



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03460K

15WC03460K	TOBIN, JOSEPH	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PINELANDS HIGH SCHOOL	10/1/2015	10/1/2015	Open	413.20	243.00	0.00	0.00	0.00	0.00	0.00	656.20
PERFORMING DURING GYM CLASS, INJURED L CALF MUSCLE TRYING TO AV				2,086.80	2.00	0.00	0.00	0.00	0.00	0.00	2,088.80
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				413.20	243.00	0.00	0.00	0.00	0.00	0.00	656.20
				2,086.80	2.00	0.00	0.00	0.00	0.00	0.00	2,088.80

Claim Number: 15WC03467Y

15WC03467Y	NORTON, SHARON	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
OCEAN CITY HS	10/1/2015	10/1/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
REPORTING FOR WORK STRUCK LT BIG TOE ON SIDE ENTRANCE 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: 15WC03470B

15WC03470B	GAETANO, ADRIANA	11		87.68	243.00	0.00	0.00	0.00	0.00	0.00	330.68
THE SHORE CENTER FOR STUDEN	10/1/2015	10/1/2015	10/29/2015	87.68	243.00	0.00	0.00	0.00	0.00	0.00	330.68
STUDENT HAVING A BEHAVIORAL OUTBURST INJURED BOTH KNEES, BOTH L				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				87.68	243.00	0.00	0.00	0.00	0.00	0.00	330.68
				87.68	243.00	0.00	0.00	0.00	0.00	0.00	330.68
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC03471B

15WC03471B	VENNELL-WALLER, LOU ANN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WEST END ELEMENTARY	10/1/2015	10/2/2015	Open	385.60	243.00	0.00	0.00	0.00	0.00	0.00	628.60
CHILD HAVING A BEHAVIORAL OUTBURST GRABBED HER FINGER AND TWIST				2,114.40	2.00	0.00	0.00	0.00	0.00	0.00	2,116.40



NEW CLAIMS

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

Major Coverage: 10 - WORKERS' COMPENSATION

Total by Claim Number 1 Claim	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,745.00
	385.60	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	628.60
	2,114.40	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,116.40

Claim Number: 15WC03477W

15WC03477W	LAMMERS, JORDAN	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WOODBRIDGE HIGH SCHOOL	10/1/2015	10/2/2015	11/10/2015	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SITTING AT DESK, COMPUTER TOWER UNDERNEATH DESK FELL ON L FOOT				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: 15WC03478Y

15WC03478Y	BERNHAMMER-COSTANZA, MICI	11		160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
GANTNER AVE ES	10/1/2015	10/2/2015	11/ 9/2015	160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
WAS UNPLUGGING A LAPTOP WAS ELECTROCUTED IN R INDEX FINGER				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
				160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC03479K

15WC03479K	WILLIAMS-SMITH, TARA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
DWIGHT D. EISENHOWER SCHOOL	10/1/2015	10/2/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
MONITORING STUDENTS DURING RECE3SS, WAS HIT IN R SIDE OF HER FACE				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: 15WC03480W



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03480W

15WC03480W	CARTER, SHAVONNE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
GREGORY SCHOOL (NEW)	10/1/2015	10/2/2015	Open	569.49	243.00	0.00	0.00	0.00	0.00	812.49
RUNNING AFTER TEACHER INSIDE STAIRWELL SHE STRUCK HER L ARM ON E				1,930.51	2.00	0.00	0.00	0.00	0.00	1,932.51
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			569.49	243.00	0.00	0.00	0.00	0.00	0.00	812.49
			1,930.51	2.00	0.00	0.00	0.00	0.00	0.00	1,932.51

Claim Number: 15WC03481V

15WC03481V	SZABO, CHERYLANN	10	14,500.00	1,193.00	2,280.00	0.00	0.00	0.00	0.00	17,973.00
ATLANTIC CO VOTECH	10/1/2015	10/2/2015	Open	2,172.98	1,193.00	912.00	0.00	0.00	0.00	4,277.98
SLIPPED AND FELL ON WET FLOOR INJURED HEAD, L KNEE				12,327.02	0.00	1,368.00	0.00	0.00	0.00	13,695.02
Total by Claim Number 1 Claim			14,500.00	1,193.00	2,280.00	0.00	0.00	0.00	0.00	17,973.00
			2,172.98	1,193.00	912.00	0.00	0.00	0.00	0.00	4,277.98
			12,327.02	0.00	1,368.00	0.00	0.00	0.00	0.00	13,695.02

