



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC02649W

15WC02649W	HATCHARD, DANIEL	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
MORRIS KNOLLS HIGH SCHOOL	7/1/2015	7/1/2015	Open	1,340.46	243.00	0.00	0.00	0.00	0.00	1,583.46
FELT A STRAIN TO HIS LOWER BACK AS HE BENT OVER TO RETRIEVE TOOLS				1,159.54	2.00	0.00	0.00	0.00	0.00	1,161.54
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				1,340.46	243.00	0.00	0.00	0.00	0.00	1,583.46
				1,159.54	2.00	0.00	0.00	0.00	0.00	1,161.54

Claim Number: 15WC02650W

15WC02650W	MORALES, MICHAEL	11		377.37	243.00	0.00	0.00	0.00	0.00	620.37
THOMAS JEFFERSON M.S.	7/1/2015	7/1/2015	9/3/2015	377.37	243.00	0.00	0.00	0.00	0.00	620.37
WHILE CHANGING THE BLADE ON THE SCRAPER, THE BLADE SLIPPED & CUT				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				377.37	243.00	0.00	0.00	0.00	0.00	620.37
				377.37	243.00	0.00	0.00	0.00	0.00	620.37
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02652Y

15WC02652Y	VAZQUEZ, JAMES	11		468.94	243.00	0.00	0.00	0.00	0.00	711.94
CATHERINE A DWYER ES	7/1/2015	7/1/2015	7/24/2015	468.94	243.00	0.00	0.00	0.00	0.00	711.94
CUTTING A CABLE WIRE USING A RAZOR, THE RAZOR SLIPPED & HE CUT HIS				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				468.94	243.00	0.00	0.00	0.00	0.00	711.94
				468.94	243.00	0.00	0.00	0.00	0.00	711.94
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02653Y

15WC02653Y	VALDEZ, MARIA	11		588.81	243.00	0.00	0.00	0.00	0.00	831.81
JEFFERSON SCHOOL	7/1/2015	7/1/2015	8/13/2015	588.81	243.00	0.00	0.00	0.00	0.00	831.81
WHILE WAXING & STRIPPING FLOOR SHE SLIPPED & FELL INJURING LT SIDE,				0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Total by Claim Number 1 Claim

588.81	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	831.81
588.81	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	831.81
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02654B

15WC02654B	MORMINO, KELLY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ALDRICH SCHOOL	7/1/2015	7/1/2015	Open	184.31	243.00	0.00	0.00	0.00	0.00	0.00	427.31
WHILE MOVING A DESK IN PREPARATION OF CLEANING CLASSROOM FLOOR:				2,315.69	2.00	0.00	0.00	0.00	0.00	0.00	2,317.69

Total by Claim Number 1 Claim

2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,745.00
184.31	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	427.31
2,315.69	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,317.69

Claim Number: 15WC02655W

15WC02655W	EVANS, SHANNON	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
EXCEL SCHOOL	7/2/2015	7/2/2015	Open	378.60	243.00	0.00	0.00	0.00	0.00	0.00	621.60
PLAYING TUG OF WAR ON FIELD DAY WAS KNOCKED DOWN STRAINED LT SH				2,121.40	2.00	0.00	0.00	0.00	0.00	0.00	2,123.40

Total by Claim Number 1 Claim

2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,745.00
378.60	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	621.60
2,121.40	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,123.40

Claim Number: 15WC02656Y

15WC02656Y	BRINSON, JEMEL	11		225.66	243.00	0.00	0.00	0.00	0.00	0.00	468.66
FRANKLIN SCHOOL (UNION)	7/2/2015	7/2/2015	7/29/2015	225.66	243.00	0.00	0.00	0.00	0.00	0.00	468.66
WALKING & STEPPED ON A NAIL THAT WAS PROTRUDING OUT OF THE FLOOR				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Total by Claim Number 1 Claim

225.66	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	468.66
225.66	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	468.66
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02657K



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC02657K

15WC02657K	FLOWERS, SAMANTHA	11	259.00	243.00	0.00	0.00	0.00	0.00	0.00	502.00
NUMBER 1 ES	7/2/2015	7/2/2015	8/6/2015	259.00	243.00	0.00	0.00	0.00	0.00	502.00
A CHILD HEAD BUTTED HER IN THE NOSE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				259.00	243.00	0.00	0.00	0.00	0.00	502.00
				259.00	243.00	0.00	0.00	0.00	0.00	502.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02658K

15WC02658K	ROTONDI, PHILIP	11	196.08	243.00	0.00	0.00	0.00	0.00	0.00	439.08
MCKINLEY NO.10 ELEM.	7/1/2015	7/1/2015	8/12/2015	196.08	243.00	0.00	0.00	0.00	0.00	439.08
WALKING IN THE CLASSROOM HE SLIPPED ON FLOOR STRIPPER & FELL HITT				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				196.08	243.00	0.00	0.00	0.00	0.00	439.08
				196.08	243.00	0.00	0.00	0.00	0.00	439.08
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02660Y

15WC02660Y	MATULEWICZ, LINDA	11	371.59	243.00	0.00	0.00	0.00	0.00	0.00	614.59
EARLY CHILDHOOD PROGRAM	7/2/2015	7/2/2015	8/20/2015	371.59	243.00	0.00	0.00	0.00	0.00	614.59
TURNED AROUND TO GET BOOKS FOR STORY TIME, SHE HIT THE RT LOWER				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				371.59	243.00	0.00	0.00	0.00	0.00	614.59
				371.59	243.00	0.00	0.00	0.00	0.00	614.59
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02661G

15WC02661G	NISTICO, DAMIANO	10	40,501.00	1,193.00	73,700.00	0.00	0.00	2,500.00	0.00	117,894.00
ADMIN BLDG	7/2/2015	7/2/2015	Open	1,528.12	1,193.00	2,026.08	0.00	0.00	0.00	4,747.20
WHILE DRIVING IN WORK VEHICLE HE WAS REAR ENDED CAUSING SPRAIN TO				38,972.88	0.00	71,673.92	0.00	0.00	2,500.00	113,146.80



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim			40,501.00	1,193.00	73,700.00	0.00	0.00	2,500.00	0.00	117,894.00
			1,528.12	1,193.00	2,026.08	0.00	0.00	0.00	0.00	4,747.20
			38,972.88	0.00	71,673.92	0.00	0.00	2,500.00	0.00	113,146.80
Claim Number: 15WC02664A										
15WC02664A	BALDEON, ALEXIS	10	20,000.00	3,193.00	67,500.00	0.00	0.00	0.00	0.00	90,693.00
GARAGE	7/1/2015	7/1/2015	Open	1,522.75	1,193.00	1,155.53	0.00	0.00	0.00	3,871.28
HE WAS WORKING ON A SCHOOL BUS, REMOVING A BRAKE DRUM & WHEN LI			18,477.25	2,000.00	66,344.47	0.00	0.00	0.00	0.00	86,821.72
Total by Claim Number 1 Claim			20,000.00	3,193.00	67,500.00	0.00	0.00	0.00	0.00	90,693.00
			1,522.75	1,193.00	1,155.53	0.00	0.00	0.00	0.00	3,871.28
			18,477.25	2,000.00	66,344.47	0.00	0.00	0.00	0.00	86,821.72
Claim Number: 15WC02665W										
15WC02665W	BREMER, ANN	11	253.32	243.00	0.00	0.00	0.00	0.00	0.00	496.32
HAMBURG BOROUGH BOE	7/1/2015	7/1/2015	8/18/2015	253.32	243.00	0.00	0.00	0.00	0.00	496.32
TRIPPED OVER STONES IN THE PARKING LOT & FELL, CAUSING SCRAPES TO			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			253.32	243.00	0.00	0.00	0.00	0.00	0.00	496.32
			253.32	243.00	0.00	0.00	0.00	0.00	0.00	496.32
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02666B										
15WC02666B	ENGLE, RICK	11	553.52	243.00	0.00	0.00	0.00	0.00	0.00	796.52
NIXON ES	7/6/2015	7/6/2015	8/13/2015	553.52	243.00	0.00	0.00	0.00	0.00	796.52
WHILE IN ROUTE TO PLAYGROUND HE TRIPPED OVER A DIP IN THE ASPHALT			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			553.52	243.00	0.00	0.00	0.00	0.00	0.00	796.52
			553.52	243.00	0.00	0.00	0.00	0.00	0.00	796.52
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02668K										



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC02668K

15WC02668K	DUNTKLEY, MICHAEL	11		136.48	243.00	0.00	0.00	0.00	0.00	379.48
CATHERINE A DWYER ES	7/7/2015	7/7/2015	8/20/2015	136.48	243.00	0.00	0.00	0.00	0.00	379.48
WHILE CLEANING A LIGHT, HE PUT HAND DOWN & STRUCK RT HAND THUMB				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				136.48	243.00	0.00	0.00	0.00	0.00	379.48
				136.48	243.00	0.00	0.00	0.00	0.00	379.48
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02669B

15WC02669B	BENSON, JUSTIN	11		328.89	243.00	0.00	0.00	0.00	0.00	571.89
OCEAN TWP INTERMEDIATE M.S.	7/7/2015	7/7/2015	8/13/2015	328.89	243.00	0.00	0.00	0.00	0.00	571.89
COMING IN THE FRONT DOORWAY, CRUSHED L INDEX FINGER				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				328.89	243.00	0.00	0.00	0.00	0.00	571.89
				328.89	243.00	0.00	0.00	0.00	0.00	571.89
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02671Y

15WC02671Y	GULICK, DANIEL	11		345.60	243.00	0.00	0.00	0.00	0.00	588.60
OCEAN TWP H.S.	7/7/2015	7/7/2015	8/12/2015	345.60	243.00	0.00	0.00	0.00	0.00	588.60
REMOVING A SAFETY GUARD OFF A FAN & EE WAS CUT BY FAN BLADE ON R				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				345.60	243.00	0.00	0.00	0.00	0.00	588.60
				345.60	243.00	0.00	0.00	0.00	0.00	588.60
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02672W

15WC02672W	DIDOMENICO, ANTHONY	11		378.79	243.00	0.00	0.00	0.00	0.00	621.79
EMERSON MS	7/7/2015	7/7/2015	8/27/2015	378.79	243.00	0.00	0.00	0.00	0.00	621.79
CUTTING A HOSE INTO PIECES W/ SCISSORS & CUT L HAND INDEX FINGER				0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				378.79	243.00	0.00	0.00	0.00	0.00	621.79
				378.79	243.00	0.00	0.00	0.00	0.00	621.79
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02673W										
15WC02673W	RIVERA, RAMON	11		365.14	243.00	1,138.92	0.00	0.00	0.00	1,747.06
MIDDLE SCHOOL	7/2/2015	7/7/2015	8/31/2015	365.14	243.00	1,138.92	0.00	0.00	0.00	1,747.06
PUTTING FLOOR STRIPPER DOWN, SLIPPED AND FELL ON UPPER/LOWER BA				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				365.14	243.00	1,138.92	0.00	0.00	0.00	1,747.06
				365.14	243.00	1,138.92	0.00	0.00	0.00	1,747.06
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02674B										
15WC02674B	PERODEAU, DEBORAH	11		79.27	243.00	0.00	0.00	0.00	0.00	322.27
JAMES A MCDIVITT ES	7/7/2015	7/7/2015	8/21/2015	79.27	243.00	0.00	0.00	0.00	0.00	322.27
EE WAS BIT ON L LOWER ARM & R THUMB BY STUDENT WHO WAS HAVING OI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				79.27	243.00	0.00	0.00	0.00	0.00	322.27
				79.27	243.00	0.00	0.00	0.00	0.00	322.27
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02675W										
15WC02675W	STEWART, BRIAN	11		160.00	243.00	0.00	0.00	0.00	0.00	403.00
JONATHAN DAYTON H.S.	7/7/2015	7/7/2015	8/12/2015	160.00	243.00	0.00	0.00	0.00	0.00	403.00
WHILE PULLING WEEDS ALONG FENCES, TENNIS BALL CAN LID CUT R RING F				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				160.00	243.00	0.00	0.00	0.00	0.00	403.00
				160.00	243.00	0.00	0.00	0.00	0.00	403.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02676K										



NEW CLAIMS

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Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC02676K

15WC02676K	LALOI, ESTHER		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
EMILY C. REYNOLDS M.S.	7/6/2015	7/7/2015	Open	438.73	243.00	0.00	0.00	0.00	0.00	0.00	681.73
MOVING FILE CABINETS, CABINET TIPPED OVER HITTING HER LOWER BACK				2,061.27	2.00	0.00	0.00	0.00	0.00	0.00	2,063.27
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				438.73	243.00	0.00	0.00	0.00	0.00	0.00	681.73
				2,061.27	2.00	0.00	0.00	0.00	0.00	0.00	2,063.27

Claim Number: 15WC02677B

15WC02677B	JITESHKUMAR, ANISHA		11	110.93	243.00	0.00	0.00	0.00	0.00	0.00	353.93
WARREN DEVELOP. LEARNING CTI	7/7/2015	7/7/2015	8/21/2015	110.93	243.00	0.00	0.00	0.00	0.00	0.00	353.93
STUDENT GRABBED HER WRIST AND BIT HER DURING AN OUTBURST				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				110.93	243.00	0.00	0.00	0.00	0.00	0.00	353.93
				110.93	243.00	0.00	0.00	0.00	0.00	0.00	353.93
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02678Y

15WC02678Y	DESOCIO, MARIA		11	166.21	243.00	0.00	0.00	0.00	0.00	0.00	409.21
HARMONY ES	7/7/2015	7/7/2015	8/10/2015	166.21	243.00	0.00	0.00	0.00	0.00	0.00	409.21
EE WAS HEAD BUTTED BY A STUDENT IN THE NOSE BY STUDENT				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				166.21	243.00	0.00	0.00	0.00	0.00	0.00	409.21
				166.21	243.00	0.00	0.00	0.00	0.00	0.00	409.21
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02679C

15WC02679C	PASMANIK, FRANCINE		15	0.00	0.00	52,082.00	0.00	0.00	4,040.00	0.00	56,122.00
SCHOOL #25 LAFAYETTE ESTATES	7/6/2015	7/6/2015	Reopened	0.00	0.00	0.00	0.00	0.00	25.00	0.00	25.00
EE WAS PLAYING KICKBALL & FELL TO GROUND INJURING L KNEE				0.00	0.00	52,082.00	0.00	0.00	4,015.00	0.00	56,097.00



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim			0.00	0.00	52,082.00	0.00	0.00	4,040.00	0.00	56,122.00
			0.00	0.00	0.00	0.00	0.00	25.00	0.00	25.00
			0.00	0.00	52,082.00	0.00	0.00	4,015.00	0.00	56,097.00
Claim Number: 15WC02680K										
15WC02680K	MEJIA, MARIA	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CHERRY HILL HIGH WEST HS	7/3/2015	7/6/2015	8/27/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
EE WAS CLEANING TABLES & WALLS AND WAS BITTEN ON L ARM BY INSECT			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
			0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02681K										
15WC02681K	DUGGAN, JOSEPH	11	324.44	243.00	0.00	0.00	0.00	0.00	0.00	567.44
COVE ROAD ES	7/7/2015	7/7/2015	8/20/2015	324.44	243.00	0.00	0.00	0.00	0.00	567.44
MOVING DESK, LOST GRIP & IT FELL FROM HANDS STRIKING L BIG TOE			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			324.44	243.00	0.00	0.00	0.00	0.00	0.00	567.44
			324.44	243.00	0.00	0.00	0.00	0.00	0.00	567.44
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02682T										
15WC02682T	PROHOWICH, BARBARA	10	1,193.00	1,193.00	0.00	0.00	0.00	0.00	0.00	2,386.00
CULVER CENTER	7/6/2015	7/8/2015	Open	592.70	1,193.00	0.00	0.00	0.00	0.00	1,785.70
GOT UP FROM CHAIR TO SIGN FOR DELIVERY, WENT TO SIT BACK IN CHAIR, I			600.30	0.00	0.00	0.00	0.00	0.00	0.00	600.30
Total by Claim Number 1 Claim			1,193.00	1,193.00	0.00	0.00	0.00	0.00	0.00	2,386.00
			592.70	1,193.00	0.00	0.00	0.00	0.00	0.00	1,785.70
			600.30	0.00	0.00	0.00	0.00	0.00	0.00	600.30
Claim Number: 15WC02683K										



