

Risk Manager



Policy Loss Analysis Summary By Line of Business For All Locations

Insured: ST. JOHN THE BAPTIST PARISH COUNCIL
Loss Period: 01/01/2000 to 12/16/2014
Line(s) of Business: < All >
Producer: 4202321
Policy Number: 791000646-0000

Valuation: 12/16/2014
Claim Status: Open and Closed
Incidents: Include
SIC Code: 9199 000
Policy Term: 04/15/2013 - 04/15/2014

Line of Business: Automobile

Claim/Suffix	Suffix Status	Claimant	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Exp Pd \$	Subro/ Salvge \$	Subtotal \$	Ded Amt Rcvd \$	Total \$
AB-063820 03	Closed	Anderson, Jonathan	0	0	0	0	0	0	0	0
Type of Loss:		Auto Bodily Injury								
AB-063820 04	Closed	Scott, Rance	0	0	0	0	0	0	0	0
Type of Loss:		Auto Bodily Injury								
Claim Totals:			0	0	0	0	0	0	0	0

Loss Date: 10/16/2013 Date Reported: 11/04/2013 Claim Status: Closed

Accident Location: LaPlace, LA

Cause of Accident: Struck Other Vehicle Ahead - Auto (Passenger Type)--Insured Owner - Our Insured--At Fault

Claim Description: IV COLLIDED WITH REAR END OF CV AT STOP LIGHT.

Driver: Prudhomme, Timothy

AB-090680 01	Closed	Harris, Michael	0	0	0	0	0	0	0	0
Type of Loss:		Auto Property Damage								
Claim Totals:			0							

Loss Date: 03/27/2014 Date Reported: 04/30/2014 Claim Status: Closed

Accident Location: LaPlace, LA

Cause of Accident: Backed Into Other Vehicle - Auto (Passenger Type)--Insured Owner - Our Insured--At Fault

Claim Description: IV BACKED INTO CV

Driver: DRIVER, UNKNOWN

AB-100598 02	Closed	Urrutia, Sarvia	0	0	0	0	0	0	0	0
Type of Loss:		Auto Property Damage								

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Claim Status: Open and Closed
Incidents: Include
SIC Code: 9199 000
Policy Term: 04/15/2013 - 04/15/2014

Line of Business: Automobile

Claim/Suffix	Suffix Status	Claimant	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Exp Pd \$	Subro/ Salvge \$	Subtotal \$	Ded Amt Rcvd \$	Total \$
Claim Totals:			0	0	0	0	0	0	0	0
Loss Date: 04/09/2014 Date Reported: 08/11/2014 Claim Status: Closed Accident Location: Reserve, LA Cause of Accident: Backed Into Other Vehicle - Auto (Passenger Type)--Insured Owner - Our Insured--At Fault Claim Description: IV BACKED INTO OV Driver: Alexander , Reed										
Totals for Automobile			0	0	0	0	0	0	0	0
3 (Claims)										

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Valuation: 12/16/2014
Claim Status: Open and Closed
Incidents: Include
SIC Code: 9199 000
Policy Term: 04/15/2013 - 04/15/2014

Line of Business: General Liability

Claim/Suffix	Suffix Status	Claimant	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Exp Pd \$	Subro/ Salvge \$	Subtotal \$	Ded Amt Rcvd \$	Total \$
AB-057949 01	Open	Kennedy, Ronnie	2	0	0	0	0	2	0	2
Type of Loss:		Other Bodily Injury								
Claim Totals:			2	0	0	0	0	2	0	2

Loss Date: 08/31/2013 Date Reported: 10/01/2013 Claim Status: Open

Accident Location: LaPlace, LA

Cause of Accident: Bodily Injury/Physical Damage - Slip/Trip and Fall - Streets/Roads

Claim Description: CLMT TRIPPED AND FELL ON SIDEWALK COMING FROM MAILBOX. ALLEGES SIDEWALK IS UNEVEN.