Claim Number: 15WC03482Z

15WC03482Z	MOSES, BRANDEE	15	7,500.00	245.00	0.00	0.00	0.00	0.00	0.00	7,745.00
LUMBERTON CAMPUS	10/1/2015	10/2/2015	Open	1,878.19	243.00	0.00	0.00	0.00	0.00	2,121.19
TRYING TO BREAK UP A FIGHT, A STUDENT WAS KNOCKED INTO HER SHE FE				5,621.81	2.00	0.00	0.00	0.00	0.00	5,623.81
Total by Claim Number 1 Claim			7,500.00	245.00	0.00	0.00	0.00	0.00	0.00	7,745.00
			1,878.19	243.00	0.00	0.00	0.00	0.00	0.00	2,121.19
			5,621.81	2.00	0.00	0.00	0.00	0.00	0.00	5,623.81

Claim Number: 15WC03485Y

15WC03485Y	JAROSTCHUK, CATHERINE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BAYSHORE MS	10/2/2015	10/2/2015	Open	66.56	243.00	0.00	0.00	0.00	0.00	309.56
STUDENT HAVING BEHAVIORAL OUTBURST BENT HER R PINKY FINGER				2,433.44	2.00	0.00	0.00	0.00	0.00	2,435.44



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Total by Claim Number 1 Claim	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,745.00
	66.56	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	309.56
	2,433.44	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,435.44

Claim Number: 15WC03486V

15WC03486V	AUSTIN, RUSSELL	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BURLINGTON COUNTY SPECIAL SE	10/1/2015	10/2/2015	Open	200.59	243.00	0.00	0.00	0.00	0.00	0.00	443.59
TRYING TO BREAK UP FIGHT ON BUS INJURED HIS L SIDE OF RIBS AND NECK				2,299.41	2.00	0.00	0.00	0.00	0.00	0.00	2,301.41
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				200.59	243.00	0.00	0.00	0.00	0.00	0.00	443.59
				2,299.41	2.00	0.00	0.00	0.00	0.00	0.00	2,301.41

Claim Number: 15WC03487K

15WC03487K	CALABRESES, CHERYL	11		248.00	243.00	0.00	0.00	0.00	0.00	0.00	491.00
ROSA INTERNATIONAL MS	10/1/2015	10/1/2015	11/10/2015	248.00	243.00	0.00	0.00	0.00	0.00	0.00	491.00
HIT IN HER FACE BY A BASKETBALL, INJURED FRONT TOOTH & MOUTH				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				248.00	243.00	0.00	0.00	0.00	0.00	0.00	491.00
				248.00	243.00	0.00	0.00	0.00	0.00	0.00	491.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC03489W

15WC03489W	HANCIK, MARK	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
APPLEGARTH MS	10/1/2015	10/2/2015	Open	895.56	243.00	0.00	0.00	0.00	0.00	0.00	1,138.56
PUTTING TENNIS BALLS ON BOTTOM OF CHAIRS USING A SAW HE CUT HIS L				1,604.44	2.00	0.00	0.00	0.00	0.00	0.00	1,606.44
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				895.56	243.00	0.00	0.00	0.00	0.00	0.00	1,138.56
				1,604.44	2.00	0.00	0.00	0.00	0.00	0.00	1,606.44

Claim Number: 15WC03492K



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03492K

15WC03492K	PARISI, TINA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MCGINNIS M.S.	10/1/2015	10/2/2015	Open	172.64	243.00	0.00	0.00	0.00	0.00	415.64
EXITING CLASSROOM WAS STRUCK ON HER NOSE BY A STUDENTS BACK PA			2,327.36	2.00	0.00	0.00	0.00	0.00	0.00	2,329.36
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			172.64	243.00	0.00	0.00	0.00	0.00	0.00	415.64
			2,327.36	2.00	0.00	0.00	0.00	0.00	0.00	2,329.36

Claim Number: 15WC03493B

15WC03493B	HERZIG, LORI	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
OAKWOOD AVENUE SCHOOL	10/1/2015	10/2/2015	Open	160.00	243.00	0.00	0.00	0.00	0.00	403.00
LEANING ON STUDENTS DESK, IT COLLAPSED SHE FELL INJURED R ARM, R S			2,340.00	2.00	0.00	0.00	0.00	0.00	0.00	2,342.00
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
			2,340.00	2.00	0.00	0.00	0.00	0.00	0.00	2,342.00

