

March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOI Claim Number: 17WC0		I								
17WC01802K	YOUNG, DINETTA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NEPTUNE HIGH SCHOOL	3/1/2017 3/1/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SETTING UP TABLES, A CHAIR	FELL ON HER BACK CAUSING	HER TO FALL TO	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: 17WC0	1803W									
17WC01803W	MENDEZ, GLORIA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WASHINGTON SCHOOL	3/1/2017 3/1/2017	Open	760.32	243.00	0.00	0.00	0.00	0.00	0.00	1,003.32
ENTERING THE BLDG SHE SLIP	PPED & FELL OVER WET FLOO	OR INJURING LT SI	1,739.68	2.00	0.00	0.00	0.00	0.00	0.00	1,741.68
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			760.32	243.00	0.00	0.00	0.00	0.00	0.00	1,003.32
			1,739.68	2.00	0.00	0.00	0.00	0.00	0.00	1,741.68
Claim Number: 17WC0	1807R									
17WC01807R	LEVY, AVIGAYIL	15	5,250.00	245.00	8,515.36	0.00	0.00	0.00	0.00	14,010.36
BRIGHT BEGINNINGS LEARNIN	IG CI 3/1/2017 3/1/2017	Open	960.69	243.00	1,140.95	0.00	0.00	0.00	0.00	2,344.64
RUNNING AFTER STUDENT TR	IPPED AND FELL TWISTING L	FOOT	4,289.31	2.00	7,374.41	0.00	0.00	0.00	0.00	11,665.72
Total by Claim Number 1	Claim		5,250.00	245.00	8,515.36	0.00	0.00	0.00	0.00	14,010.36
			960.69	243.00	1,140.95	0.00	0.00	0.00	0.00	2,344.64

Claim Number: 17WC01809B



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-1-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC01										
17WC01809B	MILLER, MEGAN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MEMORIAL MS	3/1/2017 3/1/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING BEHAVIORAL	L ISSUE SPIT INTO L EYE/FACE	Ξ	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: 17WC01	1810W									
17WC01810W	GLENNON, LAURIE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NETCONG E.S.	3/1/2017 3/1/2017	Open	190.00	243.00	0.00	0.00	0.00	0.00	0.00	433.00
WAS STRUCK IN FACE WITH BA	SKETBALL CAUSING HER GLA	ASSES TO POKE I	2,310.00	2.00	0.00	0.00	0.00	0.00	0.00	2,312.00
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			190.00	243.00	0.00	0.00	0.00	0.00	0.00	433.00
			2,310.00	2.00	0.00	0.00	0.00	0.00	0.00	2,312.00
Claim Number: 17WC01	1811T									
17WC01811T	KING, JOSEPH	10	2,500.00	1,193.00	0.00	0.00	0.00	0.00	0.00	3,693.00
MILLTOWN SCHOOL	3/1/2017 3/1/2017	Open	478.01	243.00	0.00	0.00	0.00	0.00	0.00	721.01
ATTEMPTED TO REMOVE BASK	ETBALL FROM BEING STUCK	BETWEEN RIM AI	2,021.99	950.00	0.00	0.00	0.00	0.00	0.00	2,971.99
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
			478.01	243.00	0.00	0.00	0.00	0.00	0.00	721.01
			2,021.99	950.00	0.00	0.00	0.00	0.00	0.00	2,971.99

Claim Number: 17WC01816K



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-2-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC01										
17WC01816K	KELLER, MARY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
THOMAS EDISON INTERMEDIAT	ES 3/1/2017 3/1/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT POINTED A LASER IN	TO HER RT EYE CAUSING VIS	SION ISSUES & HE	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: 17WC01	818W									
17WC01818W	FITTON, JOSEPH	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CENTER FOR LIFE LONG LEARN	INC 3/1/2017 3/1/2017	Open	1,202.62	243.00	0.00	0.00	0.00	0.00	0.00	1,445.62
STUDENT THREW AN IPAD & LT	SIDE OF HIS SKULL CAUSING	G A LACERATION	1,297.38	2.00	0.00	0.00	0.00	0.00	0.00	1,299.38
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			1,202.62	243.00	0.00	0.00	0.00	0.00	0.00	1,445.62
			1,297.38	2.00	0.00	0.00	0.00	0.00	0.00	1,299.38
Claim Number: 17WC01	819W									
17WC01819W	DOUGLAS, EDWARD	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HENRY C. BECK JR. SCHOOL	3/1/2017 3/2/2017	Open	301.13	243.00	0.00	0.00	0.00	0.00	0.00	544.13
TRYING TO DIFUSE STUDENTS	FIGHT HE FELL ON STEPS IN.	JURED L SHOULD	2,198.87	2.00	0.00	0.00	0.00	0.00	0.00	2,200.87
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
-			301.13	243.00	0.00	0.00	0.00	0.00	0.00	544.13
			2,198.87	2.00	0.00	0.00	0.00	0.00	0.00	2,200.87

Claim Number: 17WC01820Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-3-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORI Claim Number: 17WC01										
17WC01820Y	THOMPSON, FREDERICH	K 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ESSEX CAMPUS ACADEMY	3/1/2017 3/2/2017	Open	247.94	243.00	0.00	0.00	0.00	0.00	0.00	490.94
STUDENTS WERE FIGHTING AND	SLAMMED THE DOOR ON H	IS R HAND/WRIS	2,252.06	2.00	0.00	0.00	0.00	0.00	0.00	2,254.06
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			247.94	243.00	0.00	0.00	0.00	0.00	0.00	490.94
			2,252.06	2.00	0.00	0.00	0.00	0.00	0.00	2,254.06
Claim Number: 17WC01	321Y									
17WC01821Y	COSENTINO, MARIA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WASHINGTON IRVINGTON ES	3/1/2017 3/2/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ASSISTING SECURITY WITH A ST	UDENT HAVING BEHAVIOR	AL ISSUE SHE FEL	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: 17WC01	322Y									
17WC01822Y	VILLAMARIN, RAMON	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CHATHAM MS	3/1/2017 3/2/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WORKING ON SOMETHING ON T	OP OF FRIGE HE SLIPPED O	FF TABLE AND FE	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: 17WC01824K



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-4-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC01										
17WC01824K	TOBIAS, ANDREW	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SOUTH RIVER ELEMENTARY SC	CHC 3/1/2017 3/2/2017	Open	48.23	243.00	0.00	0.00	0.00	0.00	0.00	291.23
CUTTING BRANCHES, BRANCH	WENT UNDER GLASSES POK	ING HIM IN L EYE	2,451.77	2.00	0.00	0.00	0.00	0.00	0.00	2,453.77
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			48.23	243.00	0.00	0.00	0.00	0.00	0.00	291.23
			2,451.77	2.00	0.00	0.00	0.00	0.00	0.00	2,453.77
Claim Number: 17WC01	825W									
17WC01825W	O'MALLEY, GRACE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WESTAMPTON	3/2/2017 3/2/2017	Open	79.27	243.00	0.00	0.00	0.00	0.00	0.00	322.27
WAS BITTEN BY STUDENT HAVI	NG BEHAVIORAL ISSUE ON L	OWER ARM	2,420.73	2.00	0.00	0.00	0.00	0.00	0.00	2,422.73
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			79.27	243.00	0.00	0.00	0.00	0.00	0.00	322.27
			2,420.73	2.00	0.00	0.00	0.00	0.00	0.00	2,422.73
Claim Number: 17WC01	827K									
17WC01827K	WARN, DONNA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
TRENTON CENTRAL HS MAIN CA	AMI 3/2/2017 3/2/2017	Open	230.42	243.00	0.00	0.00	0.00	0.00	0.00	473.42
DURING HOCKEY GAME WAS S	TRUCK IN L FEMUR BY HOCKI	EY PUCK	2,269.58	2.00	0.00	0.00	0.00	0.00	0.00	2,271.58
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			230.42	243.00	0.00	0.00	0.00	0.00	0.00	473.42
			2,269.58	2.00	0.00	0.00	0.00	0.00	0.00	2,271.58

Claim Number: 17WC01829R



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at 4/6/2017 12:45:59PM

-5-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC01										
17WC01829R	ALONSO, JANEY	14	751.00	0.00	0.00	0.00	0.00	0.00	0.00	751.00
UNION HILL MS	3/1/2017 3/2/2017	Open	291.65	0.00	0.00	0.00	0.00	0.00	0.00	291.65
WASHING HER HANDS, SOAP D	ISPENSER SPLATTERED INTO	FACE/R EYE	459.35	0.00	0.00	0.00	0.00	0.00	0.00	459.35
Total by Claim Number 1	Claim		751.00	0.00	0.00	0.00	0.00	0.00	0.00	751.00
			291.65	0.00	0.00	0.00	0.00	0.00	0.00	291.65
			459.35	0.00	0.00	0.00	0.00	0.00	0.00	459.35
Claim Number: 17WC01	1830J									
17WC01830J	CANCELLIERI, YENIA	11	156.36	243.00	2,304.00	0.00	0.00	0.00	0.00	2,703.36
PASSAIC COUNTY TECH. INSTIT	TUT 3/2/2017 3/2/2017	4/ 4/2017	156.36	243.00	2,304.00	0.00	0.00	0.00	0.00	2,703.36
STUDENT ACCIDENTALLY RAN	INTO HER SHE FELL INJURED	R KNEE, L SHOU	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1	Claim		156.36	243.00	2,304.00	0.00	0.00	0.00	0.00	2,703.36
			156.36	243.00	2,304.00	0.00	0.00	0.00	0.00	2,703.36
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 17WC01	1831W									
17WC01831W	STAGGERS, JASON	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WAYNE HILLS H.S.	3/2/2017 3/2/2017	Open	273.51	243.00	0.00	0.00	0.00	0.00	0.00	516.51
TALKING WITH CO-WORKERS A	N ELECTRICAL OUTLET EXPL	ODED LANDING (2,226.49	2.00	0.00	0.00	0.00	0.00	0.00	2,228.49
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			273.51	243.00	0.00	0.00	0.00	0.00	0.00	516.51
			2,226.49	2.00	0.00	0.00	0.00	0.00	0.00	2,228.49

Claim Number: 17WC01832K



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-6-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WO Claim Number: 17WC0										
17WC01832K	DENKER, BARBARA	11	649.11	243.00	0.00	0.00	0.00	0.00	0.00	892.11
J.ACKERMAN COLES ES	3/1/2017 3/2/2017	4/ 3/2017	649.11	243.00	0.00	0.00	0.00	0.00	0.00	892.11
TRIPPED OVER STUDENTS LE	G SHE FELL ON R HIP, R KNEE	, R ELBOW	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number	I Claim		649.11	243.00	0.00	0.00	0.00	0.00	0.00	892.11
			649.11	243.00	0.00	0.00	0.00	0.00	0.00	892.11
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 17WC0	1833B									
17WC01833B	FODERARO, NICOLE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NEW HANOVER TWP ES	3/2/2017 3/2/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
REDIRECTING STUDENT, STUI	DENT GOT UPSET & SCRATCH	ED HER RT FORE.	2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number	I 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: 17WC0	1834K									
17WC01834K	BONNER, EBONY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
GERALDINE FOSTER EARLY C	HILD 3/1/2017 3/2/2017	Open	146.00	243.00	0.00	0.00	0.00	0.00	0.00	389.00
PREPARING HER SUPPLIES TO	CLEAN CLOSET GOT CHEMIC	CALS IN R EYE	2,354.00	2.00	0.00	0.00	0.00	0.00	0.00	2,356.00
Total by Claim Number	I Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			146.00	243.00	0.00	0.00	0.00	0.00	0.00	389.00
			2,354.00	2.00	0.00	0.00	0.00	0.00	0.00	2,356.00

Claim Number: 17WC01835B



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-7-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC01										
17WC01835B	STEELE, JESSICA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BRUNSWICK ACRES E. S.	3/2/2017 3/3/2017	Open	190.68	243.00	0.00	0.00	0.00	0.00	0.00	433.68
DOOR SLAMMED ON HER L RIN	G AND PINKY FINGERS DUE 1	FO WIND	2,309.32	2.00	0.00	0.00	0.00	0.00	0.00	2,311.32
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			190.68	243.00	0.00	0.00	0.00	0.00	0.00	433.68
			2,309.32	2.00	0.00	0.00	0.00	0.00	0.00	2,311.32
Claim Number: 17WC01	836Y									
17WC01836Y	KUNKEL, DAWN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
GRANT SCHOOL	3/2/2017 3/3/2017	Open	262.66	243.00	0.00	0.00	0.00	0.00	0.00	505.66
HOLDING DOOR OPEN FOR STU	JDENTS, WIND BLEW DOOR II	NJURED HER LOV	2,237.34	2.00	0.00	0.00	0.00	0.00	0.00	2,239.34
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			262.66	243.00	0.00	0.00	0.00	0.00	0.00	505.66
			2,237.34	2.00	0.00	0.00	0.00	0.00	0.00	2,239.34
Claim Number: 17WC01	837Y									
17WC01837Y	HARVEY, ERNEST	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MORRIS UNION JC TRANSPORT	ATI 3/2/2017 3/3/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
REMOVING DEBRIS FROM EXH	AUST OF VEHICLE DEBRIS FL	EW INTO R EYE	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: 17WC01838W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-8-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC01										
17WC01838W	STEWART, CATHERINE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NEW REPAIR & TRANSPORTATI	ION 3/2/2017 3/3/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING BEHAVIORAL	L ISSUE HEAD BUTTED AND K	ICKED HER L SHC	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: 17WC01	1839W									
17WC01839W	WEINERT, LISA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CHURCHILL J.H.S.	3/3/2017 3/3/2017	Open	155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
STRUCK L KNEE AGAINST DESH	K FELT DIZZY SHE COLLAPSE	D HITTING HEAD	2,344.77	2.00	0.00	0.00	0.00	0.00	0.00	2,346.77
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
			2,344.77	2.00	0.00	0.00	0.00	0.00	0.00	2,346.77
Claim Number: 17WC01	1841K									
17WC01841K	MCKAY, JENNIFER	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JOYCE KILMER SCHOOL	3/2/2017 3/3/2017	Open	342.01	243.00	0.00	0.00	0.00	0.00	0.00	585.01
STUDENTS WERE ROUGH HOU	SING STUDENT ACCIDENTALL	Y KNOCKED INT	2,157.99	2.00	0.00	0.00	0.00	0.00	0.00	2,159.99
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			342.01	243.00	0.00	0.00	0.00	0.00	0.00	585.01
			2,157.99	2.00	0.00	0.00	0.00	0.00	0.00	2,159.99

Claim Number: 17WC01843Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-9-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC01										
17WC01843Y	TEWFIK, KIRSTEN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BARCLAY EARLY CHILDHOOD C	TR 3/3/2017 3/3/2017	Open	656.43	243.00	0.00	0.00	0.00	0.00	0.00	899.43
ATTEMPTING TO KEEP STUDEN	T FROM JUMPING OVER A TA	ABLE SHE FELL IN	1,843.57	2.00	0.00	0.00	0.00	0.00	0.00	1,845.57
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			656.43	243.00	0.00	0.00	0.00	0.00	0.00	899.43
			1,843.57	2.00	0.00	0.00	0.00	0.00	0.00	1,845.57
Claim Number: 17WC01	844W									
17WC01844W	VENICE, VINCENT	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SCHOOL #6 ES	3/3/2017 3/3/2017	Open	320.00	243.00	0.00	0.00	0.00	0.00	0.00	563.00
BRINGING CHAIRS DOWN FROM	I THE STAGE IN THE GYM HE	INJURED HIS RT	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: 17WC01	845W									
17WC01845W	ASANI, ARBENA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MT. PLEASANT ES	3/1/2017 3/2/2017	Open	1,977.03	243.00	0.00	0.00	0.00	0.00	0.00	2,220.03
PULLING OUT LUNCH TABLES, A	A BENCH FELL STRIKING HER	R NOSE, INJURED	522.97	2.00	0.00	0.00	0.00	0.00	0.00	524.97
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			1,977.03	243.00	0.00	0.00	0.00	0.00	0.00	2,220.03
			522.97	2.00	0.00	0.00	0.00	0.00	0.00	524.97

Claim Number: 17WC01846B



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-10-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORK Claim Number: 17WC018										
17WC01846B	BATISTA, MIGUEL	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SEA GIRT E.S.	3/2/2017 3/3/2017	Open	197.15	243.00	0.00	0.00	0.00	0.00	0.00	440.15
ATTEMPTING TO KEEP PLAYGRO	OUND CARPET FROM FLYING	GAWAY HE MOVE	2,302.85	2.00	0.00	0.00	0.00	0.00	0.00	2,304.85
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			197.15	243.00	0.00	0.00	0.00	0.00	0.00	440.15
			2,302.85	2.00	0.00	0.00	0.00	0.00	0.00	2,304.85
Claim Number: 17WC018	347K									
17WC01847K	QUIMBY, KARL	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JOHN F. KENNEDY NO.7 ELEM.	3/2/2017 3/3/2017	Open	234.15	243.00	0.00	0.00	0.00	0.00	0.00	477.15
WORKING ON VOLLEYBALL DUR	NG CLASS, STUDENT RAN T	O GET BALL RAN	2,265.85	2.00	0.00	0.00	0.00	0.00	0.00	2,267.85
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			234.15	243.00	0.00	0.00	0.00	0.00	0.00	477.15
			2,265.85	2.00	0.00	0.00	0.00	0.00	0.00	2,267.85
Claim Number: 17WC018	48W									
17WC01848W	DEAN, BERNADETTE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MIDDLETOWN VILLAGE ES	3/2/2017 3/3/2017	Open	197.15	243.00	0.00	0.00	0.00	0.00	0.00	440.15
WAS ADJUSTING THE SEAT OF S	TUDENTS WHEELCHAIR SH	E INJURED R HAN	2,302.85	2.00	0.00	0.00	0.00	0.00	0.00	2,304.85
Total by Claim Number 1 (Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			197.15	243.00	0.00	0.00	0.00	0.00	0.00	440.15
			2,302.85	2.00	0.00	0.00	0.00	0.00	0.00	2,304.85

Claim Number: 17WC01849B



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-11-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC01										
17WC01849B	DUNCAN, NATHANIEL	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LINWOOD MIDDLE SCHOOL	3/2/2017 3/3/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
PULLING DOWN A TABLE, TABLE	E QUICKLY DROPPED HITTIN	G R SHOULDER	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: 17WC01	850W									
17WC01850W	EGIZI, DEBORAH	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
RIDGEFIELD PARK HIGH SCHOO	DL 3/2/2017 3/3/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING IN CAFETERIA SLIPPE	D ON WET SPOT AND FELL O	ON L KNEE	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: 17WC01	851K									
17WC01851K	RICHTER, KELLI	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WESTAMPTON	3/3/2017 3/6/2017	4/ 3/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
FEEDING STUDENT PRETZELS	STUDENT LEANED IN AND BI	L INDEX FINGER	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: 17WC01852W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-12-

ivers@summitrisk.com



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORI Claim Number: 17WC01										
17WC01852W	VEGA, ELYSSA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SAMUEL E. SHULL M.S.	3/3/2017 3/6/2017	Open	232.96	243.00	0.00	0.00	0.00	0.00	0.00	475.96
STUDENT KICKED KICKBALL ANI	D IT ACCIDENTALLY STRUCK	CHER IN HEAD	2,267.04	2.00	0.00	0.00	0.00	0.00	0.00	2,269.04
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			232.96	243.00	0.00	0.00	0.00	0.00	0.00	475.96
			2,267.04	2.00	0.00	0.00	0.00	0.00	0.00	2,269.04
Claim Number: 17WC01	853K									
17WC01853K	O'BRIEN, MICHAEL	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SCHOOL #28 MATTHEW JAGO	3/3/2017 3/6/2017	Open	321.49	243.00	0.00	0.00	0.00	0.00	0.00	564.49
WAS BITTEN BY STUDENT HAVIN	NG BEHAVIORAL ISSUE ON F	R HAND/WRIST, R	2,178.51	2.00	0.00	0.00	0.00	0.00	0.00	2,180.51
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			321.49	243.00	0.00	0.00	0.00	0.00	0.00	564.49
			2,178.51	2.00	0.00	0.00	0.00	0.00	0.00	2,180.51
Claim Number: 17WC01	854Y									
17WC01854Y	SOLER, CARMEN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MCGINNIS M.S.	3/2/2017 3/6/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
HOOKING UP STUDENT WHEELC	HAIR TO BUS PINCHED HER	R HAND MIDDLE	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: 17WC01855W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-13-

ivers@summitrisk.com



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORI Claim Number: 17WC01		I								
17WC01855W	YARMULA, CRAIG JR	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
COLUMBUS SCHOOL #8	3/3/2017 3/6/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
REMOVING CHAIRS FROM PILE	OF CHAIRS TO GET STUDEN	TS SHOE STRUCK	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: 17WC01	856B									
17WC01856B	ROBERTS, DOLORES	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SOUTH MAIN STREET SCHOOL	3/3/2017 3/6/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING BEHAVIORAL	ISSUE KICKED HER IN R LO	WER LEG	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: 17WC01	857K									
17WC01857K	REID, BRIGITTE	11	2,500.00	245.00	763.79	0.00	0.00	0.00	0.00	3,508.79
PLEASANTVILLE MS	3/3/2017 3/6/2017	Open	0.00	243.00	763.79	0.00	0.00	0.00	0.00	1,006.79
RESTRAINING STUDENT DURING	FIGHT STUDENT FELL TO	GROUND INJURED	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	763.79	0.00	0.00	0.00	0.00	3,508.79
			0.00	243.00	763.79	0.00	0.00	0.00	0.00	1,006.79
			2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 17WC01858W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-14-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOI Claim Number: 17WC0										
17WC01858W	CERAMI, MARGO	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
RIECK AVE ES	3/3/2017 3/6/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT WAS SLIDING CHAIR	BACKWARDS THEN PICKED L	JP CHAIR ACCIDE	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: 17WC0	1859Y									
17WC01859Y	MCKABA, ALYCIA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WESTWOOD JR/SR HS	3/3/2017 3/6/2017	Open	625.00	243.00	0.00	0.00	0.00	0.00	0.00	868.00
WALKING TO CLASSROOM SHI	E FELL INJURED R ANKLE, BEL	IEVES SHE SLIPF	1,875.00	2.00	0.00	0.00	0.00	0.00	0.00	1,877.00
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			625.00	243.00	0.00	0.00	0.00	0.00	0.00	868.00
			1,875.00	2.00	0.00	0.00	0.00	0.00	0.00	1,877.00
Claim Number: 17WC0	1860G									
17WC01860G	BREDT, CANDY	14	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
DEPT OF TRANSPORTATION	3/1/2017 3/6/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
A CO-WORKER HAS BEEN BUL	LYING AND HARASSING HER F	FOR THE PAST 3 1	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Total by Claim Number 1	Claim		1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00

Claim Number: 17WC01861W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

4/6/2017 12:45:59PM

-15-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC01										
17WC01861W	SANTOS, JOHN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
EAST BRUNSWICK CAMPUS	3/3/2017 3/6/2017	Open	299.00	243.00	0.00	0.00	0.00	0.00	0.00	542.00
CHANGING FILTERS ON ROOF I	LIFTING HIS LEG OVER A PIPE	FELT PAIN IN GF	2,201.00	2.00	0.00	0.00	0.00	0.00	0.00	2,203.00
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			299.00	243.00	0.00	0.00	0.00	0.00	0.00	542.00
			2,201.00	2.00	0.00	0.00	0.00	0.00	0.00	2,203.00
Claim Number: 17WC01	862K									
17WC01862K	ARUTE, MARLENE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
VALLEY PROGRAM	3/3/2017 3/6/2017	Open	55.34	243.00	0.00	0.00	0.00	0.00	0.00	298.34
ASSISTING STUDENT IN BATHR	OOM STUDENT BIT R UPPER	ARM	2,444.66	2.00	0.00	0.00	0.00	0.00	0.00	2,446.66
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			55.34	243.00	0.00	0.00	0.00	0.00	0.00	298.34
			2,444.66	2.00	0.00	0.00	0.00	0.00	0.00	2,446.66
Claim Number: 17WC01	864B									
17WC01864B	STEFANIDIS, MEGAN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LINWOOD MIDDLE SCHOOL	3/6/2017 3/6/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
MOVING DESK TO SIT NEXT TO	STUDENTS WHEN DESK BEC	AME CAUGHT 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: 17WC01866R



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

ivers@summitrisk.com

-16-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC01										
17WC01866R	COCO, LAUREN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HANNAH CALDWELL E.S. (UNIO	N) 3/1/2017 3/6/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TRUCK REAR ENDED HER CAUS	SING HER TO HIT A VEHICLE	IN FRONT OF HEF	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: 17WC01	867B									
17WC01867B	HAYDEN, AMANDA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
VALLEY PROGRAM	3/6/2017 3/6/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAD BEHAVIORAL ISS	SUE AND BIT R FOREARM		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: 17WC01	868Z									
17WC01868Z	GEIGER, JESSICA	10	7,500.00	1,193.00	11,000.00	0.00	0.00	0.00	0.00	19,693.00
MANCHESTER TWP. MS	3/3/2017 3/6/2017	Open	376.07	1,193.00	2,944.00	0.00	0.00	0.00	0.00	4,513.07
LOADING COPY MACHINE WITH	PAPER WHEN SHE STRUCK	HEAD AGAINST S	7,123.93	0.00	8,056.00	0.00	0.00	0.00	0.00	15,179.93
Total by Claim Number 1	Claim		7,500.00	1,193.00	11,000.00	0.00	0.00	0.00	0.00	19,693.00
			376.07	1,193.00	2,944.00	0.00	0.00	0.00	0.00	4,513.07
			7,123.93	0.00	8,056.00	0.00	0.00	0.00	0.00	15,179.93

Claim Number: 17WC01869B



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-17-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WO Claim Number: 17WC0										
17WC01869B	ENGSTROM, CARLEIGH	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BIOTECHNOLOGY HS	3/6/2017 3/6/2017	Open	155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
PREPARING STAINING SOLUTI	ON FOR CLASS INHALED VAPC	ORS CAUSING NA	2,344.77	2.00	0.00	0.00	0.00	0.00	0.00	2,346.77
Total by Claim Number	I Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
			2,344.77	2.00	0.00	0.00	0.00	0.00	0.00	2,346.77
Claim Number: 17WC0	1870W									
17WC01870W	GARY, CINDY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WINSLOW TWP H.S.	3/6/2017 3/6/2017	Open	392.00	243.00	0.00	0.00	0.00	0.00	0.00	635.00
TRIPPED OVER AN OBJECT AN	D ATTEMPTED TO BREAK FAL	L INJURED L PINF	2,108.00	2.00	0.00	0.00	0.00	0.00	0.00	2,110.00
Total by Claim Number	I Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			392.00	243.00	0.00	0.00	0.00	0.00	0.00	635.00
			2,108.00	2.00	0.00	0.00	0.00	0.00	0.00	2,110.00
Claim Number: 17WC0	1871Y									
17WC01871Y	PRESS, ALISON	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MCGINNIS M.S.	3/6/2017 3/6/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKIND DOWN STAIRS SLIPF	PED DOWN STEPS AND FELL O	N TAILBONE, R A	2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number	I 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: 17WC01872B