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC02683K

15WC02683K	MEALIA, LINDA	11	170.92	243.00	0.00	0.00	0.00	0.00	0.00	413.92
WARREN DEVELOP. LEARNING CTI	7/6/2015	7/8/2015	8/12/2015	170.92	243.00	0.00	0.00	0.00	0.00	413.92
KNEELING ON THE FLOOR RESTRAINING A SPEC ED STUDENT WHEN ANOTHI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			170.92	243.00	0.00	0.00	0.00	0.00	0.00	413.92
			170.92	243.00	0.00	0.00	0.00	0.00	0.00	413.92
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02684I

15WC02684I	PHILIPPE, KERSON	14	65,000.00	1,193.00	53,000.00	0.00	0.00	0.00	0.00	119,193.00
HACKETTSTOWN HS	7/7/2015	7/8/2015	Open	1,237.05	0.00	4,100.16	0.00	0.00	0.00	5,337.21
SLIPPED WHILE STRIPPING FLOORS, HE FELL STRAINING L SHOULDER AND N				63,762.95	1,193.00	48,899.84	0.00	0.00	0.00	113,855.79
Total by Claim Number 1 Claim			65,000.00	1,193.00	53,000.00	0.00	0.00	0.00	0.00	119,193.00
			1,237.05	0.00	4,100.16	0.00	0.00	0.00	0.00	5,337.21
			63,762.95	1,193.00	48,899.84	0.00	0.00	0.00	0.00	113,855.79

Claim Number: 15WC02685Y

15WC02685Y	CRAMPTON, SUSAN	11	384.50	243.00	0.00	0.00	0.00	0.00	0.00	627.50
VOORHEES H S	7/7/2015	7/8/2015	Reopened	384.50	243.00	0.00	0.00	0.00	0.00	627.50
WALKED INTO A METAL BRACKET PROTRUDING FROM BOOK SHELF INJ CORI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			384.50	243.00	0.00	0.00	0.00	0.00	0.00	627.50
			384.50	243.00	0.00	0.00	0.00	0.00	0.00	627.50
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02686B

15WC02686B	LOPEZ, SANDRO	11	215.70	243.00	0.00	0.00	0.00	0.00	0.00	458.70
LANDIS INTERMEDIATE SCHOOL	7/7/2015	7/7/2015	8/21/2015	215.70	243.00	0.00	0.00	0.00	0.00	458.70
LEAVING BLDG FOR THE DAY, WAS STUNG ON L ANKLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Total by Claim Number 1 Claim

215.70	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	458.70
215.70	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	458.70
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02687B

15WC02687B	MORELAND, LATOYA	11		357.63	243.00	0.00	0.00	0.00	0.00	0.00	600.63
WESTAMPTON	7/8/2015	7/8/2015	8/25/2015	357.63	243.00	0.00	0.00	0.00	0.00	0.00	600.63
CHILD WAS BEING TAKEN TO CLASS AND BIT HER R UPPER ARM				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Total by Claim Number 1 Claim

357.63	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	600.63
357.63	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	600.63
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02688W

15WC02688W	SHANNON, JOHN	11		383.22	243.00	0.00	0.00	0.00	0.00	0.00	626.22
WEST DEPTFORD MS	7/7/2015	7/8/2015	8/14/2015	383.22	243.00	0.00	0.00	0.00	0.00	0.00	626.22
LIFTING A BENCH TO CUT DOWN A TREE INJURED HIS BACK				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Total by Claim Number 1 Claim

383.22	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	626.22
383.22	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	626.22
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02689K

15WC02689K	PEREZ, THOMAS	11		367.39	243.00	0.00	0.00	0.00	0.00	0.00	610.39
SCHOOL 10	7/8/2015	7/8/2015	8/27/2015	367.39	243.00	0.00	0.00	0.00	0.00	0.00	610.39
PICKING UP A TABLE AND MOVING IT TO ANOTHER LOCATION FELT POP IN R				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Total by Claim Number 1 Claim

367.39	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	610.39
367.39	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	610.39
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02690Y



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC02690Y

15WC02690Y	MILLER-JONES, VIRGINIA	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
BLACK RIVER MS	7/7/2015	7/8/2015	8/24/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
MISJUDGED HER STEP STEPPING OFF CURB STRAINING R ANKLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02691Y

15WC02691Y	SCHAEFER, DONNA	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
BAYONNE H.S. AND ADMIN. OFFICE	7/8/2015	7/9/2015	8/14/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
LIFTING A COMPUTER IT SLIPPED FROM HER GRIP INJURED L HAND				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02692K

15WC02692K	MCCANN, JUSTIN	11	333.41	243.00	0.00	0.00	0.00	0.00	0.00	576.41
HIGHLAND HS	7/7/2015	7/9/2015	8/20/2015	333.41	243.00	0.00	0.00	0.00	0.00	576.41
CLEANING OFF PICNIC TABLE, WAS STUNG ON R LOWER ARM BY A WASP				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				333.41	243.00	0.00	0.00	0.00	0.00	576.41
				333.41	243.00	0.00	0.00	0.00	0.00	576.41
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02693W

15WC02693W	CAMINS, JONATHAN	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
HOPEWELL ES	7/9/2015	7/9/2015	8/31/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
CLEANING THE KITCHEN WHEN A VENT SYSTEM FELL ON HIS HEAD				0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02696V										
15WC02696V	IANNACO, CHRISTINE	11		18,000.00	1,195.00	10,000.00	0.00	0.00	0.00	29,195.00
NEW WATERFORD ES	7/9/2015	7/9/2015	Open	2,602.18	243.00	651.42	0.00	0.00	0.00	3,496.60
SLIPPED ON WET FLOOR AND FELL HITTING FACE AGAINST GROUND, BOTH H				15,397.82	952.00	9,348.58	0.00	0.00	0.00	25,698.40
Total by Claim Number 1 Claim				18,000.00	1,195.00	10,000.00	0.00	0.00	0.00	29,195.00
				2,602.18	243.00	651.42	0.00	0.00	0.00	3,496.60
				15,397.82	952.00	9,348.58	0.00	0.00	0.00	25,698.40
Claim Number: 15WC02697K										
15WC02697K	FYHR, MARGARET	11		141.19	243.00	0.00	0.00	0.00	0.00	384.19
ABRAM P MORRIS-SAYBROOK ES	7/8/2015	7/9/2015	8/17/2015	141.19	243.00	0.00	0.00	0.00	0.00	384.19
WAS BITTEN BY A CHILD ON HER STOMACH				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				141.19	243.00	0.00	0.00	0.00	0.00	384.19
				141.19	243.00	0.00	0.00	0.00	0.00	384.19
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02698Y										
15WC02698Y	CRANE, PATRICIA	11		238.25	243.00	0.00	0.00	0.00	0.00	481.25
WARREN CTY SPEC SVCS BOE	7/3/2015	7/9/2015	8/14/2015	238.25	243.00	0.00	0.00	0.00	0.00	481.25
ON SCHOOL TRIP, STUDENT BIT DOWN ON R INDEX FINGER/R THUMB				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				238.25	243.00	0.00	0.00	0.00	0.00	481.25
				238.25	243.00	0.00	0.00	0.00	0.00	481.25
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02699B										



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC02699B

15WC02699B	DEMARCO, RICHARD	11		121.63	243.00	0.00	0.00	0.00	0.00	0.00	364.63
NEW EGYPT ES	7/8/2015	7/9/2015	8/27/2015	121.63	243.00	0.00	0.00	0.00	0.00	0.00	364.63
MOVING CURRICULUM BOXES IN CLOSET HE DROPPED A BOX ON L GREAT T				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				121.63	243.00	0.00	0.00	0.00	0.00	0.00	364.63
				121.63	243.00	0.00	0.00	0.00	0.00	0.00	364.63
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02700W

15WC02700W	YOUNG, DEZZIE	11		700.88	243.00	0.00	0.00	0.00	0.00	0.00	943.88
GEORGE WASHINGTON M.S.	7/8/2015	7/9/2015	8/20/2015	700.88	243.00	0.00	0.00	0.00	0.00	0.00	943.88
TRANSPORTING FURNITURE HIS L RING FINGER GOT CAUGHT BETWEEN FUF				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				700.88	243.00	0.00	0.00	0.00	0.00	0.00	943.88
				700.88	243.00	0.00	0.00	0.00	0.00	0.00	943.88
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02701K

15WC02701K	TORIO, PATRICIA	11		272.80	243.00	0.00	0.00	0.00	0.00	0.00	515.80
WESTAMPTON	7/9/2015	7/9/2015	8/17/2015	272.80	243.00	0.00	0.00	0.00	0.00	0.00	515.80
BUMPED INTO A STUDENT, SHE FELL INJURED R FOOT AND LOWER BACK				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				272.80	243.00	0.00	0.00	0.00	0.00	0.00	515.80
				272.80	243.00	0.00	0.00	0.00	0.00	0.00	515.80
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02702B

15WC02702B	GROEBER, CHRISTINE	11		160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
MAYS LANDING CAMPUS	7/9/2015	7/9/2015	8/27/2015	160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
WORKING WITH STUDENT, STUDENT PUNCHED HER IN L SHOULDER MULTI T				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				160.00	243.00	0.00	0.00	0.00	0.00	403.00
				160.00	243.00	0.00	0.00	0.00	0.00	403.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02703Y										
15WC02703Y	TRANQUILLI, ROBERT	11		215.73	243.00	0.00	0.00	0.00	0.00	458.73
JAMES CALDWELL E.S.	7/1/2015	7/9/2015	9/10/2015	215.73	243.00	0.00	0.00	0.00	0.00	458.73
CUTTING SHRUBS CAME ACROSS BEE HIVE STUNG ON HAND				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				215.73	243.00	0.00	0.00	0.00	0.00	458.73
				215.73	243.00	0.00	0.00	0.00	0.00	458.73
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02704K										
15WC02704K	SMITH, FREDDIE	11		162.61	243.00	0.00	0.00	0.00	0.00	405.61
WESTAMPTON	7/9/2015	7/9/2015	8/18/2015	162.61	243.00	0.00	0.00	0.00	0.00	405.61
STUDENT HAVING BEHAVIORAL ISSUE PUSHED HIM INJURING LOWER BACK				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				162.61	243.00	0.00	0.00	0.00	0.00	405.61
				162.61	243.00	0.00	0.00	0.00	0.00	405.61
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02706W										
15WC02706W	FERRARA, ROSEMARIE	11		545.86	243.00	0.00	0.00	0.00	0.00	788.86
NUMBER 7 ES	7/9/2015	7/10/2015	8/27/2015	545.86	243.00	0.00	0.00	0.00	0.00	788.86
STOPPING A STUDENT FROM FALLING SHE FELL INJURED R KNEE AND LOW I				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				545.86	243.00	0.00	0.00	0.00	0.00	788.86
				545.86	243.00	0.00	0.00	0.00	0.00	788.86
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02707B										



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC02707B

15WC02707B	FAMIGLIETTI, MARIA	11		272.80	243.00	0.00	0.00	0.00	0.00	0.00	515.80
MIDDLETOWN-NORTH HS	7/10/2015	7/10/2015	9/ 1/2015	272.80	243.00	0.00	0.00	0.00	0.00	0.00	515.80
TRIPPED OVER CORD OF FLOOR FAN AND FELL HITTING MOUTH ON GROUND				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				272.80	243.00	0.00	0.00	0.00	0.00	0.00	515.80
				272.80	243.00	0.00	0.00	0.00	0.00	0.00	515.80
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02708Y

15WC02708Y	KISS, BARBARA	11		311.50	243.00	0.00	0.00	0.00	0.00	0.00	554.50
LEARNING COMM CHARTER SCH.	7/9/2015	7/10/2015	8/ 5/2015	311.50	243.00	0.00	0.00	0.00	0.00	0.00	554.50
BENT DOWN TO PICK SOMETHING UP AND STODD UP HITTING HEAD ON CABI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				311.50	243.00	0.00	0.00	0.00	0.00	0.00	554.50
				311.50	243.00	0.00	0.00	0.00	0.00	0.00	554.50
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02709Y

15WC02709Y	HESS, DAWN	11		1,167.89	243.00	0.00	0.00	0.00	0.00	0.00	1,410.89
KIRBY'S MILL ES	7/9/2015	7/10/2015	9/ 3/2015	1,167.89	243.00	0.00	0.00	0.00	0.00	0.00	1,410.89
WALKING TO TRASH CAN SLIPPED ON WET FLOOR AND FELL ON BUTTOCKS,				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,167.89	243.00	0.00	0.00	0.00	0.00	0.00	1,410.89
				1,167.89	243.00	0.00	0.00	0.00	0.00	0.00	1,410.89
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02710B

15WC02710B	ESCOLASTICO, EULOGIA	11		101.90	243.00	0.00	0.00	0.00	0.00	0.00	344.90
WARREN DEVELOP. LEARNING CTI	7/9/2015	7/13/2015	8/25/2015	101.90	243.00	0.00	0.00	0.00	0.00	0.00	344.90
POURING WATER INTO BUCKET CHEMICAL SPLASHED INTO L EYE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				101.90	243.00	0.00	0.00	0.00	0.00	344.90
				101.90	243.00	0.00	0.00	0.00	0.00	344.90
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02711P										
15WC02711P	SILVA, JOHN		10	916.36	1,193.00	3,060.06	0.00	0.00	0.00	5,169.42
LINCOLN NO 3 ES	7/13/2015	7/13/2015	8/24/2015	916.36	1,193.00	3,060.06	0.00	0.00	0.00	5,169.42
WAXING AND STRIPPING FLOORS, SLIPPED AND FELL INJURED LOWER BACK				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				916.36	1,193.00	3,060.06	0.00	0.00	0.00	5,169.42
				916.36	1,193.00	3,060.06	0.00	0.00	0.00	5,169.42
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02712Y										
15WC02712Y	RODRIGUEZ, HECTOR		11	0.00	243.00	0.00	0.00	0.00	0.00	243.00
BAYONNE H.S. AND ADMIN. OFFICE	7/13/2015	7/13/2015	8/24/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
CARRYING METAL STUD, THE STUD SLIPPED AND CUT L PINKY AND HAND				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02713W										
15WC02713W	MAJD, FERESHTEH		11	79.27	243.00	0.00	0.00	0.00	0.00	322.27
SCHOOL #28 MATTHEW JAGO	7/13/2015	7/13/2015	8/31/2015	79.27	243.00	0.00	0.00	0.00	0.00	322.27
REMOVING PLAYDOUGH FROM STUDENTS MOUTH, STUDENT BIT R INDEX FIB				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				79.27	243.00	0.00	0.00	0.00	0.00	322.27
				79.27	243.00	0.00	0.00	0.00	0.00	322.27
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02715Y										



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC02715Y

15WC02715Y	MORRISROE, MAUREEN	11		139.08	243.00	0.00	0.00	0.00	0.00	0.00	382.08
WARREN DEVELOP. LEARNING CTI	7/10/2015	7/14/2015	8/20/2015	139.08	243.00	0.00	0.00	0.00	0.00	0.00	382.08
BEING INVOLVED IN MULTI PHYSICAL RESTRAINTS WITH STUDENT INJURED I				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				139.08	243.00	0.00	0.00	0.00	0.00	0.00	382.08
				139.08	243.00	0.00	0.00	0.00	0.00	0.00	382.08
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02716Y

15WC02716Y	PINHEIRO, BARBARA	11		141.44	243.00	0.00	0.00	0.00	0.00	0.00	384.44
BERKELEY ES	7/13/2015	7/14/2015	8/12/2015	141.44	243.00	0.00	0.00	0.00	0.00	0.00	384.44
ENTERING THE BLDG THE DOOR CLOSED QUICKLY AND SCRAPED R TOES				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				141.44	243.00	0.00	0.00	0.00	0.00	0.00	384.44
				141.44	243.00	0.00	0.00	0.00	0.00	0.00	384.44
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02717B