Claim Number: 15WC03496W

15WC03496W	FORTUNA, MAXIMO	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ROOSEVELT SCHOOL	10/2/2015	10/2/2015	Open	380.37	243.00	0.00	0.00	0.00	0.00	623.37
OPENING A BOX OF PAPERS CUT HIS R INDEX FINGER ON BOX			2,119.63	2.00	0.00	0.00	0.00	0.00	0.00	2,121.63
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			380.37	243.00	0.00	0.00	0.00	0.00	0.00	623.37
			2,119.63	2.00	0.00	0.00	0.00	0.00	0.00	2,121.63

Claim Number: 15WC03497Y

15WC03497Y	PEER, MARGARET	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
GEORGE E BAILEY M.S.	10/1/2015	10/1/2015	Open	440.48	243.00	0.00	0.00	0.00	0.00	683.48
INJURED HER RT WRIST WHILE TRANSFERRING A STUDENT			2,059.52	2.00	0.00	0.00	0.00	0.00	0.00	2,061.52



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				440.48	243.00	0.00	0.00	0.00	0.00	683.48
				2,059.52	2.00	0.00	0.00	0.00	0.00	2,061.52
Claim Number: 15WC03500G										
15WC03500G	OJHA, SUNITA		10	17,500.00	1,193.00	30,000.00	0.00	0.00	0.00	48,693.00
WOODCREST ES	10/1/2015	10/2/2015	Open	3,302.76	1,193.00	1,167.52	0.00	0.00	0.00	5,663.28
TRIPPED OVER STUDENT BOOK BAG AND FELL FRACTURING R SHOULDER				14,197.24	0.00	28,832.48	0.00	0.00	0.00	43,029.72
Total by Claim Number 1 Claim				17,500.00	1,193.00	30,000.00	0.00	0.00	0.00	48,693.00
				3,302.76	1,193.00	1,167.52	0.00	0.00	0.00	5,663.28
				14,197.24	0.00	28,832.48	0.00	0.00	0.00	43,029.72
Claim Number: 15WC03503K										
15WC03503K	WOLBERT, JOHN		11	2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
CLEARVIEW TRANSPORTATION	10/1/2015	10/2/2015	Open	231.53	243.00	0.00	0.00	0.00	0.00	474.53
PUTTING OIL INTO SCHOOL BUS, LOST HIS FOOTING AND FELL HITTING RIBS				2,268.47	2.00	0.00	0.00	0.00	0.00	2,270.47
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				231.53	243.00	0.00	0.00	0.00	0.00	474.53
				2,268.47	2.00	0.00	0.00	0.00	0.00	2,270.47
Claim Number: 15WC03504Z										
15WC03504Z	JUDGE, JUDITH		10	9,500.00	1,193.00	6,840.00	0.00	0.00	0.00	17,533.00
ADAMSVILLE E S	10/2/2015	10/2/2015	Open	2,905.50	1,193.00	3,420.00	0.00	0.00	0.00	7,518.50
FELL OVER OTTOMAN BREAKING HER FRONT TOOTH, MOUTH, L SHOULDER,				6,594.50	0.00	3,420.00	0.00	0.00	0.00	10,014.50
Total by Claim Number 1 Claim				9,500.00	1,193.00	6,840.00	0.00	0.00	0.00	17,533.00
				2,905.50	1,193.00	3,420.00	0.00	0.00	0.00	7,518.50
				6,594.50	0.00	3,420.00	0.00	0.00	0.00	10,014.50
Claim Number: 15WC03505Y										



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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03505Y

15WC03505Y	PARENT, NICOLE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
UNIVERSITY HTS/MORRISON E.S.	10/2/2015	10/2/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT BIT HER ON R LOWER ARM TWICE				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: 15WC03506Z

15WC03506Z	JEFFERSON, EVELYN	14		2,501.00	0.00	0.00	0.00	0.00	0.00	0.00	2,501.00
ROSELLE PRE SCHOOL	10/1/2015	10/2/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WEARING LATEX GLOVES TO CHANGE PRE SCHOOL CHILD, NOTICED SWELLI				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	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: 15WC03507K