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-18-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC0		l								
17WC01872B	DENIZE, EUNICE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
TRANSPORTATION DEPT	3/2/2017 3/6/2017	Open	20.70	243.00	0.00	0.00	0.00	0.00	0.00	263.70
SLIPPED AND FELL ON FLOOR	INJURED L KNEE, L SHOULDI	ER, L ELBOW, NEC	2,479.30	2.00	0.00	0.00	0.00	0.00	0.00	2,481.30
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			20.70	243.00	0.00	0.00	0.00	0.00	0.00	263.70
			2,479.30	2.00	0.00	0.00	0.00	0.00	0.00	2,481.30
Claim Number: 17WC0 ²	1874K									
17WC01874K	GRANT, DIANE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SOUTH ORANGE JUNIOR HIGH	SCF 3/3/2017 3/6/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING BEHAVIORA	ISSUE PUSHED HER IN CHE	ST ELEVATED B/P	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: 17WC0 ²	1875W									
17WC01875W	REYES, EDUARDO	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JEFFERSON SCHOOL	3/2/2017 3/6/2017	Open	205.17	243.00	0.00	0.00	0.00	0.00	0.00	448.17
IN JANITOR ROOM FELT A BITE	ON L ARM		2,294.83	2.00	0.00	0.00	0.00	0.00	0.00	2,296.83
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			205.17	243.00	0.00	0.00	0.00	0.00	0.00	448.17
			2,294.83	2.00	0.00	0.00	0.00	0.00	0.00	2,296.83

Claim Number: 17WC01877Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-19-

ivers@summitrisk.com



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC01										
17WC01877Y	IRELAND, DONNA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ROBINSON E.S.	3/3/2017 3/7/2017	Open	119.17	243.00	0.00	0.00	0.00	0.00	0.00	362.17
WHILE VACUUMING, THE VACU	UMS CORD BECAME TANGLE	D AROUND HER L	2,380.83	2.00	0.00	0.00	0.00	0.00	0.00	2,382.83
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			119.17	243.00	0.00	0.00	0.00	0.00	0.00	362.17
			2,380.83	2.00	0.00	0.00	0.00	0.00	0.00	2,382.83
Claim Number: 17WC01	878W									
17WC01878W	MASSARO, LYNETTE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ELWOOD SCHOOL	3/6/2017 3/7/2017	Open	37.08	243.00	0.00	0.00	0.00	0.00	0.00	280.08
WALKING IN HALLWAY BY WATE	ER FOUNTAIN SLIPPED IN WA	TER AND FELL OI	2,462.92	2.00	0.00	0.00	0.00	0.00	0.00	2,464.92
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			37.08	243.00	0.00	0.00	0.00	0.00	0.00	280.08
			2,462.92	2.00	0.00	0.00	0.00	0.00	0.00	2,464.92
Claim Number: 17WC01	879W									
17WC01879W	PITZORELLA, SUSANNE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JOHN A. CARUSI JR. SCHOOL	3/3/2017 3/6/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
DURING CAMP WEEK, STRAINE	D HER LOWER BACK WHEN S	HE STOOD UP FF	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: 17WC01880B



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-20-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC01										
17WC01880B	CASSELL, KAREN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
P.J. HILL SCHOOL	3/3/2017 3/6/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING BEHAVIORAL	ISSUE KICKED HER ON L HA	ND	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: 17WC01	881B									
17WC01881B	ROSARIO, STEPHANIE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HAMILTON SCHOOL	3/6/2017 3/6/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WAS SITTING ON COMPUTER S	FOOL WHEN IT BROKE SHE F	ELL INJURED R W	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: 17WC01	882K									
17WC01882K	HALL, CHERYL	11	2,500.00	245.00	539.47	0.00	0.00	0.00	0.00	3,284.47
MIDDLE SCHOOL MS	3/1/2017 3/6/2017	Open	203.34	243.00	539.47	0.00	0.00	0.00	0.00	985.81
WALKING TO BACK OF BUS TO	CLOSE WINDOWS, TRIPPED A	AND FELL INJURE	2,296.66	2.00	0.00	0.00	0.00	0.00	0.00	2,298.66
Total by Claim Number 1	Claim		2,500.00	245.00	539.47	0.00	0.00	0.00	0.00	3,284.47
			203.34	243.00	539.47	0.00	0.00	0.00	0.00	985.81
			2,296.66	2.00	0.00	0.00	0.00	0.00	0.00	2,298.66

Claim Number: 17WC01883Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-21-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC01										
17WC01883Y	HONG, SARAH	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
IRWIN E.S.	3/6/2017 3/6/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING OVER TO COMPUTER	RS TRIPPED AND FELL OVER B	BACKPACK HOLDI	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: 17WC01	1884K									
17WC01884K	APPEZZATO, KAREN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WARREN DEVELOP. LEARNING	CTI 3/6/2017 3/6/2017	Open	216.53	243.00	0.00	0.00	0.00	0.00	0.00	459.53
ATTEMPTING TO PREVENT STU	JDENT FROM JUMPING INTO F	POOL JAMMED R	2,283.47	2.00	0.00	0.00	0.00	0.00	0.00	2,285.47
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			216.53	243.00	0.00	0.00	0.00	0.00	0.00	459.53
			2,283.47	2.00	0.00	0.00	0.00	0.00	0.00	2,285.47
Claim Number: 17WC01	1886B									
17WC01886B	ST ONG, JARROD	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WILDWOOD HIGH SCHOOL	3/6/2017 3/7/2017	Open	311.81	243.00	0.00	0.00	0.00	0.00	0.00	554.81
MOVING VOLLEYBALL NET WAS	S CARRYING THE BASE ACCIE	ENTALLY CUT HI	2,188.19	2.00	0.00	0.00	0.00	0.00	0.00	2,190.19
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			311.81	243.00	0.00	0.00	0.00	0.00	0.00	554.81
			2,188.19	2.00	0.00	0.00	0.00	0.00	0.00	2,190.19

Claim Number: 17WC01888Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-22-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC0										
17WC01888Y	LETOWSKY, BETH	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CLIFFWOOD AVENUE ES	3/2/2017 3/7/2017	Open	158.08	243.00	0.00	0.00	0.00	0.00	0.00	401.08
STUDENT HAVING BEHAVIORA	L ISSUE TOSSED METAL CHAIF	R AT HER R SIDE	2,341.92	2.00	0.00	0.00	0.00	0.00	0.00	2,343.92
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			158.08	243.00	0.00	0.00	0.00	0.00	0.00	401.08
			2,341.92	2.00	0.00	0.00	0.00	0.00	0.00	2,343.92
Claim Number: 17WC0 ⁴	1889B									
17WC01889B	NANOS, HEATHER	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CAPE MAY CTY SPEC SERVICE	S H: 3/6/2017 3/7/2017	Open	119.36	243.00	0.00	0.00	0.00	0.00	0.00	362.36
ATTEMPTED TO RESTRAIN STU	JDENT FROM RUNNING OUT CL	ASS STRAINED	2,380.64	2.00	0.00	0.00	0.00	0.00	0.00	2,382.64
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			119.36	243.00	0.00	0.00	0.00	0.00	0.00	362.36
			2,380.64	2.00	0.00	0.00	0.00	0.00	0.00	2,382.64
Claim Number: 17WC0 ⁴	1890B									
17WC01890B	ROSE, KIMBERLY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BRADLEY GARDENS E S	3/6/2017 3/7/2017	Open	407.85	243.00	0.00	0.00	0.00	0.00	0.00	650.85
SLIPPED IN WATER AND FELL I	NJURED L UPPER ARM, SHOUL	DER, THIGH, FO	2,092.15	2.00	0.00	0.00	0.00	0.00	0.00	2,094.15
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			407.85	243.00	0.00	0.00	0.00	0.00	0.00	650.85
			2,092.15	2.00	0.00	0.00	0.00	0.00	0.00	2,094.15

Claim Number: 17WC01891K



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-23-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC01										
17WC01891K	FITZGERALD, KELLY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
J.ACKERMAN COLES ES	3/6/2017 3/7/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WAS PUTTING TOGETHER A CH	IART STAND ACCIDENTALLY H	HIT HERSELF IN T	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: 17WC01	892V									
17WC01892V	TURNER, MALVIN	10	17,000.00	1,193.00	10,000.00	0.00	0.00	0.00	0.00	28,193.00
WINSLOW TRANSPORTATION	3/6/2017 3/7/2017	Open	292.69	1,193.00	1,490.52	0.00	0.00	0.00	0.00	2,976.21
STEPPING OUT OF BUS AFTER	PUTTING GAS IN, WAS RAN O	VER BY HIT AND	16,707.31	0.00	8,509.48	0.00	0.00	0.00	0.00	25,216.79
Total by Claim Number 1	Claim		17,000.00	1,193.00	10,000.00	0.00	0.00	0.00	0.00	28,193.00
			292.69	1,193.00	1,490.52	0.00	0.00	0.00	0.00	2,976.21
			16,707.31	0.00	8,509.48	0.00	0.00	0.00	0.00	25,216.79
Claim Number: 17WC01	893W									
17WC01893W	DURGIN, CAITLIN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WALTER M SCHIRRA ES	3/7/2017 3/7/2017	Open	9.30	243.00	0.00	0.00	0.00	0.00	0.00	252.30
UPSET STUDENT TOSSED DESP	K TOWARDS HER AND IT LAND	DED ON R FOOT	2,490.70	2.00	0.00	0.00	0.00	0.00	0.00	2,492.70
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			9.30	243.00	0.00	0.00	0.00	0.00	0.00	252.30
			2,490.70	2.00	0.00	0.00	0.00	0.00	0.00	2,492.70

Claim Number: 17WC01894K



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-24-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOF Claim Number: 17WC0										
17WC01894K	SEPTYNSKI, MARTHA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
OCEAN ACADEMY	3/7/2017 3/7/2017	Open	38.98	243.00	0.00	0.00	0.00	0.00	0.00	281.98
TEACHING STUDENTS HOW TO	SWIM WAS ACCIDENTALLY P	OKED IN L EYE W	2,461.02	2.00	0.00	0.00	0.00	0.00	0.00	2,463.02
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			38.98	243.00	0.00	0.00	0.00	0.00	0.00	281.98
			2,461.02	2.00	0.00	0.00	0.00	0.00	0.00	2,463.02
Claim Number: 17WC0	1895B									
17WC01895B	DARCY, MARY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LINDEN HIGH SCHOOL	3/6/2017 3/7/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING DOWN STAIRS LOST	HER FOOTING AND FELL HITT	ING BACK OF HE	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: 17WC0	1896B									
17WC01896B	BERTSCHA, JENNIFER	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
C RICHARD APPLEGATE E.S.	3/7/2017 3/7/2017	Open	121.14	243.00	0.00	0.00	0.00	0.00	0.00	364.14
PHYSICALLY PROMPTING STU	DENT TO FOLLOW INSTRUCTION	ONS MOVING STL	2,378.86	2.00	0.00	0.00	0.00	0.00	0.00	2,380.86
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			121.14	243.00	0.00	0.00	0.00	0.00	0.00	364.14
			2,378.86	2.00	0.00	0.00	0.00	0.00	0.00	2,380.86

Claim Number: 17WC01897I



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-25-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC018		l								
17WC01897I	MOSQUERA, DAVID	10	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NORTH 13ST ST SCHOOL	3/7/2017 3/7/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CROUCHED DOWN TO RETRIEVE	E MATERIALS FELT A POP IN	I L KNEE	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: 17WC018	398Y									
17WC01898Y	BUHL, LISA	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WARREN CTY SPEC SVCS BOE	3/7/2017 3/7/2017	3/27/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ATTEMPTING TO RESTRAIN AND	CALM DOWN STUDENT WA	S HEAD BUTTED I	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: 17WC018	399W									
17WC01899W	ESPOSITO, VINCENT	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
COLONIA HIGH SCHOOL	3/6/2017 3/7/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CUT HIS R INDEX FINGER ON ME	TAL PIECE OF BASEBALL C	ART	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: 17WC01900Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-26-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC01										
17WC01900Y	DEBELLO, AMY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WARREN DEVELOP. LEARNING	CTI 3/7/2017 3/7/2017	Open	276.49	243.00	0.00	0.00	0.00	0.00	0.00	519.49
HOLDING DOOR UPEN FOR STU	IDENT WHEN STUDENT KICK	ED HER IN ABDON	2,223.51	2.00	0.00	0.00	0.00	0.00	0.00	2,225.51
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			276.49	243.00	0.00	0.00	0.00	0.00	0.00	519.49
			2,223.51	2.00	0.00	0.00	0.00	0.00	0.00	2,225.51
Claim Number: 17WC01	901K									
17WC01901K	NESMITH, AMANDA	11	113.81	243.00	0.00	0.00	0.00	0.00	0.00	356.81
WARREN DEVELOP. LEARNING	CTI 3/7/2017 3/7/2017	Reopened	113.81	243.00	0.00	0.00	0.00	0.00	0.00	356.81
STUDENT HAVING BEHAVIORAL	ISSUE FLIPPED A TABLE OV	ER HITTING R FO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1	Claim		113.81	243.00	0.00	0.00	0.00	0.00	0.00	356.81
			113.81	243.00	0.00	0.00	0.00	0.00	0.00	356.81
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 17WC01	902B									
17WC01902B	DIETZ, EILEEN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CROSSROADS M S	3/6/2017 3/7/2017	Open	277.75	243.00	0.00	0.00	0.00	0.00	0.00	520.75
WALKING IN PARKING LOT SHE	ROLLED R ANKLE		2,222.25	2.00	0.00	0.00	0.00	0.00	0.00	2,224.25
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			277.75	243.00	0.00	0.00	0.00	0.00	0.00	520.75
			2,222.25	2.00	0.00	0.00	0.00	0.00	0.00	2,224.25

Claim Number: 17WC01903Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-27-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC01										
17WC01903Y	RYLAK, AMBER	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JOHN WITHERSPOON MS	3/3/2017 3/7/2017	Open	171.99	243.00	0.00	0.00	0.00	0.00	0.00	414.99
STUDENT CHUCKED BASKETBL	L STRIKING HER HEAD		2,328.01	2.00	0.00	0.00	0.00	0.00	0.00	2,330.01
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			171.99	243.00	0.00	0.00	0.00	0.00	0.00	414.99
			2,328.01	2.00	0.00	0.00	0.00	0.00	0.00	2,330.01
Claim Number: 17WC01	904K									
17WC01904K	WASHINGTON, WILLIAM	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CLAYTON HS	3/6/2017 3/7/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WSA STRUCK IN FACE WITH A E	BALL INJURED L EYE, NOSE DU	JRING BASEBALI	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: 17WC01	905W									
17WC01905W	WRIGHT, KERI	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
GRIEBLING SCHOOL	3/7/2017 3/7/2017	Open	197.15	243.00	0.00	0.00	0.00	0.00	0.00	440.15
STUDENT RAN UP BEHIND HER	FULL FORCE TO GIVE A HUG	BRACED HERSE	2,302.85	2.00	0.00	0.00	0.00	0.00	0.00	2,304.85
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			197.15	243.00	0.00	0.00	0.00	0.00	0.00	440.15
			2,302.85	2.00	0.00	0.00	0.00	0.00	0.00	2,304.85

Claim Number: 17WC01906Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at 4/6/2017 12:45:59PM

-28-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOF Claim Number: 17WC0										
17WC01906Y	RASHID, RIZWANA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SCHOOL 2	3/7/2017 3/7/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
PASSING OUT LUNCH STUDEN	T HAVING BEHAVIORAL ISSUE	THREW CHAIR I	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: 17WC0 ⁴	1907K									
17WC01907K	SABIN, BARBARA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BELLEVILLE SENIOR HS	3/2/2017 3/7/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
KEEPING TWO STUDENTS SEP	ERATED STUDENT CHARGED	AT HER ATTEMP	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: 17WC0 ⁴	1908Y									
17WC01908Y	PUCHE, NANCY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CHERRY HILL HIGH WEST HS	3/6/2017 3/8/2017	Open	121.41	243.00	0.00	0.00	0.00	0.00	0.00	364.41
DEMONSTRATING A LINE DANG	CING MOVE TO STUDENTS ST	RAINED L FOOT	2,378.59	2.00	0.00	0.00	0.00	0.00	0.00	2,380.59
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			121.41	243.00	0.00	0.00	0.00	0.00	0.00	364.41
			2,378.59	2.00	0.00	0.00	0.00	0.00	0.00	2,380.59

Claim Number: 17WC01910W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-29-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOI Claim Number: 17WC0										
17WC01910W	FORD, MICHAEL	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
NEW MONMOUTH ES	3/8/2017 3/8/2017	3/21/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
LOOKING FOR SET OF KEYS H	E ACCIDENTALLY CUT L THUM	IB WITH RUSTY R	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: 17WC0	1911B									
17WC01911B	DEVINE, REBECCA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BARCLAY EARLY CHILDHOOD	CTR 3/7/2017 3/8/2017	Open	42.00	243.00	0.00	0.00	0.00	0.00	0.00	285.00
WALKING TWO STUDENTS TO	BUS HOLDING HANDS, STUDE	NT JERKED BACK	2,458.00	2.00	0.00	0.00	0.00	0.00	0.00	2,460.00
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			42.00	243.00	0.00	0.00	0.00	0.00	0.00	285.00
			2,458.00	2.00	0.00	0.00	0.00	0.00	0.00	2,460.00
Claim Number: 17WC0	1912R									
17WC01912R	MACKEY, NANCY	11	30.00	243.00	0.00	0.00	0.00	0.00	0.00	273.00
TRITON HS	3/2/2017 3/8/2017	Reopened	30.00	243.00	0.00	0.00	0.00	0.00	0.00	273.00
DEVELOPED A RASH ON BOTH	HANDS, BELEIVES DUE TO TR	RASH BAGS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1	Claim		30.00	243.00	0.00	0.00	0.00	0.00	0.00	273.00
			30.00	243.00	0.00	0.00	0.00	0.00	0.00	273.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01914K



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-30-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC0										
17WC01914K	LONG, JENNIFER	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LENNA W CONROW	3/7/2017 3/8/2017	Open	553.00	243.00	0.00	0.00	0.00	0.00	0.00	796.00
ATTEMPTING TO OPEN A NEW	STAPLER USING SCISSORS T	O CUT ZIP TIE FE	1,947.00	2.00	0.00	0.00	0.00	0.00	0.00	1,949.00
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			553.00	243.00	0.00	0.00	0.00	0.00	0.00	796.00
			1,947.00	2.00	0.00	0.00	0.00	0.00	0.00	1,949.00
Claim Number: 17WC0 ⁴	1915B									
17WC01915B	JANSSEN, FRANK	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HUDSON CNTY VO-TECH	3/6/2017 3/8/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STEPP ON A CABLE CORD CAU	SING A TWEAK ON R KNEE FF	ROM THE MISSTE	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: 17WC0 ⁴	1916W									
17WC01916W	LITTLE, DAVID	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CLEARVIEW REGIONAL M S	3/8/2017 3/8/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
MOVING A SHELF WITH COWOR	RKER THE SHELF SLIPPED FR	OM HIS HAND CU	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: 17WC01917K



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

ivers@summitrisk.com

-31-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC019										
17WC01917K	FARISCHON, JOSEPH	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HANOVER PARK HS	3/7/2017 3/8/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CHANGING A TIRE HE PICKED UP	P THE TIRE AND FELT A PUL	L/POP IN L SHOUL	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: 17WC019	918R									
17WC01918R	OUTLAW, TYSHEA	10	2,500.00	1,193.00	0.00	0.00	0.00	0.00	0.00	3,693.00
DEVEL LC - NEW PROVIDENCE	3/7/2017 3/8/2017	Open	75.99	1,193.00	0.00	0.00	0.00	0.00	0.00	1,268.99
CAME TO STOP AT RAILROAD CO	DRSSING SHE WAS REAR EN	IDED BY ANOTHE	2,424.01	0.00	0.00	0.00	0.00	0.00	0.00	2,424.01
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
			75.99	1,193.00	0.00	0.00	0.00	0.00	0.00	1,268.99
			2,424.01	0.00	0.00	0.00	0.00	0.00	0.00	2,424.01
Claim Number: 17WC019	919B									
17WC01919B	ALEXANDER, QUEEN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SCHOOL 2	3/8/2017 3/8/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING BEHAVIORAL	ISSUE KICKED HER IN R KNE	EE AND R 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: 17WC01920K



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-32-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC0										
17WC01920K	WENGER, MEAGAN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
UNION-DEVEL LC (HUNT)	3/7/2017 3/8/2017	Open	69.54	243.00	0.00	0.00	0.00	0.00	0.00	312.54
STUDENT PULLED HER SHIRT I	FORCEFULLY CAUSING HER T	O TWIST HER LO	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: 17WC0 ⁷	1923W									
17WC01923W	MENDEZ, MAGALYS	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HUDSON CNTY VO-TECH	3/7/2017 3/8/2017	Open	453.23	243.00	0.00	0.00	0.00	0.00	0.00	696.23
ATTEMPTING TO RETRIEVE CA	N OF BEANS CAN FELL OVER	HEAD TRIED TO (2,046.77	2.00	0.00	0.00	0.00	0.00	0.00	2,048.77
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			453.23	243.00	0.00	0.00	0.00	0.00	0.00	696.23
			2,046.77	2.00	0.00	0.00	0.00	0.00	0.00	2,048.77
Claim Number: 17WC0 ⁴	1924W									
17WC01924W	SCHWEGEL, ASHLEY	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
LAKESIDE MS	3/8/2017 3/8/2017	3/20/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT EXITING GYM OPENE	ED DOOR HITTING R ELBOW		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: 17WC01925R



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-33-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOF Claim Number: 17WC0										
17WC01925R	VACCARO, COLLEEN	11	4,900.00	245.00	5,724.16	0.00	0.00	0.00	0.00	10,869.16
MORRIS AVE SCHOOL	3/7/2017 3/8/2017	Open	529.00	243.00	0.00	0.00	0.00	0.00	0.00	772.00
STUDENT FELL BACKWARDS C	ONTO HER L FOOT		4,371.00	2.00	5,724.16	0.00	0.00	0.00	0.00	10,097.16
Total by Claim Number 1	Claim		4,900.00	245.00	5,724.16	0.00	0.00	0.00	0.00	10,869.16
			529.00	243.00	0.00	0.00	0.00	0.00	0.00	772.00
			4,371.00	2.00	5,724.16	0.00	0.00	0.00	0.00	10,097.16
Claim Number: 17WC0	1926Y									
17WC01926Y	MATTEUCCI, BRETT	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HIGHLAND HS	3/8/2017 3/8/2017	Open	517.00	243.00	0.00	0.00	0.00	0.00	0.00	760.00
HOLDING A WOODEN FENCE V	VHILE COWORKER USING CHA	INSAW TO CUT V	1,983.00	2.00	0.00	0.00	0.00	0.00	0.00	1,985.00
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			517.00	243.00	0.00	0.00	0.00	0.00	0.00	760.00
			1,983.00	2.00	0.00	0.00	0.00	0.00	0.00	1,985.00
Claim Number: 17WC0	1928W									
17WC01928W	THEIN, MARYANN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PISCATAWAY TWP H.S.	3/7/2017 3/8/2017	Open	287.55	243.00	0.00	0.00	0.00	0.00	0.00	530.55
WALKING IN HALLWAY SLIPPE	D AND FELL INJURED L FOOT/	ANKLE AND R KNI	2,212.45	2.00	0.00	0.00	0.00	0.00	0.00	2,214.45
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			287.55	243.00	0.00	0.00	0.00	0.00	0.00	530.55
			2,212.45	2.00	0.00	0.00	0.00	0.00	0.00	2,214.45

Claim Number: 17WC01929K



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-34-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC01										
17WC01929K	WEBER, ANNE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HANNAH CALDWELL E.S. (UNIO	N) 3/8/2017 3/8/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
FOOT GOT CAUGHT IN PHONE (CORD SHE FELL INJURED L K	NEE AND L FOOT	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: 17WC01	930R									
17WC01930R	KRONITZ, MARYANN	14	930.00	0.00	0.00	0.00	0.00	0.00	0.00	930.00
WANAMASSA E.S.	3/2/2017 3/9/2017	3/28/2017	930.00	0.00	0.00	0.00	0.00	0.00	0.00	930.00
WALKING IN HALLWAY GRABBE	D HIS HEAD STUMBLED BACK	WARDS ONTO B	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1	Claim		930.00	0.00	0.00	0.00	0.00	0.00	0.00	930.00
			930.00	0.00	0.00	0.00	0.00	0.00	0.00	930.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 17WC01	931Y									
17WC01931Y	SAPARITO-AUSTIN, KIM	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
EMMA C. ATTALES ES	3/7/2017 3/9/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TAKING DOWN VOLLEYBALL NE	T, CRANK ON NET FELL ON T	OP OF L FOOT	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: 17WC01932B



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-35-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC01		l								
17WC01932B	PINO, ANNA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
AUTEN ROAD ES	3/8/2017 3/9/2017	Open	13.58	243.00	0.00	0.00	0.00	0.00	0.00	256.58
WAS ACCIDENTALLY STRUCK R	EYE WITH LARGE FOAM BAI	_L	2,486.42	2.00	0.00	0.00	0.00	0.00	0.00	2,488.42
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			13.58	243.00	0.00	0.00	0.00	0.00	0.00	256.58
			2,486.42	2.00	0.00	0.00	0.00	0.00	0.00	2,488.42
Claim Number: 17WC01	933K									
17WC01933K	KEKER, LINDSAY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
C RICHARD APPLEGATE E.S.	3/8/2017 3/9/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING BEHAVIORAL	ISSUE ELBOWED HER IN AB	DOMEN	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: 17WC01	934K									
17WC01934K	PALADINES, LUIS	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HUDSON CNTY VO-TECH	3/8/2017 3/9/2017	Open	704.82	243.00	0.00	0.00	0.00	0.00	0.00	947.82
WHILE DRIVING SCHOOL BUS W	AS INVOLVED IN MVA, INJ NI	ECK, SHOULDERS	1,795.18	2.00	0.00	0.00	0.00	0.00	0.00	1,797.18
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			704.82	243.00	0.00	0.00	0.00	0.00	0.00	947.82
			1,795.18	2.00	0.00	0.00	0.00	0.00	0.00	1,797.18

