to 02/13/2014 0205058672	\$9.00 08/31/2013 LA - GL - LBI

St. John the Baptist Parish Council
[Check Register \(02/01/2014 to 02/28/2014\)](#)

Claims administration by



For Insured: **St. John the Baptist Parish Council** (96958)

CHECK REGISTER SUMMARY	
Total DISBURSEMENTS	\$1,770.50
Total VOIDS and STOP PAYMENTS	\$0.00
Total OVERPAYMENTS and REFUNDS	\$0.00
Total RECOVERIES	\$0.00
Total REIMBURSEMENTS	\$0.00
Total ADJUSTMENTS	\$0.00
TOTAL	\$1,770.50
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Total INDEMNITY	\$0.00
Total BODILY INJURY	\$0.00
Total MEDICAL	\$0.00
Total PROPERTY DAMAGE	\$1,761.50
Total ALLOCATED EXPENSE	\$9.00
Total LOSS	\$0.00
Total DAMAGES	\$0.00
Total ADJUSTMENTS	\$0.00
Total OVERPAYMENTS AND REFUNDS	\$0.00
Total RECOVERIES	\$0.00
Total REIMBURSEMENTS	\$0.00
TOTAL	\$1,770.50
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Total Number of TRANSACTIONS/ACTUAL CHECK COUNT	2/2

St. John the Baptist Parish Council
Annual Loss Summary by Policy Period

Claims administration by

For Insured: **St. John the Baptist Parish Council** (96958)

Loss Period From	Loss Period Thru	Policy Number	Claim Type	Number of Claims/Open	Total Incurred (\$)	Total Paid (\$)	Total Outstanding (\$)	Recov. (\$)	Net Incurred Loss (\$)
04/15/2013	04/15/2014	791-00-06-46-0000	Liability - Bodily Injury	6/6	\$36,167.50	\$27.00	\$36,140.50	\$0.00	\$36,167.50
			Liability - Property Damage	6/4	\$34,413.08	\$4,313.08	\$30,100.00	\$0.00	\$34,413.08
			NA	0/0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			Underground Resources	1/0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		Policy Total		13/10	\$70,580.58	\$4,340.08	\$66,240.50	\$0.00	\$70,580.58
04/15/2013	04/15/2014	RGP-1070201-03	NA	0/0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		Policy Total		0/0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Loss Period Total				13/10	\$70,580.58	\$4,340.08	\$66,240.50	\$0.00	\$70,580.58
Grand Total				13/10	\$70,580.58	\$4,340.08	\$66,240.50	\$0.00	\$70,580.58