15WC03507K	COOK, ALANE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WHITON ES	10/2/2015	10/2/2015	Open	500.16	243.00	0.00	0.00	0.00	0.00	0.00	743.16
SLIPPED ON WET FLOOR FROM CEILING LEAK FELL INJURED L WRIST, R LEG				1,999.84	2.00	0.00	0.00	0.00	0.00	0.00	2,001.84
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				500.16	243.00	0.00	0.00	0.00	0.00	0.00	743.16
				1,999.84	2.00	0.00	0.00	0.00	0.00	0.00	2,001.84

Claim Number: 15WC03508Y

15WC03508Y	HARDY, CHRISTIE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BROOKS CROSSING	10/1/2015	10/2/2015	Open	232.84	243.00	0.00	0.00	0.00	0.00	0.00	475.84
SQUATTING DOWN TO STAPLE BORDER ON BULLETIN BOARD LOST BALANCE				2,267.16	2.00	0.00	0.00	0.00	0.00	0.00	2,269.16



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				232.84	243.00	0.00	0.00	0.00	0.00	475.84
				2,267.16	2.00	0.00	0.00	0.00	0.00	2,269.16
Claim Number: 15WC03509B										
15WC03509B	FROST, LORETTA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
WDBG TRANSPORTATION DEPT	10/2/2015	10/2/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
TRIPPED OVER A CURB IN BUS PARKING LOT AND FELL ON L HIP AND R KNEE				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03513K										
15WC03513K	BROOKS, LONALE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
HILLSIDE HS	10/2/2015	10/2/2015	Open	466.49	243.00	0.00	0.00	0.00	0.00	709.49
REMOVING A STUDENT FROM A FIGHT & INJURED HIS RT FOOT				2,033.51	2.00	0.00	0.00	0.00	0.00	2,035.51
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				466.49	243.00	0.00	0.00	0.00	0.00	709.49
				2,033.51	2.00	0.00	0.00	0.00	0.00	2,035.51
Claim Number: 15WC03516K										
15WC03516K	CAMPANILE, DEBORAH	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
PARK AVE ES	10/1/2015	10/2/2015	Open	255.98	243.00	0.00	0.00	0.00	0.00	498.98
WENT TO SIT IN ROLLER CHAIR, THE CHAIR ROLLED SHE FELL INJURING LOV				2,244.02	2.00	0.00	0.00	0.00	0.00	2,246.02
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				255.98	243.00	0.00	0.00	0.00	0.00	498.98
				2,244.02	2.00	0.00	0.00	0.00	0.00	2,246.02

Claim Number: 15WC03519V



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03519V

15WC03519V	TAVERNARIS, IRENE	10	44,500.00	1,195.00	33,600.00	0.00	0.00	0.00	0.00	79,295.00
DEPT OF TRANSPORTATION (UNIC	10/5/2015	10/5/2015	Open	1,423.25	1,193.00	1,667.76	0.00	0.00	0.00	4,284.01
GETTING ONTO SCHOOL BUS IT STOPPED SHORT CAUSING HER TO FALL INJ				43,076.75	2.00	31,932.24	0.00	0.00	0.00	75,010.99
Total by Claim Number 1 Claim				44,500.00	1,195.00	33,600.00	0.00	0.00	0.00	79,295.00
				1,423.25	1,193.00	1,667.76	0.00	0.00	0.00	4,284.01
				43,076.75	2.00	31,932.24	0.00	0.00	0.00	75,010.99

Claim Number: 15WC03520K

15WC03520K	ZARAMA, AIMEE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LAMONTE ANNEX SCHOOL	10/2/2015	10/5/2015	Open	320.00	243.00	0.00	0.00	0.00	0.00	563.00
WALKING DOWN HALLWAY SLIPPED IN PUDDLE OF WATER INJURED LOWER I				2,180.00	2.00	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	2,745.00
				320.00	243.00	0.00	0.00	0.00	0.00	563.00
				2,180.00	2.00	0.00	0.00	0.00	0.00	2,182.00

Claim Number: 15WC03521T

15WC03521T	CARTER, SARA	11	25,000.00	1,193.00	57,068.78	0.00	0.00	2,500.00	0.00	85,761.78
TRANSPORTATION DEPT	10/1/2015	10/5/2015	Open	239.20	243.00	0.00	0.00	0.00	0.00	482.20
SLIPPED ON WET FLOOR AND STRAINED UPPER BACK AS SHE GRABBED CO/				24,760.80	950.00	57,068.78	0.00	0.00	2,500.00	85,279.58
Total by Claim Number 1 Claim				25,000.00	1,193.00	57,068.78	0.00	0.00	2,500.00	85,761.78
				239.20	243.00	0.00	0.00	0.00	0.00	482.20
				24,760.80	950.00	57,068.78	0.00	0.00	2,500.00	85,279.58