Claim Number: 17WC01935R



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-36-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC01										
17WC01935R	SMITH, TANISHA	15	5,500.00	245.00	1,792.00	0.00	0.00	0.00	0.00	7,537.00
ADMINISTRATION BUILDING	3/8/2017 3/9/2017	Open	271.63	243.00	1,792.00	0.00	0.00	0.00	0.00	2,306.63
MISSED A STEP WALKING DOWI	N THE STEPS TWISTED R AN	KLE	5,228.37	2.00	0.00	0.00	0.00	0.00	0.00	5,230.37
Total by Claim Number 1	Claim		5,500.00	245.00	1,792.00	0.00	0.00	0.00	0.00	7,537.00
			271.63	243.00	1,792.00	0.00	0.00	0.00	0.00	2,306.63
			5,228.37	2.00	0.00	0.00	0.00	0.00	0.00	5,230.37
Claim Number: 17WC01	936K									
17WC01936K	CAMPANALE, JEANETTE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
AUTEN ROAD ES	3/6/2017 3/9/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING OUT OF OFFICE INTO	GYM WAS STRUCK IN FACE	WITH A BALL INJ I	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: 17WC01	937Y									
17WC01937Y	FAVRE, CHRISTINA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WASHINGTON SCHOOL	3/7/2017 3/9/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ORGANIZING EQUIPMENT FOR F	REMOVAL LIFTED A BOX AND	FELT A PULL IN F	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: 17WC01938W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-37-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC01										
17WC01938W	REINA, REGINA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CEDAR HILL ES	3/8/2017 3/8/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT TRIED TO HIT HER & S	STRUCK HER RT THUMB CAU	SING IT TO EXTEI	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: 17WC01	939W									
17WC01939W	SCHILLING, CANDACE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
DEVEL LC - NEW PROVIDENCE	3/8/2017 3/8/2017	Open	101.63	243.00	0.00	0.00	0.00	0.00	0.00	344.63
STUDENT HAVING A BEHAVIORA	AL POKED HER ON HER RT E	YE WITH THEIR F	2,398.37	2.00	0.00	0.00	0.00	0.00	0.00	2,400.37
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			101.63	243.00	0.00	0.00	0.00	0.00	0.00	344.63
			2,398.37	2.00	0.00	0.00	0.00	0.00	0.00	2,400.37
Claim Number: 17WC01	940Y									
17WC01940Y	GARRISON, PATRICIA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MEMORIAL INTERMEDIATE SCH	OO 3/8/2017 3/9/2017	Open	218.00	243.00	0.00	0.00	0.00	0.00	0.00	461.00
DIFFUSING AN ALTERCATION BE	ETWEEN STUDENTS WAS RE	STRAINING STUD	2,282.00	2.00	0.00	0.00	0.00	0.00	0.00	2,284.00
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
-			218.00	243.00	0.00	0.00	0.00	0.00	0.00	461.00
			2,282.00	2.00	0.00	0.00	0.00	0.00	0.00	2,284.00

Claim Number: 17WC01943W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-38-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC01		N								
17WC01943W	RAES, ELIZABETH	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MARIA L. VARISCO-ROGERS CH	AR 3/9/2017 3/9/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING FROM ONE BLDG TO N	EXT TRIPPED ON UNEVEN	PAVEMENT AND F	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: 17WC01	944K									
17WC01944K	ROSENBLATT, MELANI	E 11	4,000.00	245.00	0.00	0.00	0.00	0.00	0.00	4,245.00
ADMINISTRATIVE OFFICES	3/9/2017 3/9/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING IN VESTIBULE FELL HI	TTING HEAD		4,000.00	2.00	0.00	0.00	0.00	0.00	0.00	4,002.00
Total by Claim Number 1	Claim		4,000.00	245.00	0.00	0.00	0.00	0.00	0.00	4,245.00
			0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
			4,000.00	2.00	0.00	0.00	0.00	0.00	0.00	4,002.00
Claim Number: 17WC01	945B									
17WC01945B	SHAW, ERIC	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LIVINGSTON SCHOOL (UNION)	3/8/2017 3/9/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
DEMONSTRATING BACKWARDS	ROLL INJURED NECK AND	SHOULDERS	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: 17WC01946Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-39-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC0										
17WC01946Y	BARRY, ANN MARIE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
VILLAGE E.S.	3/8/2017 3/9/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
RESTRAINING STUDENT IN SIT	TING POSITION SWUNG HER I	EG OVER TO HO	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: 17WC0 ⁴	1947W									
17WC01947W	PEREZ, LEE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ROBERT FULTON NO. 2 ELEM.	3/6/2017 3/9/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TRIPPED OVER SEATBELT AND	FELL INJURED R THIRD/FOU	RTH TOE	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: 17WC0 ⁴	1948W									
17WC01948W	ORTEGA, YURIDALVA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
COLUMBIA HIGH SCHOOL	3/7/2017 3/9/2017	Open	482.30	243.00	0.00	0.00	0.00	0.00	0.00	725.30
PULLING DOWN THE WINDOW	N CLASSROOM FELT PAIN IN	L SHOULDER	2,017.70	2.00	0.00	0.00	0.00	0.00	0.00	2,019.70
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			482.30	243.00	0.00	0.00	0.00	0.00	0.00	725.30
			2,017.70	2.00	0.00	0.00	0.00	0.00	0.00	2,019.70

Claim Number: 17WC01949Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-40-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC0										
17WC01949Y	FURTIS-CAUDLE, TRACY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
TRIANGLE ES	3/7/2017 3/9/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING STUDENTS TO BUS S	TUDENT KICKED HER IN L LEO	3	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: 17WC0 ⁴	1950B									
17WC01950B	TELEP, STACY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
COLUMBUS SCHOOL #8	3/8/2017 3/9/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SLIPPED ON WET FLOOR AND	GRABBED ONTO DESK TWISTE	ED R KNEE, R AN	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: 17WC0 ⁴	1951K									
17WC01951K	BRAMBILLA, ELIJAH	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BURLINGTON CO SPEC SER SC	CH V 3/9/2017 3/9/2017	Open	58.58	243.00	0.00	0.00	0.00	0.00	0.00	301.58
STUDENT HAVING BEHAVIORA	L ISSUE KICKED HIM IN FOREH	IEAD INJ HEAD/N	2,441.42	2.00	0.00	0.00	0.00	0.00	0.00	2,443.42
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			58.58	243.00	0.00	0.00	0.00	0.00	0.00	301.58
			2,441.42	2.00	0.00	0.00	0.00	0.00	0.00	2,443.42

Claim Number: 17WC01952Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-41-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC01										
17WC01952Y	ANTUNES, JODI	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BRIDGEWATER-RARITAN HS	3/7/2017 3/9/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
PLAYING INDOOR SOCCER WITH	H STUDENTS, BALL WAS KICI	KED HITTING HER	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: 17WC01	953Z									
17WC01953Z	BENTON, KENON	15	2,500.00	245.00	967.48	0.00	0.00	0.00	0.00	3,712.48
TRENTON CENTRAL HS MAIN CA	AMI 3/8/2017 3/9/2017	Open	196.67	243.00	967.48	0.00	0.00	0.00	0.00	1,407.15
COMING DOWN STAIRS STEPPE	D ON AN UNKNOWN OBJECT	FELT A POP IN L	2,303.33	2.00	0.00	0.00	0.00	0.00	0.00	2,305.33
Total by Claim Number 1	Claim		2,500.00	245.00	967.48	0.00	0.00	0.00	0.00	3,712.48
			196.67	243.00	967.48	0.00	0.00	0.00	0.00	1,407.15
			2,303.33	2.00	0.00	0.00	0.00	0.00	0.00	2,305.33
Claim Number: 17WC01	955W									
17WC01955W	GADDY, LOU ANN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PORT NORRIS E.S.	3/9/2017 3/9/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING IN HALLWAY A STUDE	NT TURNED ACCIDENTALLY	HITTING HER IN F	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: 17WC01956K



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-42-

ivers@summitrisk.com

4/6/2017 12:45:59PM



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC01										
17WC01956K	GUINDON, JOHN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
RIVERA SCHOOL	3/9/2017 3/9/2017	Open	493.84	243.00	0.00	0.00	0.00	0.00	0.00	736.84
PUTTING BAG AWAY IN LOCKEF	TRIED TO CLOSE LOCKER DO	OOR SLICED R T	2,006.16	2.00	0.00	0.00	0.00	0.00	0.00	2,008.16
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			493.84	243.00	0.00	0.00	0.00	0.00	0.00	736.84
			2,006.16	2.00	0.00	0.00	0.00	0.00	0.00	2,008.16
Claim Number: 17WC01	957B									
17WC01957B	MONTELEONE, LEONARD	A 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BRIDGEWATER-RARITAN HS	3/9/2017 3/10/2017	Open	358.54	243.00	0.00	0.00	0.00	0.00	0.00	601.54
GOING TO SIT IN CHAIR WITH W	HEELS CHAIR ROLLED BACK	VARDS SHE FEL	2,141.46	2.00	0.00	0.00	0.00	0.00	0.00	2,143.46
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			358.54	243.00	0.00	0.00	0.00	0.00	0.00	601.54
			2,141.46	2.00	0.00	0.00	0.00	0.00	0.00	2,143.46
Claim Number: 17WC01	958W									
17WC01958W	APONTE, ELIMAR	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JOSE MARTI SCHOOL	3/8/2017 3/10/2017	Open	283.76	243.00	0.00	0.00	0.00	0.00	0.00	526.76
STUDENT HAVING BEHAVIORAL	ISSUE HEAD BUTTED HER NO	DSE AND FOREH	2,216.24	2.00	0.00	0.00	0.00	0.00	0.00	2,218.24
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			283.76	243.00	0.00	0.00	0.00	0.00	0.00	526.76
			2,216.24	2.00	0.00	0.00	0.00	0.00	0.00	2,218.24

Claim Number: 17WC01959B



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

4/6/2017 12:45:59PM

-43-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC01										
17WC01959B	NORTON, MICHAEL	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
VILLAGE E.S.	3/9/2017 3/10/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
UNLOADING TRAILER WHEN HE	AVY WIND BLEW DOOR AGAI	NST HIM, HE FELI	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: 17WC01	960Y									
17WC01960Y	HOLZMILLER, DIANE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NJ REGIONAL DAY-JACKSON	3/9/2017 3/10/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING BEHAVIORAL	ISSUE SCRATCHED HER ON	NOSE, LIP, NECK	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: 17WC01	961W									
17WC01961W	REYNOSO, JULIA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
TRANSPORTATION/BUS LOT	3/8/2017 3/10/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
INVOLVED IN MVA STRAINED NE	CK AND UPPER R ARM		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: 17WC01962K



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

ivers@summitrisk.com

-44-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOF Claim Number: 17WC0										
17WC01962K	GOGNA, SEEMA	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SCHOOL 2	3/9/2017 3/10/2017	3/27/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT STOOD UP ACCIDEN	TALLY HIT HER CHIN WITH TO	P OF THEIR HEAI	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: 17WC0	1963B									
17WC01963B	LATIMER, SUZANNE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WESTAMPTON	3/9/2017 3/10/2017	Open	136.69	243.00	0.00	0.00	0.00	0.00	0.00	379.69
STUDENT HAVING BEHAVIORA	L ISSUE BIT L ARM		2,363.31	2.00	0.00	0.00	0.00	0.00	0.00	2,365.31
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			136.69	243.00	0.00	0.00	0.00	0.00	0.00	379.69
			2,363.31	2.00	0.00	0.00	0.00	0.00	0.00	2,365.31
Claim Number: 17WC0	1964Y									
17WC01964Y	MCCARTHY, CATHERINE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CARROLL ROBBINS	3/9/2017 3/10/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TRYING TO FIX DESK LEG, FING	GER BECAME WEDGE BETWE	EN LEG AND TOP	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: 17WC01965B



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-45-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WO Claim Number: 17WC0										
17WC01965B	BROTHERS, DAVID	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
BERNARDS HS	3/9/2017 3/10/2017	3/31/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TRYING TO ASSEMBLE A PING	PONG TABLE WITH ASSISTAN	ICE OF STUDENT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number	I 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: 17WC0	1967W									
17WC01967W	GOLDMAN, KEKO	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MAYS LANDING CAMPUS	3/9/2017 3/10/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ESCORTING STUDENT HAVING	BEHAVIORAL ISSUE STUDEN	T COLLAPSING T(2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number	I 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: 17WC0	1968W									
17WC01968W	OREFICE, JOSEPH	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CENTRAL REGISTRATION	3/8/2017 3/10/2017	Open	388.72	243.00	0.00	0.00	0.00	0.00	0.00	631.72
WAS UNLOADING SHAMPOO N	ACHINE WHEN HE STRAINED	LOWER BACK	2,111.28	2.00	0.00	0.00	0.00	0.00	0.00	2,113.28
Total by Claim Number	I Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			388.72	243.00	0.00	0.00	0.00	0.00	0.00	631.72
			2,111.28	2.00	0.00	0.00	0.00	0.00	0.00	2,113.28

Claim Number: 17WC01969K



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-46-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date S	status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC01										
17WC01969K	GONZALEZ, WALKIRIA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CAMDEN'S PROMISE CHARTER	R BO 3/10/2017 3/10/2017 0	pen	133.69	243.00	0.00	0.00	0.00	0.00	0.00	376.69
WALKING TO HER DESK SHE F	ELL INJURED R KNEE		2,366.31	2.00	0.00	0.00	0.00	0.00	0.00	2,368.31
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			133.69	243.00	0.00	0.00	0.00	0.00	0.00	376.69
			2,366.31	2.00	0.00	0.00	0.00	0.00	0.00	2,368.31
Claim Number: 17WC01	1970Y									
17WC01970Y	SOLECKI, CARIANNE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LAWRENCE BROOK E.S.	3/9/2017 3/10/2017 0	pen	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
R FOOT GAVE OUT ON UNEVEN	N MULCH SHE TWISTED R ANKLE	ND FELL	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: 17WC01	1971Y									
17WC01971Y	CARHART, SHIRLEY	11	2,500.00	245.00	441.20	0.00	0.00	0.00	0.00	3,186.20
BRIELLE E. S.	3/10/2017 3/10/2017 0	pen	0.00	243.00	441.20	0.00	0.00	0.00	0.00	684.20
WALKING IN CAFETERIA SLIPPE	ED ON FOOD AND FELL INJURED I	THIGH	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	441.20	0.00	0.00	0.00	0.00	3,186.20
			0.00	243.00	441.20	0.00	0.00	0.00	0.00	684.20
			2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 17WC01972W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-47-

ivers@summitrisk.com

4/6/2017 12:45:59PM



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC01										
17WC01972W	BAZZEL, ROBIN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CLEARVIEW REGIONAL M S	3/9/2017 3/10/2017	Open	289.78	243.00	0.00	0.00	0.00	0.00	0.00	532.78
WALKING IN HALLWAY SLIPPED	ON WET SPOT LANDING ON	L KNEE	2,210.22	2.00	0.00	0.00	0.00	0.00	0.00	2,212.22
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			289.78	243.00	0.00	0.00	0.00	0.00	0.00	532.78
			2,210.22	2.00	0.00	0.00	0.00	0.00	0.00	2,212.22
Claim Number: 17WC01	973K									
17WC01973K	ARMSTRONG, DANIELLE	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
VIRGIL I GRISSOM ES	3/10/2017 3/10/2017	3/31/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
IN PARKING LOT WALKING TO V	EHICLE, SLIPPED 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		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: 17WC01	974B									
17WC01974B	DICKSON, GREGORY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ADMIN BLDG	3/10/2017 3/10/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CLEANED WATER SPILL IN KITC	HEN ACCIDENTALLY RETRIE	/ED TRASH PICK	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: 17WC01976W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-48-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOF Claim Number: 17WC0										
17WC01976W	DEANGELIS, PAUL	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PARSONS SCHOOL	3/9/2017 3/10/2017	Open	204.73	243.00	0.00	0.00	0.00	0.00	0.00	447.73
HOISTED A FRIDGE TO TOSS II	NSIDE DUMPSTER FRIDGE SLI	D FROM HIS GRIF	2,295.27	2.00	0.00	0.00	0.00	0.00	0.00	2,297.27
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			204.73	243.00	0.00	0.00	0.00	0.00	0.00	447.73
			2,295.27	2.00	0.00	0.00	0.00	0.00	0.00	2,297.27
Claim Number: 17WC0	1977B									
17WC01977B	WILSON, LEAH	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
P.J. HILL SCHOOL	3/9/2017 3/10/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING BEHAVIORA	L ISSUE KICKED HER L FOOT		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: 17WC0	1978K									
17WC01978K	SOLIS, MELANIE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HIGH TECH HS	3/9/2017 3/10/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WAS PUNCHED IN LEYE BY ST	UDENT		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: 17WC01979Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-49-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC01										
17WC01979Y	CARUSO, SUZANNE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NUT SWAMP ES	3/10/2017 3/10/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING WITH HER CLASS TO	CAFETERIA SLIPPED AND BRA	ACHED HER FALL	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: 17WC01	981Z									
17WC01981Z	WALKER, JANNETTE	11	5,000.00	245.00	8,000.00	0.00	0.00	0.00	0.00	13,245.00
HANNAH CALDWELL E.S. (UNIO	N) 3/8/2017 3/10/2017	Open	0.00	243.00	2,432.00	0.00	0.00	0.00	0.00	2,675.00
LOST HER BALANCE/STEP ON C	CURB AND FELL INJURED R K	NEE, R TWO FING	5,000.00	2.00	5,568.00	0.00	0.00	0.00	0.00	10,570.00
Total by Claim Number 1	Claim		5,000.00	245.00	8,000.00	0.00	0.00	0.00	0.00	13,245.00
			0.00	243.00	2,432.00	0.00	0.00	0.00	0.00	2,675.00
			5,000.00	2.00	5,568.00	0.00	0.00	0.00	0.00	10,570.00
Claim Number: 17WC01	982Y									
17WC01982Y	IMPERATO, ANNMARIE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
RICHARD STOCKTON ES	3/10/2017 3/13/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
GETTING HER WORK BAG OUT	OF CAR STRUCK R EYEBROW	1	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: 17WC01983B



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-50-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date Sta	atus	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC01										
17WC01983B	DEROSA, MARIO	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NEW REPAIR & TRANSPORTATION	ON 3/9/2017 3/13/2017 Op	en	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CHANGING OIL ON BUS TRIED T	O PULL FUEL FILTER AND PULLED	IT HARD C/	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: 17WC01	984W									
17WC01984W	FRANKENFIELD, JULIANA	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 i 3/10/2017 3/13/2017 Op	en	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ATTEMPTING TO HELP A STUDE	NT WITH BROKEN DESK THAT FEL	L OVER, PIC	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: 17WC01	985K									
17WC01985K	CZARNECKI, CYNTHIA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SOUTH RIVER ELEMENTARY SC	HC 3/6/2017 3/13/2017 Op	en	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING AN OUTBURS	ST IN GYM KICKED HER IN R KNEE		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: 17WC01986B



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-51-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORK Claim Number: 17WC019										
17WC01986B	SINDORA, AUDREY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HAMILTON WEST WATSON H.S.	3/10/2017 3/13/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TAKING OUT FOLDING TABLES B	EHIND CABIENT SCREEN FE	LL HITTING NOSE	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: 17WC019	87W									
17WC01987W	DWYER, BONNIE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LAFAYETTE E.S.	3/9/2017 3/13/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WAS ACCIDENTALLY STRUCK ON	N BRIDGE OF NOSE BY A BA	SKETBALL	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: 17WC019	88Y									
17WC01988Y	CZARNECKI, CYNTHIA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SOUTH RIVER ELEMENTARY SCH	IC 3/8/2017 3/13/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TRIPPED OVER A WALKER TWIS	FING R KNEE, R FOOT		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: 17WC01990K



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-52-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKE Claim Number: 17WC01990										
17WC01990K	FRIEDMAN, LISA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CENTER FOR LIFE LONG LEARNIN(3/10/2017 3/13/2017	Open	197.00	243.00	0.00	0.00	0.00	0.00	0.00	440.00
WORKING WITH STUDENT CHILD G	RABBED HER SHIRT HITTI	NG HER FOREHE	2,303.00	2.00	0.00	0.00	0.00	0.00	0.00	2,305.00
Total by Claim Number 1 Cla	im		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			197.00	243.00	0.00	0.00	0.00	0.00	0.00	440.00
			2,303.00	2.00	0.00	0.00	0.00	0.00	0.00	2,305.00
Claim Number: 17WC01992	2W									
17WC01992W	RODRIGUEZ, GLADYS	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
EARLY CHILDHOOD PROGRAM	3/10/2017 3/13/2017	Open	591.40	243.00	0.00	0.00	0.00	0.00	0.00	834.40
SLIPPED ON WET FLOOR AND FELL	INJURED R SHOULDER, F	R KNEE R ELBOW	1,908.60	2.00	0.00	0.00	0.00	0.00	0.00	1,910.60
Total by Claim Number 1 Cla	im		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			591.40	243.00	0.00	0.00	0.00	0.00	0.00	834.40
			1,908.60	2.00	0.00	0.00	0.00	0.00	0.00	1,910.60
Claim Number: 17WC01993	зк									
17WC01993K	MCGUIRE, COLLEEN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
UNION HILL MS	3/13/2017 3/13/2017	Open	158.48	243.00	0.00	0.00	0.00	0.00	0.00	401.48
ATTEMPTING TO ASSIST STUDENT	ON COMPUTER, STUDEN	T GOT UPSET AN	2,341.52	2.00	0.00	0.00	0.00	0.00	0.00	2,343.52
Total by Claim Number 1 Cla	im		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
-			158.48	243.00	0.00	0.00	0.00	0.00	0.00	401.48
			2,341.52	2.00	0.00	0.00	0.00	0.00	0.00	2,343.52

Claim Number: 17WC01994Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-53-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC019										
17WC01994Y	LOZANO, JUANA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NEWARK EDUCATORS CHARTER	R 3/13/2017 3/13/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
COMING DOWN STAIRS WITH ST	UDENT GRABBED STUDENT	CAUSING HER T(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: 17WC019	995W									
17WC01995W	BHAGWATI, RENU	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BENJAMIN FRANKLIN ES	3/13/2017 3/13/2017	Open	175.00	243.00	0.00	0.00	0.00	0.00	0.00	418.00
HELPING STUDENT PUT SHOES	ON, STUDENT GRABBED AN	D BIT HER R ARM	2,325.00	2.00	0.00	0.00	0.00	0.00	0.00	2,327.00
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			175.00	243.00	0.00	0.00	0.00	0.00	0.00	418.00
			2,325.00	2.00	0.00	0.00	0.00	0.00	0.00	2,327.00
Claim Number: 17WC019	996W									
17WC01996W	KOTLARZ, ROGER	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WAYNE VALLEY H.S.	3/13/2017 3/13/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
BREAKING UP STUDENTS FIGHT	ING INJURED L PINKY FINGE	R	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: 17WC01997W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-54-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC01										
17WC01997W	KANZE, DENEEN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
VALLEY PROGRAM	3/13/2017 3/13/2017	Open	18.11	243.00	0.00	0.00	0.00	0.00	0.00	261.11
ASSISTING STUDENT, STUDEN	TS FEET CAUSED HER TO TRI	P AND FELL INJU	2,481.89	2.00	0.00	0.00	0.00	0.00	0.00	2,483.89
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			18.11	243.00	0.00	0.00	0.00	0.00	0.00	261.11
			2,481.89	2.00	0.00	0.00	0.00	0.00	0.00	2,483.89
Claim Number: 17WC01	1998Y									
17WC01998Y	PORTER, LEON	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ABRAHAM CLARK HIGH SCHOO	L 3/9/2017 3/13/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ATTEMPTING TO SEPARATE A	FIGHT BETWEEN TWO STUDE	NTS INJURED BA	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: 17WC01	1999B									
17WC01999B	DELLAVOLPE, JOELLE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BLOOMFIELD V.S.	3/10/2017 3/13/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
FIXING EQUIPMENT USING A BO	OX CUTTER CUT HER L POINT	ER FINGER	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: 17WC02000K



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-55-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date St	atus	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WO Claim Number: 17WC0										
17WC02000K	CARBONE, JENNIFER	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
EXCEL SCHOOL	3/11/2017 3/13/2017 Op	ben	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING TOWARDS DESK, TR	IPPED OVER BACK PACK AND TWIS	TED R ANKL	2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number	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: 17WC0	2001W									
17WC02001W	MCHUGH, CHRYSEIS	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MANASQUAN HS	3/10/2017 3/13/2017 Op	ben	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ATTEMPTING TO DIFFUSE ALT	ERCATION BETWEEN STUDENTS IN	JURED LOW	2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number	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: 17WC0	2002B									
17WC02002B	SCHOLLENBERGER, AMANDA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MONMOUTH JUNCTION E S	3/10/2017 3/13/2017 Op	ben	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
PLAYING BASKETBALL WITH S	TUDENTS WHEN BASKETBALL BOUI	NCED OFF F	2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number	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: 17WC02003Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-56-



March 2017

		Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WC Claim Number: 17WC	DRKERS' COMPENSATION 02003Y								
17WC02003Y	FURSTEIN-BUSH, AMY SUSAN 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WESTAMPTON	3/10/2017 3/13/2017 Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TRIPPED OVER STUDENTS S	TANDARD AND FELL ON BOTH HANDS, SHOULDE	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: 17WC	02004K								
17WC02004K	TOTH, DEBORAH 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HAMMARSKJOLD M.S.	3/9/2017 3/13/2017 Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
FELL INJURYING R FOOT, BO	TH KNEES, BELIEVES FLOOR WAS WET	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: 17WC	02005B								
17WC02005B	CORRAO, KATHERINE 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
OLD BRIDGE HS	3/13/2017 3/13/2017 Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
IN GYM STANDING WITH ONE	ON ONE STUDENT DOING BACK FLIPS LNADED	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: 17WC02007Z



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-57-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOF Claim Number: 17WC0										
17WC02007Z	GIORDANO, DENISE	14	7,500.00	245.00	834.59	0.00	0.00	0.00	0.00	8,579.59
CLARA B. WORTH ES	3/13/2017 3/15/2017	Open	86.47	243.00	834.59	0.00	0.00	0.00	0.00	1,164.06
JERKED TWISTING HER BACK	WHILE ATTEMPTING TO BLOCH	K STUDENT TRYII	7,413.53	2.00	0.00	0.00	0.00	0.00	0.00	7,415.53
Total by Claim Number 1	Claim		7,500.00	245.00	834.59	0.00	0.00	0.00	0.00	8,579.59
			86.47	243.00	834.59	0.00	0.00	0.00	0.00	1,164.06
			7,413.53	2.00	0.00	0.00	0.00	0.00	0.00	7,415.53
Claim Number: 17WC0	2008W									
17WC02008W	ADRIAN, NANCY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
A. RUSSELL KNIGHT ES	3/13/2017 3/15/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
MAINTENANCE WORKER MOVI	NG DESK WHEN IT TIPPED OV	ER AND STRUCK	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: 17WC0	2010R									
17WC02010R	PRIMAVERA, LISA	15	6,500.00	245.00	17,183.70	0.00	0.00	0.00	0.00	23,928.70
CAPE MAY CTY SPEC SERVICE	S H: 3/13/2017 3/15/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
PARTICIPATING WITH STUDEN	TS JUMPING ROPE FELT A PO	P IN R KNEE	6,500.00	2.00	17,183.70	0.00	0.00	0.00	0.00	23,685.70
Total by Claim Number 1	Claim		6,500.00	245.00	17,183.70	0.00	0.00	0.00	0.00	23,928.70
			0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
			6,500.00	2.00	17,183.70	0.00	0.00	0.00	0.00	23,685.70