15WC02717B	HOVERMAN, FRED	11		305.18	243.00	0.00	0.00	0.00	0.00	0.00	548.18
QUARTER MILE LANE E.S.	7/13/2015	7/14/2015	8/27/2015	305.18	243.00	0.00	0.00	0.00	0.00	0.00	548.18
COMING DOWN LADDER AND HIS L FOOT WAS CAUGHT ON A CHAIR MADE HI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				305.18	243.00	0.00	0.00	0.00	0.00	0.00	548.18
				305.18	243.00	0.00	0.00	0.00	0.00	0.00	548.18
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02718W

15WC02718W	ENG, AVIA	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SHORE CENTER FOR AUTISM	7/14/2015	7/14/2015	8/31/2015	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ASSISTING A CHILD HAVING BEHAVIORAL ISSUE, CHILD TACKLED HER HITTIN				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02719V										
15WC02719V	STAIB, MAUREEN	14		30.00	0.00	0.00	0.00	0.00	0.00	30.00
E BRUNSWICK H. S.	7/10/2015	7/14/2015	8/18/2015	30.00	0.00	0.00	0.00	0.00	0.00	30.00
WALKING IN OFFICE, BINDER FELL OFF DESK HITTING R BIG TOE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				30.00	0.00	0.00	0.00	0.00	0.00	30.00
				30.00	0.00	0.00	0.00	0.00	0.00	30.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02720K										
15WC02720K	COHEN, BRIAN	11		227.23	243.00	0.00	0.00	0.00	0.00	470.23
ROBERT GORDON E.S.	7/14/2015	7/14/2015	8/26/2015	227.23	243.00	0.00	0.00	0.00	0.00	470.23
USING A SCRAPER TO REMOVE TAPE FROM WINDOWS CUT R INDEX FINGER				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				227.23	243.00	0.00	0.00	0.00	0.00	470.23
				227.23	243.00	0.00	0.00	0.00	0.00	470.23
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02721W										
15WC02721W	HERNANDEZ, TANYA	11		204.75	243.00	0.00	0.00	0.00	0.00	447.75
JOHN F. KENNEDY MEMORIAL	7/10/2015	7/14/2015	8/20/2015	204.75	243.00	0.00	0.00	0.00	0.00	447.75
PUTTING BACK DESKS AFTER WAXING FLOOR, DESK FELL HITTING CHEST				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				204.75	243.00	0.00	0.00	0.00	0.00	447.75
				204.75	243.00	0.00	0.00	0.00	0.00	447.75
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02722B



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC02722B

15WC02722B	COHEN, STEVEN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MAYS LANDING CAMPUS	7/14/2015	7/14/2015	Open	213.14	243.00	0.00	0.00	0.00	0.00	0.00	456.14
TRYING TO HANDLE AN AGGRESSIVE STUDENT WENT TO OIPEN DOOR AND 1				2,286.86	2.00	0.00	0.00	0.00	0.00	0.00	2,288.86
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				213.14	243.00	0.00	0.00	0.00	0.00	0.00	456.14
				2,286.86	2.00	0.00	0.00	0.00	0.00	0.00	2,288.86

Claim Number: 15WC02723F

15WC02723F	HERNANDEZ, JESUS	10		7,500.00	1,193.00	20,000.00	0.00	0.00	0.00	0.00	28,693.00
THOMAS JEFFERSON EARLY LEAR	7/14/2015	7/14/2015	Open	1,928.74	1,193.00	3,751.19	0.00	0.00	0.00	0.00	6,872.93
ON LADDER WENT TO OPEN WINDOW LADDER MOVED CAUSING HIM TO FALL				5,571.26	0.00	16,248.81	0.00	0.00	0.00	0.00	21,820.07
Total by Claim Number 1 Claim				7,500.00	1,193.00	20,000.00	0.00	0.00	0.00	0.00	28,693.00
				1,928.74	1,193.00	3,751.19	0.00	0.00	0.00	0.00	6,872.93
				5,571.26	0.00	16,248.81	0.00	0.00	0.00	0.00	21,820.07

Claim Number: 15WC02724K

15WC02724K	MEICZINGER, STEPHEN	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
HAMILTON WEST WATSON H.S.	7/7/2015	7/14/2015	9/11/2015	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
USING HAND TRUCK TO MOVE A DESK, L INDEX FINGER GOT WEDGED BETW				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02725Y

15WC02725Y	LAHART, KIMBERLY	11		235.13	243.00	0.00	0.00	0.00	0.00	0.00	478.13
HILLSBOROUGH HS	7/14/2015	7/15/2015	8/14/2015	235.13	243.00	0.00	0.00	0.00	0.00	0.00	478.13
WAS BITTEN BY CHILD ON R FOREARM				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim			235.13	243.00	0.00	0.00	0.00	0.00	0.00	478.13
			235.13	243.00	0.00	0.00	0.00	0.00	0.00	478.13
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02726W										
15WC02726W	REINACHER, ANDREW	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CONSTABLE E S	7/14/2015	7/15/2015	Open	947.68	243.00	0.00	0.00	0.00	0.00	1,190.68
WAXING AND STRIPPING FLOORS, SLIPPED AND FELL ON L SIDE AND L ELBO				1,552.32	2.00	0.00	0.00	0.00	0.00	1,554.32
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			947.68	243.00	0.00	0.00	0.00	0.00	0.00	1,190.68
			1,552.32	2.00	0.00	0.00	0.00	0.00	0.00	1,554.32
Claim Number: 15WC02727Y										
15WC02727Y	SOLARO, CHRISTIE	11	525.00	243.00	0.00	0.00	0.00	0.00	0.00	768.00
LAFAYETTE LEARNING CENTER	7/15/2015	7/15/2015	9/11/2015	525.00	243.00	0.00	0.00	0.00	0.00	768.00
DROPPED A WOODEN CHAIR ON HER L FOOT ATTEMPTING TO MOVE CHAIR				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			525.00	243.00	0.00	0.00	0.00	0.00	0.00	768.00
			525.00	243.00	0.00	0.00	0.00	0.00	0.00	768.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02728F										
15WC02728F	DURA, ANTHONY	10	34,500.00	1,195.00	35,000.00	0.00	0.00	0.00	0.00	70,695.00
MIDDLETOWN SOUTH HS	7/14/2015	7/15/2015	Open	414.71	1,193.00	3,509.12	0.00	0.00	0.00	5,116.83
WAXING AND STRIPPING FLOORS, HE FELL INJURING LOWER BACK, L KNEE				34,085.29	2.00	31,490.88	0.00	0.00	0.00	65,578.17
Total by Claim Number 1 Claim			34,500.00	1,195.00	35,000.00	0.00	0.00	0.00	0.00	70,695.00
			414.71	1,193.00	3,509.12	0.00	0.00	0.00	0.00	5,116.83
			34,085.29	2.00	31,490.88	0.00	0.00	0.00	0.00	65,578.17
Claim Number: 15WC02729K										



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC02729K

15WC02729K	SMITH, MARK		11	307.13	243.00	0.00	0.00	0.00	0.00	0.00	550.13
PAULINE PETWAY ES	7/15/2015	7/15/2015	8/27/2015	307.13	243.00	0.00	0.00	0.00	0.00	0.00	550.13
LOADING A FILING CABINET, SLIPPED AND FELL HITTING HEAD ON GROUND				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				307.13	243.00	0.00	0.00	0.00	0.00	0.00	550.13
				307.13	243.00	0.00	0.00	0.00	0.00	0.00	550.13
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02730B

15WC02730B	ROCHE, KERRY		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LAWRENCE HS	7/13/2015	7/15/2015	Open	674.80	243.00	0.00	0.00	0.00	0.00	0.00	917.80
WALKING TO CHAIR TRIPPED AND FELL BECAUSE OF HER SHOE INJURED R F				1,825.20	2.00	0.00	0.00	0.00	0.00	0.00	1,827.20
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				674.80	243.00	0.00	0.00	0.00	0.00	0.00	917.80
				1,825.20	2.00	0.00	0.00	0.00	0.00	0.00	1,827.20

Claim Number: 15WC02731Y

15WC02731Y	DEMARY, SCOTT		11	206.66	243.00	0.00	0.00	0.00	0.00	0.00	449.66
ALLAMUCHY TWP ES	7/3/2015	7/15/2015	8/24/2015	206.66	243.00	0.00	0.00	0.00	0.00	0.00	449.66
PUSHING CART, BUMPED HIS CHIN ON CART				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				206.66	243.00	0.00	0.00	0.00	0.00	0.00	449.66
				206.66	243.00	0.00	0.00	0.00	0.00	0.00	449.66
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02732B

15WC02732B	TEFTELLER, DARYL		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MATAWAN AVENUE MS	7/15/2015	7/15/2015	Open	1,331.11	243.00	0.00	0.00	0.00	0.00	0.00	1,574.11
LOADING METAL RACKS ON PICKUP TRUCK HITTING TOP OF HEAD ON UNDEI				1,168.89	2.00	0.00	0.00	0.00	0.00	0.00	1,170.89



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			1,331.11	243.00	0.00	0.00	0.00	0.00	0.00	1,574.11
			1,168.89	2.00	0.00	0.00	0.00	0.00	0.00	1,170.89
Claim Number: 15WC02733Z										
15WC02733Z	MORGAN, IDA	10	1,035.55	1,193.00	619.56	0.00	0.00	0.00	0.00	2,848.11
MARY F JANVIER E.S.	7/15/2015	7/15/2015	9/ 9/2015	1,035.55	1,193.00	619.56	0.00	0.00	0.00	2,848.11
WHILE WALKING IN THE BLDG SHE SLIPPED ON WET FLOOR FROM THE RAIN			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			1,035.55	1,193.00	619.56	0.00	0.00	0.00	0.00	2,848.11
			1,035.55	1,193.00	619.56	0.00	0.00	0.00	0.00	2,848.11
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02734B										
15WC02734B	LEVINSON, KAREN	11	490.42	243.00	0.00	0.00	0.00	0.00	0.00	733.42
NUMBER 7 ES	7/15/2015	7/15/2015	8/27/2015	490.42	243.00	0.00	0.00	0.00	0.00	733.42
STUDENT HAVING AN OUTBURST BIT HER ON L LOWER ARM			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			490.42	243.00	0.00	0.00	0.00	0.00	0.00	733.42
			490.42	243.00	0.00	0.00	0.00	0.00	0.00	733.42
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02735M										
15WC02735M	FRUGGIERO, DOROTHY	10	5,001.00	1,193.00	3,500.00	0.00	0.00	0.00	0.00	9,694.00
MAYS LANDING CAMPUS	7/16/2015	7/16/2015	Open	619.84	1,193.00	1,500.00	0.00	0.00	0.00	3,312.84
BREAKING UP FIGHT AMONG STUDENTS, BENT DOWN TO ASSIST A CHILD ON			4,381.16	0.00	2,000.00	0.00	0.00	0.00	0.00	6,381.16
Total by Claim Number 1 Claim			5,001.00	1,193.00	3,500.00	0.00	0.00	0.00	0.00	9,694.00
			619.84	1,193.00	1,500.00	0.00	0.00	0.00	0.00	3,312.84
			4,381.16	0.00	2,000.00	0.00	0.00	0.00	0.00	6,381.16
Claim Number: 15WC02736B										



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC02736B

15WC02736B	CASADERALL, SAMUEL	11		288.75	243.00	0.00	0.00	0.00	0.00	0.00	531.75
HILLCREST ES	7/16/2015	7/16/2015	8/27/2015	288.75	243.00	0.00	0.00	0.00	0.00	0.00	531.75
WEED WHACKING WITH HEAD LOOKING TOWARD GROUND WALKED INTO AC				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				288.75	243.00	0.00	0.00	0.00	0.00	0.00	531.75
				288.75	243.00	0.00	0.00	0.00	0.00	0.00	531.75
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02737J

15WC02737J	HINDERLONG, BRYON	14		7,500.00	1,193.00	0.00	0.00	0.00	0.00	0.00	8,693.00
WAYNE VALLEY H.S.	7/14/2015	7/16/2015	Open	1,913.14	1,193.00	0.00	0.00	0.00	0.00	0.00	3,106.14
RIDING ON LAWN MOWER HITTING BUMPS IN FIELD CAUSED PAIN IN LOWER				5,586.86	0.00	0.00	0.00	0.00	0.00	0.00	5,586.86
Total by Claim Number 1 Claim				7,500.00	1,193.00	0.00	0.00	0.00	0.00	0.00	8,693.00
				1,913.14	1,193.00	0.00	0.00	0.00	0.00	0.00	3,106.14
				5,586.86	0.00	0.00	0.00	0.00	0.00	0.00	5,586.86

Claim Number: 15WC02738Y

15WC02738Y	FLOOD, STEPHEN	11		231.53	243.00	0.00	0.00	0.00	0.00	0.00	474.53
MULLICA HILL PLEASANT VALLEY M	7/16/2015	7/16/2015	8/24/2015	231.53	243.00	0.00	0.00	0.00	0.00	0.00	474.53
USING CONCRETE DRILL ON WALL, THE TOOL JUMPED BACK STRIKING HIM II				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				231.53	243.00	0.00	0.00	0.00	0.00	0.00	474.53
				231.53	243.00	0.00	0.00	0.00	0.00	0.00	474.53
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02739Z

15WC02739Z	COOK, ROGER	14		682.42	243.00	1,190.24	0.00	0.00	0.00	0.00	2,115.66
ADMIN BLDG	7/16/2015	7/16/2015	8/27/2015	682.42	243.00	1,190.24	0.00	0.00	0.00	0.00	2,115.66
MOVING A DESK CUT HIS L PALM				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim			682.42	243.00	1,190.24	0.00	0.00	0.00	0.00	2,115.66
			682.42	243.00	1,190.24	0.00	0.00	0.00	0.00	2,115.66
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02740Y										
15WC02740Y	FITZPATRICK, VICTORIA	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
NORTHERN VALLEY DEMAREST HS	7/16/2015	7/16/2015	8/24/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
REDIRECTING STUDENT INTO CHAIR, STUDENT BIT R LOWER ARM			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
			0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02741A										
15WC02741A	SCODARI, ROSE	10	473.13	2,793.00	681.31	0.00	0.00	0.00	0.00	3,947.44
TRANSPORTATION	7/16/2015	7/16/2015	9/ 2/2015	473.13	2,793.00	681.31	0.00	0.00	0.00	3,947.44
WALKING DOWN SIDEWALK STEPPED ON SMALL ROCK SHE FELL INJURED AT			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			473.13	2,793.00	681.31	0.00	0.00	0.00	0.00	3,947.44
			473.13	2,793.00	681.31	0.00	0.00	0.00	0.00	3,947.44
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02742W										
15WC02742W	DAVIS, JOHN	11	160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
BRIDGETON SENIOR H.S.	7/16/2015	7/17/2015	8/18/2015	160.00	243.00	0.00	0.00	0.00	0.00	403.00
MOVING FURNITURE, A ROUND TABLE FLIPPED OVER INJURED HIS FOREHEA			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
			160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02744W										



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC02744W

15WC02744W	GANCI, DAVID	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
VINELAND SENIOR H.S. SOUTH 11	7/15/2015	7/17/2015	Open	450.25	243.00	0.00	0.00	0.00	0.00	0.00	693.25
ASSEMBLING NEW WEIGHT EQUIPMENT WHEN WEIGHTS FELL ON L PINKY FII				2,049.75	2.00	0.00	0.00	0.00	0.00	0.00	2,051.75
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				450.25	243.00	0.00	0.00	0.00	0.00	0.00	693.25
				2,049.75	2.00	0.00	0.00	0.00	0.00	0.00	2,051.75

Claim Number: 15WC02745G

15WC02745G	WEIR, WILLIAM	10		2,500.00	1,195.00	0.00	0.00	0.00	0.00	0.00	3,695.00
METUCHEN H.S.	7/16/2015	7/17/2015	Open	1,720.55	1,193.00	0.00	0.00	0.00	0.00	0.00	2,913.55
CHECKING DOORS OF BLDG, FELL FROM A HOLE INJURED R FOOT				779.45	2.00	0.00	0.00	0.00	0.00	0.00	781.45
Total by Claim Number 1 Claim				2,500.00	1,195.00	0.00	0.00	0.00	0.00	0.00	3,695.00
				1,720.55	1,193.00	0.00	0.00	0.00	0.00	0.00	2,913.55
				779.45	2.00	0.00	0.00	0.00	0.00	0.00	781.45