AB-075458 01	Closed	Patterson Mitche, Ruby	0	0	0	0	0	0	0	0
Type of Loss:		Other Bodily Injury								
Claim Totals:			0							

Loss Date: 11/02/2013 Date Reported: 01/15/2014 Claim Status: Closed

Accident Location: La Place, LA

Cause of Accident: Bodily Injury/Physical Damage - All Other - All Other

Claim Description: CLAIMANT ALLEGES SHE SUSTAINED INJURIES WHEN SHE STEPPED ON A COVERED AND BROKEN WATER METER U

Totals for General Liability			2	0	0	0	0	2	0	2
2 (Claims)										

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Valuation: 12/16/2014
Claim Status: Open and Closed
Incidents: Include
SIC Code: 9199 000
Policy Term: 04/15/2013 - 04/15/2014

Line of Business: Public Official Liability

Claim/Suffix	Suffix Status	Claimant	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Exp Pd \$	Subro/ Salvge \$	Subtotal \$	Ded Amt Rcvd \$	Total \$
AB-098976 01	Closed	Julien, Latoya	0	0	0	0	0	0	0	0
Type of Loss:		Other Bodily Injury								
Claim Totals:			0	0	0	0	0	0	0	0

Loss Date: 10/01/2013 Date Reported: 07/28/2014 Claim Status: Closed

Accident Location: LaPlace, LA

Cause of Accident: Public Official Liability - No Coverage - All Other

Claim Description: CLAIMANT ALLEGES INSURED WRONGFULLY BILLED THEM FROM JUNE 1999-SEPTEMBER 2013 DUE TO A CLERIC

Totals for Public Official Liability			0							
1 (Claims)										

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Line(s) of Business: < All >
Producer: 4202321

Valuation: 12/16/2014
Claim Status: Open and Closed
Incidents: Include
SIC Code: 9199 000

	Total Claims	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Exp Pd \$	Subro/ Salvge \$	Subtotal \$	Ded Amt Rcvd \$	Total \$
Totals for Policy 791000646-0000	6	2	0	0	0	0	2	0	2

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Policy Number: 791000646-0001

Valuation: 12/16/2014
Claim Status: Open and Closed
Incidents: Include
SIC Code: 9199 000
Policy Term: 04/15/2014 - 04/15/2015

Line of Business: Automobile

Claim/Suffix	Suffix Status	Claimant	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Exp Pd \$	Subro/ Salvge \$	Subtotal \$	Ded Amt Rcvd \$	Total \$
AB-102943 01	Closed	St. John The Bap,	0	2,502	0	0	-2,502	0	0	0
Type of Loss:		Auto Physical Damage Collision								
Claim Totals:			0	2,502	0	0	-2,502	0	0	0
Loss Date: 08/20/2014 Date Reported: 09/05/2014 Claim Status: Closed										
Accident Location: LaPlace, LA										
Cause of Accident: Struck Other Vehicle Ahead - Auto (Passenger Type)--Insured Owner - Our Insured--Not At Fault										
Claim Description: IV was rearended by OV										
Driver: Willard , Nancy										
AB-102961 01	Closed	St. John The Bap,	0	1,527	0	0	0	1,527	0	1,527
Type of Loss:		Auto Physical Damage Collision								
Claim Totals:			0	1,527	0	0	0	1,527	0	1,527
Loss Date: 08/13/2014 Date Reported: 09/05/2014 Claim Status: Closed										
Accident Location: LaPlace, LA										
Cause of Accident: Struck Other Vehicle Ahead - Auto (Passenger Type)--Insured Owner - Our Insured--Not At Fault										
Claim Description: Insured vehicle was hit from behind while stopped at stop sign.										
Driver: Cook , Darryl										
Totals for Automobile			0	4,029	0	0	-2,502	1,527	0	1,527
2 (Claims)										

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Valuation: 12/16/2014
Claim Status: Open and Closed
Incidents: Include
SIC Code: 9199 000
Policy Term: 04/15/2014 - 04/15/2015

Line of Business: General Liability

Claim/Suffix	Suffix Status	Claimant	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Exp Pd \$	Subro/ Salvge \$	Subtotal \$	Ded Amt Rcvd \$	Total \$
AB-098308 01	Open	Brady, Ashley	2	0	0	0	0	2	0	2
Type of Loss:		Other Bodily Injury								
Claim Totals:			2	0	0	0	0	2	0	2