Claim Number: 17WC02011V



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-58-

4/6/2017 12:45:59PM



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02011V	BROCCO, ANTHONY	10	0.00	1,193.00	0.00	0.00	0.00	0.00	0.00	1,193.00
CHERRY HILL HIGH EAST HS	3/7/2017 3/15/2017	4/ 3/2017	0.00	1,193.00	0.00	0.00	0.00	0.00	0.00	1,193.00
TRIPPED OVER A BACK PACK A	ND INJURED R SHOULDER TH	RYING TO BREAK	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1	Claim		0.00	1,193.00	0.00	0.00	0.00	0.00	0.00	1,193.00
			0.00	1,193.00	0.00	0.00	0.00	0.00	0.00	1,193.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 17WC02	012R									
17WC02012R	RUSSO, KAREN	11	5,100.00	245.00	5,568.16	0.00	0.00	0.00	0.00	10,913.16
BAYONNE H.S. AND ADMIN. OFF	ICE 3/13/2017 3/15/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TRAINING SPEC ED STUDENT IN	WALGREENS WHILE PUSHI	NG SHOPPING CA	5,100.00	2.00	5,568.16	0.00	0.00	0.00	0.00	10,670.16
Total by Claim Number 1	Claim		5,100.00	245.00	5,568.16	0.00	0.00	0.00	0.00	10,913.16
			0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
			5,100.00	2.00	5,568.16	0.00	0.00	0.00	0.00	10,670.16
Claim Number: 17WC02	013Y									
17WC02013Y	SCHWARTZ, ERIK	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
GILBERT AVE ES	3/7/2017 3/15/2017	Open	120.84	243.00	0.00	0.00	0.00	0.00	0.00	363.84
HIS ARM HIT HIS LANYARD CAU	SING IT TO HIT R EYE		2,379.16	2.00	0.00	0.00	0.00	0.00	0.00	2,381.16
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			120.84	243.00	0.00	0.00	0.00	0.00	0.00	363.84
			2,379.16	2.00	0.00	0.00	0.00	0.00	0.00	2,381.16

Claim Number: 17WC02014B



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

ivers@summitrisk.com

-59-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WO Claim Number: 17WC0										
17WC02014B	WASHINGTON, DAMIEN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WASHINGTON SCHOOL	3/14/2017 3/15/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SHOVELING SNOW FLET A STR	RAININ L LEG/THIGH		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: 17WC0	2015K									
17WC02015K	DOCKERY, STEPHEN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BLDG & GRDS	3/15/2017 3/15/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING IN BLDG WENT TO G	RAB DOOR HANDLE SLIPPED	ON ICE AND FELL	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: 17WC0	2016Y									
17WC02016Y	SHEARN, WILLIAM	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MONROE TWP HS	3/15/2017 3/15/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CLEANING OFF SNOW FROM L	JTILITY TRUCK SLIPPED AN DF	ELL HITTING BAC	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: 17WC02017W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-60-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOI Claim Number: 17WC0										
17WC02017W	NUNEZ, JUAN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ROOSEVELT SCHOOL	3/15/2017 3/15/2017	Open	124.49	243.00	0.00	0.00	0.00	0.00	0.00	367.49
SALTING SIDEWALK USING SP	READER SLIPPED ON ICE AND	FELL INJURED L	2,375.51	2.00	0.00	0.00	0.00	0.00	0.00	2,377.51
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			124.49	243.00	0.00	0.00	0.00	0.00	0.00	367.49
			2,375.51	2.00	0.00	0.00	0.00	0.00	0.00	2,377.51
Claim Number: 17WC0	2018W									
17WC02018W	DASHNAW, RITA	11	2,500.00	245.00	1,367.37	0.00	0.00	0.00	0.00	4,112.37
LADY LIBERTY ACADEMY CHA	RTEF 3/15/2017 3/15/2017	Open	41.50	243.00	1,367.37	0.00	0.00	0.00	0.00	1,651.87
GOING DOWN WET STAIRS FE	LL INJURED BUTTOCKS, LOWE	RBACK	2,458.50	2.00	0.00	0.00	0.00	0.00	0.00	2,460.50
Total by Claim Number 1	Claim		2,500.00	245.00	1,367.37	0.00	0.00	0.00	0.00	4,112.37
			41.50	243.00	1,367.37	0.00	0.00	0.00	0.00	1,651.87
			2,458.50	2.00	0.00	0.00	0.00	0.00	0.00	2,460.50
Claim Number: 17WC0	2019B									
17WC02019B	BAXTER, MATTHEW	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
EAST VINELAND E.S.	3/15/2017 3/15/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WAS IN HALLWAY, A PLOW WO	OOD FELL ONTO HIS R FOOT AI	ND ANKLE	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: 17WC02020Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-61-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOF Claim Number: 17WC0										
17WC02020Y	ANTRIM, KATHLEEN	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SHARON ELEMENTARY	3/15/2017 3/15/2017	Reopened	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING TO VEHICLE, SLIPPE	D ON ICE AN HIT HER HEAD OF	N HER VEHICLE	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: 17WC0	2021R									
17WC02021R	VENTURA, DONNA	14	6,200.00	245.00	5,137.76	0.00	0.00	0.00	0.00	11,582.76
MEMORIAL ES	3/13/2017 3/15/2017	Open	0.00	243.00	642.22	0.00	0.00	0.00	0.00	885.22
ATTEMPTING TO PREVENT STU	JDENT FROM FALLING SHE FE	LL AND INJURED	6,200.00	2.00	4,495.54	0.00	0.00	0.00	0.00	10,697.54
Total by Claim Number 1	Claim		6,200.00	245.00	5,137.76	0.00	0.00	0.00	0.00	11,582.76
			0.00	243.00	642.22	0.00	0.00	0.00	0.00	885.22
			6,200.00	2.00	4,495.54	0.00	0.00	0.00	0.00	10,697.54
Claim Number: 17WC0	2022W									
17WC02022W	LARRANAGA, MARTA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WOODROW WILSON SCHOOL	3/13/2017 3/15/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING BEHAVIORA	L ISSUE KICKED HER IN L ARM	I AND PUSHED HI	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: 17WC02023K



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-62-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02023K	KOVACS, JOSEPH	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JAMES GARFIELD EARLY CHILD	0HO 3/14/2017 3/16/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SNOW BLOWING FRONT OF SC	HOOL, SLIPPED ON ICE AND F	ELL ONTO BUTT	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: 17WC02	2024W									
17WC02024W	ABNER, MICHELLE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ADMINISTRATION BLDG	3/16/2017 3/16/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SLIPPED ON ICE AND FELL INJU	JRED LOWER BACK, L ELBOW	1	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: 17WC02	2025B									
17WC02025B	KANGAS, PAULA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CAMDEN CO. VOC-TECH V.S. (P	ENI 3/15/2017 3/16/2017	Open	56.70	243.00	0.00	0.00	0.00	0.00	0.00	299.70
IN ROUTE TO PICK UP STUDEN	TS ON SCHOOL BUS WAS ATT	FACKED BY A SQL	2,443.30	2.00	0.00	0.00	0.00	0.00	0.00	2,445.30
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			56.70	243.00	0.00	0.00	0.00	0.00	0.00	299.70
			2,443.30	2.00	0.00	0.00	0.00	0.00	0.00	2,445.30

Claim Number: 17WC02026R



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-63-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOI Claim Number: 17WC0										
17WC02026R	ROCCO, HOLLY	11	5,200.00	245.00	0.00	0.00	0.00	0.00	0.00	5,445.00
MARTIN LUTHER KING MIDDLE	SCF 3/16/2017 3/16/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ATTEMPTING TO GO OVER SN	OW SHE SLIPPED AND FELL IN	JURED L KNEE, F	5,200.00	2.00	0.00	0.00	0.00	0.00	0.00	5,202.00
Total by Claim Number 1	Claim		5,200.00	245.00	0.00	0.00	0.00	0.00	0.00	5,445.00
			0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
			5,200.00	2.00	0.00	0.00	0.00	0.00	0.00	5,202.00
Claim Number: 17WC0	2027Y									
17WC02027Y	MURPHY, KEVIN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
TRANSPORTION	3/16/2017 3/16/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SLIPPED ON ICE AND FELL INJ	URED UPPER BACK, HEAD		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: 17WC0	2028Y									
17WC02028Y	KERR, RICHARD	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MILFORD E.S.	3/15/2017 3/16/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING DOWN RAMP TOWAR	RDS SCHOOL SLIPPED ON ICE	FELL CUT BACK (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: 17WC02029B



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

ivers@summitrisk.com

-64-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02029B	VAZQUEZ, WILSON	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
IGNACIO CRUZ EARLY CHILDHO	OE 3/15/2017 3/16/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
RIDING A MACHINE INJURED LO	WER LEG		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: 17WC02	030K									
17WC02030K	BIFALCO, MONICA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NJ REGIONAL DAY-JACKSON	3/16/2017 3/16/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ATTEMPTING TO GET SPEC ED	STUDENT TO BEGIN WORK S	TUDENT BECAME	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: 17WC02	031V									
17WC02031V	PATROVICH, JAMIE	10	50,000.00	1,193.00	40,000.00	0.00	0.00	0.00	0.00	91,193.00
NEW REPAIR & TRANSPORTATIO	ON 3/15/2017 3/16/2017	Open	0.00	1,193.00	615.22	0.00	0.00	0.00	0.00	1,808.22
WENT TO CHECK ON A STUDEN	T WHEN BUS WAS STOPPED	SLIPPED AND FE	50,000.00	0.00	39,384.78	0.00	0.00	0.00	0.00	89,384.78
Total by Claim Number 1	Claim		50,000.00	1,193.00	40,000.00	0.00	0.00	0.00	0.00	91,193.00
			0.00	1,193.00	615.22	0.00	0.00	0.00	0.00	1,808.22
			50,000.00	0.00	39,384.78	0.00	0.00	0.00	0.00	89,384.78

Claim Number: 17WC02032W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-65-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02032W	SANTIAGO, NANCY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ADMIN BLDG	3/16/2017 3/16/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CLMT WAS EXITING HER BUS S	LIPPED ON ICE AND FELL INJ F	RT KNEE	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: 17WC02	2033K									
17WC02033K	NOONAN, PETER	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HANOVER PARK HS	3/14/2017 3/16/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WHILE IN THE GARAGE MOVING	G EQUIPMENT CLMT TRIPPED	AND FELL INJ LT	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: 17WC02	2034W									
17WC02034W	NIGRO, MICHELLE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SOUTH RIVER ELEMENTARY SO	CHO 3/16/2017 3/16/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
PERFORMING OUTDOOR MORN	NING DOOR DUTY SLIPPED ON	ICE FELL INJ RT	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: 17WC02035K



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-66-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02035K	BAKER, KIMBERLY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
DWIGHT D EISENHOWER E.S.	3/16/2017 3/16/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SLIPPED ON TRACKED WATER I	FROM SNOW & FELL INJURIN	G BILATERAL HIP	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: 17WC02	036B									
17WC02036B	LOMARDO, CHRISTINE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WALLKILL VALLEY REG HS	3/16/2017 3/16/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CLMT WAS PLAYING FLOOR HO	CKEY WITH STUDENTS WHE	N SHE COLLIDED	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: 17WC02	037Y									
17WC02037Y	SANDOVAL, ELVER	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HANOVER PARK HS	3/15/2017 3/16/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
REMOVING ICE WITH SCRAPER	WHEN HE STRAINED HIS RT	HAND MIDDLE FI	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: 17WC02038T



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-67-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02038T	GASKINS, LENA	14	22,000.00	245.00	42,418.00	0.00	0.00	0.00	0.00	64,663.00
TRANSPORTATION DEPT	3/15/2017 3/16/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING IN THE PKNG LOT SH	E SLIPPED ON ICE & FELL INJ	URING HER LOWI	22,000.00	2.00	42,418.00	0.00	0.00	0.00	0.00	64,420.00
Total by Claim Number 1	Claim		22,000.00	245.00	42,418.00	0.00	0.00	0.00	0.00	64,663.00
			0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
			22,000.00	2.00	42,418.00	0.00	0.00	0.00	0.00	64,420.00
Claim Number: 17WC02	2039W									
17WC02039W	WHITE, CHRISTINE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WILLIAM ANNIN MS	3/16/2017 3/16/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CARRYING SUPPLIES DOWN TH	IE STAIRS, MISSED THE LAST	STEP, FALLING I	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: 17WC02	2040K									
17WC02040K	HEWINS, PAUL	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ETHEL MCKNIGHT E.S.	3/17/2017 3/17/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WHILE CHECKING FOR A GAS L	EAK HE SLIPPED ON ICE & FE	ELL ON GAS PIPE	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: 17WC02041B



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-68-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02041B	MELOGRANA, MICHAEL	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CHERRY HILL HIGH EAST HS	3/16/2017 3/17/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
PLAYING BASKETBALL DURING	GYM CLASS STUDENT ACCID	ENTLY ELBOWE	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: 17WC02	042W									
17WC02042W	BUTLER, CHARLENE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CLIFFWOOD AVENUE ES	3/17/2017 3/17/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CLMT WAS PLACING STUDENTS	IN LUNCH ORDER WHEN A S	TUDENT ACCIDE	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: 17WC02	044K									
17WC02044K	MIRANDA, FRANK	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NEPTUNE HIGH SCHOOL	3/16/2017 3/17/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CLEANING UNDER A TRAINING	TABLE CLMT PULLED OUT FR	OM UNDER TABL	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: 17WC02046B



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-69-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOF Claim Number: 17WC0										
17WC02046B	NASS, AMY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PORT REPUBLIC E.S.	3/13/2017 3/13/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING TOWARDS SCHOOL	BLDG WHEN SHE TRIPPED & F	ELL OVER HER S	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: 17WC0	2047Y									
17WC02047Y	ESTRELLA-GUTIERREZ,	LEWIS 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
E BRUNSWICK H. S.	3/14/2017 3/17/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SHOVELING SNOW, HE FELT P	AIN IN HIS RT ARM		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: 17WC0	2048Y									
17WC02048Y	HYSON, JEFFREY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BUCKSHUTEM ROAD E.S.	3/17/2017 3/17/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STANDING ON TABLE CHANGIN	NG SMARTBOARD, TABLES' LE	G BROKE OFF CA	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: 17WC02049B



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-70-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOF Claim Number: 17WC0										
17WC02049B	MORELAND, LATOYA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LUMBERTON CAMPUS	3/16/2017 3/17/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WHILE ATTEMPTING TO DIFFU	SE AN ALTERCATION BETWEEN	N CO-WORKERS	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: 17WC0	2050W									
17WC02050W	ERCAN, PINAR	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PATERSON ARTS & SCIENCE C	CHAF 3/17/2017 3/17/2017	Open	267.29	243.00	0.00	0.00	0.00	0.00	0.00	510.29
SLIPPED ON ICE & FELL FORW	ARD INJURING LT SIDE OF FAC	E/HEAD & LT SH	2,232.71	2.00	0.00	0.00	0.00	0.00	0.00	2,234.71
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			267.29	243.00	0.00	0.00	0.00	0.00	0.00	510.29
			2,232.71	2.00	0.00	0.00	0.00	0.00	0.00	2,234.71
Claim Number: 17WC0	2051K									
17WC02051K	SCOTT, DAISON	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LIVINGSTON SENIOR HS	3/15/2017 3/17/2017	Open	344.90	243.00	0.00	0.00	0.00	0.00	0.00	587.90
BREAKING ICE ON THE OUTSIE	DE GROUNDS SCHOOL PREMIS	ES INJ RT WRIST	2,155.10	2.00	0.00	0.00	0.00	0.00	0.00	2,157.10
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			344.90	243.00	0.00	0.00	0.00	0.00	0.00	587.90
			2,155.10	2.00	0.00	0.00	0.00	0.00	0.00	2,157.10

Claim Number: 17WC02052W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-71-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02052W	DRAMESI, MARYANNE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BANKBRIDGE REG DEVELOPME	ENT. 3/17/2017 3/17/2017	Open	166.95	243.00	0.00	0.00	0.00	0.00	0.00	409.95
STUDENT HAVING A BEHAVIOR	AL BIT HER LT FOREARM CAU	JSING SKIN TO BF	2,333.05	2.00	0.00	0.00	0.00	0.00	0.00	2,335.05
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			166.95	243.00	0.00	0.00	0.00	0.00	0.00	409.95
			2,333.05	2.00	0.00	0.00	0.00	0.00	0.00	2,335.05
Claim Number: 17WC02	2053Y									
17WC02053Y	CEDENO, DANABEL	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
FAIRMOUNT	3/17/2017 3/17/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING UP THE STEPS SHE T	RIPPED & FELL INJURING LT	SIDE OF RIB CAG	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: 17WC02	2055W									
17WC02055W	HILLMAN, TRISHA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HOWARD B.BRUNNER ES	3/17/2017 3/17/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WHILE SITTING AT TABLE A SPE	EC ED CHILD ABRUPTLY PUSH	IED BACK HIS CH	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: 17WC02056Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-72-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02056Y	RICARDO, JOHN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LIBERTY SCHOOL	3/16/2017 3/17/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CLMT WAS THROWING OUT TR	ASH WHEN HE SLIPPED ON B	LACK ICE INJ LT §	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: 17WC02	2057B									
17WC02057B	ORTIZ, GRISELDA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
QUARTER MILE LANE E.S.	3/17/2017 3/17/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WHILE PREPARING FOR SCHOO	DL LUNCH CLMT POURED HO	T GRAVY INTO AN	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: 17WC02	2058K									
17WC02058K	RUGGIERI, EDWARD	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WESTFIELD SENIOR HS	3/17/2017 3/17/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SITTING IN CHAIR ARM RELAXE	D ON SIDE OF CHAIR MADE C	ONTACT WITH W	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: 17WC02059W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-73-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WO Claim Number: 17WC	RKERS' COMPENSATION									
17WC02059W	ZIBBE, SUSAN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PERRY L. DREW E.S.	3/16/2017 3/17/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
PREVENTING /BLOCKING A SP	PEC ED STUDENT FROM RUNNI	NG INTO HER SH	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: 17WC	02060B									
17WC02060B	MCCLUNG, CHRISTINE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SUNNYBRAE E.S.	3/17/2017 3/17/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING BEHAVIOR	AL ISSUE BIT L ELBOW		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: 17WC)2061W									
17WC02061W	KRAITERMAN, SCOTT	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ADMIN BLDG	3/16/2017 3/17/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SLIPPED IN WATER AND FELL	INJURED R UPPER LEG		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: 17WC02062R



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-74-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02062R	UZDAVINES, MARYANN	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
EMERSON MS	3/16/2017 3/17/2017	4/ 4/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT SWUNG DOOR OPEN	ACCIDENTALLY HITTING HER	IN STOMACH	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: 17WC02	2063Y									
17WC02063Y	BOLANOS, SATURNINA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
UNION CITY HIGH SCHOOL	3/17/2017 3/17/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING TOWARDS STUDENT	S LOCKER WHEN SHE SLIPPE	D & FELL INJURI	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: 17WC02	2064K									
17WC02064K	HERMAND, SCOTT	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BELLEVILLE SENIOR HS	3/17/2017 3/17/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STOOD ON CHAIR TO FIX A CHA	ART BOARD FELL OFF CHAIR H	HITTING L HIP, L L	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: 17WC02065W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at 4/6/2017 12:45:59PM

-75-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORI Claim Number: 17WC02										
17WC02065W	LAMBRAKOPOULOS, PEL/	AGIA 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SCHOOL 2	3/17/2017 3/17/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WHILE ATTEMPTING TO OPEN A	WINDOW IN THE CLASSROOM	/I FELT PAIN IN F	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: 17WC02	066Y									
17WC02066Y	GUZMAN, PATRICIA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BRIDGEWATER-RARITAN HS	3/20/2017 3/20/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SLIPPED ON ICE AND FELL INJUI	RED BOTH KNEES, R WRIST		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: 17WC02	068Z									
17WC02068Z	SEXTON, RONALD	11	2,500.00	243.00	0.00	0.00	0.00	0.00	0.00	2,743.00
EAST WINDSOR REGIONAL	3/15/2017 3/20/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SALTING SIDEWALKS SLIPPED C	ON ICE AND FELL INJURED L E	LBOW, L KNEE	2,500.00	0.00	0.00	0.00	0.00	0.00	0.00	2,500.00
Total by Claim Number 1	Claim		2,500.00	243.00	0.00	0.00	0.00	0.00	0.00	2,743.00
			0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
			2,500.00	0.00	0.00	0.00	0.00	0.00	0.00	2,500.00

Claim Number: 17WC02069B



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-76-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WO Claim Number: 17WC0										
17WC02069B	STREET, DOMONIQUE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
INDIAN AVENUE E.S.	3/17/2017 3/20/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SPEC ED STUDENT HAVING A	BEHAVIORAL OUTBURST BIT C	LMT'S LT WRIST	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: 17WC0	2070K									
17WC02070K	LOLE, BRIKENA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
AVENEL M.S.	3/20/2017 3/20/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WHILE WALKING INTO WORK	CLMT SLIPPED ON WET FLOOR	FELL INJURED R	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: 17WC0	2071Z									
17WC02071Z	HANS, AMY	14	7,500.00	245.00	15,000.00	0.00	0.00	0.00	0.00	22,745.00
WINSLOW TWP #3 E.S.	3/20/2017 3/20/2017	Open	0.00	243.00	2,176.00	0.00	0.00	0.00	0.00	2,419.00
WALKING IN HALLWAY SLIPPE	D AND FELL INJURED L ANKLE		7,500.00	2.00	12,824.00	0.00	0.00	0.00	0.00	20,326.00
Total by Claim Number	1 Claim		7,500.00	245.00	15,000.00	0.00	0.00	0.00	0.00	22,745.00
			0.00	243.00	2,176.00	0.00	0.00	0.00	0.00	2,419.00
			7,500.00	2.00	12,824.00	0.00	0.00	0.00	0.00	20,326.00

Claim Number: 17WC02072W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-77-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOF Claim Number: 17WC0										
17WC02072W	MOLINARO, GEENA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CAMDEN'S PROMISE CHARTER	R BO 3/17/2017 3/20/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SLIPPED ON BLACK ICE AND F	ELL INJURED HEAD, LOWER BA	ACK	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: 17WC0	2073Y									
17WC02073Y	FARIELLO, ARTHUR	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HOLMDEL H.S.	3/20/2017 3/20/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CLEANING GARAGE MOVED A	STARTER MOTOR USED FOR E	BUS ENGINE JAM	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: 17WC0	2074K									
17WC02074K	MOORE, DEANNA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CLEARVIEW REGIONAL HS	3/18/2017 3/20/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
COACHING SOFTBALL COVERI	ED HER FACE WITH L ARM FRO	OM FLYING SOFTE	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: 17WC02075W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-78-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOF Claim Number: 17WC0										
17WC02075W	TIAO, SHU FEN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
TRENTON HS WEST	3/20/2017 3/20/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WHILE WALKING IN THE HALLV	VAY A STUDENT RAN INTO HER	R CAUSING HER	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: 17WC0	2076Z									
17WC02076Z	WESTERBERG, WILLIAM	14	5,000.00	245.00	6,000.00	0.00	0.00	0.00	0.00	11,245.00
THORNE MS	3/17/2017 3/20/2017	Open	0.00	243.00	1,798.56	0.00	0.00	0.00	0.00	2,041.56
WHILE DUMPING GARBAGE AN	ID STRAIGHTENING UP DESK IN	N THE CLASSRO	5,000.00	2.00	4,201.44	0.00	0.00	0.00	0.00	9,203.44
Total by Claim Number 1	Claim		5,000.00	245.00	6,000.00	0.00	0.00	0.00	0.00	11,245.00
			0.00	243.00	1,798.56	0.00	0.00	0.00	0.00	2,041.56
			5,000.00	2.00	4,201.44	0.00	0.00	0.00	0.00	9,203.44
Claim Number: 17WC0	2077R									
17WC02077R	CAHILL, GAIL	10	32,150.00	1,193.00	23,119.25	0.00	0.00	0.00	0.00	56,462.25
LACEY TWP M.S.	3/17/2017 3/20/2017	Open	0.00	1,193.00	1,792.00	0.00	0.00	0.00	0.00	2,985.00
WENT TO SIT IN CHAIR WITH W	/HEELS AND FELL INJ R WRIST	RADIAL AND ULI	32,150.00	0.00	21,327.25	0.00	0.00	0.00	0.00	53,477.25
Total by Claim Number 1	Claim		32,150.00	1,193.00	23,119.25	0.00	0.00	0.00	0.00	56,462.25
			0.00	1,193.00	1,792.00	0.00	0.00	0.00	0.00	2,985.00
			32,150.00	0.00	21,327.25	0.00	0.00	0.00	0.00	53,477.25

Claim Number: 17WC02078R



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-79-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02078R	GUARENTE, CYNTHIA	11	7,200.00	245.00	14,336.00	0.00	0.00	0.00	0.00	21,781.00
BANKBRIDGE REG DEVELOPM	ENT. 3/20/2017 3/20/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
GETTING IN BETWEEN 2 STUDE	ENT FIGHTING WAS PUNCHED	IN HEAD AND BA	7,200.00	2.00	14,336.00	0.00	0.00	0.00	0.00	21,538.00
Total by Claim Number 1	Claim		7,200.00	245.00	14,336.00	0.00	0.00	0.00	0.00	21,781.00
			0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
			7,200.00	2.00	14,336.00	0.00	0.00	0.00	0.00	21,538.00
Claim Number: 17WC02	2079K									
17WC02079K	DIXON, SANDRA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SOEHL MIDDLE SCHOOL	3/20/2017 3/20/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SLIPPED ON ICE AND FELL INJU	JRED R HAND, R WIRST, KNEE	S	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: 17WC02	2080Y									
17WC02080Y	FOSSETTA, NANCY	11	1.00	243.00	0.00	0.00	0.00	0.00	0.00	244.00
C RICHARD APPLEGATE E.S.	3/17/2017 3/20/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING IN HALLWAY ROLLED	R ANKLE AND FELL		1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Total by Claim Number 1	Claim		1.00	243.00	0.00	0.00	0.00	0.00	0.00	244.00
			0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
			1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00