Claim Number: 15WC02746K

15WC02746K	MAZYK, RICHARD	11		194.18	243.00	0.00	0.00	0.00	0.00	0.00	437.18
HILLSBOROUGH HS	7/16/2015	7/17/2015	8/12/2015	194.18	243.00	0.00	0.00	0.00	0.00	0.00	437.18
USING A PRY BAR TO REMOVE LOCKERS, STRUCK HIMSELF ON THE NOSE W				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				194.18	243.00	0.00	0.00	0.00	0.00	0.00	437.18
				194.18	243.00	0.00	0.00	0.00	0.00	0.00	437.18
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02747W

15WC02747W	BARBER, GUY	11		231.53	243.00	0.00	0.00	0.00	0.00	0.00	474.53
HARRISON TWP. ES	7/7/2015	7/20/2015	8/18/2015	231.53	243.00	0.00	0.00	0.00	0.00	0.00	474.53
CUTTING RAGS TO MAKE SMALLER USING A UTILITY KNIFE AND CUT R INDEX				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				231.53	243.00	0.00	0.00	0.00	0.00	474.53
				231.53	243.00	0.00	0.00	0.00	0.00	474.53
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02748Z										
15WC02748Z	CUOCO, SHERRI	10		7,000.00	1,193.00	11,000.00	0.00	0.00	0.00	19,193.00
DEPT OF TRANSPORTATION	7/20/2015	7/20/2015	Open	3,691.98	1,193.00	2,748.52	0.00	0.00	0.00	7,633.50
STEPPING INTO VAN, SLIPPED LOST GRIP AND FELL ON L ARM				3,308.02	0.00	8,251.48	0.00	0.00	0.00	11,559.50
Total by Claim Number 1 Claim				7,000.00	1,193.00	11,000.00	0.00	0.00	0.00	19,193.00
				3,691.98	1,193.00	2,748.52	0.00	0.00	0.00	7,633.50
				3,308.02	0.00	8,251.48	0.00	0.00	0.00	11,559.50
Claim Number: 15WC02749B										
15WC02749B	MADDEN, MEGHAN	11		395.70	243.00	0.00	0.00	0.00	0.00	638.70
ANGELO TOMASO ES	7/20/2015	7/20/2015	8/27/2015	395.70	243.00	0.00	0.00	0.00	0.00	638.70
PLAYING SOCCER WITH STUDENTS, TRIPPED OVER BALL AND FELL LANDING				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				395.70	243.00	0.00	0.00	0.00	0.00	638.70
				395.70	243.00	0.00	0.00	0.00	0.00	638.70
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02750V										
15WC02750V	LANGONE, JOSEPH	10		16,500.00	1,195.00	15,101.36	0.00	0.00	0.00	32,796.36
TRANSPORTATION	7/17/2015	7/20/2015	Open	1,027.40	1,193.00	579.13	0.00	0.00	0.00	2,799.53
WALKED TO BUS AND ROLLED HIS ANKLE ON A ROCK, HE FELL ON R KNEE, R				15,472.60	2.00	14,522.23	0.00	0.00	0.00	29,996.83
Total by Claim Number 1 Claim				16,500.00	1,195.00	15,101.36	0.00	0.00	0.00	32,796.36
				1,027.40	1,193.00	579.13	0.00	0.00	0.00	2,799.53
				15,472.60	2.00	14,522.23	0.00	0.00	0.00	29,996.83
Claim Number: 15WC02751B										



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC02751B

15WC02751B	DOMINIC, KATHLEEN	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
ADMIN BLDG	7/20/2015	7/20/2015	8/27/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SLIPPED ON WET FLOOR AND FELL LANDING ON HER L WRIST, L LEG, L HIP				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02752W

15WC02752W	BROWN, ELLIE	11		160.00	243.00	0.00	0.00	0.00	0.00	403.00
TOWNSHIP HS	7/20/2015	7/20/2015	9/ 3/2015	160.00	243.00	0.00	0.00	0.00	0.00	403.00
TRIPPED OVER A RUBBER STRIP IN DOORWAY AND FELL INJURED KNEE, R V				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				160.00	243.00	0.00	0.00	0.00	0.00	403.00
				160.00	243.00	0.00	0.00	0.00	0.00	403.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02754B

15WC02754B	NEWBY, JASON	11		104.99	243.00	0.00	0.00	0.00	0.00	347.99
WARREN DEVELOP. LEARNING CTI	7/20/2015	7/21/2015	8/31/2015	104.99	243.00	0.00	0.00	0.00	0.00	347.99
STUDENT HAVING AN OUTBURST BIT ON L PINKY FINGER				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				104.99	243.00	0.00	0.00	0.00	0.00	347.99
				104.99	243.00	0.00	0.00	0.00	0.00	347.99
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02755W

15WC02755W	PRUETT, MICHELE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
BACON ES	7/17/2015	7/21/2015	Open	385.60	243.00	0.00	0.00	0.00	0.00	628.60
TRIPPED OVER RUBBER MAT AND FELL HITTING HER HEAD ON FILE CABINET				2,114.40	2.00	0.00	0.00	0.00	0.00	2,116.40



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				385.60	243.00	0.00	0.00	0.00	0.00	628.60
				2,114.40	2.00	0.00	0.00	0.00	0.00	2,116.40
Claim Number: 15WC02757W										
15WC02757W	PIERSIMONI-JAY, KAREN	11		160.00	243.00	0.00	0.00	0.00	0.00	403.00
SABATER ES	7/14/2015	7/22/2015	8/24/2015	160.00	243.00	0.00	0.00	0.00	0.00	403.00
WALKING AND TRIPPED OVER A CORD FELL INJ RT KNEE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				160.00	243.00	0.00	0.00	0.00	0.00	403.00
				160.00	243.00	0.00	0.00	0.00	0.00	403.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02758K										
15WC02758K	OLDHAM, MICHAEL	11		106.08	243.00	841.45	0.00	0.00	0.00	1,190.53
WEST FREEHOLD E.S.	7/21/2015	7/21/2015	8/11/2015	106.08	243.00	841.45	0.00	0.00	0.00	1,190.53
HE LIFTED A TABLE & PULLED HIS BACK				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				106.08	243.00	841.45	0.00	0.00	0.00	1,190.53
				106.08	243.00	841.45	0.00	0.00	0.00	1,190.53
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02760W										
15WC02760W	ROBINSON, DORIS	11		160.00	243.00	0.00	0.00	0.00	0.00	403.00
BUENA REGIONAL HS	7/20/2015	7/22/2015	8/24/2015	160.00	243.00	0.00	0.00	0.00	0.00	403.00
AS CLMT STACKED CLASSROOM DESKS A DESK FELL STRUCK LT KNEE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				160.00	243.00	0.00	0.00	0.00	0.00	403.00
				160.00	243.00	0.00	0.00	0.00	0.00	403.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02761W										



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC02761W

15WC02761W	VASQUEZ, DIONICIA	11	260.00	243.00	0.00	0.00	0.00	0.00	0.00	503.00
MILLVILLE SR HS	7/21/2015	7/22/2015	9/ 3/2015	260.00	243.00	0.00	0.00	0.00	0.00	503.00
UNAWARE THAT A CO WORKER WAS ENTERING THROUGH DOORS CLMT WA:				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			260.00	243.00	0.00	0.00	0.00	0.00	0.00	503.00
			260.00	243.00	0.00	0.00	0.00	0.00	0.00	503.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02762Y

15WC02762Y	CRUZADO-TRINIDAD, IVELISSE	11	160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
RIECK AVE ES	7/20/2015	7/20/2015	8/12/2015	160.00	243.00	0.00	0.00	0.00	0.00	403.00
SCRAPING TAPE OFF A STUDENT'S DESK & CUT HER RT THUMB				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
			160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02763Y

15WC02763Y	LOPEZ, MAGALY	11	376.04	243.00	0.00	0.00	0.00	0.00	0.00	619.04
VETERANS MEMORIAL	7/20/2015	7/20/2015	8/12/2015	376.04	243.00	0.00	0.00	0.00	0.00	619.04
WALKING DOWN BLEACHERS & A STUDENT RUSH PAST HER CAUSING HER T				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			376.04	243.00	0.00	0.00	0.00	0.00	0.00	619.04
			376.04	243.00	0.00	0.00	0.00	0.00	0.00	619.04
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02764W

15WC02764W	LAURICELLA, ANGELITA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MEMORIAL ES	7/21/2015	7/21/2015	Open	390.86	243.00	0.00	0.00	0.00	0.00	633.86
TRIPPED BY A STUDENT COMING DOWN THE STAIRS, INJURING HER LT KNEE				2,109.14	2.00	0.00	0.00	0.00	0.00	2,111.14



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				390.86	243.00	0.00	0.00	0.00	0.00	633.86
				2,109.14	2.00	0.00	0.00	0.00	0.00	2,111.14
Claim Number: 15WC02765B										
15WC02765B	LONG, CONOR	11		350.00	243.00	0.00	0.00	0.00	0.00	593.00
GROUNDS AND PROPERTY MAINT	7/22/2015	7/22/2015	8/27/2015	350.00	243.00	0.00	0.00	0.00	0.00	593.00
WEED WACHING, BENT DOWN FELT PAIN IN HIS BACK				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				350.00	243.00	0.00	0.00	0.00	0.00	593.00
				350.00	243.00	0.00	0.00	0.00	0.00	593.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02767K										
15WC02767K	THOMPSON, MARK	11		127.92	243.00	0.00	0.00	0.00	0.00	370.92
MAINTENANCE DEPT	7/22/2015	7/22/2015	8/26/2015	127.92	243.00	0.00	0.00	0.00	0.00	370.92
CLMT FELT A STRAIN TO HIS BACK WHILE LIFTING A 410A REFRIGERANT TAN				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				127.92	243.00	0.00	0.00	0.00	0.00	370.92
				127.92	243.00	0.00	0.00	0.00	0.00	370.92
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02768K										
15WC02768K	PIEPOLI, DANIEL	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
PISCATAWAY TWP H.S.	7/16/2015	7/22/2015	8/26/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WAS HIT WITH TENNIS RACKET ON R SIDE OF EYEBROW BY STUDENT				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02769B										



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC02769B

15WC02769B	DECICCO, ALISON	11		204.73	243.00	0.00	0.00	0.00	0.00	0.00	447.73
CENTRAL E.S.	7/22/2015	7/22/2015	8/27/2015	204.73	243.00	0.00	0.00	0.00	0.00	0.00	447.73
CUTTING BAGELS DURING LIFE-SKILLS CLASS SHE CUT MIDDLE FINGER ON L				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				204.73	243.00	0.00	0.00	0.00	0.00	0.00	447.73
				204.73	243.00	0.00	0.00	0.00	0.00	0.00	447.73
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02770B

15WC02770B	JONES, SONYA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SABATER ES	7/21/2015	7/22/2015	Open	169.43	243.00	0.00	0.00	0.00	0.00	0.00	412.43
CHASED AFTER STUDENT THAT WAS RUNNING, SHE TWISTED HER L KNEE				2,330.57	2.00	0.00	0.00	0.00	0.00	0.00	2,332.57
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				169.43	243.00	0.00	0.00	0.00	0.00	0.00	412.43
				2,330.57	2.00	0.00	0.00	0.00	0.00	0.00	2,332.57

Claim Number: 15WC02771B

15WC02771B	NOVRIT, CLAUDIA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BAYONNE H.S. AND ADMIN. OFFICE	7/7/2015	7/22/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
PUTTING FURNITURE BACK A CHAIR FELL OFF DESK HITTING R THUMB				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 15WC02772K

15WC02772K	HUGHES, JOAN	11		221.31	243.00	0.00	0.00	0.00	0.00	0.00	464.31
FAIR LAWN H.S.	7/22/2015	7/22/2015	8/26/2015	221.31	243.00	0.00	0.00	0.00	0.00	0.00	464.31
WAS TRYING TO CLEAN CHILD THAT WAS UPSET, CHILD STRUCK HER IN L AF				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim			221.31	243.00	0.00	0.00	0.00	0.00	0.00	464.31
			221.31	243.00	0.00	0.00	0.00	0.00	0.00	464.31
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02773W										
15WC02773W	PAGANO, DOMENICANTOMIS	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BAYONNE H.S. AND ADMIN. OFFICE	7/14/2015	7/22/2015	Open	225.00	243.00	0.00	0.00	0.00	0.00	468.00
WHILE WALKING DOWN FROM A SCALFOLDING CLMT STARTED TO FEEL PAIN				2,275.00	2.00	0.00	0.00	0.00	0.00	2,277.00
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			225.00	243.00	0.00	0.00	0.00	0.00	0.00	468.00
			2,275.00	2.00	0.00	0.00	0.00	0.00	0.00	2,277.00
Claim Number: 15WC02774Y										
15WC02774Y	CAMPILANGO, PETER	11	272.80	243.00	0.00	0.00	0.00	0.00	0.00	515.80
MEMORIAL MS	7/22/2015	7/22/2015	9/ 3/2015	272.80	243.00	0.00	0.00	0.00	0.00	515.80
WHILE DOING DEMOLITION IN THE CLASSROOM DEBRIS WENT INTO CLMT'S L				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			272.80	243.00	0.00	0.00	0.00	0.00	0.00	515.80
			272.80	243.00	0.00	0.00	0.00	0.00	0.00	515.80
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02775K										
15WC02775K	CAMPBELL, ANTHONY	11	447.16	243.00	0.00	0.00	0.00	0.00	0.00	690.16
MADISON SCHOOL	7/20/2015	7/22/2015	8/27/2015	447.16	243.00	0.00	0.00	0.00	0.00	690.16
LIFTING A COFFEE TABLE TO PUT ON TOP OF THE REFRIGERATOR, HE FELT				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			447.16	243.00	0.00	0.00	0.00	0.00	0.00	690.16
			447.16	243.00	0.00	0.00	0.00	0.00	0.00	690.16
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02776K



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC02776K

15WC02776K	SABEL, LARRY	11		310.46	243.00	0.00	0.00	0.00	0.00	0.00	553.46
DEPT OF TRANSPORTATION (UNIC	7/22/2015	7/23/2015	9/11/2015	310.46	243.00	0.00	0.00	0.00	0.00	0.00	553.46
FIRST AID KIT FELL AND STRUCK HIM ON HEAD WHILE DRIVING BUS				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				310.46	243.00	0.00	0.00	0.00	0.00	0.00	553.46
				310.46	243.00	0.00	0.00	0.00	0.00	0.00	553.46
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02777B

15WC02777B	BAILIN, EVAN	11		526.78	243.00	0.00	0.00	0.00	0.00	0.00	769.78
RAHWAY HIGH SCHOOL	7/22/2015	7/23/2015	8/27/2015	526.78	243.00	0.00	0.00	0.00	0.00	0.00	769.78
WALKING IN CLASS AFTER FLOORS WERE STRIPPED, SLIPPED AND FELL INJI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				526.78	243.00	0.00	0.00	0.00	0.00	0.00	769.78
				526.78	243.00	0.00	0.00	0.00	0.00	0.00	769.78
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02779B

15WC02779B	HALL, GREGORY	11		506.22	243.00	0.00	0.00	0.00	0.00	0.00	749.22
MARLBORO M.S.	7/21/2015	7/23/2015	9/ 3/2015	506.22	243.00	0.00	0.00	0.00	0.00	0.00	749.22
WAS PAINTING STORAGE LOCKERS, SUFFERED FROM HEAT EXHAUSTION				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				506.22	243.00	0.00	0.00	0.00	0.00	0.00	749.22
				506.22	243.00	0.00	0.00	0.00	0.00	0.00	749.22
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02780G