Loss Date: 07/15/2014 Date Reported: 07/18/2014 Claim Status: Open

Accident Location: LaPlace, LA

Cause of Accident: Bodily Injury/Physical Damage - All Other - All Other

Claim Description: CLMT ALLEGES THE 911 EMERGENCY PHYSICAL ADDRESS SET UP BY INSURED FOR 185 WEST 16TH ST AND WES

AB-105358 01	Open	Holgate, Andrea	2	0	0	0	0	2	0	2
Type of Loss:		Other Bodily Injury								
AB-105358 02	Open	Andy, Gabrielle	2	0	0	0	0	2	0	2
Type of Loss:		Other Bodily Injury								
Claim Totals:			4	0	0	0	0	4	0	4

Loss Date: 09/25/2014 Date Reported: 10/01/2014 Claim Status: Open

Accident Location: LaPlace, LA

Cause of Accident: Bodily Injury/Physical Damage - All Other - All Other

Claim Description: CLAIMANT ALLEGES INSURED FAILED TO PROPERLY INSTITUTE, DOCUMENT AND IMPLEMENT THE CHLORINATION

AB-107970 01	Closed	Melson, Sherida	0	0	0	0	0	0	0	0
Type of Loss:		Other Bodily Injury								
Claim Totals:			0							

Loss Date: 09/11/2014 Date Reported: 10/24/2014 Claim Status: Closed

Accident Location: Wallace, LA

Cause of Accident: Bodily Injury/Physical Damage - Street/Roads - Road Condition

Claim Description: CLAIMANT ALLEGES SHE HIT RAISED SEWERAGE DRAIN ON STREET CAUSING DAMAGE TOVEHICLE

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Incidents: Include
SIC Code: 9199 000
Policy Term: 04/15/2014 - 04/15/2015

Line of Business: General Liability

Claim/Suffix	Suffix Status	Claimant	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Exp Pd \$	Subro/ Salvge \$	Subtotal \$	Ded Amt Rcvd \$	Total \$
Totals for General Liability			6	0	0	0	0	6	0	6
3 (Claims)										

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Producer: 4202321

Valuation: 12/16/2014
Claim Status: Open and Closed
Incidents: Include
SIC Code: 9199 000

	Total Claims	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Exp Pd \$	Subro/ Salvge \$	Subtotal \$	Ded Amt Rcvd \$	Total \$
Totals for Policy 791000646-0001	5	6	4,029	0	0	-2,502	1,533	0	1,533

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Valuation: 12/16/2014
Claim Status: Open and Closed
Incidents: Include

Line of Business Summary - Grouped by Policy

791000646-0000									
	Policy Term: 04/15/2013 - 04/15/2014								
Coverage	# of Claims	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Expenses Paid \$	Subro/ Salvge \$	Subtotal \$	Ded Amt Rcvd \$	Total \$
Automobile	3	0	0	0	0	0	0	0	0
General Liability	2	2	0	0	0	0	2	0	2
Public Official Liability	1	0	0	0	0	0	0	0	0
<i>Policy Totals:</i>	6	2	0	0	0	0	2	0	2

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Producer: 4202321

Valuation: 12/16/2014
Claim Status: Open and Closed
Incidents: Include

791000646-0001	Policy Term: 04/15/2014 - 04/15/2015
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Coverage	# of Claims	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Expenses Paid \$	Subro/ Salvge \$	Subtotal \$	Ded Amt Rcvd \$	Total \$
Automobile	2	0	4,029	0	0	-2,502	1,527	0	1,527
General Liability	3	6	0	0	0	0	6	0	6
<i>Policy Totals:</i>	5	6	4,029	0	0	-2,502	1,533	0	1,533

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Producer: 4202321

Valuation: 12/16/2014
Claim Status: Open and Closed
Incidents: Include

	# of Claims	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Expenses Paid \$	Subro/ Salvge \$	Subtotal \$	Ded Amt Rcvd \$	Total \$
Total for all Policies:	11	8	4,029	0	0	-2,502	1,535	0	1,535

OneBeacon claims reported after November 2004 contain a greater level of claim detail within this report. Select report fields within this report may be blank for claims reported prior to November 2004. 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.