Claim Number: 17WC02081Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-80-



March 2017

		Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WO Claim Number: 17WC0									
17WC02081Y	JOHNSON, JOAN 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
TRANSPORTATION	3/17/2017 3/20/2017 Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TRIPPED AND STUMBLED OVE	R A RUG INJURED R FOOT	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: 17WC0	2082B								
17WC02082B	COMPETIELLO, FRANCESCO 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
TRANSPORTATION	3/15/2017 3/20/2017 Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CLIMBING UP ON TRUCK STRU	JCK L GREAT TOE AGAINST TRUCK STEP	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: 17WC0	2083Y								
17WC02083Y	D'AMORE-SMITH, BONNIE 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ADMIN BLDG	3/16/2017 3/20/2017 Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
BUS WAS REAR ENDED BY A 1	FRUCK INJURED BACK	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: 17WC02084B



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-81-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOF Claim Number: 17WC0										
17WC02084B	IARUSSI, KRISTINE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
TERRILL MS	3/8/2017 3/20/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
LEAVING RESTROOM INDEX FI	NGER BECAME WEDGED BETV	VEEN THE DOOR	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: 17WC0	2085W									
17WC02085W	FLOURNOY-HAMILTON, O	GENIQU 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MARION P THOMAS CHARTER	SCH 3/20/2017 3/20/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CLOSING WINDOW, THE WINDO	OW FELL OFF TRACK HITTING	HEAD, L SHOULD	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: 17WC0	2087K									
17WC02087K	KUCHARSKI, KAREN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
VAN DERVEER ES	3/16/2017 3/20/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SLIPPED ON ICE ON BLACKTOF	P, FELL INJURED R KNEE		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: 17WC02088Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-82-

ivers@summitrisk.com



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOI Claim Number: 17WC0										
17WC02088Y	SILVA-GONZALEZ, ADRIA	NA 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JAMES J. FLYNN E.S.	3/20/2017 3/20/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ACCIDENTALLY KNOCKED OVE	ER HER MUG WHICH LANDED C	N HER R FOOT	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: 17WC0	2089B									
17WC02089B	GULINO, KATHLEEN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WILSON E S	3/20/2017 3/20/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WAS ACCIDENTALLY STRUCK	ON TOP OF HEAD WITH A KICK	BALL	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: 17WC0	2090K									
17WC02090K	MARTINI, MONICA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
VALLEY PROGRAM	3/20/2017 3/20/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ASSISTING STUDENT HAVING	A BEHAVIORAL ISSUE SHE FEL	L INJURED L FOC	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: 17WC02091R



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-83-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOF Claim Number: 17WC0										
17WC02091R	ALTILLO, ANTONIETTA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
DWIGHT MORROW HS	3/20/2017 3/20/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WSA GETTING OUT OF HER CA	AR SLIPPED ON BLACK ICE AND	FELL INJURED	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: 17WC0	2095W									
17WC02095W	ORTIZ, BARBARA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
DANE BARSE E.S.	3/20/2017 3/21/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKED OUT OF RESTROOM S	STUDENT RAN INTO HER CAUS	SING HER TO FAL	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: 17WC0	2096B									
17WC02096B	CRUZ, BRUNILDA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
EMERSON MS	3/20/2017 3/21/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CLEANING TABLES SHE SLIPPI	ED AND FELL OVER SPILLED F	OOD INJURED LC	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: 17WC02097Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

ivers@summitrisk.com

-84-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORK Claim Number: 17WC020										
17WC02097Y	MOORE, MARGARET	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
TEAM ACADEMY CHARTER BOE	3/20/2017 3/21/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TRYING TO CALM STUDENT DOW	IN WHO WAS JUMPING FROM	M TABLE TO CHA	2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 C	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: 17WC020	98K									
17WC02098K	SILVA, JOHN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LINCOLN NO 3 ES	3/16/2017 3/21/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SHOVELING SNOW SLIPPED ON	CE AND FELL USED L HAND	TO BREAK FALL	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: 17WC020	99B									
17WC02099B	VASILIADIS, ATHENA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
RANDOLPHVILLE E.S.	3/20/2017 3/21/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
PULLING HER CART INTO OFFICE	PINKY WAS CAUGHT IN BE	TWEEN CART/DO	2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 0	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: 17WC02100W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-85-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOI Claim Number: 17WC0										
17WC02100W	REPINSKY, SUSAN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ROBERT N. WILENTZ ES.	3/20/2017 3/21/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STANDING IN DOORWAY TURN	ED TO GO BACK TO CLASS TR	RIPPED OVER A C	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: 17WC0	2101Y									
17WC02101Y	CARABALLO, MELISSA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CARTERET MS	3/20/2017 3/21/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
PASSING OUT PAPERS TRIPPE	ED OVER A CHAIR LEG AND FEI	LL INJURED L SH	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: 17WC0	2102B									
17WC02102B	HERMOSILLA, PAOLA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JEFFERSON SCHOOL	3/13/2017 3/21/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SLIPPED ON ICE AND FELL DO	WN STAIRS INJURED NECK, UF	PPER BACK	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: 17WC02103W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-86-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02103W	BOWE, JACOB	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BANKBRIDGE REG DEVELOPME	NT. 3/21/2017 3/21/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SHUFFLED TO THE L SIDE TO BI	LOCK A STUDENT FROM RUN	NING OUT OF DC	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: 17WC02	104Z									
17WC02104Z	TORTU, LOUIS	14	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
HENRY C. BECK JR. SCHOOL	3/17/2017 3/21/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PLAYING STAFF/STUDENT BASK	ETBALL GAME STOPPED SH	ORT WHILE RUNN	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Total by Claim Number 1	Claim		1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Claim Number: 17WC02	105K									
17WC02105K	MOIR, DAUN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
VINELAND SENIOR H.S. NORTH	9 & 3/21/2017 3/21/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WAS STRUCK ON FACE WITH A	BASKETBALL		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: 17WC02106W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-87-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02106W	EVANS, WILLIAM	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LINWOOD MIDDLE SCHOOL	3/21/2017 3/21/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
GOT UP FROM WORKING ON CO	OOLING TOWER WHEN HE EX	PERIENCED PAIN	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: 17WC02	2107B									
17WC02107B	MAZZA, BEVERLY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BROOKSIDE ES	3/21/2017 3/21/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
LEAVING BATHROOM SHE CLOS	SED DOOR ON R POINTER FIN	NGER	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: 17WC02	2109Y									
17WC02109Y	MAWN, JAMES	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MANASQUAN HS	3/21/2017 3/21/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
MOVING FURNITURE FINGER W	AS CAUGHT IN BETWEEN FU	RNITURE	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: 17WC02110W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-88-

ivers@summitrisk.com



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WC Claim Number: 17WC	RKERS' COMPENSATION									
17WC02110W	MEDINA, JUDITH	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JOSE MARTI SCHOOL	3/21/2017 3/21/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WAS ACCIDENTALLY ELBOW	ED IN R EYE BY STUDENT		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: 17WC	02111W									
17WC02111W	TORRES, JARLIN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WESTAMPTON	3/21/2017 3/21/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
BUS IN MOTION, BUS HIT CUP	RB HE FELL OFF SEAT ON FLOO	R INJ BUTTOCKS	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: 17WC	02112B									
17WC02112B	JOBARTEH, SALIEU	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CARROLL ROBBINS	3/15/2017 3/21/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
DURING SNOW REMOVAL SLI	PPED ON ICE AND FELL INJURE	D R HIP, R ELBO\	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: 17WC02113Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-89-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02113Y	SKILES, TRACEY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CAPE MAY COUNTY BRD OF VC	DC E 3/20/2017 3/21/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
GETTING DOCUMENTS OFF PR	INTER TRIPPED ON BOOK BAG	G TWISTED L HIP	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: 17WC02	2114K									
17WC02114K	JOHNSON, CLIFTON	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HORACE MANN ES	3/21/2017 3/21/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
LIFTING TABLES TO CLEAN SLI	PPED OVER CLEAR STICKY R	ESIDUE TWISTED	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: 17WC02	21151									
17WC02115I	DISTEFANO, CHRISTA	14	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
CLAYTON HS	3/8/2017 3/21/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REPORTS HER HOUSE KEYS W	ERE TAKEN FROM HER BACK	IN JANUARY BY :	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Total by Claim Number 1	Claim		1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00

Claim Number: 17WC02117B



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-90-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOF Claim Number: 17WC0										
17WC02117B	RUIZ, BYRON	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NUMBER 3 ES	3/17/2017 3/21/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SLIPPED ON ICE AND FELL ON	R KNEE		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: 17WC0	2118G									
17WC02118G	PACHECO, SARA	11	22,500.00	245.00	60,000.00	0.00	0.00	3,500.00	0.00	86,245.00
THOMAS PAINE ES	3/14/2017 3/21/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SHOVELING HEAVY SNOW AND	DICE INJURED NECK, BACK, R	SHOULDER, AR№	22,500.00	2.00	60,000.00	0.00	0.00	3,500.00	0.00	86,002.00
Total by Claim Number 1	Claim		22,500.00	245.00	60,000.00	0.00	0.00	3,500.00	0.00	86,245.00
			0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
			22,500.00	2.00	60,000.00	0.00	0.00	3,500.00	0.00	86,002.00
Claim Number: 17WC0	2119K									
17WC02119K	REPSHER, ERIN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PATRICK MCGAHERAN	3/21/2017 3/21/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SLIPPED ON WET SUBSTANCE	CAUSING HER BODY TO JERK	FORWARD R HIF	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: 17WC02120Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-91-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02120Y	DELGADO, NANCY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CAMDEN'S PROMISE CHARTER	BO 3/21/2017 3/21/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
DISPOSING A STUDENT DIABET	IC PEN ACCIDENTALLY PUNC	TURED L 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: 17WC02	122K									
17WC02122K	PRYCE, ASHLEY	11	2,501.00	243.00	0.00	0.00	0.00	0.00	0.00	2,744.00
WALTER O KRUMBIEGEL ES	3/17/2017 3/22/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SKATING WITH CHILDREN SHE I	FELL INJURED UPPER BACK/	RIB AREA	2,501.00	0.00	0.00	0.00	0.00	0.00	0.00	2,501.00
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: 17WC02	123Y									
17WC02123Y	BENDL, DORIS	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PASSAIC COUNTY TECH. INSTIT	UT 3/22/2017 3/22/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SLIPPED ON GEL AND FELL INJU	JRED BACK OF L THIGH		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: 17WC02124W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-92-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORK Claim Number: 17WC021										
17WC02124W	LEE-SMITH, DARNEL	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HALEYVILLE-MAURICETOWN E.S	. 3/17/2017 3/22/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STRAPPING CHILD IN SEAT, BUS	WAS CUT OFF BY ANOTHER	R DRIVER SHE GR	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: 17WC021	25B									
17WC02125B	JANICE, JENNIFER	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ELEANOR G. HEWITT SCHOOL	3/21/2017 3/22/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CHILD ABRUPTLY STRUCK HER I	N FACE BY FOREHEAD WITH	I FULL FORCE	2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 0	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: 17WC021	26Y									
17WC02126Y	LAUDATI, GAIL	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WARREN DEVELOP. LEARNING C	TI 3/21/2017 3/22/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STRAINED LOWER BACK RESTRA	AINING STUDENT HAVING BE	EHAVIORAL ISSUE	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: 17WC02127K



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-93-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORK Claim Number: 17WC021										
17WC02127K	PEREZ, ERICA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SCHOOL #11 ROSS ST SCHOOL	3/20/2017 3/22/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SLIPPED ON BLACK ICE AND FEL	L INJURED BUTTOCKS AND	LOWER BACK	2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 C	laim		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: 17WC021	28W									
17WC02128W	ILARDI, SALVATORE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
IRWIN E.S.	3/22/2017 3/23/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WAS SNAKING SEWER LINE WITH	SEWER MACHINE HE FELT	A POP IN MID BA	2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 C	laim		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: 17WC021	30Y									
17WC02130Y	DEYAB, NEVEEN	11	2,500.00	245.00	417.45	0.00	0.00	0.00	0.00	3,162.45
FAIRMOUNT	3/22/2017 3/22/2017	Open	0.00	243.00	417.45	0.00	0.00	0.00	0.00	660.45
HANGING HER COAT IN CLOSET	RUSHING SHE SLIPPED AND	FELL INJURED F	2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 C	laim		2,500.00	245.00	417.45	0.00	0.00	0.00	0.00	3,162.45
			0.00	243.00	417.45	0.00	0.00	0.00	0.00	660.45
			2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 17WC02131B



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-94-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02		N								
17WC02131B	VIDNANSKY, MICHAEL	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JOHN F KENNEDY ES	3/22/2017 3/22/2017	7 Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
REMOVING SOUND EQUIPMEN	T IN CLOSET, EQUIPMENT S	LID HE GRABBED F	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: 17WC02	2132K									
17WC02132K	LANG, LOIS	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
DWIGHT D. EISENHOWER SCHO	OOL 3/22/2017 3/22/2017	7 Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING FROM ADMIN BLDG V	VHEN SHE TRIPPED OVER S	IDEWALK AND FEL	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: 17WC02	2133Y									
17WC02133Y	FERNANDEZ, DORIS	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LINCOLN AVENUE SCHOOL	3/21/2017 3/22/2017	7 Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
LIFTING ORANGE SAFETY CON	ES IN GYM STRIANED R WR	IST	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: 17WC02134W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-95-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOF Claim Number: 17WC0										
17WC02134W	VANGINHOVEN, JENNIFE	R 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JAMES JOHNSON ES	3/15/2017 3/22/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING SHE SLIPPED AND FI	ELL INJURED R ELBOW, R UPP	ER ARM, L KNEE,	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: 17WC0	2136B									
17WC02136B	FALLON, KATHLEEN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JOHN HILL ES	3/22/2017 3/22/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING IN CAFETERIA A PIEC	CE OF THE TABLE CUT L LOWE	RLEG	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: 17WC0	2137K									
17WC02137K	VILLAR, MICHELLE	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 3/22/2017 3/23/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
EXPOSED TO POTPOURRI DIFF	FUSER/CHEMICALS CAUSING F	RESPIRATORY IS:	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: 17WC02138W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-96-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORK Claim Number: 17WC021										
17WC02138W	PATEL, JYOTI	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
TRANSPORTATION DEPARTMENT	3/23/2017 3/23/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT BIT R HAND ON BUS			2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 C	laim		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: 17WC021	39Y									
17WC02139Y	MCGOVERN, CHERILYN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CAPE MAY CTY SPEC SERVICES	H: 3/22/2017 3/23/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING BEHAVIORAL IS	SSUE ON BUS PUNCHING AND	D THROWING H	2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 C	laim		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: 17WC021	40K									
17WC02140K	QUEZADA-SANCHEZ, INDH	IRA 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LINCOLN ES	3/22/2017 3/23/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TRIPPED OVER A CHAIR FALLING	TO GROUND INJURED R SIDE	E OF BUTTOCK	2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 C	laim		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: 17WC02141B



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-97-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02141B	DOWNHAM, NANCY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
J. HARVEY RODGERS E.S.	3/22/2017 3/23/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
REMOVING STUDENT HAVING E	BEHAVIORAL ISSUE SUSTAINE	D INJURY TO R V	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: 17WC02	2142K									
17WC02142K	KLIMOWICH, KRISTEN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WARREN DEVELOP. LEARNING	CTI 3/22/2017 3/23/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING BEHAVIORA	L ISSUE FELL ON HER CAUSIN	G HER TO FALL L	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: 17WC02	2143Y									
17WC02143Y	LOGAN, JOHN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
RIVERA SCHOOL	3/23/2017 3/23/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
LIFTING LARGE CASE OF TEST	ING MATERIALS FELT A POP IN	N R SHOULDER	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: 17WC02144W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-98-

ivers@summitrisk.com



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02144W	HERRON, PAUL	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WARREN DEVELOP. LEARNING	CTI 3/21/2017 3/23/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
RESTRAINING STUDENT HAVIN	IG BEHAVIORAL ISSUE STRAIN	NED LOWER BACH	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: 17WC02	214 5W									
17WC02145W	SPAZIANI, SHANNON	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SCHOOL 1	3/21/2017 3/21/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
REARRANGING THE DESK A LA	PTOP FELL HITTING R FOOT		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: 17WC02	2146B									
17WC02146B	ABURAS, MUHSEN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WAYNE HILLS H.S.	3/18/2017 3/23/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
USED TWO SCREW DRIVERS TO	O REMOVE BROKEN KEY FRO	M LOCK, SCREW	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: 17WC02147Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-99-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02147Y	LASURE, JENNIFER	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CHERRY HILL HIGH EAST HS	3/22/2017 3/23/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TRIPPED OVER STUDENTS BAG	FALLING INJURED R SHOULD	ER, WRIST, HIP	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: 17WC02	148W									
17WC02148W	SCUDDER, SUZANNE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
EISENHOWER MS	3/23/2017 3/23/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ESCORTING A STUDENT OUT O	F CLASSROOM STUDENT ACC	IDENTALLY RAN	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: 17WC02	149K									
17WC02149K	ANTISTA, LORI	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NO. 1 PROSPECT PARK ES	3/23/2017 3/23/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TRIPPED OVER THE BASE OF A	MOVING CHALKBOARD SHE F	ELL INJURED R	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: 17WC02150Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-100-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORI Claim Number: 17WC02		J								
17WC02150Y	BELLAMY, CHELSEA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BANKBRIDGE REG DEVELOPME	NT. 3/23/2017 3/23/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT ATTEMPTING TO RUN	OUT CLASSROOM SHE RAN	NAFTER THE STUL	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: 17WC02	151B									
17WC02151B	DOLAN, MARISSA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SUNNYBRAE E.S.	3/23/2017 3/23/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SHE ASKED STUDENT TO SIT DO	WN STUDENT STRUCK HE	RNOSE	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: 17WC02	152K									
17WC02152K	LAHAYE, GINA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WARETOWN E.S.	3/23/2017 3/23/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT BIT L FOREARM			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: 17WC02153K



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-101-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02153K	ABBOTT, IRENE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
DEPT OF TRANSPORTATION	3/21/2017 3/23/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING TO BUS, FOOT CAME	OUT OF SHOE CAUSING HER	TO FALL INJ L TH	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: 17WC02	154B									
17WC02154B	BELL, LAURA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
THE VILLAGE ES	3/20/2017 3/23/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
PUTTING A PIANO AWAY USING	DOLLY, PIANO TIPPED OVER	HITTING R PINK	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: 17WC02	155B									
17WC02155B	STAHL, STEPHANIE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BARCLAY EARLY CHILDHOOD C	TR 3/23/2017 3/23/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WORKING WITH STUDENT WAS	BITTEN ON L WRIST		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: 17WC02156W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-102-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02156W	STEFANOWSKI, KRAIG	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JOHN F. KENNEDY MEMORIAL	3/22/2017 3/23/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
BENT DOWN TO LIFT SOME BOX	ES, STOOD UP BANGED R TEN	MPLE ON SHELF	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: 17WC02	157Y									
17WC02157Y	AZER, NEMAT	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BAYONNE H.S. AND ADMIN. OFF	ICE 3/21/2017 3/23/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING IN CAFETERIA TRIPPE	D OVER BOOK BAG SHE FELL	INJ R HAND, R §	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: 17WC02	158K									
17WC02158K	KAHRER, TERRI	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
RARITAN VALLEY ES	3/22/2017 3/23/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING IN GYM SLIPPED AND	FELL INJURED L WRIST		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: 17WC02159B



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-103-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02159B	BONNER, EBONY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
GERALDINE FOSTER EARLY CH	ILD 3/22/2017 3/23/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CO-WORKER LEFT BUTTONG PI	JSHED IN FROM A CHEMICAL	TUBE, SHE TURN	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: 17WC02	160K									
17WC02160K	CENTUOLO, ANNA	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 ; 3/22/2017 3/23/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
EXPOSED TO POTPOURRI DIFF	USER/CHEMICALS CAUSING F	RESPIRATORY IS	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: 17WC02	161K									
17WC02161K	DESANTO, RENE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PLEASANTVILLE MS	3/22/2017 3/23/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ATTEMPTING TO BREAK UP AN	ALTERCATION BETWEEN STU	JDENTS JUMPED	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: 17WC02162K



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-104-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02162K	CAPRICE, MAUDE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LINCOLN AVENUE SCHOOL	3/21/2017 3/23/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
EXITING BLDG SLIPPED ON ICE	AND FELL INJURED FACE/MC	UTH	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: 17WC02	2163W									
17WC02163W	FASANO, MARY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NORTH BRUNSWICK TOWNSHIF	PBF 3/22/2017 3/23/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
LIFTING, MOVING, PUSHING, PU	JLLING RISERS INJURED LOW	ER BACK	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: 17WC02	2164K									
17WC02164K	HERBST, KATHERINE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
RIDGEFIELD PARK HIGH SCHOO	OL 3/23/2017 3/23/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
BREAKING UP STUDENTS FIGH	TING INJURED R ARM, NECK,	BACK	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: 17WC02165B



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-105-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02165B	VALLE, JAVIER	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LADY LIBERTY ACADEMY CHAR	TEF 3/23/2017 3/23/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TIGHTENING LOOSE TABLE LEG	SS, STRAINED UPPER L ARM		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: 17WC02	166Y									
17WC02166Y	WOOD, DEWAR	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
COLUMBUS SCHOOL (NEW)	3/22/2017 3/23/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TRIPPED ON UNEVEN PAVEMEN	NT GRABBED PARENT IN FROM	IT OF HER FELT	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: 17WC02	167K									
17WC02167K	CHIOLA, CHRISTOPHER	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 3/22/2017 3/23/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
EXPOSED TO POTPOURRI DIFF	USER/CHEMICALS CAUSING R	ESPIRATORY IS:	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: 17WC02168K



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-106-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WO Claim Number: 17WC	RKERS' COMPENSATION 02168K									
17WC02168K	INTILI, JAMES	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
TRANSPORTATION	3/17/2017 3/24/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
DRIVING SCHOOL BUS INVOL	VED IN MVA SIDE VIEW MIRROR	BROKE CAUSIN	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: 17WC	02169K									
17WC02169K	OTOOLE, JAMES	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CENTRAL ES	3/10/2017 3/23/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
DIGGING HOLES TO BUILD NE	EW FENCE FELT PAIN IN BOTH S	HOULDERS	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: 17WC	02170Y									
17WC02170Y	COLELLA, JESSICA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MCGINNIS M.S.	3/24/2017 3/24/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING UP STAIRS, SLIPPE	D ON 1ST STEP AND FELL FORV	ARD INJURED R	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: 17WC02171Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

ivers@summitrisk.com

-107-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOF Claim Number: 17WC0										
17WC02171Y	PEELE, JURAH	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LINDEN HIGH SCHOOL	3/24/2017 3/24/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
REMOVING BALLOON ARCH TH	IAT GOT WEDGED IN BLEACHE	RS CUT 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: 17WC0	2172W									
17WC02172W	VANCE, JAMES	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LUMBERTON CAMPUS	3/23/2017 3/24/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKED INTO CLASSROOM TO	CLEAN INHALED PERFUMES	FROM AIR FRESH	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: 17WC0	2174B									
17WC02174B	EVANS, ROBERT	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NORTH MAIN STREET SCHOOL	3/20/2017 3/23/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
COMING BACK INTO SCHOOL	VITH TRASH INHAND, HIT L HA	ND ON DOOR KN	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: 17WC02175W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-108-

ivers@summitrisk.com



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOF Claim Number: 17WC0		I								
17WC02175W	FREY, BRIAN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SOUTH BRUNSWICK H S	3/23/2017 3/23/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING BEHAVIORA	L ISSUE BIT L HAND AND SCF	RATCHED NECK, B	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: 17WC0	2176Y									
17WC02176Y	SMITH, MONIQUE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
FLORENCE M GAUDINEER M.S	. 3/24/2017 3/24/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
PHONE METAL BOX ENCASING	FELL ONTO L ELBOW/LOWER	R ARM/WRIST/HAN	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: 17WC0	2178K									
17WC02178K	ALY, AMAL	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WOODROW WILSON ES	3/23/2017 3/24/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING DOWN STAIRS LOST	HER FOOTING AND FELL INJU	URED R ANKLE	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: 17WC02179Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-109-

ivers@summitrisk.com



March 2017

		Med/I	3I/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name C	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date Statu	us	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WO Claim Number: 17WC0										
17WC02179Y	TOMAS, ABIGAIL	11 :	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WARREN DEVELOP. LEARNING	G CTI 3/23/2017 3/24/2017 Open	ı	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TRYING TO CALM STUDENT H	AVING BEHAVIORAL ISSUE STUDENT H	IEAD BUT	2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number	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: 17WC0	2180Y									
17WC02180Y	KAVANAGH, NOEL	11 :	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NEPTUNE HIGH SCHOOL	3/24/2017 3/24/2017 Open	ı	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT KICKED A VOLLEYBA	ALL ACCIDENTALLY STRUCK HIS HEAD) 2	2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number	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: 17WC0	2181B									
17WC02181B	SCHLAFFER, CHRISTINA	11 :	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LINCOLN NO. 5 ELEM.	3/20/2017 3/24/2017 Open	ı	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TRIED TO CATCH A HEAVY FO	LDING TABLE THAT WAS GOING TO FA	LL INJUR	2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number	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: 17WC02182P



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-110-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Nan	ne Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt	Date Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WO Claim Number: 17WC0		ATION								
17WC02182P	GARDINER, JOHN	14	0.00	0.00	23,000.00	0.00	0.00	2,500.00	0.00	25,500.00
STERLING H.S.	3/23/2017 3/24	1/2017 Reopened	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING DOWN STAIRS TO H	IIS VEHICLE R KNEE LOO	CKED UP ON HIM	0.00	0.00	23,000.00	0.00	0.00	2,500.00	0.00	25,500.00
Total by Claim Number	1 Claim		0.00	0.00	23,000.00	0.00	0.00	2,500.00	0.00	25,500.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	23,000.00	0.00	0.00	2,500.00	0.00	25,500.00
Claim Number: 17WC0)2183B									
17WC02183B	JAMINSON, FLET	CHER 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MILLVILLE SR HS	3/23/2017 3/24	1/2017 Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
BREAKING UP FIGHT BETWEE	N STUDENTS INJURED	L WRIST	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: 17WC0)2184B									
17WC02184B	THOMPSON, MAR	K 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JANIS E DISMUS MS	3/22/2017 3/24	1/2017 Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
GOT UP TO ANSWER DOOR S	TRUCK R KNEE ON HAN	DLE OF DESK DRAWER	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: 17WC02185Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-111-

ivers@summitrisk.com



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02185Y	FOX, MELISSA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CENTRAL SCHOOL	3/24/2017 3/24/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING BEHAVIORAL	L ISSUE BIT HER R KNEE		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: 17WC02	2186B									
17WC02186B	ARRIETA, SHANNON	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
DWIGHT MORROW HS	3/24/2017 3/24/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT KICKED SOCCERBAL	L ACCIDENTALLY HITTING HEP	R IN FACE/L EYE	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: 17WC02	2187Y									
17WC02187Y	ANGELUCCI, JOANN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CARTERET H. S.	3/24/2017 3/24/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TRIPPED OVER BACK PACK AN	D FELL INJURED L KNEE, L SH	OULDER, L ANKL	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: 17WC02188W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