15WC02780G	MURDY, DEANNA	10		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WESTAMPTON	7/22/2015	7/23/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
LINING UP STUDENTS WHEN STUDENT RAN UP AND PULLED HER R ARM/SHC				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
			2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC02781W										
15WC02781W	JOHNSON, WAYNE	11	775.39	243.00	0.00	0.00	0.00	0.00	0.00	1,018.39
NUMBER #10	7/22/2015	7/23/2015	8/24/2015	775.39	243.00	0.00	0.00	0.00	0.00	1,018.39
DOING BRICK WORK ON STEPS, MOVED A PILE OF HAY WAS STUNG BY BEES			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			775.39	243.00	0.00	0.00	0.00	0.00	0.00	1,018.39
			775.39	243.00	0.00	0.00	0.00	0.00	0.00	1,018.39
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02782W										
15WC02782W	DESTEFANO, MARIA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MILL POND E.S.	7/21/2015	7/23/2015	Open	510.00	243.00	0.00	0.00	0.00	0.00	753.00
CARRYING A TABLE, THE TABLE DROPPED AND FELL ON L FOOT			1,990.00	2.00	0.00	0.00	0.00	0.00	0.00	1,992.00
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			510.00	243.00	0.00	0.00	0.00	0.00	0.00	753.00
			1,990.00	2.00	0.00	0.00	0.00	0.00	0.00	1,992.00
Claim Number: 15WC02783K										
15WC02783K	SPERLAZZA, MARY JOE	11	750.53	243.00	0.00	0.00	0.00	0.00	0.00	993.53
NUMBER 7 E.S.	7/23/2015	7/23/2015	9/11/2015	750.53	243.00	0.00	0.00	0.00	0.00	993.53
WALKING DOWN STAIRS FLOOR WAS FRESHLY PAINTED STILL WET, SLIPPED			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			750.53	243.00	0.00	0.00	0.00	0.00	0.00	993.53
			750.53	243.00	0.00	0.00	0.00	0.00	0.00	993.53
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02784B										



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC02784B

15WC02784B	MICEK, ADAM		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ADMINISTRATIVE OFFICES	7/18/2015	7/23/2015	Open	15.38	243.00	0.00	0.00	0.00	0.00	0.00	258.38
GETTING OFF TRUCK SLIPPED FROM UNEVEN PAVEMENT INJURED R KNEE				2,484.62	2.00	0.00	0.00	0.00	0.00	0.00	2,486.62
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				15.38	243.00	0.00	0.00	0.00	0.00	0.00	258.38
				2,484.62	2.00	0.00	0.00	0.00	0.00	0.00	2,486.62

Claim Number: 15WC02785M

15WC02785M	TOMENSKY, CAROL		10	2,500.00	1,193.00	0.00	0.00	0.00	0.00	0.00	3,693.00
LAKEVIEW ES	7/21/2015	7/23/2015	Open	116.01	243.00	0.00	0.00	0.00	0.00	0.00	359.01
SEPERATING SUPPLIES SHE WENT TO TURN TWISTED R KNEE				2,383.99	950.00	0.00	0.00	0.00	0.00	0.00	3,333.99
Total by Claim Number 1 Claim				2,500.00	1,193.00	0.00	0.00	0.00	0.00	0.00	3,693.00
				116.01	243.00	0.00	0.00	0.00	0.00	0.00	359.01
				2,383.99	950.00	0.00	0.00	0.00	0.00	0.00	3,333.99

Claim Number: 15WC02786Y

15WC02786Y	GREEN, JEANE		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
GLOUCESTER CO. TECH & VOC HS	7/17/2015	7/23/2015	Open	477.70	243.00	0.00	0.00	0.00	0.00	0.00	720.70
CLEANING WALKWAYS, SETTING UP 1500 CHAIRS, LIFTING WINDOWS, CHAIR,				2,022.30	2.00	0.00	0.00	0.00	0.00	0.00	2,024.30
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				477.70	243.00	0.00	0.00	0.00	0.00	0.00	720.70
				2,022.30	2.00	0.00	0.00	0.00	0.00	0.00	2,024.30

Claim Number: 15WC02788Y

15WC02788Y	ABRAHAMSON, DONNA		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HOLMDEL H.S.	7/22/2015	7/24/2015	Open	258.53	243.00	0.00	0.00	0.00	0.00	0.00	501.53
WAS CLEANING AND MOVING FURNITURE INJURED R SHOULDER				2,241.47	2.00	0.00	0.00	0.00	0.00	0.00	2,243.47



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				258.53	243.00	0.00	0.00	0.00	0.00	501.53
				2,241.47	2.00	0.00	0.00	0.00	0.00	2,243.47
Claim Number: 15WC02789K										
15WC02789K	ROTHBART, MAURA	11		109.04	243.00	0.00	0.00	0.00	0.00	352.04
STONY BROOK ES	7/24/2015	7/24/2015	9/ 3/2015	109.04	243.00	0.00	0.00	0.00	0.00	352.04
STRUCK ON THE RT SIDE OF HER JAW WITH A BASKETBALL THROWN BY A S				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				109.04	243.00	0.00	0.00	0.00	0.00	352.04
				109.04	243.00	0.00	0.00	0.00	0.00	352.04
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02790V										
15WC02790V	THOMPSON, GEORGE	11		10,000.00	245.00	3,830.04	0.00	0.00	0.00	14,075.04
MORRIS UNION JC TRANSPORTATI	7/23/2015	7/24/2015	Open	2,175.14	243.00	1,550.28	0.00	0.00	0.00	3,968.42
CLMT WAS DRIVING THE SCHOOL BUS WAS REAR-ENDED BY A TRUCK INJ NE				7,824.86	2.00	2,279.76	0.00	0.00	0.00	10,106.62
Total by Claim Number 1 Claim				10,000.00	245.00	3,830.04	0.00	0.00	0.00	14,075.04
				2,175.14	243.00	1,550.28	0.00	0.00	0.00	3,968.42
				7,824.86	2.00	2,279.76	0.00	0.00	0.00	10,106.62
Claim Number: 15WC02791Z										
15WC02791Z	GYORFY, RICHARD	10		8,000.00	1,195.00	3,400.00	0.00	0.00	0.00	12,595.00
PINELANDS HIGH SCHOOL	7/17/2015	7/24/2015	Open	243.90	1,193.00	2,259.20	0.00	0.00	0.00	3,696.10
AFTER MOVING A METAL FILE CABINET THE CABINET SLIPPED FROM HAND T				7,756.10	2.00	1,140.80	0.00	0.00	0.00	8,898.90
Total by Claim Number 1 Claim				8,000.00	1,195.00	3,400.00	0.00	0.00	0.00	12,595.00
				243.90	1,193.00	2,259.20	0.00	0.00	0.00	3,696.10
				7,756.10	2.00	1,140.80	0.00	0.00	0.00	8,898.90
Claim Number: 15WC02792W										



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurrred Paid	Incurrred Paid	Incurrred Paid	Incurrred Paid	Incurrred Paid	Incurrred Paid	Incurrred Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC02792W

15WC02792W	EUSSE, MIGUEL	11		263.16	243.00	0.00	0.00	0.00	0.00	0.00	506.16
WINFIELD SCHOOL	7/22/2015	7/22/2015	8/27/2015	263.16	243.00	0.00	0.00	0.00	0.00	0.00	506.16
MOVING TEACHER'S DESK WITH DESK MOVER, WENT TO MOVE HANDLE FRO				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				263.16	243.00	0.00	0.00	0.00	0.00	0.00	506.16
				263.16	243.00	0.00	0.00	0.00	0.00	0.00	506.16
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02794V

15WC02794V	LANTIGUA, MAX	10		16,500.00	1,195.00	22,595.60	0.00	0.00	0.00	0.00	40,290.60
UNION HILL MS	7/24/2015	7/27/2015	Open	2,296.91	1,193.00	3,140.34	0.00	0.00	0.00	0.00	6,630.25
STRIPPING FLOOR AND SLIPPED, INJURED HIS HEAD AND R SIDE OF BODY				14,203.09	2.00	19,455.26	0.00	0.00	0.00	0.00	33,660.35
Total by Claim Number 1 Claim				16,500.00	1,195.00	22,595.60	0.00	0.00	0.00	0.00	40,290.60
				2,296.91	1,193.00	3,140.34	0.00	0.00	0.00	0.00	6,630.25
				14,203.09	2.00	19,455.26	0.00	0.00	0.00	0.00	33,660.35

Claim Number: 15WC02795K

15WC02795K	VEGA, FRANCISCA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ESTELLE V. MALBERG	7/24/2015	7/27/2015	Open	385.60	243.00	0.00	0.00	0.00	0.00	0.00	628.60
STANDING ON 3 STEP LADDER CLEANING LIGHT CRYSTALS SHE STEPPED DC				2,114.40	2.00	0.00	0.00	0.00	0.00	0.00	2,116.40
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				385.60	243.00	0.00	0.00	0.00	0.00	0.00	628.60
				2,114.40	2.00	0.00	0.00	0.00	0.00	0.00	2,116.40

Claim Number: 15WC02796P

15WC02796P	MORALES, CARMEN	10		2,500.00	1,195.00	0.00	0.00	0.00	0.00	0.00	3,695.00
CAPE MAY COUNTY SPECIAL SERV	7/22/2015	7/27/2015	Open	1,893.51	243.00	0.00	0.00	0.00	0.00	0.00	2,136.51
STUDENT HAVING A BEHAVIORAL ISSUE GRABBED AROUND HER NECK, PULL				606.49	952.00	0.00	0.00	0.00	0.00	0.00	1,558.49



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	1,195.00	0.00	0.00	0.00	0.00	3,695.00
				1,893.51	243.00	0.00	0.00	0.00	0.00	2,136.51
				606.49	952.00	0.00	0.00	0.00	0.00	1,558.49
Claim Number: 15WC02797Z										
15WC02797Z	GRANT, JAYRON	11		526.92	243.00	579.80	0.00	0.00	0.00	1,349.72
EAST ORANGE COMMUNITY CHAR	7/20/2015	7/27/2015	9/10/2015	526.92	243.00	579.80	0.00	0.00	0.00	1,349.72
WAS MOVING FURNITURE INJURED HIS RIB AREA ON L SIDE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				526.92	243.00	579.80	0.00	0.00	0.00	1,349.72
				526.92	243.00	579.80	0.00	0.00	0.00	1,349.72
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02799W										
15WC02799W	MIRANDA, BRANDON	11		188.85	243.00	0.00	0.00	0.00	0.00	431.85
SARA GILMORE SCHOOL	7/28/2015	7/28/2015	8/27/2015	188.85	243.00	0.00	0.00	0.00	0.00	431.85
LIFTING A BROKEN TABLE CUT R HAND				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				188.85	243.00	0.00	0.00	0.00	0.00	431.85
				188.85	243.00	0.00	0.00	0.00	0.00	431.85
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02800G										
15WC02800G	BURKE, TIMOTHY	10		2,500.00	1,195.00	0.00	0.00	0.00	0.00	3,695.00
BANKBRIDGE REG DEVELOPMENT.	7/24/2015	7/28/2015	Open	952.39	1,193.00	0.00	0.00	0.00	0.00	2,145.39
BENT OVER REMOVING SCREWS FROM AIR CONDITIONER PANEL, FELT PAIN				1,547.61	2.00	0.00	0.00	0.00	0.00	1,549.61
Total by Claim Number 1 Claim				2,500.00	1,195.00	0.00	0.00	0.00	0.00	3,695.00
				952.39	1,193.00	0.00	0.00	0.00	0.00	2,145.39
				1,547.61	2.00	0.00	0.00	0.00	0.00	1,549.61
Claim Number: 15WC02801W										



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC02801W

15WC02801W	ARNTS, LEEANN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BETTY MCELMON ES	7/17/2015	7/28/2015	Open	66.56	243.00	0.00	0.00	0.00	0.00	309.56
CHILD GRABBED AND PULLED HER DOWN TWISTED BODY LANDED ON FLOOR				2,433.44	2.00	0.00	0.00	0.00	0.00	2,435.44
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				66.56	243.00	0.00	0.00	0.00	0.00	309.56
				2,433.44	2.00	0.00	0.00	0.00	0.00	2,435.44

Claim Number: 15WC02802K

15WC02802K	GIBSON, MACK	11	265.03	243.00	0.00	0.00	0.00	0.00	0.00	508.03
TOLL GATE/GRAMMAR ES	7/28/2015	7/28/2015	9/11/2015	265.03	243.00	0.00	0.00	0.00	0.00	508.03
REPAIRING COMPRESSOR AND SLICED PIEVE OF L RING FINGER				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			265.03	243.00	0.00	0.00	0.00	0.00	0.00	508.03
				265.03	243.00	0.00	0.00	0.00	0.00	508.03
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02805Z

15WC02805Z	LIPSCOMB, MAYA	14	2,500.00	245.00	391.00	0.00	0.00	0.00	0.00	3,136.00
WESTAMPTON	7/28/2015	7/29/2015	Open	295.03	243.00	390.85	0.00	0.00	0.00	928.88
MOVING A CABINET IT FELL OFF HAND TRUCK HITTING L FOOT				2,204.97	2.00	0.15	0.00	0.00	0.00	2,207.12
Total by Claim Number 1 Claim			2,500.00	245.00	391.00	0.00	0.00	0.00	0.00	3,136.00
				295.03	243.00	390.85	0.00	0.00	0.00	928.88
				2,204.97	2.00	0.15	0.00	0.00	0.00	2,207.12

Claim Number: 15WC02807W

15WC02807W	RATLIFF, ROBERT	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BUCKSHUTEM ROAD E.S.	7/28/2015	7/29/2015	Open	160.00	243.00	0.00	0.00	0.00	0.00	403.00
WAS IN NURSE OFFICE FAINTED AND HIT HIS HEAD ON DESK				2,340.00	2.00	0.00	0.00	0.00	0.00	2,342.00



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
			2,340.00	2.00	0.00	0.00	0.00	0.00	0.00	2,342.00
Claim Number: 15WC02808K										
15WC02808K	LAUDATI, GAIL	11	69.54	243.00	0.00	0.00	0.00	0.00	0.00	312.54
WARREN DEVELOP. LEARNING CTI	7/28/2015	7/28/2015	8/27/2015	69.54	243.00	0.00	0.00	0.00	0.00	312.54
SPECIAL ED STUDENT HAVING A BEHAVIORAL ISSUE IN CLASSROOM BIT CLM				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			69.54	243.00	0.00	0.00	0.00	0.00	0.00	312.54
			69.54	243.00	0.00	0.00	0.00	0.00	0.00	312.54
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02809B										
15WC02809B	STEWART, BARBARA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WDBG TRANSPORTATION DEPT	7/27/2015	7/29/2015	Open	11.67	243.00	0.00	0.00	0.00	0.00	254.67
BUCKLING STUDENT WHEN DRIVER DROVE AWAY SHE FELL INJURED HEAD,				2,488.33	2.00	0.00	0.00	0.00	0.00	2,490.33
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			11.67	243.00	0.00	0.00	0.00	0.00	0.00	254.67
			2,488.33	2.00	0.00	0.00	0.00	0.00	0.00	2,490.33
Claim Number: 15WC02810Z										
15WC02810Z	KALINOWSKI, THOMAS	14	72.00	243.00	1,556.78	0.00	0.00	0.00	0.00	1,871.78
THOMAS JEFFERSON M.S.	7/27/2015	7/29/2015	8/31/2015	72.00	243.00	1,556.78	0.00	0.00	0.00	1,871.78
COMING DOWN A LADDER FROM ROOF, LADDER CLOSED ON R HAND				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			72.00	243.00	1,556.78	0.00	0.00	0.00	0.00	1,871.78
			72.00	243.00	1,556.78	0.00	0.00	0.00	0.00	1,871.78
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02811G										



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC02811G

15WC02811G	MCCOY, PATRICK		10	12,500.00	1,195.00	15,000.00	0.00	0.00	0.00	0.00	28,695.00
PASSAIC COUNTY TECH. INSTITUT	7/27/2015	7/29/2015	Open	608.00	1,193.00	1,786.56	0.00	0.00	0.00	0.00	3,587.56
CARRYING DESK INTO CLASSROOM DROPPED DESK ON HIS R FOOT				11,892.00	2.00	13,213.44	0.00	0.00	0.00	0.00	25,107.44
Total by Claim Number 1 Claim				12,500.00	1,195.00	15,000.00	0.00	0.00	0.00	0.00	28,695.00
				608.00	1,193.00	1,786.56	0.00	0.00	0.00	0.00	3,587.56
				11,892.00	2.00	13,213.44	0.00	0.00	0.00	0.00	25,107.44