Claim Number: 15WC03522M

15WC03522M	URIBE, EVELIN	10	2,500.00	245.00	15,000.00	0.00	0.00	0.00	0.00	17,745.00
COLIN POWELL	10/2/2015	10/5/2015	Open	541.58	243.00	0.00	0.00	0.00	0.00	784.58
WALKING IN HALLWAY SLIPPED ON WET FLOOR AND FELL INJURED L KNEE				1,958.42	2.00	15,000.00	0.00	0.00	0.00	16,960.42



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	15,000.00	0.00	0.00	0.00	17,745.00
				541.58	243.00	0.00	0.00	0.00	0.00	784.58
				1,958.42	2.00	15,000.00	0.00	0.00	0.00	16,960.42
Claim Number: 15WC03523Y										
15WC03523Y	MATRALE, LAURA	11		130.00	243.00	0.00	0.00	0.00	0.00	373.00
EVERGREEN ES	10/2/2015	10/5/2015	10/29/2015	130.00	243.00	0.00	0.00	0.00	0.00	373.00
ATTEMPTED TO OPEN CLASSROOM DOOR PUNCTURED PALM OF R HAND ON				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				130.00	243.00	0.00	0.00	0.00	0.00	373.00
				130.00	243.00	0.00	0.00	0.00	0.00	373.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC03524K										
15WC03524K	FAMULARY, PHILIP	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
SHORE REG HS	10/2/2015	10/5/2015	Open	369.58	243.00	0.00	0.00	0.00	0.00	612.58
SLIPPED ON WET FLOOR AND FELL ON R HIP, R SIDE OF RIBS, AND R UPPER				2,130.42	2.00	0.00	0.00	0.00	0.00	2,132.42
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				369.58	243.00	0.00	0.00	0.00	0.00	612.58
				2,130.42	2.00	0.00	0.00	0.00	0.00	2,132.42
Claim Number: 15WC03525B										
15WC03525B	BOHMER, ANGELA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
COLUMBUS SCHOOL #8	10/5/2015	10/5/2015	Open	103.24	243.00	0.00	0.00	0.00	0.00	346.24
TRIPPED OVER CHAIR LEG AND FELL INJURING NOSE, BOTH KNEES, L SIDE C				2,396.76	2.00	0.00	0.00	0.00	0.00	2,398.76
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				103.24	243.00	0.00	0.00	0.00	0.00	346.24
				2,396.76	2.00	0.00	0.00	0.00	0.00	2,398.76

Claim Number: 15WC03526Y



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03526Y

15WC03526Y	THERESA, AHEARN	11		170.00	243.00	0.00	0.00	0.00	0.00	413.00
WARETOWN E.S.	10/5/2015	10/5/2015	10/28/2015	170.00	243.00	0.00	0.00	0.00	0.00	413.00
STUDENT HAVING A BEHAVIORAL BIT HER ON HER LT THIGH				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				170.00	243.00	0.00	0.00	0.00	0.00	413.00
				170.00	243.00	0.00	0.00	0.00	0.00	413.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC03527W

15WC03527W	BRUNETTO, LORI	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
WESTAMPTON	10/5/2015	10/5/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING A MELTDOWN AND STRUCK HER IN HEAD WITH CORNER C				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 15WC03532B

15WC03532B	WANDS, TONI	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
PETER COOPER SCHOOL	10/2/2015	10/2/2015	Open	13.97	243.00	0.00	0.00	0.00	0.00	256.97
WALKING IN THE HALLWAY & A STUDENT WAS UPSET & SCRATCHED HER LT				2,486.03	2.00	0.00	0.00	0.00	0.00	2,488.03
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				13.97	243.00	0.00	0.00	0.00	0.00	256.97
				2,486.03	2.00	0.00	0.00	0.00	0.00	2,488.03