4/6/2017 12:45:59PM

-112-



March 2017

		Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOF Claim Number: 17WC0									
17WC02188W	BERLIN, MAUREEN 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MARGARET C CLIFFORD ES	3/23/2017 3/24/2017 Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ESCORTING STUDENTS TO BU	S HOLDING HANDS WITH STUDENT, STUDENT	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: 17WC0	2189B								
17WC02189B	ORZECHOWSKI, WENDY 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JUDD SCHOOL	3/24/2017 3/24/2017 Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TRYING TO RETRIEVE IPAD FR	OM STUDENT, STUDENT HEAD BUTTED HER 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: 17WC0	2190Y								
17WC02190Y	MIERTO, JOYLENE 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CROSSROADS M S	3/24/2017 3/24/2017 Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING DOWN HALLWAY WA	S PUSHED INTO A TABLE INJURED MID/LOWER	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: 17WC02191K



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-113-

ivers@summitrisk.com



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WO Claim Number: 17WC0										
17WC02191K	DALY, CHRISTA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BRAGG ES	3/23/2017 3/24/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING SHE TRIPPED AND F	ELL OVER UNEVEN PAVEMEN	T INJURED R HAN	2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number	I 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: 17WC0	2192Y									
17WC02192Y	FENDER, CORRINE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ARBOR E.S.	3/24/2017 3/24/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ASSISTING STUDENT WITH AN	INSULIN NEEDLE STUDENT A	CCIDENTALLY ST	2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number	I 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: 17WC0	2193B									
17WC02193B	DEANGELO, VANESSA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HENRY E. HARRIS SCHOOL	3/23/2017 3/24/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
PLUGGING CHROME BOOKS IN	NTO CHARGING CART R HAND	STRUCK METAL (2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number	I 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		0.00					

Claim Number: 17WC02194B



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

4/6/2017 12:45:59PM

-114-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORK Claim Number: 17WC021										
17WC02194B	CORSO, SEAN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
OCEAN TWP INTERMEDIATE M.S.	3/24/2017 3/24/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
OPENING UP LUNCH TABLES ON	E OF THE TABLES STRUCK	HIS HEAD	2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 C	laim		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: 17WC021	95Y									
17WC02195Y	BRADLEY, GARRY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
AVON SCHOOL	3/24/2017 3/24/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CUT HIS RT FIFTH FINGER WITH	A LIGHT BULB		2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 C	laim		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: 17WC021	96B									
17WC02196B	BUILES, JENNIFER	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HIGH SCHOOL	3/24/2017 3/24/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
HOLDING DOOR OPEN STUDENT	YANKED THE DOOR INJUR	ED R SHOULDER//	2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 C	laim		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: 17WC02197K



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

ivers@summitrisk.com

-115-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02		I								
17WC02197K	CLAPPSY, KATHRYN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JOHN M. BAILEY SCHOOL	3/24/2017 3/24/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ATTEMPTING TO MOVE LUNCHE	S FROM HOT BOX L HAND 1	OUCHED BOTTOM	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: 17WC02	198T									
17WC02198T	BRYANT, GAIL	14	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
ADMINISTRATION BUILDING	3/24/2017 3/24/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DURING STAFF MEETING IT BEC	AME HOSTILE CAUSING HE	R TO HYPERVENT	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Total by Claim Number 1	Claim		1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Claim Number: 17WC02	199B									
17WC02199B	KONOPACKI, LORI	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MILL LAKE ES	3/21/2017 3/24/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ASSISTING STUDENT IN RESTRO	DOM, STUDENT FELL TO FLO	OOR PICKED STUE	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: 17WC02200K



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-116-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02200K	DIGIORGIO, LISA	11	2,501.00	243.00	0.00	0.00	0.00	0.00	0.00	2,744.00
BACON ES	3/2/2017 3/24/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
PUTTING A BOX OF SUPPLIES E	BACK ON SHELF, FELT A PULL	IN R SHOULDER	2,501.00	0.00	0.00	0.00	0.00	0.00	0.00	2,501.00
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: 17WC02	2201Y									
17WC02201Y	BAZILE, JACQUES	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JOHN WITHERSPOON MS	3/24/2017 3/24/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING ON FOOTBALL FIELD	A TEMPORARY NET HELD A M	IETAL ROD STRU	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: 17WC02	2202B									
17WC02202B	KOLBE, TARA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WHITON ES	3/13/2017 3/27/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
LIFTING EQUIPMENT STORED I	N CRATES CUT R RING FINGE	R	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: 17WC02203K



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-117-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02203K	KISTNER, LISA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NUMBER 8 ES	3/22/2017 3/27/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
HEEL BECAME WEDGE IN BROK	EN TILE SHE FELL INJURED I	BOTH KNEES, R V	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: 17WC02	204B									
17WC02204B	MCCLOSKEY, KELLY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PASSAIC COUNTY TECH. INSTIT	UT 3/23/2017 3/27/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
DOING A VOLLEYBALL DRILL, BA	ALL STRUCK L HAND PINKY D	ISLOCATED	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: 17WC02	205Y									
17WC02205Y	SETCAVAGE, DIANE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BRIDGEWATER-RARITAN HS	3/27/2017 3/27/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SLIPPED IN PARKING LOT AND F	FELL ON BOTH KNEES, L CHE	EK AREA OF FAC	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: 17WC02206K



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-118-

ivers@summitrisk.com



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WO Claim Number: 17WC0										
17WC02206K	DIMORSKI, SNEZANA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NUMBER 1 ES	3/27/2017 3/27/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
MOVING STUDENT HAVING BE	HAVIORAL ISSUE STUDENT PL	JLLED HER R THL	2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number	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: 17WC0	2207B									
17WC02207B	MCWADE, KAITLYN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
OCEAN ACADEMY	3/27/2017 3/27/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING BEHAVIORA	L ISSUE SCRATCHED HER LEY	/E	2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number	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: 17WC0	2208K									
17WC02208K	DALY, KATHLEEN	11	2,501.00	0.00	0.00	0.00	0.00	0.00	0.00	2,501.00
ORANGE PREP ACADEMY	3/24/2017 3/27/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING DOWN STAIRS MISS	ED LAST STEP AND FELL INJU	RED R FOOT	2,501.00	0.00	0.00	0.00	0.00	0.00	0.00	2,501.00
Total by Claim Number	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

Claim Number: 17WC02209Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-119-

ivers@summitrisk.com



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WO Claim Number: 17WC0										
17WC02209Y	RODGERS, SHAQUANIA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JR - SR H S	3/27/2017 3/27/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING A BEHAVIO	RAL BIT HER LT HAND BREAKING	THE SKIN	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: 17WC0	2210K									
17WC02210K	TENORIO, JULIA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JAMES J. FLYNN E.S.	3/27/2017 3/27/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STAPLING WORK PAPERS, SH	E STAPLED HER LT MIDDLE FING	ER	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: 17WC0	2211B									
17WC02211B	TROFI, PATIENCE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
OCEAN ACADEMY	3/23/2017 3/27/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SHE TRIPPED OVER A BODY S	OCK AND FELL LANDING ON L AN	IKLE	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: 17WC02212K



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-120-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02212K	THOMAS-FLOYD, JOAN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
EAST BRUNSWICK CAMPUS	3/24/2017 3/27/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING TO CAR LOST HER BA	ALANCE AND FELL ON R ELBC	W AND SHOULDE	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: 17WC02	213B									
17WC02213B	ROSS, DEBORAH	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BURLINGTON CO SPEC SER SC	H V 3/27/2017 3/27/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING BEHAVIORAL	ISSUE PUSHED A TABLE INT	O HER ABDOMEN	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: 17WC02	214W									
17WC02214W	BHATT, HEATHER	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SHARON ELEMENTARY	3/27/2017 3/27/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SPEC ED STUDENT STRUCK TH	E RT SIDE OF CLMT'S HEAD V	VITH A WOODEN	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: 17WC02215B



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-121-

ivers@summitrisk.com



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WO Claim Number: 17WC0										
17WC02215B	SOBIN, RYAN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MADISON PARK ES	3/27/2017 3/27/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
RESTRAINING STUDENT HAVIN	NG BEHAVIORAL ISSUE FELT A F	POP IN R SHOUL	2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number	I 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: 17WC0	2216K									
17WC02216K	MCMAHON, CHRISTINE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WINSLOW TWP #3 E.S.	3/27/2017 3/27/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ATTEMPTED TO BLOCK A CHIA	AR THAT WAS THROWN AT STUE	DENT WAS STRL	2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number	I 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: 17WC0	2217Z									
17WC02217Z	LALLI, DANIEL	14	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
MILLVILLE SR HS	3/24/2017 3/27/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING UP STAIRS FELT LIK	E HE COULD NOT PUT PRESSUR	RE ON R KNEE	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Total by Claim Number	I Claim		1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00

Claim Number: 17WC02218W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

ivers@summitrisk.com

-122-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORK Claim Number: 17WC022										
17WC02218W	LEONARD, DANIELLE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SCHOOL #11 ROSS ST SCHOOL	3/27/2017 3/27/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING TO OPEN DOOR AT THE	E SAME TIME A STUDENT C	AUSED THEM TO	2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 C	laim		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: 17WC022	19Y									
17WC02219Y	CHEN, KEVIN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NEWBURY SCHOOL	3/28/2017 3/28/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
RUNNING WIRES HE REMOVED A	CEILING TILE DEBRIS FELL	. INTO L EYE	2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 C	laim		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: 17WC022	20K									
17WC02220K	NATHANSON, LAUREN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
THEODORE SCHOR M.S.	3/24/2017 3/27/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WAS PUSHED BY STUDENT HAVI	NG A BEHAVIORAL ISSUE IN	JURED LOWER B	2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 C	laim		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: 17WC02221Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-123-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORI Claim Number: 17WC02										
17WC02221Y	TOMAR, HEATHER	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SAMUEL YELLIN SCHOOL	3/27/2017 3/28/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING QUICKLY TO ANSWER	THE PHONE ON OTHER SIDE	E OF ROOM, ROLI	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: 17WC02	222Y									
17WC02222Y	BERMUDEZ, ANGEL	10	2,500.00	245.00	0.00	0.00	0.00	3,500.00	0.00	6,245.00
MAINTENANCE DEPARTMENT	3/23/2017 3/28/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CARRYING BOILER PUMP IN SCH	100L STRAINED R SHOULDE	R	2,500.00	2.00	0.00	0.00	0.00	3,500.00	0.00	6,002.00
Total by Claim Number 1	Claim		2,500.00	245.00	0.00	0.00	0.00	3,500.00	0.00	6,245.00
			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	3,500.00	0.00	6,002.00
Claim Number: 17WC02	223B									
17WC02223B	PRESTON, ANNE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
DWIGHT D EISENHOWER E.S.	3/27/2017 3/28/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING IN HALLWAY WHEN SH	E ACCIDENTALLY RAN INTO	STUDENT INJUR	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: 17WC02224Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-124-



March 2017

		Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC022									
17WC02224Y	MARCANTONIO, DEBORAH 1	1 2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MARSHALL W ERRICKSON E.S.	3/27/2017 3/28/2017 Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TALKING TO CO-WORKER SHE T	RUNED TO HEAD BACK TO CLASSROOM	1 ANK 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: 17WC022	26K								
17WC02226K	BOYD, JOHN 14	4 1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
UNION HIGH SCHOOL (UNION)	3/22/2017 3/28/2017 Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REMOVING OLD FIRE DOORS IN	URED L SHOULDER	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Total by Claim Number 1	Claim	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Claim Number: 17WC022	27B								
17WC02227B	PLUGARIU, PERONEL 1	1 2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
KINGWOOD TWP ES	3/24/2017 3/28/2017 Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
PUTTING TOGETHER PLASTIC BO	DARDS FOR KICKBALL BOARD FELL ON	R IND 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: 17WC02228W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-125-

ivers@summitrisk.com



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02228W	PETRIK, TASHA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
DEPT OF TRANSPORTATION	3/28/2017 3/28/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
A DEER JUMPED INTO THE BUS	CAUSING GLASS TO SHATTE	R, STATES HER I	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: 17WC02	229K									
17WC02229K	HERBERT, DAWN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MAYS LANDING CAMPUS	3/23/2017 3/27/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
GRABBED STUDENT THAT WAS	RUNNING AROUND WITH EYE	ES CLOSED, STUI	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: 17WC02	230V									
17WC02230V	MILES, TOSSAPON	10	17,500.00	245.00	36,000.00	0.00	0.00	0.00	0.00	53,745.00
BEDWELL ES	3/28/2017 3/28/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
MISSED A STEP WHEN ON A LA	DDER FELL OFF LADDER ONT	O HIS L SIDE CHI	17,500.00	2.00	36,000.00	0.00	0.00	0.00	0.00	53,502.00
Total by Claim Number 1	Claim		17,500.00	245.00	36,000.00	0.00	0.00	0.00	0.00	53,745.00
-			0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
			17,500.00	2.00	36,000.00	0.00	0.00	0.00	0.00	53,502.00

Claim Number: 17WC02231K



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-126-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WO Claim Number: 17WC0	RKERS' COMPENSATION									
17WC02231K	STINGER, DEANNA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WINSLOW TWP #5 E.S.	3/27/2017 3/28/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
A CHAIR WAS HOLDING DOOR	OPEN TRIPPED OVER LEG OF	CHAIR AND FELL	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: 17WC0	2232B									
17WC02232B	HYNES, PETER	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
THOMAS B CONLEY ES	3/16/2017 3/28/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
PREPARING SNOW REMOVAL	STRUCK L SHIN ON FRONT OF	BLOWER	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: 17WC0	2233Z									
17WC02233Z	MANCINI, CHRISTA	14	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
TRANSPORTATION/BUS LOT	3/20/2017 3/28/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FELT A POP IN R KNEE AS SHI	E REACHED LANDING OF BUS S	STEPS	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Total by Claim Number	1 Claim		1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC02234K



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

ivers@summitrisk.com

-127-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02234K	SUMMERVILLE, DENNIS	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BANKBRIDGE REG DEVELOPM	ENT. 3/28/2017 3/28/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STUDENT HAVING BEHAVIORA	L ISSUE WAS CHARGING THE	DOOR AS THE DO	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: 17WC02	2235B									
17WC02235B	SCHMITT, DIANE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JAMES MADISON SCHOOL	3/27/2017 3/28/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING INTO BATHROOM SLI	PPED ON WET FLOOR AND FE	ELL INJURED L KN	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: 17WC02	2236Y									
17WC02236Y	WALKER, WAYNE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HAMILTON WEST WATSON H.S.	3/27/2017 3/28/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SAT DOWN ON TABLE TO CHAT	WITH SUPERVISOR TABLES I	EGS GAVE OUT	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: 17WC02237B



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-128-

ivers@summitrisk.com



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOF Claim Number: 17WC0										
17WC02237B	LASHLEY, CASEY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BANKBRIDGE REG DEVELOPM	ENT. 3/28/2017 3/28/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STUDENT HAVING A BEHAVIOR	AL TWISTED HER RT WRIST T	HE GRABBED IT (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: 17WC0	2239W									
17WC02239W	CLAY, TONG YA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ROOSEVELT SCHOOL	3/28/2017 3/28/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ATTEMPTING TO OPEN WINDO	W WHEN WINDOW CAME DOW	/N ON L INDEX FII	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: 17WC0	2240B									
17WC02240B	SCHWEITZER, MELISSA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
GILBERT AVE ES	3/28/2017 3/28/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OPENING THE DOOR FOR COW	ORKER FOR A STUDENT GOIN	NG TO NURSE DU	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						

Claim Number: 17WC02241Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-129-

ivers@summitrisk.com



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02		N								
17WC02241Y	LEWIS, TENNYSON	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
GREGORY SCHOOL (NEW)	3/28/2017 3/28/201	7 Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SEPARATING A FIGHT BETWEE	N STUDENTS WHEN HE FEL	L INJURED MID/LO	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: 17WC02	2242B									
17WC02242B	FAWCETT, JENNIFER	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MAURICE RIVER TWP. ELEMEN	TAF 3/24/2017 3/28/201	7 Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TRYING TO RESTRAIN A STUDE	ENT HAVING BEHAVIORAL IS	SSUE STRAINED LO	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: 17WC02	2243Y									
17WC02243Y	CHANEY, DANNY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MIDDLETOWN-NORTH HS	3/28/2017 3/28/201	7 Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STANDING ON LADDER ATTEM	PTING TO PUT AWAY A BOX	(LADDER SLIPPED (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: 17WC02244B



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

ivers@summitrisk.com

-130-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOF Claim Number: 17WC0										
17WC02244B	MALAVE, DALILA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ADELPHIA ES	3/24/2017 3/24/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STUDENT HAVING A BEHAVIOF	RAL STRUCK HER ON THE LT S	IDE OF FACE INJ	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: 17WC0	2245W									
17WC02245W	SALER, MICHELE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HOLMDEL H.S.	3/28/2017 3/28/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ATTEMPTING TO PICK UP A FIL	E FROM BOTTOM DRAWER SH	IE FELL INJURED	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: 17WC0	2246K									
17WC02246K	WYCKOFF, RUSSELL	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
FRANKLIN SCHOOL (UNION)	3/27/2017 3/28/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REMOVING A STACK OF CONE	S FROM STORAGE ROOM FEL	Γ PAIN IN LOWER	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: 17WC02247W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

4/6/2017 12:45:59PM

-131-



March 2017

		Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WO Claim Number: 17WC0	RKERS' COMPENSATION 22247W								
17WC02247W	CARNEVALE, CATHERINE 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
FALLONE E.S.	3/28/2017 3/29/2017 Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SLIPPED ON FOOD AND FELL	LANDING ON L KNEE, L ELBOW, TWISTED BAG	CK 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: 17WC0	2248W								
17WC02248W	HOYOS, CARLOS 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
COPELAND MS	3/27/2017 3/29/2017 Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MOPPING CLASSROOM, SLIPF	PED IN SPILLED GLUE AND FELL INJURED LOW	VE 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: 17WC0	02249B								
17WC02249B	FISHER, TAWANYA 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PLEASANTVILLE MS	3/27/2017 3/28/2017 Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PUTTING CHAIRS UP TO MOP,	A CHAIR FELL, AS SHE CAUGHT IT SHE INJU	RE 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: 17WC02250K



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-132-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02250K	LODHIE, NARGIS	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
EARLY CHILDHOOD CENTER	3/28/2017 3/28/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BLOCKING UPSET STUDENT WH	HEN SHE TRIPPED & FELL OV	ER A CHAIR INJUI	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: 17WC02	251K									
17WC02251K	PERROTTI, JEAN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ADMINISTRATION BLDG	3/27/2017 3/29/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TRIPPED AND FELL OVER MAT	INJURED L KNEE, BOTH FORE	ARMS, R HAND, I	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: 17WC02	252K									
17WC02252K	SANCHEZ, VICTOR	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JOHN F. KENNEDY NO.7 ELEM.	3/28/2017 3/29/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOSSING GARBAGE OUT HE AC	CIDENTALLY STRUCK RT SID	E OF HIS RIB CAC	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: 17WC02253B



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-133-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOF Claim Number: 17WC0										
17WC02253B	BORRERO, ANGEL	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MIDDLE SCHOOL	3/28/2017 3/28/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REMOVING A LIGHT BULB, THE	BULB BROKE PUNCTURING TH	HROUGH HIS GL	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: 17WC0	2254K									
17WC02254K	BREAKELL, FRANK	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
RD WOOD ES	3/21/2017 3/29/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
RESTRAINING STUDENT HAVIN	NG BEHAVIORAL ISSUE INJURE	D LOWER BACK	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: 17WC0	2255B									
17WC02255B	CALABRAESE, CAROLINE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WESTMORELAND E. S.	3/29/2017 3/29/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHILD HAVING A BEHAVIORAL	SWUNG HIS ARMS & STRUCK H	HER RT THUMB,	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: 17WC02256B



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-134-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOF Claim Number: 17WC0										
17WC02256B	ROURKE, DANIELLE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JOSEPH C. CARUSO ES	3/29/2017 3/29/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MOVING DESK TOWARDS CLAS	SSROOM STRAINED MID BACK		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: 17WC0	2257Y									
17WC02257Y	JOSEPH, MARCIA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NEWARK EDUCATORS CHARTE	ER 3/29/2017 3/29/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DIFFUSING AN ALTERCATION E	BETWEEN STUDENTS FELL INJU	JRED BOTH KNE	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: 17WC0	2258W									
17WC02258W	KARMONDI, BERNARD	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MIDDLE SCHOOL (HUNTERDOM	N) 3/28/2017 3/28/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHANGING A LIGHT BULB, HE	ACCIDENTALLY DROPPED BUL	B, HE CAUGHT IT	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: 17WC02259Z



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-135-

ivers@summitrisk.com



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02259Z	MARTINEZ, WANDA	14	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
HEDGEPETH-WILLIAMS MIDDLE	SC 3/29/2017 3/29/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING ON SIDEWALK, FOOT	GAVE OUT SHE FELL INJURED	L FOOT, LEG, H	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Total by Claim Number 1	Claim		1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Claim Number: 17WC02	260K									
17WC02260K	GESUMARIA, KATHLEEN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ADMIN BLDG	3/28/2017 3/28/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SLIPPED & FELL ON SLICK TILE	FLOOR INJURING HER LT ANK	LE	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: 17WC02	261Y									
17WC02261Y	FLOOD, MARCIA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BRIGHT BEGINNINGS LEARNING	G CI 3/29/2017 3/29/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING BACK TO HER CLASS	TRIPPED OVER RUG AND FEL	L INJURED L KNI	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: 17WC02262B



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-136-

ivers@summitrisk.com



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC022										
17WC02262B	TABBACCHINO, ANTHON	Y 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NORTH BERGEN HIGH SCHOOL	3/28/2017 3/28/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BREAKING UP A FIGHT BETWEEN	N STUDENTS WHEN HE STRA	INED THE LT SID	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: 17WC022	263W									
17WC02263W	MCCRADY, ADA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
RARITAN HS	3/20/2017 3/29/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SLIPPED ON ICE IN PARKING LOT	AND FELL INJURED HEAD		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number 1 0	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: 17WC022	264B									
17WC02264B	ECHEVARRIA, KATHRYN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MONROE TWP TRAILER MS	3/29/2017 3/29/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REFEREEING COURT WAS ACCIE	DENTALLY STRUCK BY VOLLE	EYBALL IN FACE	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: 17WC02265Z



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-137-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WO Claim Number: 17WC	RKERS' COMPENSATION									
17WC02265Z	ODENBRETT, VIRGINIA	14	5,001.00	0.00	0.00	0.00	0.00	0.00	0.00	5,001.00
FRANK J. SMITH E S	3/28/2017 3/29/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BECAME DIZZY AND PASSED	OUT IN PARKING LOT INJURED	L SIDE OF CHEEł	5,001.00	0.00	0.00	0.00	0.00	0.00	0.00	5,001.00
Total by Claim Number	1 Claim		5,001.00	0.00	0.00	0.00	0.00	0.00	0.00	5,001.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			5,001.00	0.00	0.00	0.00	0.00	0.00	0.00	5,001.00
Claim Number: 17WC	02266K									
17WC02266K	POERIO, CAROL	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SCHOOL #4 ES	3/29/2017 3/29/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ACCIDENTALLY TRIPPED OVE	R STUDENT ON PLAYGROUND	AND FELL INJ L K	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: 17WC)2267W									
17WC02267W	PEROTTA, DANIELLE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
THE SHORE CENTER FOR STU	JDEN 3/20/2017 3/29/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
RESTRAINING STUDENT HAVI	NG BEHAVIORAL ISSUE STRAIN	ED L FOREARM	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: 17WC02268Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-138-



March 2017

		Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WO Claim Number: 17WC0	RKERS' COMPENSATION 02268Y								
17WC02268Y	BERRY, KIMBERLY 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BACON ES	3/29/2017 3/30/2017 Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TRIPPED OVER AREA RUG AN	D FELL ATTEMPTED TO BREAK FALL HOLDING	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: 17WC0	02269B								
17WC02269B	AUSMAN, ILJU 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LINDEN HIGH SCHOOL	3/27/2017 3/29/2017 Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PUTTING AWAY SUPPLIES IN (CLASSROOM JAMMED HER L MIDDLE FINGER IN	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: 17WC0	02270B								
17WC02270B	VETRANO, GAIL 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
FRANK J DUGAN E.S.	3/29/2017 3/30/2017 Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STUDENT HAVING BEHAVIOR	AL ISSUE BIT HER ON R FOREARM	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: 17WC02271W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-139-

ivers@summitrisk.com



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WO Claim Number: 17WC0										
17WC02271W	RODALIGO, THOMAS	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BERNARDS HS	3/29/2017 3/30/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WORKING ON FENCE IN MUDD	ING CONDITION HE TURNED R	KNEE TWISTED	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number	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: 17WC0	2272K									
17WC02272K	CARLUCCI, MARYBETH	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LIBERTY CORNER ES	3/29/2017 3/30/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WAS ACCIDENTALLY STRUCK	L SIDE OF HEAD WITH A BASKE	TBALL	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number	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: 17WC0	2273Y									
17WC02273Y	TRAPANI, CHERYL	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ROBERT GORDON E.S.	3/29/2017 3/30/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING IN AISLE FILLED WIT	H CHAIRS SHE HIT HER L HIP O	N CHAIR FELL T	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number	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: 17WC02274Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

ivers@summitrisk.com

-140-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WO Claim Number: 17WC	RKERS' COMPENSATION									
17WC02274Y	PARKER, KRISTOPHER	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
AUDREY W CLARK	3/29/2017 3/30/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DOING PHYSICAL ASSIST ON	STUDENT THAT WAS RESISTIN	G FELT PAIN IN M	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: 17WC	02275M									
17WC02275M	FLOOM, STEVEN	10	22,500.00	245.00	15,000.00	0.00	0.00	0.00	0.00	37,745.00
WALTER C. BLACK E.S.	3/27/2017 3/30/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PUTTING TABLES UP INTO WA	ALL WHEN HE FELT STRAIN TO	GROIN AREA	22,500.00	245.00	15,000.00	0.00	0.00	0.00	0.00	37,745.00
Total by Claim Number	1 Claim		22,500.00	245.00	15,000.00	0.00	0.00	0.00	0.00	37,745.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			22,500.00	245.00	15,000.00	0.00	0.00	0.00	0.00	37,745.00
Claim Number: 17WC	02276W									
17WC02276W	RODRIGUEZ, NAOMI	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WARREN DEVELOP. LEARNIN	G CTI 3/30/2017 3/30/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STUDENT HAVING BEHAVIOR	AL ISSUE PUNCHED AND SCRA	TCHED HER L EY	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: 17WC02277B