Claim Number: 15WC02812Y

15WC02812Y	SHILLER, ERIC		11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
NORWOOD PUBLIC ES	7/28/2015	7/29/2015	8/27/2015	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUNG BY A BEE ON R ANKLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02814B

15WC02814B	FAHLEY, ROBERT		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BAYONNE H.S. AND ADMIN. OFFICE	7/28/2015	7/29/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
MOVING A PIECE OF GLASS, GLASS SHATTERED CUTTING L HAND				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 15WC02815W

15WC02815W	TAVARES, CATARINA		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
DEVEL LC - NEW PROVIDENCE	7/28/2015	7/29/2015	Open	1,027.59	243.00	0.00	0.00	0.00	0.00	0.00	1,270.59
RESTRAINING STUDENT, FELT PULL IN R THUMB				1,472.41	2.00	0.00	0.00	0.00	0.00	0.00	1,474.41



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				1,027.59	243.00	0.00	0.00	0.00	0.00	1,270.59
				1,472.41	2.00	0.00	0.00	0.00	0.00	1,474.41
Claim Number: 15WC02816Y										
15WC02816Y	TRULL, STEPHANIE	11		272.80	243.00	0.00	0.00	0.00	0.00	515.80
CULVER CENTER	7/28/2015	7/29/2015	9/11/2015	272.80	243.00	0.00	0.00	0.00	0.00	515.80
LEARNING A RESTRAINT HOLD HEARD A POP IN R SHOULDER PULLING AWAY				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				272.80	243.00	0.00	0.00	0.00	0.00	515.80
				272.80	243.00	0.00	0.00	0.00	0.00	515.80
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02817B										
15WC02817B	MUNIZ, TYLER	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
HILLSIDE HS	7/28/2015	7/29/2015	Open	488.97	243.00	0.00	0.00	0.00	0.00	731.97
WHILE PUTTING TABLE IN THE DUMPSTER TABLE FELL & HIT LT FOOT				2,011.03	2.00	0.00	0.00	0.00	0.00	2,013.03
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				488.97	243.00	0.00	0.00	0.00	0.00	731.97
				2,011.03	2.00	0.00	0.00	0.00	0.00	2,013.03
Claim Number: 15WC02818K										
15WC02818K	GUILLEMIN, DUSTIN	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
WALLKILL VALLEY REG HS	7/29/2015	7/29/2015	9/ 4/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WHILE SCRAPING GLUE OFF STAIRS SCRAPER SLIPPED CUTTING L LOWER L				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02819Y										



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC02819Y

15WC02819Y	CUTLER, STAFFORD	11		392.36	243.00	0.00	0.00	0.00	0.00	0.00	635.36
RED BANK PRIMARY	7/28/2015	7/29/2015	9/11/2015	392.36	243.00	0.00	0.00	0.00	0.00	0.00	635.36
LIFTING HEAVY FURNITURE FELT PAIN IN L SHOULDER				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				392.36	243.00	0.00	0.00	0.00	0.00	0.00	635.36
				392.36	243.00	0.00	0.00	0.00	0.00	0.00	635.36
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02820W

15WC02820W	HITCHINGS, BRIDGETT	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
TEAM ACADEMY CHARTER BOE	7/27/2015	7/29/2015	Open	320.00	243.00	0.00	0.00	0.00	0.00	0.00	563.00
STANDING ON LADDER TO GET A BOX OFF SHELF, FELL OFF LADDER INJURE				2,180.00	2.00	0.00	0.00	0.00	0.00	0.00	2,182.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				320.00	243.00	0.00	0.00	0.00	0.00	0.00	563.00
				2,180.00	2.00	0.00	0.00	0.00	0.00	0.00	2,182.00

Claim Number: 15WC02821Z

15WC02821Z	ACOSTA, HERY	10		37,500.00	1,193.00	20,500.00	0.00	0.00	0.00	0.00	59,193.00
NORTH BERGEN HIGH SCHOOL	7/24/2015	7/30/2015	Open	1,391.93	1,193.00	2,216.34	0.00	0.00	0.00	0.00	4,801.27
STRIPPING FLOORS, LOST BALANCE AND FELL FRACTURED L ANKLE				36,108.07	0.00	18,283.66	0.00	0.00	0.00	0.00	54,391.73
Total by Claim Number 1 Claim				37,500.00	1,193.00	20,500.00	0.00	0.00	0.00	0.00	59,193.00
				1,391.93	1,193.00	2,216.34	0.00	0.00	0.00	0.00	4,801.27
				36,108.07	0.00	18,283.66	0.00	0.00	0.00	0.00	54,391.73

Claim Number: 15WC02822B

15WC02822B	BISHOP, JENNIFER	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SABATER ES	7/29/2015	7/29/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING A BEHAVIORAL BIT HER ON THE LT ELBOW, BREAKING THE				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC02823Y										
15WC02823Y	STEELE, CHERIE	11		347.00	243.00	0.00	0.00	0.00	0.00	590.00
MAYS LANDING CAMPUS	7/28/2015	7/30/2015	9/ 3/2015	347.00	243.00	0.00	0.00	0.00	0.00	590.00
CHANGING STUDENTS DIAPER WAS HEAD BUTTED LACERATION ON FOREHE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				347.00	243.00	0.00	0.00	0.00	0.00	590.00
				347.00	243.00	0.00	0.00	0.00	0.00	590.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02824B										
15WC02824B	RYDZY, RANDA	11		155.23	243.00	0.00	0.00	0.00	0.00	398.23
OAKTREE ES	7/29/2015	7/29/2015	9/ 3/2015	155.23	243.00	0.00	0.00	0.00	0.00	398.23
WORKING WITH STUDENT, STUDENT SLAPPED HER L EAR				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				155.23	243.00	0.00	0.00	0.00	0.00	398.23
				155.23	243.00	0.00	0.00	0.00	0.00	398.23
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02825K										
15WC02825K	PAONE, MAUREEN	11		293.70	243.00	0.00	0.00	0.00	0.00	536.70
SCHOOL #28 MATTHEW JAGO	7/27/2015	7/29/2015	8/27/2015	293.70	243.00	0.00	0.00	0.00	0.00	536.70
STUDENT STARTED HAVING A TANTRUM AND BIT HER L HAND				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				293.70	243.00	0.00	0.00	0.00	0.00	536.70
				293.70	243.00	0.00	0.00	0.00	0.00	536.70
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02826W										



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Inurred Paid	Inurred Paid	Inurred Paid	Inurred Paid	Inurred Paid	Inurred Paid	Inurred Paid	Inurred Paid
Description of Loss		Status	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC02826W

15WC02826W	FURPHY, MATTHEW	11	431.67	243.00	0.00	0.00	0.00	0.00	0.00	674.67
CAMDEN CO. VOC-TECH V.S. (GLO.	7/29/2015	7/29/2015	8/27/2015	431.67	243.00	0.00	0.00	0.00	0.00	674.67
MOPPING THE FLOOR, HE SLIPPED ON WET SURFACE, FELL INJURING RT KN			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			431.67	243.00	0.00	0.00	0.00	0.00	0.00	674.67
			431.67	243.00	0.00	0.00	0.00	0.00	0.00	674.67
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02827W

15WC02827W	PEREZ, DAVID	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BAYONNE H.S. AND ADMIN. OFFICE	7/29/2015	7/29/2015	Open	2,434.49	243.00	0.00	0.00	0.00	0.00	2,677.49
PUTTING RADIATOR ON DOLLY, DOLLY MOVED RADIATOR TILTED DOLLY STR			65.51	2.00	0.00	0.00	0.00	0.00	0.00	67.51
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			2,434.49	243.00	0.00	0.00	0.00	0.00	0.00	2,677.49
			65.51	2.00	0.00	0.00	0.00	0.00	0.00	67.51

Claim Number: 15WC02828B

15WC02828B	WILLIAMS, NICK	11	150.09	243.00	0.00	0.00	0.00	0.00	0.00	393.09
STILLWATER TWP ES	7/21/2015	7/21/2015	8/31/2015	150.09	243.00	0.00	0.00	0.00	0.00	393.09
WHILE SCRAPPING DEBREE FROM UNDER A CLASSROOM DESK, CUT HIS LT I			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			150.09	243.00	0.00	0.00	0.00	0.00	0.00	393.09
			150.09	243.00	0.00	0.00	0.00	0.00	0.00	393.09
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02829B

15WC02829B	ROBINSON, DANIEL	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
STERLING H.S.	7/30/2015	7/30/2015	Open	248.00	243.00	0.00	0.00	0.00	0.00	491.00
SAFETY KNIFE SLIPPED AND PUNCTURED R LEG ABOVE KNEE MODIFYING A			2,252.00	2.00	0.00	0.00	0.00	0.00	0.00	2,254.00



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				248.00	243.00	0.00	0.00	0.00	0.00	491.00
				2,252.00	2.00	0.00	0.00	0.00	0.00	2,254.00
Claim Number: 15WC02830Y										
15WC02830Y	EVANS, FRANK	11		366.61	243.00	0.00	0.00	0.00	0.00	609.61
BOONTON HS	7/30/2015	7/30/2015	9/11/2015	366.61	243.00	0.00	0.00	0.00	0.00	609.61
L LOWER LEG WAS PUNCTURED AS HE DROPPED THE SCREW DRIVER HE W				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				366.61	243.00	0.00	0.00	0.00	0.00	609.61
				366.61	243.00	0.00	0.00	0.00	0.00	609.61
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02831V										
15WC02831V	ZIRPOLI, STEVE	10		44,500.00	1,195.00	30,500.00	0.00	0.00	0.00	76,195.00
RYERSON SCHOOL	7/24/2015	7/30/2015	Open	771.92	1,193.00	4,216.02	0.00	0.00	0.00	6,180.94
STRAINED L KNEE AFTER LIFTING A DESK				43,728.08	2.00	26,283.98	0.00	0.00	0.00	70,014.06
Total by Claim Number 1 Claim				44,500.00	1,195.00	30,500.00	0.00	0.00	0.00	76,195.00
				771.92	1,193.00	4,216.02	0.00	0.00	0.00	6,180.94
				43,728.08	2.00	26,283.98	0.00	0.00	0.00	70,014.06
Claim Number: 15WC02832K										
15WC02832K	PROVOST, VICTORIA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
NORTHERN VALLEY REG BOE	7/28/2015	7/30/2015	Open	246.37	243.00	0.00	0.00	0.00	0.00	489.37
ENTERING GYM STEPPED ON A BALL AND FELL INJURED R KNEE				2,253.63	2.00	0.00	0.00	0.00	0.00	2,255.63
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				246.37	243.00	0.00	0.00	0.00	0.00	489.37
				2,253.63	2.00	0.00	0.00	0.00	0.00	2,255.63
Claim Number: 15WC02833B										



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurred Paid	Incurred Paid	Incurred Paid	Incurred Paid	Incurred Paid	Incurred Paid	Incurred Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC02833B

15WC02833B	BLUHM, LINDA		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NORTHERN HILLS ACADEMY	7/29/2015	7/30/2015	Open	69.54	243.00	0.00	0.00	0.00	0.00	0.00	312.54
REACHING FOR A STUDENT HAVING A BEHAVIORAL ISSUE INJURED R HAND/				2,430.46	2.00	0.00	0.00	0.00	0.00	0.00	2,432.46
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				69.54	243.00	0.00	0.00	0.00	0.00	0.00	312.54
				2,430.46	2.00	0.00	0.00	0.00	0.00	0.00	2,432.46

Claim Number: 15WC02834Y

15WC02834Y	DOBROVA, DALIP		11	347.30	243.00	0.00	0.00	0.00	0.00	0.00	590.30
CAMDEN CO. VOC-TECH V.S. (PENI	7/30/2015	7/30/2015	9/11/2015	347.30	243.00	0.00	0.00	0.00	0.00	0.00	590.30
TRIMMING BUSHES EXPOSED TO POISON IVY ON BOTH ARMS, HANDS				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				347.30	243.00	0.00	0.00	0.00	0.00	0.00	590.30
				347.30	243.00	0.00	0.00	0.00	0.00	0.00	590.30
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC02835K

15WC02835K	PEREZ, RAMON		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MAINT BLDG	7/24/2015	7/30/2015	Open	705.95	243.00	0.00	0.00	0.00	0.00	0.00	948.95
WAS PAINTING HIT HIS L ELBOW ON COUNTER TOP				1,794.05	2.00	0.00	0.00	0.00	0.00	0.00	1,796.05
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				705.95	243.00	0.00	0.00	0.00	0.00	0.00	948.95
				1,794.05	2.00	0.00	0.00	0.00	0.00	0.00	1,796.05

Claim Number: 15WC02836B

15WC02836B	KRANZ, LISA		11	275.53	243.00	0.00	0.00	0.00	0.00	0.00	518.53
MORRIS UNION JC TRANSPORTATI	7/30/2015	7/30/2015	8/27/2015	275.53	243.00	0.00	0.00	0.00	0.00	0.00	518.53
UNHOOKING A STUDENT'S SEATBELT THE SPEC ED STUDENT BIT CLMT ON R				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				275.53	243.00	0.00	0.00	0.00	0.00	518.53
				275.53	243.00	0.00	0.00	0.00	0.00	518.53
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02837G										
15WC02837G	BERESFORD, JOHN	10		9,500.00	1,195.00	11,000.00	0.00	0.00	0.00	21,695.00
MARION P THOMAS CHARTER SCH	7/29/2015	7/30/2015	Open	996.96	1,193.00	0.00	0.00	0.00	0.00	2,189.96
STRIPPING AND WAXING FLOORS SLIPPED AND FELL INJURED R WRIST				8,503.04	2.00	11,000.00	0.00	0.00	0.00	19,505.04
Total by Claim Number 1 Claim				9,500.00	1,195.00	11,000.00	0.00	0.00	0.00	21,695.00
				996.96	1,193.00	0.00	0.00	0.00	0.00	2,189.96
				8,503.04	2.00	11,000.00	0.00	0.00	0.00	19,505.04
Claim Number: 15WC02838Z										
15WC02838Z	FERNANDEZ, FAUSTO	14		2,501.00	0.00	0.00	0.00	0.00	0.00	2,501.00
HORANCE MANN NO. 9 ELEM.	7/16/2015	7/30/2015	Open	170.00	0.00	0.00	0.00	0.00	0.00	170.00
UNLOADING 65LB BOXES FILLED WITH STUDENTS BOOKS STRAINED BACK, L				2,331.00	0.00	0.00	0.00	0.00	0.00	2,331.00
Total by Claim Number 1 Claim				2,501.00	0.00	0.00	0.00	0.00	0.00	2,501.00
				170.00	0.00	0.00	0.00	0.00	0.00	170.00
				2,331.00	0.00	0.00	0.00	0.00	0.00	2,331.00
Claim Number: 15WC02839F										
15WC02839F	JERKINS-LITTLE, VANESSA	10		15,083.52	1,195.00	25,000.00	0.00	0.00	6,000.00	47,278.52
HIGH SCHOOL	7/29/2015	7/30/2015	Open	267.11	243.00	0.00	0.00	0.00	0.00	510.11
WALKING IN HALLWAY, SHE FELL ON BOTH KNEES, BOTH FEET, LOWER BACK				14,816.41	952.00	25,000.00	0.00	0.00	6,000.00	46,768.41
Total by Claim Number 1 Claim				15,083.52	1,195.00	25,000.00	0.00	0.00	6,000.00	47,278.52
				267.11	243.00	0.00	0.00	0.00	0.00	510.11
				14,816.41	952.00	25,000.00	0.00	0.00	6,000.00	46,768.41
Claim Number: 15WC02840W										



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC02840W

15WC02840W	ESOLA, CHRISTINE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NORTHERN VALLEY REG BOE	7/30/2015	7/30/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
MOVING BOXES OF BOOKS SHE FELL INJURED L CALF				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 15WC02841B

15WC02841B	POPE, CYNTHIA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ROBBINSVILLE HS	7/30/2015	8/3/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WHILE PULLING RESTROOM DOOR SHUT SHE CAUGHT HER R MIDDLE FINGE/I				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 15WC02842Y

15WC02842Y	ADEGESIN, ADEBISI	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WARREN DEVELOP. LEARNING CTI	7/31/2015	8/3/2015	Open	1,806.01	243.00	0.00	0.00	0.00	0.00	2,049.01
STUDENT HAVING AN OUTBURST WAS HEAD BUTTED IN CHIN, R SIDE FACE/M				693.99	2.00	0.00	0.00	0.00	0.00	695.99
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				1,806.01	243.00	0.00	0.00	0.00	0.00	2,049.01
				693.99	2.00	0.00	0.00	0.00	0.00	695.99

Claim Number: 15WC02844Y

15WC02844Y	RIOLO, VINCENT	11	576.90	243.00	0.00	0.00	0.00	0.00	0.00	819.90
CONNECTICUT FARMS SCHOOL (L	7/30/2015	8/3/2015	9/ 3/2015	576.90	243.00	0.00	0.00	0.00	0.00	819.90
STRIPPING FLOORS SLIPPED AND FELL INJURED HEAD				0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				576.90	243.00	0.00	0.00	0.00	0.00	819.90
				576.90	243.00	0.00	0.00	0.00	0.00	819.90
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02845K										
15WC02845K	STYLES, BRIA		11	2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
PISCATAWAY TWP H.S.	7/23/2015	8/3/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
PLAYING CARDS WITH CHILDREN, WAS HIT IN HEAD WITH BASKETBALL, HIT F				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC02846W										
15WC02846W	GRAHAM, ELIZABETH		11	2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
EDGAR E.S.	7/28/2015	8/3/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WENT TO SIT IN CHAIR, CHAIR MOVED AND SHE FELL ON BACK AND L ANKLE				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC02847B										
15WC02847B	BELTRAN, NANCY		11	4,500.00	245.00	0.00	0.00	0.00	0.00	4,745.00
WARREN DEVELOP. LEARNING CTI	7/29/2015	8/3/2015	Open	3,519.00	243.00	0.00	0.00	0.00	0.00	3,762.00
TRYING TO RESTRAIN AN AGGRESSIVE SPEC ED CHILD WAS HIT IN THE FACE				981.00	2.00	0.00	0.00	0.00	0.00	983.00
Total by Claim Number 1 Claim				4,500.00	245.00	0.00	0.00	0.00	0.00	4,745.00
				3,519.00	243.00	0.00	0.00	0.00	0.00	3,762.00
				981.00	2.00	0.00	0.00	0.00	0.00	983.00
Claim Number: 15WC02848W										



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC02848W

15WC02848W	MARROQUIN, STELIA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
WINFIELD SCHOOL	7/30/2015	8/3/2015	Open	490.06	243.00	0.00	0.00	0.00	0.00	733.06
CLEANING A COUNTER TOP DROPPED A GLASS BALL IS SHATTERED GLASS (2,009.94	2.00	0.00	0.00	0.00	0.00	2,011.94
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				490.06	243.00	0.00	0.00	0.00	0.00	733.06
				2,009.94	2.00	0.00	0.00	0.00	0.00	2,011.94

Claim Number: 15WC02849K

15WC02849K	BAYAK, PATRICIA	11		6,017.00	245.00	0.00	0.00	0.00	0.00	6,262.00
BRIGHT BEGINNINGS LEARNING CI	7/31/2015	8/3/2015	Open	4,463.12	243.00	0.00	0.00	0.00	0.00	4,706.12
STUDENT HAVING AN OUTBURST HIT HER IN THE NOSE				1,553.88	2.00	0.00	0.00	0.00	0.00	1,555.88
Total by Claim Number 1 Claim				6,017.00	245.00	0.00	0.00	0.00	0.00	6,262.00
				4,463.12	243.00	0.00	0.00	0.00	0.00	4,706.12
				1,553.88	2.00	0.00	0.00	0.00	0.00	1,555.88

Claim Number: 15WC02850K

15WC02850K	DENNIS, JOAN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
JR - SR H S	7/21/2015	8/3/2015	Open	272.80	243.00	0.00	0.00	0.00	0.00	515.80
STUDENT TRYING TO RUN INTO CAFETERIA SHE BLOCKED STUDENT, CHILD (2,227.20	2.00	0.00	0.00	0.00	0.00	2,229.20
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				272.80	243.00	0.00	0.00	0.00	0.00	515.80
				2,227.20	2.00	0.00	0.00	0.00	0.00	2,229.20

Claim Number: 15WC02851C

15WC02851C	HOWARD, DONNA	14		0.00	2,500.00	16,000.00	0.00	0.00	2,440.00	20,940.00
WILDWOOD HIGH SCHOOL	7/31/2015	8/3/2015	Reopened	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WIPING DOWN WALLS ON LADDER, STEPPED DOWN OFF LADDER TWISTED R				0.00	2,500.00	16,000.00	0.00	0.00	2,440.00	20,940.00



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total	
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	
Major Coverage: 10 - WORKERS' COMPENSATION											
Total by Claim Number 1 Claim				0.00	2,500.00	16,000.00	0.00	0.00	2,440.00	0.00	20,940.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	2,500.00	16,000.00	0.00	0.00	2,440.00	0.00	20,940.00
Claim Number: 15WC02854W											
15WC02854W	SOTO, CARLOS	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MIDDLETOWN-NORTH HS	7/31/2015	8/3/2015	Open	92.56	243.00	0.00	0.00	0.00	0.00	0.00	335.56
BENDING DOWN TO PUT CONTAINERS ON FLOOR STOOD UP HIT HEAD ON C				2,407.44	2.00	0.00	0.00	0.00	0.00	0.00	2,409.44
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				92.56	243.00	0.00	0.00	0.00	0.00	0.00	335.56
				2,407.44	2.00	0.00	0.00	0.00	0.00	0.00	2,409.44
Claim Number: 15WC02855Y											
15WC02855Y	OSTROWSKI, KEVIN	11		68.74	243.00	0.00	0.00	0.00	0.00	0.00	311.74
WAYNE HILLS H.S.	7/7/2015	8/3/2015	9/ 3/2015	68.74	243.00	0.00	0.00	0.00	0.00	0.00	311.74
WALKING DOWN STAIRS SLIPPED ON WATER FELL INJ RT HAND PINKY AND R				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				68.74	243.00	0.00	0.00	0.00	0.00	0.00	311.74
				68.74	243.00	0.00	0.00	0.00	0.00	0.00	311.74
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02856B											
15WC02856B	LEADER, ELI	14		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SALT BROOK SCHOOL	7/24/2015	7/28/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WAS HIT IN EYE USING A DRILL				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
Claim Number: 15WC02864G											



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC02864G

15WC02864G	ESCOBAR, OSMAN	10		6,500.00	1,193.00	0.00	0.00	0.00	0.00	0.00	7,693.00
HILLCREST ES	7/29/2015	8/5/2015	Open	763.20	1,193.00	0.00	0.00	0.00	0.00	0.00	1,956.20
USING HAND TRUCK TO CARRY FULL SHELVES OF BOOKS INJURED LOW BAC				5,736.80	0.00	0.00	0.00	0.00	0.00	0.00	5,736.80
Total by Claim Number 1 Claim				6,500.00	1,193.00	0.00	0.00	0.00	0.00	0.00	7,693.00
				763.20	1,193.00	0.00	0.00	0.00	0.00	0.00	1,956.20
				5,736.80	0.00	0.00	0.00	0.00	0.00	0.00	5,736.80

Claim Number: 15WC02865A

15WC02865A	HUMPHREY, BRIAN	10		20,175.81	2,743.00	67,500.00	0.00	0.00	0.00	0.00	90,418.81
HIGHLAND PARK HS	7/7/2015	8/5/2015	Open	175.81	243.00	0.00	0.00	0.00	0.00	0.00	418.81
LIFTING HEAVY BOXES ONTO A HAND TRUCK, FELT PAIN IN R SHOULDER				20,000.00	2,500.00	67,500.00	0.00	0.00	0.00	0.00	90,000.00
Total by Claim Number 1 Claim				20,175.81	2,743.00	67,500.00	0.00	0.00	0.00	0.00	90,418.81
				175.81	243.00	0.00	0.00	0.00	0.00	0.00	418.81
				20,000.00	2,500.00	67,500.00	0.00	0.00	0.00	0.00	90,000.00

Claim Number: 15WC02866B

15WC02866B	KIRALY, DEBORAH	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WARREN DEVELOP. LEARNING CTI	7/27/2015	8/5/2015	Open	168.51	243.00	0.00	0.00	0.00	0.00	0.00	411.51
STUDENT HAVING OUTBURST THREW PLASTIC BIN HITTING HER NOSE				2,331.49	2.00	0.00	0.00	0.00	0.00	0.00	2,333.49
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				168.51	243.00	0.00	0.00	0.00	0.00	0.00	411.51
				2,331.49	2.00	0.00	0.00	0.00	0.00	0.00	2,333.49

Claim Number: 15WC02870K

15WC02870K	PHRAMPUS, EDWARD	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WALLACE MIDDLE SCHOOL	7/30/2015	8/6/2015	Open	320.00	243.00	0.00	0.00	0.00	0.00	0.00	563.00
PUTTING FILE CABINET ON HAND TRUCK, CABINET TIPPED OVER AND FELL C				2,180.00	2.00	0.00	0.00	0.00	0.00	0.00	2,182.00



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				320.00	243.00	0.00	0.00	0.00	0.00	563.00
				2,180.00	2.00	0.00	0.00	0.00	0.00	2,182.00
Claim Number: 15WC02872W										
15WC02872W	LIVESEY, RYAN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
TIMBER CREEK HIGH SCHOOL	7/30/2015	8/6/2015	Open	272.80	243.00	0.00	0.00	0.00	0.00	515.80
USING PRESSURE WASHER, BENT OVER TO PICK UP TOWELL WASHER STRU				2,227.20	2.00	0.00	0.00	0.00	0.00	2,229.20
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				272.80	243.00	0.00	0.00	0.00	0.00	515.80
				2,227.20	2.00	0.00	0.00	0.00	0.00	2,229.20
Claim Number: 15WC02876B										
15WC02876B	DIAZ, ELBA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
RANOCAS VALLEY REG. HS	7/28/2015	8/7/2015	Open	316.99	243.00	0.00	0.00	0.00	0.00	559.99
CLEANING LIGHTS FELL OFF LADDER HITTING L EAR ON LADDER, R FOOT INJ				2,183.01	2.00	0.00	0.00	0.00	0.00	2,185.01
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				316.99	243.00	0.00	0.00	0.00	0.00	559.99
				2,183.01	2.00	0.00	0.00	0.00	0.00	2,185.01
Claim Number: 15WC02879W										
15WC02879W	JOHNSON, ELAINE	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
CLAYTON HS	7/20/2015	8/7/2015	8/27/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
CARRYING CHAIR, CHAIR SLIPPED AND HIT HER L KNEE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC02889B										



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC02889B

15WC02889B	BREED, GAIL	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ATLANTIC COUNTY SPECIAL SERV	7/22/2015	8/7/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT DROPPED TO GROUND SHE FELL HITTING HER NOSE ON GROUND				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 15WC02895W

15WC02895W	NAVARRO, JOSE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
RANOCAS VALLEY REG. HS	7/29/2015	8/11/2015	Open	236.24	243.00	0.00	0.00	0.00	0.00	0.00	479.24
SITTING ON CHAIR LEANED BACK AND CHAIR FELL BACKWARDS, STRUCK HE				2,263.76	2.00	0.00	0.00	0.00	0.00	0.00	2,265.76
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				236.24	243.00	0.00	0.00	0.00	0.00	0.00	479.24
				2,263.76	2.00	0.00	0.00	0.00	0.00	0.00	2,265.76

Claim Number: 15WC02898Y

15WC02898Y	RRJOLLI, ARBEN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NORTHERN VALLEY DEMAREST HS	7/31/2015	8/11/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
REMOVED PLASTIC COVERING, SLIPPED AND FELL ON PLASTIC COVERING IN				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 15WC02964Y

15WC02964Y	BELTRAN-RHEIN, SONIA	11		2,501.00	243.00	0.00	0.00	0.00	0.00	0.00	2,744.00
SCHOOL 6	7/15/2015	8/20/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
PACKING & PICKING UP BOXES & INJURED HER RT SHOULDER				2,501.00	0.00	0.00	0.00	0.00	0.00	0.00	2,501.00



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Total by Claim Number 1 Claim			2,501.00	243.00	0.00	0.00	0.00	0.00	0.00	2,744.00
			0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
			2,501.00	0.00	0.00	0.00	0.00	0.00	0.00	2,501.00
Claim Number: 15WC02994B										
15WC02994B	SIMPSON, DON	11	2,501.00	0.00	0.00	0.00	0.00	0.00	0.00	2,501.00
PASSAIC COUNTY TECH. INSTITUT	7/7/2015	8/26/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MOVING FURNITURE, SLIPPED IN PUDDLE OF STRIPPER FLUID AND FELL ON				2,501.00	0.00	0.00	0.00	0.00	0.00	2,501.00
Total by Claim Number 1 Claim			2,501.00	0.00	0.00	0.00	0.00	0.00	0.00	2,501.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			2,501.00	0.00	0.00	0.00	0.00	0.00	0.00	2,501.00
Total by Major Coverage 194 Claims			586,943.50	79,357.00	566,268.12	0.00	0.00	14,980.00	0.00	1,247,548.62
			89,400.56	66,991.00	45,248.86	0.00	0.00	25.00	0.00	201,665.42
			497,542.94	12,366.00	521,019.26	0.00	0.00	14,955.00	0.00	1,045,883.20

Major Coverage: 20 - GENERAL LIABILITY

Claim Number: 15GL03470L

15GL03470L	BARBARITO, JOEL	21	0.00	0.00	635.43	0.00	0.00	0.00	0.00	635.43
WESTWOOD REG BOE	7/7/2015	7/13/2015	7/16/2015	0.00	0.00	635.43	0.00	0.00	0.00	635.43
ALLEGES WINDSHIELD WAS SHATTERED DO TO ERRANT ROCK EJECTED FRC				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			0.00	0.00	635.43	0.00	0.00	0.00	0.00	635.43
			0.00	0.00	635.43	0.00	0.00	0.00	0.00	635.43
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15GL03488L

15GL03488L	CLMTS, VARIOUS	21	0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
MATAWAN-ABERDEEN REG	7/15/2015	7/22/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES EMPLOYEES VEHICLES DAMAGED UE TO GRDS & MAINT PAINTING				0.00	0.00	500.00	0.00	0.00	0.00	500.00



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 20 - GENERAL LIABILITY										
Total by Claim Number 1 Claim			0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
Claim Number: 15GL03502E										
15GL03502E	HAVERS, DONNA	20	1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00
GLOUCESTER CITY BOARD OF EDU	7/30/2015	7/30/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES SEXUAL ASSAULT & MISCONDUCT				1,000.00	0.00	0.00	0.00	0.00	0.00	1,000.00
Total by Claim Number 1 Claim			1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00
Claim Number: 15GL03506D										
15GL03506D	DECICCO, GAIL	22	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
MORRIS SCHOOL DIST	7/28/2015	8/4/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES TRIPPED OVER SIDEWALK & FELL				0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
Total by Claim Number 1 Claim			0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
			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	5,000.00	5,000.00
Claim Number: 15GL03539Q										
15GL03539Q	KING, LINDA	22	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
MANCHESTER TWP. HS	7/14/2015	8/26/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES PARENT FELL OFF STEP				0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
Total by Claim Number 1 Claim			0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
			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	5,000.00	5,000.00
Claim Number: 15GL03547E										



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 20 - GENERAL LIABILITY

Claim Number: 15GL03547E

15GL03547E	SHAMBO, BRANDON	20	1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00
FRANKLIN TWP BOE (SOMERSET)	7/31/2015	9/2/2015	Reopened	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES A BUS INCIDENT INVOLVING STUDENT & CONTRACTED BUS DRIVEF				1,000.00	0.00	0.00	0.00	0.00	0.00	1,000.00
Total by Claim Number 1 Claim				1,000.00	0.00	0.00	0.00	0.00	0.00	1,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				1,000.00	0.00	0.00	0.00	0.00	0.00	1,000.00
Total by Major Coverage 6 Claims				2,000.00	0.00	1,135.43	0.00	0.00	10,000.00	13,135.43
				0.00	0.00	635.43	0.00	0.00	0.00	635.43
				2,000.00	0.00	500.00	0.00	0.00	10,000.00	12,500.00