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

ivers@summitrisk.com

-141-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date Sta	atus	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02277B	POPIELARCVYK, HEATHER	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
THE SHORE CENTER FOR STUD	EN 3/30/2017 3/30/2017 Ope	en	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WORKING WITH STUDENT WAS	BITTEN ON R INDEX FINGER		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: 17WC02	278K									
17WC02278K	LEVY, GENNA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SCHOOL #28 MATTHEW JAGO	3/30/2017 3/30/2017 Ope	en	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STUDENT HAVING BEHAVIORAL	ISSUE COLLAPSED TO GROUND AI	ND PULLEC	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: 17WC02	279B									
17WC02279B	BRANDT, LYNN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CENTRE CITY ES	3/24/2017 3/30/2017 Ope	en	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ESCORTING CHILDREN IN HALL	WAY LOST BALANCE AND FELL INJU	URED LOW	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: 17WC02280B



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-142-

ivers@summitrisk.com



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02280B	RIEHL, TRACY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BARCLAY EARLY CHILDHOOD	CTR 3/29/2017 3/30/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HOLDING STUDENT HAND DUR	ING FIRE DRILL STUDENT PUL	LED ON HAND, L	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: 17WC02	2281Y									
17WC02281Y	OLSON, BERNADETTE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MELVIN H. KREPS E.S.	3/30/2017 3/30/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SLIPPED ON A SCREW AND FEI	L INJURED L HAND, R KNEE, I	R HIP	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: 17WC02	2282B									
17WC02282B	BROWN, CYBIL	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PARK MS	3/22/2017 3/30/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TRYING TO OPEN A STAPLER S	TAPLE PUNCTURED HER R FI	NGER	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: 17WC02283K



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

ivers@summitrisk.com

-143-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOF Claim Number: 17WC02										
17WC02283K	DORRIAN, JEANMARIE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CARTERET H. S.	3/20/2017 3/30/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SLIPPED ON ICE AND FELL INJU	JRED L KNEE, L ANKLE, LOWER	BACK	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: 17WC0	2284Z									
17WC02284Z	DIXON, ANGELA	14	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
JANIS E DISMUS MS	3/28/2017 3/30/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SITTING IN HER CHAIR BENT H	ER L FOOT BACK ON CHAIR FX L	3RD METATAF	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Total by Claim Number 1	Claim		1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Claim Number: 17WC0	2285K									
17WC02285K	KOLLER, DANA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BANKBRIDGE REG DEVELOPM	ENT. 3/30/2017 3/31/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STUDENT DRIVING THEIR VEHI	CLE STRUCK VAN AND THE VAN	REARED CAUS	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: 17WC02286W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

ivers@summitrisk.com

-144-



March 2017

		Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02									
17WC02286W	RODRIGUEZ, NOEMI 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
IGNACIO CRUZ EARLY CHILDHO	DOE 3/30/2017 3/31/2017 Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STANDING ON CHAIR WHILE PO	OSTING BULLETIN BOARD CHAIR TIPPED OVE	R 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: 17WC02	2287Y								
17WC02287Y	KWIATKOWSKI, HEATHER 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NJ REGIONAL DAY-JACKSON	3/30/2017 3/30/2017 Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STUDENT GRABBED L THUMB A	AND BENT IT BACKWARDS	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: 17WC02	2288W								
17WC02288W	TIMMERMAN, LAURA 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LADY LIBERTY ACADEMY CHAR	RTEF 3/30/2017 3/30/2017 Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SITTING IN ROLLING CHAIR, RC	LLED ONTO UNEVEN FLOOR CHAIR TIPPED	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: 17WC02289W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-145-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02289W	LORDI, ALESSANDRA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WARREN DEVELOP. LEARNING	CTI 3/30/2017 3/30/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STUDENT HAVING A BEHAVIOR	AL GRABBED & TWISTED HER	LT HAND CAUSII	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: 17WC02	290W									
17WC02290W	MINGO, KUMIOA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ABRAM P MORRIS-SAYBROOK E	ES 3/30/2017 3/30/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHASING AFTER STUDENT WHO	O RAN OUT OF SCHOOL EXPE	RIENCED LOWEF	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: 17WC02	291W									
17WC02291W	JONES, CHRISTINE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
INDIAN FIELDS E S	3/30/2017 3/30/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TRIPPED AND FELL OVER RAISI	ED RUG INJURED R SHOULDE	R, R UPPER ARM	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: 17WC02292W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-146-



March 2017

		Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name Cov	/ Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WO Claim Number: 17WC0	RKERS' COMPENSATION 2292W								
17WC02292W	LEVY, JEFFREY	11 2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MIDDLESEX HS	3/30/2017 3/30/2017 Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HE FELT A POP IN HIS LT WRIS	ST AFTER CLEANING/LIFTING HEAVY OBJ	ECTS 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: 17WC0	2293Y								
17WC02293Y	PERTICARI, FAY	11 2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WILLOW GROVE ES	3/30/2017 3/30/2017 Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
RUNNING WITH HER ONE-ON-	ONE STUDENT SHE FELT A POP IN HER F	RT LOW 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: 17WC0	2294Y								
17WC02294Y	MORGAN, KIMBERLY	11 2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WOODMERE SCHOOL	3/30/2017 3/30/2017 Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HOLDING A STUDENT'S HAND	STUDENT PULLED TOWARD HER CAUSI	NG HEF 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: 17WC02295Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-147-



March 2017

		Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02									
17WC02295Y	GONZALEZ, DEBORAHLYNN 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
VINELAND SENIOR H.S. NORTH	9 & 3/30/2017 3/31/2017 Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING SHE SLIPPED ON SLIC	CK FLOOR AND FELL INJURED R GREAT TOE,	F 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: 17WC02	296V								
17WC02296V	PEREZ, ALEX 14	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
PERTH AMBOY H.S.	3/27/2017 3/31/2017 Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ORGANIZING BASEBALL JERSE	Y, BENT DOWN TO PICK UP JERSEY ON FLOC	DF 1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Total by Claim Number 1	Claim	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Claim Number: 17WC02	297W								
17WC02297W	ROZAS, HILDA 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ABRAM P MORRIS-SAYBROOK E	ES 3/31/2017 3/31/2017 Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WORKING WITH STUDENT USIN	IG SPECIAL SCISSORS TO CUT WORKSHEET	H 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: 17WC02298Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-148-



March 2017

		Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02									
17WC02298Y	ROBERTS, ASHLEY 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WARREN DEVELOP. LEARNING	CTI 3/31/2017 3/31/2017 Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ESCORTING A STUDENT IN THE	E HALLWAY & WAS KICKED IN THE RT KNEE	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: 17WC02	2299Y								
17WC02299Y	EINSEL, ELIZABETH 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CAMDEN CO. VOC-TECH V.S. (0	GLO. 3/29/2017 3/31/2017 Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HELPING ANOTHER TEACHER	CLEAN OUT FRYER USING HOT WATER, SOME	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: 17WC02	2300K								
17WC02300K	TOMAS, ABIGAIL 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WARREN DEVELOP. LEARNING	CTI 3/31/2017 3/31/2017 Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STUDENT HAVING BEHAVIORA	L ISSUE STRUCK HER IN L EYE	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: 17WC02301B



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-149-



March 2017

		Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOF Claim Number: 17WC0									
17WC02301B	CATENA, KAREN 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PARKER ES	3/31/2017 3/31/2017 Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WAS ON PHONE CALLING MAIN	I OFFICE, STUDENT PUSHED HER SEVERAL	TIN 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: 17WC0	2302W								
17WC02302W	CORBESERO, DESHON 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BRIGHT BEGINNINGS LEARNIN	G CI 3/31/2017 3/31/2017 Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WAS HELPING STUDENT GET D	DRESSED THE STUDENT KICKED HER IN HE	AD 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: 17WC0	2303W								
17WC02303W	MEZZINA, ROSA 11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
E BRUNSWICK H. S.	3/31/2017 3/31/2017 Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING ON WET SIDEWALK S	SLIPPED AND FELL INJURED HEAD ON PAVE	ME 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: 17WC02305W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

ivers@summitrisk.com

-150-

4/6/2017 12:45:59PM



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WO Claim Number: 17WC0	RKERS' COMPENSATION									
17WC02305W	SHERER, BARBARA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CENTER FOR LIFE LONG LEAF	RNINC 3/29/2017 3/31/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TRYING TO ASSIST ANOTHER	TEACHER WITH A CHILD SHE FI	ELL INJURED R 🕴	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: 17WC0)2306Y									
17WC02306Y	HOWLEY, CHRISTINA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
TAYLOR ST E.S.	3/31/2017 3/31/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STUDENT HAVING BEHAVIOR	AL ISSUE BIT HER R FOREARM		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: 17WC0)2307W									
17WC02307W	MICENROE, SEAN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BANKBRIDGE REG DEVELOPM	IENT. 3/31/2017 3/31/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PLAYING DURING A STUDENT	VS TEACHER BASKETBALL HE	ROLLED R ANKL	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

Claim Number: 17WC02308Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-151-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WO Claim Number: 17WC0										
17WC02308Y	D'AUGOSTINE, DENNIS	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
VINELAND CITY	3/31/2017 3/31/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BREAKING UP AN ALTERCATIO	ON BETWEEN STUDENTS HIT R	FOREARM ON LC	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: 17WC0	2309K									
17WC02309K	CIANI, DIVA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
RED BANK PRIMARY	3/31/2017 4/3/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WAS ASSISTING A STUDENT V	VITH WALKING WHEN SHE BEG	AN EXPERIENCE	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: 17WC0	2311W									
17WC02311W	CARROLL, KELSEY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
RD WOOD ES	3/31/2017 4/3/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STUDENT HAVING BEHAVIORA	AL ISSUE WAS PUSHING, HITTIN	NG AND PUNCHIN	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: 17WC02312Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

ivers@summitrisk.com

-152-

4/6/2017 12:45:59PM



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02312Y	ABOUCHAKRA, MAY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CHURCHILL J.H.S.	3/23/2017 4/3/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STUDENT PLAYING VOLLEYBAL	L WAS ACCIDENTALLY HIT ON	N R SHOULDER	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: 17WC02	315R									
17WC02315R	KRAUSSER, EDWARD	14	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
JUNIOR HIGH SCHOOL, INCL.	3/20/2017 4/3/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
RESPONDING TO EMERGENCY	DRILL LIFTED VICTIM WITH VI	CE PRINCIPAL FE	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Total by Claim Number 1	Claim		1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Claim Number: 17WC02	318K									
17WC02318K	DAMBROSE, PASQUALE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MONMOUTH CO ACAD. ALLIED H	HTF 3/31/2017 4/3/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BREAKING DOWN TABLES, PULI	ED UP A TABLE FELT PAIN IN	I L SHOULDER	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: 17WC02319K



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-153-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOF Claim Number: 17WC0										
17WC02319K	WAJS, STACY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
VALLEY PROGRAM	3/31/2017 4/3/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EMPLEMENTING BEHAVIOR PL	AN WITH STUDENTS, LOST BA	LANCE AND FELL	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: 17WC0	2324G									
17WC02324G	CETTA, MARIA	14	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
CONACKAMACK M.S.	3/31/2017 4/3/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
VOLUNTEERING IN TEACHER V	S STUDENTS GAME WENT FO	R BALL, TURNED	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Total by Claim Number 1	Claim		1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Claim Number: 17WC0	2325W									
17WC02325W	BERTONAZZI, ANITA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
DR. WILLIAM MENNIES E.S.	3/30/2017 4/3/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PLAYING WITH STUDENT ON B	ARS, SHE FELL HITTING HER H	HEAD/NECK	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: 17WC02328Y



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-154-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02328Y	ABRAMS, JOHN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
OCEAN TWP INTERMEDIATE M.S	S. 3/17/2017 4/3/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STEPPING OUT OF PORT O POT	TY WHEN HIS R FOOT SLIPPED	CAUSING STR	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: 17WC02	332K									
17WC02332K	RUDEN, HEATHER	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PARKVIEW SCHOOL	3/23/2017 4/3/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ASSISTING A STUDENT DURING	THERAPY GROUP STUDENT D	ROPPED AND F	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: 17WC02	336B									
17WC02336B	GOODE-BROWN, GLORIA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
DEPT OF TRANSPORTATION	3/31/2017 4/4/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TRYING TO RESTRAP A CHILD II	N BUS SEAT BUS STOPPED SU	DDENLY THROV	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: 17WC02340W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-155-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORK Claim Number: 17WC023										
17WC02340W	RODRIGUEZ, SIMON	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
VETERANS MEMORIAL	3/28/2017 4/4/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REMOVING TRASH FROM GARBA	GE CONTAINER SLID AND F	ELL ON R FOOT	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number 1 C	laim		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: 17WC023	41V									
17WC02341V	LITTLES, LYDIA	14	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
DOROTHY L BULLOCK SCHOOL	3/30/2017 4/4/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SHE FELL, POSSIBLY HAD A SEIZ	URE SPRAINING HER NECK		1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Total by Claim Number 1 C	Claim		1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Claim Number: 17WC023	44K									
17WC02344K	PARKS, MICHAEL	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BRIDGETON SENIOR H.S.	3/22/2017 4/4/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING IN HALLWAY AT GREAT	WOLF LODGE STUMBLED I	NTO A METAL BO	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number 1 C	laim		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: 17WC02348W



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-156-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02348W	DIUGNAN, JACINTA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LAWRENCE BROOK E.S.	3/29/2017 4/4/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PUTTING SUPPLIES AWAY STE	PPED BACKWARDS HEEL OF	SHOE GOT CAUG	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: 17WC02	2350K									
17WC02350K	BENNETT, NANCY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HUNTERDON CENTRAL REG HS	3/28/2017 4/4/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HER FOOT BECAME CAUGHT IN	STUDENTS BACK PACK SHE	FELL INJURED L	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: 17WC02	2357W									
17WC02357W	ABREU, WALVIS	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LEAP ACADEMY CHARTER SCH	00 3/30/2017 4/4/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DEMONSTRATING TO STUDEN	TS HOW TO CHANGE BASES H	IE SLAMMED HIS	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

Claim Number: 17WC02358K



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-157-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WOR Claim Number: 17WC02										
17WC02358K	ANDERSON, LISA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HOPKINS SCHOOL	3/22/2017 4/5/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FOOT BECAME CAUGHT ON SIDE	EWALK SHE FELL INJURED L	KNEE, L SIDE OF	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: 17WC023	367K									
17WC02367K	CARTEY, ALEXIS	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
TEAM ACADEMY CHARTER BOE	3/30/2017 3/30/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TRIED TO PUT CHILD HAVING A	BEHAVIOR IN A CALM POSITI	ON, CHILD RESIS	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: 17WC023	371R									
17WC02371R	LOPEZ, EVELYN	14	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
HAMMONTON HS	3/9/2017 4/5/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STEPPED ON YELLOW STRIP ON	STEPS, SLIPPED OFF & FEL	L INJURING HER	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Total by Claim Number 1	Claim		1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00



4/6/2017 12:45:59PM

The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Total by Major Coverage 4	174 Claims		1,323,649.28	118,077.00	355,429.74	0.00	0.00	9,500.00	0.00	1,806,656.02
			26,598.04	95,610.00	24,458.82	0.00	0.00	0.00	0.00	146,666.86
			1,297,051.24	22,467.00	330,970.92	0.00	0.00	9,500.00	0.00	1,659,989.16
Major Coverage: 20 - GENE Claim Number: 17GL011										
17GL01126Q	WILLIAMS, JO'WAE	20	25,000.00	1,500.00	0.00	0.00	0.00	0.00	0.00	26,500.00
MANCHESTER TWP. HS	3/7/2017 3/7/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HIB BULLYING			25,000.00	1,500.00	0.00	0.00	0.00	0.00	0.00	26,500.00
Total by Claim Number 1	Claim		25,000.00	1,500.00	0.00	0.00	0.00	0.00	0.00	26,500.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			25,000.00	1,500.00	0.00	0.00	0.00	0.00	0.00	26,500.00
Claim Number: 17GL011	I27H									
17GL01127H	GALLO, PATRICIA	21	0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
BUENA REGIONAL HS	3/6/2017 3/7/2017	3/28/2017	0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
ALLEGES FOUL BALL FROM BAS	BEBALL FIELD HIT HOOD OF F	PARENTS VEHICL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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	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
Claim Number: 17GL011	I31N									
17GL01131N	URVAGA, JOSMARI	22	0.00	0.00	0.00	0.00	0.00	0.00	1,500.00	1,500.00
WOODROW WILSON SCHOOL	3/2/2017 3/10/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES COMING OFF ICE STR	UCK FOOT AGAINST WALL		0.00	0.00	0.00	0.00	0.00	0.00	1,500.00	1,500.00



4/6/2017 12:45:59PM

The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 20 - GENI										
Total by Claim Number 1	Claim		0.00	0.00	0.00	0.00	0.00	0.00	1,500.00	1,500.00
			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	1,500.00	1,500.00
Claim Number: 17GL01	132Q									
17GL01132Q	HABIB, FILOPATEER	22	0.00	0.00	0.00	0.00	0.00	0.00	2,500.00	2,500.00
HORACE MANN SCHOOL	3/3/2017 3/10/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES TRIPPED OVER HIS O	WN HCOKEY STICK AND FELL		0.00	0.00	0.00	0.00	0.00	0.00	2,500.00	2,500.00
Total by Claim Number 1	Claim		0.00	0.00	0.00	0.00	0.00	0.00	2,500.00	2,500.00
			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	2,500.00	2,500.00
Claim Number: 17GL01	150N									
17GL01150N	LICATA, JULIETTE	22	0.00	0.00	2,500.00	0.00	0.00	0.00	0.00	2,500.00
SOUTH ORANGE JUNIOR HIGH	SCF 3/9/2017 3/15/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES STUDENT INJURED H	AND WHEN GLASS BEAKER B	ROKE	0.00	0.00	2,500.00	0.00	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: 17GL01	154Q									
17GL01154Q	MANJREKAR, MR.	22	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
CONSTABLE E S	3/11/2017 3/16/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES SLIP AND FALL ON IC	Y PREMISES		0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00



4/6/2017 12:45:59PM

The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name Co	v	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date Status	÷	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 20 - GENE										
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: 17GL011	59Q									
17GL01159Q	PRESBYTERIAN CHURCH, CRES	21	0.00	0.00	3,500.00	0.00	0.00	0.00	0.00	3,500.00
BARACK OBAMA GREEN CHART	ER 3/13/2017 3/20/2017 Open		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES INSURED CAUSED DAI	MAGE TO WOOD FLOORS DUE TO PLA	CING T/	0.00	0.00	3,500.00	0.00	0.00	0.00	0.00	3,500.00
Total by Claim Number 1	Claim		0.00	0.00	3,500.00	0.00	0.00	0.00	0.00	3,500.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	3,500.00	0.00	0.00	0.00	0.00	3,500.00
Claim Number: 17GL011	72L									
17GL01172L	BLODNIK, JULIA	21	0.00	0.00	5,000.00	0.00	0.00	0.00	0.00	5,000.00
HEYWOOD AVENUE SCHOOL	3/23/2017 3/23/2017 Open		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES TREE FELL ON STAFF	VEHICLE		0.00	0.00	5,000.00	0.00	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	0.00	5,000.00
			0.00	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	0.00	5,000.00
Claim Number: 17GL011	73S									
17GL01173S	DIFALCO, THERESA	20	25,000.00	5,000.00	0.00	0.00	0.00	0.00	0.00	30,000.00
WESTFIELD BOE	3/4/2017 3/24/2017 Open		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES STUDENT KILLED BY A			25,000.00	5,000.00	0.00	0.00	0.00	0.00	0.00	30,000.00



4/6/2017 12:45:59PM

The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 20 - GEN										
Total by Claim Number 1	Claim		25,000.00	5,000.00	0.00	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
			25,000.00	5,000.00	0.00	0.00	0.00	0.00	0.00	30,000.00
Claim Number: 17GL01	177Q									
17GL01177Q	DARRELL, LAUREN	21	0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
SOMERDALE PARK E. S.	3/22/2017 3/24/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES TREE FELL ON CAR			0.00	0.00	500.00	0.00	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	0.00	500.00	0.00	0.00	0.00	0.00	500.00
Claim Number: 17GL01	178H									
17GL01178H	BABCOCK, BRIAN	21	0.00	0.00	395.33	0.00	0.00	0.00	0.00	395.33
OCEAN CITY HS	3/27/2017 3/27/2017	3/30/2017	0.00	0.00	395.33	0.00	0.00	0.00	0.00	395.33
ALLEGES BASEBALL STRUCK W	INDSHIELD CAUSING DAMAG	E	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1	Claim		0.00	0.00	395.33	0.00	0.00	0.00	0.00	395.33
			0.00	0.00	395.33	0.00	0.00	0.00	0.00	395.33
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 17GL01 ²	184D									
17GL01184D	KERFOOT, KEVIN	21	0.00	0.00	5,000.00	0.00	0.00	0.00	0.00	5,000.00
BLOOMSBURY ES	3/13/2017 3/27/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TITLE 18A			0.00	0.00	5,000.00	0.00	0.00	0.00	0.00	5,000.00



4/6/2017 12:45:59PM

The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 20 - GENEI										
Total by Claim Number 1 C	laim		0.00	0.00	5,000.00	0.00	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	0.00	5,000.00	0.00	0.00	0.00	0.00	5,000.00
Claim Number: 17GL0118	35N									
17GL01185N	DEJESUS, ALEXA	20	5,000.00	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00
METS CHARTER BOE	3/28/2017 3/28/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES SEXUAL MOLESTATION			5,000.00	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00
Total by Claim Number 1 C	laim		5,000.00	0.00	0.00	0.00	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
			5,000.00	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00
Claim Number: 17GL0118	38Q									
17GL01188Q	BURKE, KIANNA	20	25,000.00	1,500.00	0.00	0.00	0.00	0.00	0.00	26,500.00
ELMWOOD PARK BOE	3/28/2017 3/28/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES CHILD REFUSES TO GO	BACK TO SCHOOL FOR FEA	AR OF SAFETY	25,000.00	1,500.00	0.00	0.00	0.00	0.00	0.00	26,500.00
Total by Claim Number 1 C	laim		25,000.00	1,500.00	0.00	0.00	0.00	0.00	0.00	26,500.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			25,000.00	1,500.00	0.00	0.00	0.00	0.00	0.00	26,500.00
Claim Number: 17GL0118	39H									
17GL01189H	HOEMAN, LORI	21	0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
MORRIS PLAINS BORO SCHOOL	3/28/2017 3/29/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES VEHICLE SUSTAINED D	AMAGE FROM SWINGING G	ATE	0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00



4/6/2017 12:45:59PM

The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 20 - GENE										
Total by Claim Number 1 C	laim		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: 17GL0119	DON									
17GL01190N	CAJULUS, CECILE	22	0.00	0.00	0.00	0.00	0.00	0.00	2,500.00	2,500.00
WASHINGTON AVENUE SCHOOL	3/22/2017 3/29/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PARENT SLIP & FALL ON UNEVEN	I SIDEWALK		0.00	0.00	0.00	0.00	0.00	0.00	2,500.00	2,500.00
Total by Claim Number 1 C	laim		0.00	0.00	0.00	0.00	0.00	0.00	2,500.00	2,500.00
			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	2,500.00	2,500.00
Claim Number: 17GL0119	91H									
17GL01191H	MILLER, TAUNYA	21	0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
CAMDEN CITY SCHOOL DISTRICT	3/29/2017 3/30/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WHILE EMPLOYEE'S CAR WAS PA	RKED IN THE LOT HER WIN	DSHIELD WAS CF	0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
Total by Claim Number 1 C	laim		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: 17GL0119	92Q									
17GL01192Q	NATERA, LEUDYS	20	10,000.00	1,500.00	0.00	0.00	0.00	0.00	0.00	11,500.00
FRANKLIN L WILLIAMS MS #7	3/17/2017 3/30/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES WAS PUSHED DOWN S	TEPS BY A TEACHER		10,000.00	1,500.00	0.00	0.00	0.00	0.00	0.00	11,500.00



-164-The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at 4/6/2017 12:45:59PM



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 20 - GEN										
Total by Claim Number 1	Claim		10,000.00	1,500.00	0.00	0.00	0.00	0.00	0.00	11,500.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			10,000.00	1,500.00	0.00	0.00	0.00	0.00	0.00	11,500.00
Claim Number: 17GL01	I194H									
17GL01194H	THEODATE, MARIE	21	0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
ROSELLE PRE SCHOOL	3/28/2017 3/30/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WINDSHILED DAMAGE - UNKNO	OWN CAUSE		0.00	0.00	500.00	0.00	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	0.00	500.00	0.00	0.00	0.00	0.00	500.00
Claim Number: 17GL01	199N									
17GL01199N	KENNEDY, MAEVE	20	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
OLD TURNPIKE MS	3/31/2017 4/3/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES INJURY FROM PLAYI	NG LACROSSE		1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Total by Claim Number 1	Claim		1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Claim Number: 17GL01	1201L									
17GL01201L	POLANCO, TIANA	20	15,000.00	0.00	0.00	0.00	0.00	0.00	0.00	15,000.00
MIDDLESEX CO. VO-TECH	3/22/2017 4/3/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES ATTACKED IN BATHR	ROOM WITH SCISSORS		15,000.00	0.00	0.00	0.00	0.00	0.00	0.00	15,000.00



4/6/2017 12:45:59PM

The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 20 - GENE	RAL LIABILITY									
Total by Claim Number 1 0	Claim		15,000.00	0.00	0.00	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
			15,000.00	0.00	0.00	0.00	0.00	0.00	0.00	15,000.00
Claim Number: 17GL012	10H									
17GL01210H	BARAHONA-SERVELLO,	ERICK 21	0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
SCHOOL #28	3/29/2017 4/5/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CLMT VEHICLE WAS STRUCK BY	SOFTBALLS DURING A GAM	IE BREAKING THE	0.00	0.00	1,000.00	0.00	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	0.00	1,000.00
			0.00	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	0.00	1,000.00
Claim Number: 17GL012	12H									
17GL01212H	FRANCISCO, ROGELIO	21	0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
PATERSON CHARTER SCHOOL C	OF 3/23/2017 4/5/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CLMT'S CAR WINDOW WAS STRU	JCK BY A SOFTBALL BREAK	ING THE WINDOW	0.00	0.00	500.00	0.00	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	0.00	500.00	0.00	0.00	0.00	0.00	500.00
Total by Major Coverage 2	3 Claims		105,001.00	9,500.00	20,395.33	0.00	0.00	0.00	11,500.00	146,396.33
			0.00	0.00	895.33	0.00	0.00	0.00	0.00	895.33
			105,001.00	9,500.00	19,500.00	0.00	0.00	0.00	11,500.00	145,501.00