Major Coverage: 30 - AUTO LIABILITY

Claim Number: 15AL03297Q/01

15AL03297Q/01	FUNERAL HOME, COUNTRYSIDE	31	0.00	0.00	5,000.00	0.00	0.00	0.00	0.00	5,000.00
HUNTERDON CENTRAL HS & FLEM	7/7/2015	7/21/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV STRUCK OVER HANG ON FUNERAL HOME				0.00	0.00	5,000.00	0.00	0.00	0.00	5,000.00
Total by Claim Number 1 Claim				0.00	0.00	5,000.00	0.00	0.00	0.00	5,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	5,000.00	0.00	0.00	0.00	5,000.00

Claim Number: 15AL03305L

15AL03305L	TANG, YAHMING	31	0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
MORRIS SCHOOL DIST	7/13/2015	7/28/2015	Reopened	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV REAR ENDED OV				0.00	0.00	1,000.00	0.00	0.00	0.00	1,000.00
Total by Claim Number 1 Claim				0.00	0.00	1,000.00	0.00	0.00	0.00	1,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	1,000.00	0.00	0.00	0.00	1,000.00



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 30 - AUTO LIABILITY

Claim Number: 15AL03307L

15AL03307L	ROBINSON, NATASHA	31	0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
EAST ORANGE BOARD OF EDUCAT	7/17/2015	7/28/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV BACKED INTO PARKED VEHICLE				0.00	0.00	500.00	0.00	0.00	0.00	500.00
Total by Claim Number 1 Claim			0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	500.00	0.00	0.00	0.00	500.00

Claim Number: 15AL03317L/01

15AL03317L/01	MCDONALDS	31	0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00
VINELAND BOE OFFICE	7/23/2015	8/5/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV STRUCK ROOF OVERHANG				0.00	0.00	10,000.00	0.00	0.00	0.00	10,000.00
Total by Claim Number 1 Claim			0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	10,000.00	0.00	0.00	0.00	10,000.00
Total by Major Coverage 4 Claims			0.00	0.00	16,500.00	0.00	0.00	0.00	0.00	16,500.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	16,500.00	0.00	0.00	0.00	16,500.00

Major Coverage: 40 - AUTO PHYSICAL DAMAGE

Claim Number: 15AL03297Q

15AL03297Q	FLEMINGTON-RARITAN BOE, HU	40	0.00	196.50	12,676.74	0.00	0.00	0.00	0.00	12,873.24
HUNTERDON CENTRAL HS & FLEM	7/7/2015	7/7/2015	8/18/2015	0.00	196.50	12,676.74	0.00	0.00	0.00	12,873.24
IV STRUCK OVER HANG ON FUNERAL HOME				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			0.00	196.50	12,676.74	0.00	0.00	0.00	0.00	12,873.24
				0.00	196.50	12,676.74	0.00	0.00	0.00	12,873.24
				0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 40 - AUTO PHYSICAL DAMAGE										
Claim Number: 15AL03302Q										
15AL03302Q	BRICK TWP BOE	40		0.00	90.00	0.00	0.00	0.00	0.00	90.00
BRICK TWP. BOARD OF EDUCATIO	7/8/2015	7/9/2015	7/16/2015	0.00	90.00	0.00	0.00	0.00	0.00	90.00
OV STRUCK REAR OF IV				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	90.00	0.00	0.00	0.00	0.00	90.00
				0.00	90.00	0.00	0.00	0.00	0.00	90.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15AL03303L										
15AL03303L	SOUTH PLAINFIELD BOE	40		0.00	257.80	5,275.30	5,275.30	0.00	0.00	257.80
SOUTH PLAINFIELD	7/14/2015	7/14/2015	9/ 1/2015	0.00	257.80	5,275.30	5,275.30	0.00	0.00	257.80
IV STRUCK IN REAR BY OV				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	257.80	5,275.30	5,275.30	0.00	0.00	257.80
				0.00	257.80	5,275.30	5,275.30	0.00	0.00	257.80
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15AL03308L										
15AL03308L	SOMERSET CTY ESC BOE	40		0.00	750.00	10,000.00	0.00	0.00	0.00	10,750.00
SOMERSET CNTY ED.SERVICES C	7/13/2015	7/28/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV DROVE UNDER A SOLAR PANEL CANOPY THAT WAS TO LOW				0.00	750.00	10,000.00	0.00	0.00	0.00	10,750.00
Total by Claim Number 1 Claim				0.00	750.00	10,000.00	0.00	0.00	0.00	10,750.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	750.00	10,000.00	0.00	0.00	0.00	10,750.00
Claim Number: 15AL03312L										
15AL03312L	MONROE TWP BOE	40		0.00	216.20	0.00	0.00	0.00	0.00	216.20
MONROE TWP. BOARD OF EDUCAT	7/27/2015	7/29/2015	8/20/2015	0.00	216.20	0.00	0.00	0.00	0.00	216.20
OV HAD A BLOW OUT AND STRUCK IV				0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 40 - AUTO PHYSICAL DAMAGE										
Total by Claim Number 1 Claim				0.00	216.20	0.00	0.00	0.00	0.00	216.20
				0.00	216.20	0.00	0.00	0.00	0.00	216.20
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15AL03314L										
15AL03314L	HUNTERDON CTY ESC BOE		40	0.00	0.00	10,000.00	0.00	0.00	0.00	10,000.00
HUNTERDON COUNTY ED. SERVIC	7/31/2015	8/3/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OV PULLED INTO PATH OF IV				0.00	0.00	10,000.00	0.00	0.00	0.00	10,000.00
Total by Claim Number 1 Claim				0.00	0.00	10,000.00	0.00	0.00	0.00	10,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	10,000.00	0.00	0.00	0.00	10,000.00
Claim Number: 15AL03317L										
15AL03317L	VINELAND CITY BOE		40	0.00	195.00	3,672.00	0.00	0.00	0.00	3,867.00
VINELAND BOE OFFICE	7/23/2015	8/5/2015	8/13/2015	0.00	195.00	3,672.00	0.00	0.00	0.00	3,867.00
IV STRUCK ROOF OVERHANG				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	195.00	3,672.00	0.00	0.00	0.00	3,867.00
				0.00	195.00	3,672.00	0.00	0.00	0.00	3,867.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15AL03325L										
15AL03325L	TAIT, RICHARD		40	0.00	0.00	500.00	0.00	0.00	0.00	500.00
SOUTH ORANGE/MAPLEWOOD BRI	7/15/2015	9/4/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DISTRICT EMPLOYEE WAS REAR-ENDED WHILE USING HIS PERSONAL VEHIC				0.00	0.00	500.00	0.00	0.00	0.00	500.00
Total by Claim Number 1 Claim				0.00	0.00	500.00	0.00	0.00	0.00	500.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	500.00	0.00	0.00	0.00	500.00



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Total by Major Coverage 8 Claims			0.00	1,705.50	42,124.04	5,275.30	0.00	0.00	0.00	38,554.24
			0.00	955.50	21,624.04	5,275.30	0.00	0.00	0.00	17,304.24
			0.00	750.00	20,500.00	0.00	0.00	0.00	0.00	21,250.00

Major Coverage: 70 - PROPERTY

Claim Number: 15PR03132E

15PR03132E	RIDGEFIELD PARK BOE	70	5,000.00	1,188.67	5,302.14	0.00	0.00	0.00	0.00	11,490.81
LINCOLN ES	7/9/2015	7/9/2015	8/27/2015	5,000.00	1,188.67	5,302.14	0.00	0.00	0.00	11,490.81
ALLEGES CEILING COLLAPSE IN CLASSROOM			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			5,000.00	1,188.67	5,302.14	0.00	0.00	0.00	0.00	11,490.81
			5,000.00	1,188.67	5,302.14	0.00	0.00	0.00	0.00	11,490.81
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15PR03136Q

15PR03136Q	FREEDOM PREP CHARTER BOE	70	0.00	0.00	15,000.00	0.00	0.00	0.00	0.00	15,000.00
FREEDOM PREP CHARTER SCHOC	7/6/2015	7/15/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES 10 IPAD AIR LAPTOPS WERE STOLEN			0.00	0.00	15,000.00	0.00	0.00	0.00	0.00	15,000.00
Total by Claim Number 1 Claim			0.00	0.00	15,000.00	0.00	0.00	0.00	0.00	15,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	15,000.00	0.00	0.00	0.00	0.00	15,000.00

Claim Number: 15PR03137Q

15PR03137Q	WAYNE TWP BOE	70	0.00	0.00	30,000.00	0.00	0.00	0.00	0.00	30,000.00
WAYNE HILLS H.S.	7/8/2015	7/15/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES WATER DAMAGE, LEAK DUE TO AIR CONDITION CHILLER			0.00	0.00	30,000.00	0.00	0.00	0.00	0.00	30,000.00
Total by Claim Number 1 Claim			0.00	0.00	30,000.00	0.00	0.00	0.00	0.00	30,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	30,000.00	0.00	0.00	0.00	0.00	30,000.00

Claim Number: 15PR03138Q





NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 70 - PROPERTY

Claim Number: 15PR03138Q

15PR03138Q	ABSECON BOE	70	1,000.00	0.00	30,000.00	0.00	0.00	0.00	2,500.00	33,500.00
ABSECON BOE	7/15/2015	7/16/2015	Reopened	1,000.00	0.00	15,071.70	0.00	0.00	2,500.00	18,571.70
ALLEGES WATER DAMAGE FROM TORRENTIAL RAINFALL				0.00	0.00	14,928.30	0.00	0.00	0.00	14,928.30
Total by Claim Number 1 Claim			1,000.00	0.00	30,000.00	0.00	0.00	0.00	2,500.00	33,500.00
			1,000.00	0.00	15,071.70	0.00	0.00	0.00	2,500.00	18,571.70
			0.00	0.00	14,928.30	0.00	0.00	0.00	0.00	14,928.30

Claim Number: 15PR03139Q

15PR03139Q	LODI BOE	70	0.00	0.00	0.00	0.00	0.00	0.00	588.95	588.95
THOMAS JEFFERSON M.S.	7/17/2015	7/17/2015	9/ 8/2015	0.00	0.00	0.00	0.00	0.00	588.95	588.95
ALLEGES AN AIR CONDITIONING CONDESATION LINE LEAKED				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			0.00	0.00	0.00	0.00	0.00	0.00	588.95	588.95
			0.00	0.00	0.00	0.00	0.00	0.00	588.95	588.95
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15PR03141Q

15PR03141Q	ELMWOOD PARK BOE	70	0.00	0.00	25,000.00	0.00	0.00	0.00	0.00	25,000.00
MEMORIAL SR HS	7/23/2015	7/23/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES WATER DAMAGE TO BOILER ROOM, SUMP PUMP PIPING BURST				0.00	0.00	25,000.00	0.00	0.00	0.00	25,000.00
Total by Claim Number 1 Claim			0.00	0.00	25,000.00	0.00	0.00	0.00	0.00	25,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	25,000.00	0.00	0.00	0.00	0.00	25,000.00

Claim Number: 15PR03142Q

15PR03142Q	AVALON BOE	70	0.00	0.00	7,500.00	0.00	0.00	0.00	0.00	7,500.00
AVALON ES	7/21/2015	7/24/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES DAMAGED RESULTING FROM LIGHTENING STRIKE				0.00	0.00	7,500.00	0.00	0.00	0.00	7,500.00



NEW CLAIMS

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Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total	
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	
Major Coverage: 70 - PROPERTY											
Total by Claim Number 1 Claim				0.00	0.00	7,500.00	0.00	0.00	0.00	0.00	7,500.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	7,500.00	0.00	0.00	0.00	0.00	7,500.00
Claim Number: 15PR03144Q											
15PR03144Q	BOGOTA BOE	70		5,000.00	0.00	10,650.00	0.00	0.00	0.00	0.00	15,650.00
E. ROY BIXBY ES	7/24/2015	7/24/2015	8/25/2015	5,000.00	0.00	10,650.00	0.00	0.00	0.00	0.00	15,650.00
MOLD IN THREE CLASSROOMS				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				5,000.00	0.00	10,650.00	0.00	0.00	0.00	0.00	15,650.00
				5,000.00	0.00	10,650.00	0.00	0.00	0.00	0.00	15,650.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15PR03145Q											
15PR03145Q	DELAWARE VALLEY BOE	70		0.00	0.00	25,000.00	0.00	0.00	0.00	0.00	25,000.00
DELAWARE VALLEY REG HS	7/29/2015	7/30/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES STAFF CUTTING PIPE TO CAP OFF, PIPE SPRAYED WATER ALL OVE				0.00	0.00	25,000.00	0.00	0.00	0.00	0.00	25,000.00
Total by Claim Number 1 Claim				0.00	0.00	25,000.00	0.00	0.00	0.00	0.00	25,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	25,000.00	0.00	0.00	0.00	0.00	25,000.00
Claim Number: 15PR03146Q											
15PR03146Q	OCEAN CITY BOE	70		0.00	0.00	50,000.00	0.00	0.00	0.00	0.00	50,000.00
OCEAN CITY	7/7/2015	7/29/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES FITTING USED IN THE REPAIR BROKE LOOSE				0.00	0.00	50,000.00	0.00	0.00	0.00	0.00	50,000.00
Total by Claim Number 1 Claim				0.00	0.00	50,000.00	0.00	0.00	0.00	0.00	50,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	50,000.00	0.00	0.00	0.00	0.00	50,000.00

Claim Number: 15PR03147Q



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Inurred Paid	Inurred Paid	Inurred Paid	Inurred Paid	Inurred Paid	Inurred Paid	Inurred Paid	Inurred Paid
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 70 - PROPERTY										
Claim Number: 15PR03147Q										
15PR03147Q	SOMERVILLE BOE	70	0.00	0.00	2,500.00	0.00	0.00	0.00	0.00	2,500.00
SOMERVILLE BOE	7/31/2015	8/3/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES DAMAGE DONE TO FENCE				0.00	0.00	2,500.00	0.00	0.00	0.00	2,500.00
Total by Claim Number 1 Claim			0.00	0.00	2,500.00	0.00	0.00	0.00	0.00	2,500.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	2,500.00	0.00	0.00	0.00	0.00	2,500.00
Claim Number: 15PR03148E										
15PR03148E	SOUTH PLAINFIELD BOE	70	0.00	0.00	25,000.00	0.00	0.00	0.00	0.00	25,000.00
SOUTH PLAINFIELD H.S.	7/31/2015	8/4/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES FOUND ASBESTOS IN THEIR KITCHEN AREA				0.00	0.00	25,000.00	0.00	0.00	0.00	25,000.00
Total by Claim Number 1 Claim			0.00	0.00	25,000.00	0.00	0.00	0.00	0.00	25,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	25,000.00	0.00	0.00	0.00	0.00	25,000.00
Claim Number: 15PR03156Q										
15PR03156Q	HUDSON CTY VOC BOE	70	0.00	0.00	25,000.00	0.00	0.00	0.00	0.00	25,000.00
HUDSON CNTY VO-TECH	7/1/2015	8/25/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES CAMERAS STOLEN				0.00	0.00	25,000.00	0.00	0.00	0.00	25,000.00
Total by Claim Number 1 Claim			0.00	0.00	25,000.00	0.00	0.00	0.00	0.00	25,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	25,000.00	0.00	0.00	0.00	0.00	25,000.00
Total by Major Coverage 13 Claims			11,000.00	1,188.67	250,952.14	0.00	0.00	0.00	3,088.95	266,229.76
			11,000.00	1,188.67	31,023.84	0.00	0.00	0.00	3,088.95	46,301.46
			0.00	0.00	219,928.30	0.00	0.00	0.00	0.00	219,928.30



NEW CLAIMS

July 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Grand Totals: 225 Claims			599,943.50	82,251.17	876,979.73	5,275.30	0.00	14,980.00	13,088.95	1,581,968.05
			100,400.56	69,135.17	98,532.17	5,275.30	0.00	25.00	3,088.95	265,906.55
			499,542.94	13,116.00	778,447.56	0.00	0.00	14,955.00	10,000.00	1,316,061.50