Major Coverage: 30 - AUTO LIABILITY

Claim Number: 17AL01091H



-166-

4/6/2017 12:45:59PM

The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at



March 2017

				Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claima	nt Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date	Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 30 - AUTO Claim Number: 17AL0109											
17AL01091H	INC, WHEE	LS	31	0.00	0.00	2,500.00	0.00	0.00	0.00	0.00	2,500.00
HUNTERDON COUNTY ED. SERVI	C 3/2/2017	3/3/2017	Reopened	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV STRUCK OV IN REAR				0.00	0.00	2,500.00	0.00	0.00	0.00	0.00	2,500.00
Total by Claim Number 1 C	laim			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: 17AL0109	93L/01										
17AL01093L/01	DISPOSAL,	, ACTIVE	31	0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
SOMERSET CNTY ED.SERVICES	CC 3/3/2017	3/3/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV STRUCK OV IN REAR				0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
Total by Claim Number 1 C	laim			0.00	0.00	1,000.00	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
				0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
Claim Number: 17AL0109	94H										
17AL01094H	STONE TEI	RRACE, JOHN	HENRY 31	0.00	0.00	11,000.00	0.00	0.00	0.00	0.00	11,000.00
HOPEWELL VALLEY REG BOE	3/2/2017	3/3/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV STRUCK AWNING OF BLDG				0.00	0.00	11,000.00	0.00	0.00	0.00	0.00	11,000.00
Total by Claim Number 1 C	laim			0.00	0.00	11,000.00	0.00	0.00	0.00	0.00	11,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	11,000.00	0.00	0.00	0.00	0.00	11,000.00

Claim Number: 17AL01105H



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

ivers@summitrisk.com

-167-



March 2017

				Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant	Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date	Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 30 - AUTO Claim Number: 17AL011											
17AL01105H	HENRIQUEZ,	MARGARITA	31	0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
HUDSON CNTY VO-TECH	3/3/2017	3/10/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV STRUCK PARKED VEHICLE				0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
Total by Claim Number 1 C	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: 17AL011	09L										
17AL01109L	CLMT, UNKN	OWN	30	25,000.00	0.00	0.00	0.00	0.00	0.00	0.00	25,000.00
ATLANTIC COUNTY SPECIAL SEF	RV 3/13/2017	3/14/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV STRUCK PEDESTRIAN				25,000.00	0.00	0.00	0.00	0.00	0.00	0.00	25,000.00
Total by Claim Number 1 0	Claim			25,000.00	0.00	0.00	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
				25,000.00	0.00	0.00	0.00	0.00	0.00	0.00	25,000.00
Claim Number: 17AL011	19N										
17AL01119N	OROZCO, ES	TEFANIA	31	0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
ROSELLE BORO BOE	3/9/2017	3/20/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV REARENDED OV				0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
Total by Claim Number 1 C	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: 17AL01121Q



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-168-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location Description of Loss	Loss Date Rpt Date	Status	Paid Out Rsv	Paid Out Rsv	Paid Out Rsv	Paid Out Rsv	Paid Out Rsv	Paid Out Rsv	Paid Out Rsv	Paid [:] Out Rsv
Major Coverage: 30 - AUTO Claim Number: 17AL0112										
17AL01121Q	KRIEGER, JOHN	31	0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
HUNTERDON CENTRAL REG HS	3/10/2017 3/20/2017	Reopened	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV STRUCK OV IN REAR			0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
Total by Claim Number 1 C	laim		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: 17AL0112	24H									
17AL01124H	WALLACE, DAVID	31	0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
MANCHESTER TWP BOARD OF EI	01 3/13/2017 3/22/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV STRUCK PARKED VEHICLE			0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
Total by Claim Number 1 C	laim		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: 17AL0112	25H									
17AL01125H	YOSEF, FTHI	31	0.00	0.00	750.00	0.00	0.00	0.00	0.00	750.00
WINSLOW TWP BOE (CAMDEN)	3/22/2017 3/22/2017	4/ 4/2017	0.00	0.00	750.00	0.00	0.00	0.00	0.00	750.00
IV SCRAPED OV			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 C	laim		0.00	0.00	750.00	0.00	0.00	0.00	0.00	750.00
			0.00	0.00	750.00	0.00	0.00	0.00	0.00	750.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17AL01126H



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-169-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 30 - AUTO Claim Number: 17AL0112										
17AL01126H	REID, MAURICE	31	0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
HUDSON CNTY VO-TECH	3/20/2017 3/23/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV STRUCK PARKED VEHICLE			0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
Total by Claim Number 1 C	laim		0.00	0.00	1,000.00	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
			0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
Claim Number: 17AL0113	33H									
17AL01133H	MCARDLE, MYAH	32	0.00	0.00	0.00	0.00	0.00	0.00	1,500.00	1,500.00
BRICK TWP. BOARD OF EDUCATI	OI 3/24/2017 3/28/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STUDENT INJURED THUMB ON BI	US		0.00	0.00	0.00	0.00	0.00	0.00	1,500.00	1,500.00
Total by Claim Number 1 C	laim		0.00	0.00	0.00	0.00	0.00	0.00	1,500.00	1,500.00
			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	1,500.00	1,500.00
Claim Number: 17AL0114	40H									
17AL01140H	RAMKRIT, CHANDRADA	31	0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
JERSEY CITY PUBLIC SCHOOLS	3/17/2017 3/31/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV STRUCK OV			0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
Total by Claim Number 1 C	laim		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: 17AL01141N



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-170-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	e Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 30 - AUT Claim Number: 17AL01										
17AL01141N	DEALMEIDA, SAMANT	HA 31	0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
EAST WINDSOR REGIONAL	3/16/2017 3/31/201	7 Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ICE FELL FROM BUS HITTING V	EHICLE		0.00	0.00	500.00	0.00	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	0.00	500.00	0.00	0.00	0.00	0.00	500.00
Claim Number: 17AL01	145N									
17AL01145N	MED CTR, PALISADES	31	0.00	0.00	5,000.00	0.00	0.00	0.00	0.00	5,000.00
HUDSON CNTY VO-TECH	3/1/2017 4/3/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV CAUSED DAMAGE TO BLDG			0.00	0.00	5,000.00	0.00	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	0.00	5,000.00
			0.00	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	0.00	5,000.00
Claim Number: 17AL01	151H									
17AL01151H	SCOTT, CHARLES	31	0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
BRICK TWP. BOARD OF EDUCA	TIOI 3/21/2017 4/5/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV STRUCK OV MIRROR			0.00	0.00	500.00	0.00	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	0.00	500.00	0.00	0.00	0.00	0.00	500.00



4/6/2017 12:45:59PM

The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Total by Major Coverage	15 Claims		25,000.00	0.00	24,750.00	0.00	0.00	0.00	1,500.00	51,250.00
			0.00	0.00	750.00	0.00	0.00	0.00	0.00	750.00
			25,000.00	0.00	24,000.00	0.00	0.00	0.00	1,500.00	50,500.00
Major Coverage: 40 - AUT Claim Number: 17AL01										
17AL01093L	SOMERSET CTY ESC BC	DE 40	0.00	292.70	14,000.00	0.00	0.00	0.00	0.00	14,292.70
SOMERSET CNTY ED.SERVICE	S C(3/3/2017 3/3/2017	4/ 4/2017	0.00	292.70	14,000.00	0.00	0.00	0.00	0.00	14,292.70
IV STRUCK OV IN REAR			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1	Claim		0.00	292.70	14,000.00	0.00	0.00	0.00	0.00	14,292.70
			0.00	292.70	14,000.00	0.00	0.00	0.00	0.00	14,292.70
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 17AL01	095L									
17AL01095L	PLAINFIELD BOE	40	0.00	550.00	1,000.00	0.00	0.00	0.00	0.00	1,550.00
PLAINFIELD BOARD OF EDUCA	TION 3/3/2017 3/6/2017	Open	0.00	197.80	262.20	0.00	0.00	0.00	0.00	460.00
IV WAS REARENDED CAUSING	IV TO STRIKE VEHICLE IN FRO	ONT OF HIM	0.00	352.20	737.80	0.00	0.00	0.00	0.00	1,090.00
Total by Claim Number 1	Claim		0.00	550.00	1,000.00	0.00	0.00	0.00	0.00	1,550.00
			0.00	197.80	262.20	0.00	0.00	0.00	0.00	460.00
			0.00	352.20	737.80	0.00	0.00	0.00	0.00	1,090.00
Claim Number: 17AL01	101N									
17AL01101N	HUDSON CTY VOC BOE	40	0.00	200.00	6,774.50	0.00	0.00	0.00	0.00	6,974.50
HUDSON CNTY VO-TECH	3/8/2017 3/8/2017	Open	0.00	188.00	6,774.50	0.00	0.00	0.00	0.00	6,962.50
IV REARENDED IN 7 VEHICLE C	RASH		0.00	12.00	0.00	0.00	0.00	0.00	0.00	12.00



4/6/2017 12:45:59PM

The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 40 - AUT										
Total by Claim Number 1	Claim		0.00	200.00	6,774.50	0.00	0.00	0.00	0.00	6,974.50
			0.00	188.00	6,774.50	0.00	0.00	0.00	0.00	6,962.50
			0.00	12.00	0.00	0.00	0.00	0.00	0.00	12.00
Claim Number: 17AL01	107N									
17AL01107N	SOUTH HUNTERDON REG	BOE 40	0.00	0.00	2,500.00	0.00	0.00	0.00	0.00	2,500.00
SOUTH HUNTERDON REGIONAL	H. 3/3/2017 3/10/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OV CUT OFF IV			0.00	0.00	2,500.00	0.00	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: 17AL01	110Q									
17AL01110Q	BRICK TWP BOE	40	0.00	0.00	3,500.00	0.00	0.00	0.00	0.00	3,500.00
BRICK TWP. BOARD OF EDUCA	FIOI 3/10/2017 3/15/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV STRUCK OV			0.00	0.00	3,500.00	0.00	0.00	0.00	0.00	3,500.00
Total by Claim Number 1	Claim		0.00	0.00	3,500.00	0.00	0.00	0.00	0.00	3,500.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	3,500.00	0.00	0.00	0.00	0.00	3,500.00
Claim Number: 17AL01 [,]	113L									
17AL01113L	ELIZABETH BOE	40	0.00	550.00	7,500.00	0.00	0.00	0.00	0.00	8,050.00
ELIZABETH BOARD OF EDUCAT	ION 3/15/2017 3/16/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HIT AND RUN STRUCK IV			0.00	550.00	7,500.00	0.00	0.00	0.00	0.00	8,050.00



4/6/2017 12:45:59PM

The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at



March 2017

		Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss		Out Rsv	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	550.00	7,500.00	0.00	0.00	0.00	0.00	8,050.00
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		0.00	550.00	7,500.00	0.00	0.00	0.00	0.00	8,050.00
Claim Number: 17AL011	17H								
17AL01117H	BOE OF SPEC SVCS & VO TECH 40	0.00	500.00	13,989.50	0.00	0.00	0.00	0.00	14,489.50
ATLANTIC COUNTY SPECIAL SER	RV 3/16/2017 3/17/2017 Open	0.00	245.00	12,989.50	0.00	0.00	0.00	0.00	13,234.50
IV REARENDED BY OV		0.00	255.00	1,000.00	0.00	0.00	0.00	0.00	1,255.00
Total by Claim Number 1	Claim	0.00	500.00	13,989.50	0.00	0.00	0.00	0.00	14,489.50
		0.00	245.00	12,989.50	0.00	0.00	0.00	0.00	13,234.50
		0.00	255.00	1,000.00	0.00	0.00	0.00	0.00	1,255.00
Claim Number: 17AL011	23L								
17AL01123L	SOUTH BRUNSWICK TWP BOE 40	0.00	550.00	5,500.00	0.00	0.00	0.00	0.00	6,050.00
TRANSPORTATION DEPARTMEN	IT 3/21/2017 3/21/2017 Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OV ATTEMPTED TO PASS IV STR	RIKING IV	0.00	550.00	5,500.00	0.00	0.00	0.00	0.00	6,050.00
Total by Claim Number 1	Claim	0.00	550.00	5,500.00	0.00	0.00	0.00	0.00	6,050.00
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		0.00	550.00	5,500.00	0.00	0.00	0.00	0.00	6,050.00
Claim Number: 17AL011	27L								
17AL01127L	BUDGET RENTAL 40	0.00	0.00	5,000.00	0.00	0.00	0.00	0.00	5,000.00
BLOOMFIELD BOARD OF EDUCA	TI(3/18/2017 3/24/2017 Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV STRUCK LOW CLEARANCE BF	RIDGE	0.00	0.00	5,000.00	0.00	0.00	0.00	0.00	5,000.00



4/6/2017 12:45:59PM

The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 40 - AUT										
Total by Claim Number 1	Claim		0.00	0.00	5,000.00	0.00	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	0.00	5,000.00	0.00	0.00	0.00	0.00	5,000.00
Claim Number: 17AL01	130H									
17AL01130H	HUNTERDON CTY ESC B	OE 40	0.00	0.00	5,000.00	0.00	0.00	0.00	0.00	5,000.00
HUNTERDON COUNTY ED. SEF	RVIC 3/27/2017 3/28/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BUS HIT GUARD RAIL AND FEN	CE		0.00	0.00	5,000.00	0.00	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	0.00	5,000.00
			0.00	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	0.00	5,000.00
Claim Number: 17AL01	135L									
17AL01135L	WAYNE TWP BOE	40	0.00	0.00	1,500.00	0.00	0.00	0.00	0.00	1,500.00
WAYNE TWP BOE	3/17/2017 3/29/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OV CROSSED INTO IV LANE			0.00	0.00	1,500.00	0.00	0.00	0.00	0.00	1,500.00
Total by Claim Number 1	Claim		0.00	0.00	1,500.00	0.00	0.00	0.00	0.00	1,500.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	1,500.00	0.00	0.00	0.00	0.00	1,500.00
Claim Number: 17AL01	136H									
17AL01136H	WAYNE TWP BOE	40	0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
WAYNE TWP BOE	3/28/2017 3/29/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV SCRAPED CONCRETE DIVID	ER ON BRIDGE		0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00



4/6/2017 12:45:59PM

The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 40 - AUTO										
Total by Claim Number 1 C	Claim		0.00	0.00	1,000.00	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
			0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
Claim Number: 17AL0113	37H									
17AL01137H	ELIZABETH BOE	40	0.00	208.30	4,000.00	0.00	0.00	0.00	0.00	4,208.30
ELIZABETH BOARD OF EDUCATIO	ON 3/25/2017 3/29/2017	Open	0.00	208.30	2,869.75	0.00	0.00	0.00	0.00	3,078.05
OV BACKING UP STRUCK IV			0.00	0.00	1,130.25	0.00	0.00	0.00	0.00	1,130.25
Total by Claim Number 1 C	Claim		0.00	208.30	4,000.00	0.00	0.00	0.00	0.00	4,208.30
			0.00	208.30	2,869.75	0.00	0.00	0.00	0.00	3,078.05
			0.00	0.00	1,130.25	0.00	0.00	0.00	0.00	1,130.25
Claim Number: 17AL0113	38H									
17AL01138H	BOE OF SPEC SVCS & V	O TECH 40	0.00	0.00	5,000.00	0.00	0.00	0.00	0.00	5,000.00
ATLANTIC COUNTY SPECIAL SER	X 3/28/2017 3/29/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OV STRUCK IV CHANGING LANES	3		0.00	0.00	5,000.00	0.00	0.00	0.00	0.00	5,000.00
Total by Claim Number 1 C	Claim		0.00	0.00	5,000.00	0.00	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	0.00	5,000.00	0.00	0.00	0.00	0.00	5,000.00
Claim Number: 17AL011	53N									
17AL01153N	EAST BRUNSWICK TWP	BOE 40	0.00	1,500.00	6,500.00	0.00	0.00	0.00	0.00	8,000.00
EAST BRUNSWICK TWP. BOARD	OF 3/23/2017 4/6/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV HIT A LIGHT POLE			0.00	1,500.00	6,500.00	0.00	0.00	0.00	0.00	8,000.00



4/6/2017 12:45:59PM

The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 40 - AUT	PHYSICAL DAMAGE									
Total by Claim Number 1	Claim		0.00	1,500.00	6,500.00	0.00	0.00	0.00	0.00	8,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	1,500.00	6,500.00	0.00	0.00	0.00	0.00	8,000.00
Total by Major Coverage	15 Claims		0.00	4,351.00	82,764.00	0.00	0.00	0.00	0.00	87,115.00
			0.00	1,131.80	36,895.95	0.00	0.00	0.00	0.00	38,027.75
			0.00	3,219.20	45,868.05	0.00	0.00	0.00	0.00	49,087.25
Major Coverage: 70 - PROI Claim Number: 17PR010										
17PR01023E	HOPEWELL VALLEY REC	BOE 70	5,000.00	2,500.00	35,000.00	0.00	0.00	0.00	3,500.00	46,000.00
HOPEWELL VALLEY REG BOE	3/1/2017 3/2/2017	Reopened	5,000.00	0.00	9,800.00	0.00	0.00	0.00	708.74	15,508.74
ALLEGES HIGH WINDS CAUSED	DAMAGE		0.00	2,500.00	25,200.00	0.00	0.00	0.00	2,791.26	30,491.26
Total by Claim Number 1	Claim		5,000.00	2,500.00	35,000.00	0.00	0.00	0.00	3,500.00	46,000.00
			5,000.00	0.00	9,800.00	0.00	0.00	0.00	708.74	15,508.74
			0.00	2,500.00	25,200.00	0.00	0.00	0.00	2,791.26	30,491.26
Claim Number: 17PR01)25L									
17PR01025L	BOGOTA BOE	70	5,000.00	0.00	14,960.00	0.00	0.00	0.00	0.00	19,960.00
E. ROY BIXBY ES	3/2/2017 3/2/2017	3/21/2017	5,000.00	0.00	14,960.00	0.00	0.00	0.00	0.00	19,960.00
ALLEGES MUSHROOMS GROWI	NG IN DISABLED CLASS, MOL	D HAS FESTEREI	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	14,960.00	0.00	0.00	0.00	0.00	19,960.00
			5,000.00	0.00	14,960.00	0.00	0.00	0.00	0.00	19,960.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17PR01027E



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at

-177-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 70 - PROPE Claim Number: 17PR0102										
17PR01027E	UNION CITY BOE	70	0.00	1,500.00	25,000.00	0.00	0.00	0.00	0.00	26,500.00
VETERANS MEMORIAL	3/5/2017 3/6/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES SMOKE DAMAGE FROM	NEIGHBORING BUILDING FI	IRE	0.00	1,500.00	25,000.00	0.00	0.00	0.00	0.00	26,500.00
Total by Claim Number 1 Cla	aim		0.00	1,500.00	25,000.00	0.00	0.00	0.00	0.00	26,500.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	1,500.00	25,000.00	0.00	0.00	0.00	0.00	26,500.00
Claim Number: 17PR0103	1N									
17PR01031N	RED BANK REG BOE	70	0.00	2,500.00	15,000.00	0.00	0.00	0.00	0.00	17,500.00
RED BANK REGIONAL HS	3/14/2017 3/15/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES NUMEROUS LEAKS SOM	E FLOODING		0.00	2,500.00	15,000.00	0.00	0.00	0.00	0.00	17,500.00
Total by Claim Number 1 Cla	aim		0.00	2,500.00	15,000.00	0.00	0.00	0.00	0.00	17,500.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	2,500.00	15,000.00	0.00	0.00	0.00	0.00	17,500.00
Claim Number: 17PR0103	2E									
17PR01032E	CAMDEN CTY VOC BOE	70	0.00	950.00	85,000.00	0.00	0.00	0.00	0.00	85,950.00
CAMDEN COUNTY VOCATIONAL	3/13/2017 3/16/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES WIND STORM DAMAGE			0.00	950.00	85,000.00	0.00	0.00	0.00	0.00	85,950.00
Total by Claim Number 1 Cla	aim		0.00	950.00	85,000.00	0.00	0.00	0.00	0.00	85,950.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	950.00	85,000.00	0.00	0.00	0.00	0.00	85,950.00

Claim Number: 17PR01033D



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-178-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 70 - PRO Claim Number: 17PR01										
17PR01033D	MONTAGUE TWP BOE	70	0.00	1,100.00	35,000.00	0.00	0.00	0.00	0.00	36,100.00
MONTAGUE ES	3/15/2017 3/16/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES PIPE FREEZE/WATER	LOSS		0.00	1,100.00	35,000.00	0.00	0.00	0.00	0.00	36,100.00
Total by Claim Number 1	Claim		0.00	1,100.00	35,000.00	0.00	0.00	0.00	0.00	36,100.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	1,100.00	35,000.00	0.00	0.00	0.00	0.00	36,100.00
Claim Number: 17PR01	034E									
17PR01034E	HOPEWELL VALLEY REG	BOE 70	0.00	1,100.00	25,000.00	0.00	0.00	0.00	0.00	26,100.00
BEAR TAVERN ES	3/18/2017 3/20/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WINDSTORM DAMAGE TO ROOM	F		0.00	1,100.00	25,000.00	0.00	0.00	0.00	0.00	26,100.00
Total by Claim Number 1	Claim		0.00	1,100.00	25,000.00	0.00	0.00	0.00	0.00	26,100.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	1,100.00	25,000.00	0.00	0.00	0.00	0.00	26,100.00
Claim Number: 17PR01	037Q									
17PR01037Q	WESTWOOD REG BOE	70	0.00	1,500.00	5,000.00	0.00	0.00	0.00	0.00	6,500.00
BROOKSIDE UPPER ES	3/22/2017 3/23/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES ROOF LEAK CAUSING	WATER DAMAGE		0.00	1,500.00	5,000.00	0.00	0.00	0.00	0.00	6,500.00
Total by Claim Number 1	Claim		0.00	1,500.00	5,000.00	0.00	0.00	0.00	0.00	6,500.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	1,500.00	5,000.00	0.00	0.00	0.00	0.00	6,500.00

Claim Number: 17PR01039E



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-179-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 70 - PROF Claim Number: 17PR010										
17PR01039E	ORANGE BOE	70	0.00	1,500.00	45,000.00	0.00	0.00	0.00	0.00	46,500.00
FOREST STREET SCHOOL	3/24/2017 3/24/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES PIPE BROKE CAUSING	G WATER DAMAGE		0.00	1,500.00	45,000.00	0.00	0.00	0.00	0.00	46,500.00
Total by Claim Number 1	Claim		0.00	1,500.00	45,000.00	0.00	0.00	0.00	0.00	46,500.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	1,500.00	45,000.00	0.00	0.00	0.00	0.00	46,500.00
Claim Number: 17PR010	041N									
17PR01041N	MONTAGUE BOE	75	0.00	1,500.00	5,000.00	0.00	0.00	0.00	0.00	6,500.00
MONTAGUE ES	3/24/2017 3/27/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES PIPE BREAK CAUSING	WATER DAMAGE		0.00	1,500.00	5,000.00	0.00	0.00	0.00	0.00	6,500.00
Total by Claim Number 1	Claim		0.00	1,500.00	5,000.00	0.00	0.00	0.00	0.00	6,500.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	1,500.00	5,000.00	0.00	0.00	0.00	0.00	6,500.00
Claim Number: 17PR010	042Q									
17PR01042Q	PASSAIC CTY VOC BOE	70	0.00	1,000.00	25,000.00	0.00	0.00	0.00	0.00	26,000.00
PASSAIC COUNTY TECH. INSTIT	UT 3/27/2017 3/28/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES ELECTRICAL FIRE			0.00	1,000.00	25,000.00	0.00	0.00	0.00	0.00	26,000.00
Total by Claim Number 1	Claim		0.00	1,000.00	25,000.00	0.00	0.00	0.00	0.00	26,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	1,000.00	25,000.00	0.00	0.00	0.00	0.00	26,000.00

Claim Number: 17PR01043H



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-180-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 70 - PRO Claim Number: 17PR01										
17PR01043H	BERKELEY TWP BOE	70	0.00	1,500.00	5,000.00	0.00	0.00	0.00	0.00	6,500.00
BAYVILLE ES	3/28/2017 3/29/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES LIGHTNING STRIKE R	OOF TOP UNIT		0.00	1,500.00	5,000.00	0.00	0.00	0.00	0.00	6,500.00
Total by Claim Number 1 Claim		0.00	1,500.00	5,000.00	0.00	0.00	0.00	0.00	6,500.00	
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	1,500.00	5,000.00	0.00	0.00	0.00	0.00	6,500.00
Claim Number: 17PR01	044N									
17PR01044N	MONTCLAIR BOE	70	0.00	1,500.00	5,000.00	0.00	0.00	0.00	0.00	6,500.00
RENAISSANCE MS	3/25/2017 3/29/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES EMPLOYEE STRUCK	FENCE WITH HER CAR		0.00	1,500.00	5,000.00	0.00	0.00	0.00	0.00	6,500.00
Total by Claim Number 1 Claim		0.00	1,500.00	5,000.00	0.00	0.00	0.00	0.00	6,500.00	
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	1,500.00	5,000.00	0.00	0.00	0.00	0.00	6,500.00
Claim Number: 17PR01	045Q									
17PR01045Q	GLOUCESTER CITY BOE	70	0.00	1,500.00	5,000.00	0.00	0.00	0.00	0.00	6,500.00
GLOUCESTER CITY BOARD OF	EDL 3/13/2017 4/3/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES TREE FELL ON BACKS	STOP		0.00	1,500.00	5,000.00	0.00	0.00	0.00	0.00	6,500.00
Total by Claim Number 1 Claim		0.00	1,500.00	5,000.00	0.00	0.00	0.00	0.00	6,500.00	
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	1,500.00	5,000.00	0.00	0.00	0.00	0.00	6,500.00

Claim Number: 17PR01047L



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com

-181-



March 2017

			Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Claim Number	Claimant Name	Cov	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred	Incurred
Location	Loss Date Rpt Date	Status	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 70 - PRC Claim Number: 17PR0										
17PR01047L	MANCHESTER TWP BOE	70	0.00	1,500.00	15,000.00	0.00	0.00	0.00	0.00	16,500.00
MANCHESTER TWP. HS	3/25/2017 4/5/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
VANDALISM AT THE HIGH SCH	IOOL		0.00	1,500.00	15,000.00	0.00	0.00	0.00	0.00	16,500.00
Total by Claim Number 1 Claim			0.00	1,500.00	15,000.00	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	1,500.00	15,000.00	0.00	0.00	0.00	0.00	16,500.00
Total by Major Coverage 15 Claims		10,000.00	21,150.00	344,960.00	0.00	0.00	0.00	3,500.00	379,610.00	
			10,000.00	0.00	24,760.00	0.00	0.00	0.00	708.74	35,468.74
			0.00	21,150.00	320,200.00	0.00	0.00	0.00	2,791.26	344,141.26
Grand Totals: 542 Claims			1,463,650.28	153,078.00	828,299.07	0.00	0.00	9,500.00	16,500.00	2,471,027.35
			36,598.04	96,741.80	87,760.10	0.00	0.00	0.00	708.74	221,808.68
			1,427,052.24	56,336.20	740,538.97	0.00	0.00	9,500.00	15,791.26	2,249,218.67



-182-