Claim Number: 15WC03534K

15WC03534K	BROWN, CATHERINE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
GEORGE E. WILSON E.S.	10/5/2015	10/5/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
TRIPPED BY A STUDENT AND FELL INJURING HEAD AND NOSE ON PLAYGROL				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Total by Claim Number 1 Claim	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,745.00
	0.00	243.00	0.00	0.00	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	0.00	0.00	2,502.00

Claim Number: 15WC03535B

15WC03535B	BRACKEN, MICHAEL	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
ANGELO TOMASO ES	10/2/2015	10/5/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
EXITED REAR DOOR TRIPPED OVER A MILK CRATE AND FELL HITTING R CHEI				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 15WC03536Y

15WC03536Y	PORTER, JULIANNE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
MAPLEWOOD JUNIOR HIGH SCHO	10/5/2015	10/5/2015	Open	214.87	243.00	0.00	0.00	0.00	0.00	457.87
ON THE ELEVATOR & HER RT WRIST WAS CAUGHT BETWEEN THE DOORS				2,285.13	2.00	0.00	0.00	0.00	0.00	2,287.13
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				214.87	243.00	0.00	0.00	0.00	0.00	457.87
				2,285.13	2.00	0.00	0.00	0.00	0.00	2,287.13

Claim Number: 15WC03537Y

15WC03537Y	LAGERHOLM, MADELINE	11		161.55	243.00	0.00	0.00	0.00	0.00	404.55
BANKBRIDGE REG DEVELOPMENT.	10/5/2015	10/5/2015	11/ 9/2015	161.55	243.00	0.00	0.00	0.00	0.00	404.55
STUDENT HAVING AN OUTBURST GRABBED & BIT HER RT WRIST, BREAKING				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				161.55	243.00	0.00	0.00	0.00	0.00	404.55
				161.55	243.00	0.00	0.00	0.00	0.00	404.55
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC03538K





NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03538K

15WC03538K	COLLINS, VALERIE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ARBOR E.S.	10/5/2015	10/5/2015	Open	760.63	243.00	0.00	0.00	0.00	0.00	1,003.63
SLIPPED ON FRESHLY WAXED FLOOR AND FELL INJURED R ARM, L FOOT				1,739.37	2.00	0.00	0.00	0.00	0.00	1,741.37
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			760.63	243.00	0.00	0.00	0.00	0.00	0.00	1,003.63
			1,739.37	2.00	0.00	0.00	0.00	0.00	0.00	1,741.37

Claim Number: 15WC03539Y

15WC03539Y	NAPOLITANO, NICOLE	11	244.07	243.00	0.00	0.00	0.00	0.00	0.00	487.07
WARREN DEVELOP. LEARNING CTI	10/5/2015	10/6/2015	11/ 9/2015	244.07	243.00	0.00	0.00	0.00	0.00	487.07
JAMMED R RING FINGER ATTEMPTING TO BLOCK A STUDENT TRYING TO HIT				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			244.07	243.00	0.00	0.00	0.00	0.00	0.00	487.07
			244.07	243.00	0.00	0.00	0.00	0.00	0.00	487.07
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC03540G

15WC03540G	MCFADDEN, DARRYL	10	13,000.00	1,195.00	25,000.00	0.00	0.00	0.00	0.00	39,195.00
HACKENSACK HS	10/5/2015	10/6/2015	Open	0.00	1,193.00	1,710.00	0.00	0.00	0.00	2,903.00
FELT A STRAIN TO LOWER BACK ATTEMPTING TO LIFT BLEACHER STAIR IN G				13,000.00	2.00	23,290.00	0.00	0.00	0.00	36,292.00
Total by Claim Number 1 Claim			13,000.00	1,195.00	25,000.00	0.00	0.00	0.00	0.00	39,195.00
			0.00	1,193.00	1,710.00	0.00	0.00	0.00	0.00	2,903.00
			13,000.00	2.00	23,290.00	0.00	0.00	0.00	0.00	36,292.00

Claim Number: 15WC03541T

15WC03541T	DEPRE, DENEEN	10	27,500.00	1,193.00	49,212.00	0.00	0.00	0.00	0.00	77,905.00
VINELAND SENIOR H.S. NORTH 9 &	10/5/2015	10/5/2015	Open	212.70	1,193.00	3,420.00	0.00	0.00	0.00	4,825.70
GOING TO SIT IN WHEELED CHAIR, THE CHAIR FELL BACKWARDS INJURING H				27,287.30	0.00	45,792.00	0.00	0.00	0.00	73,079.30



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim			27,500.00	1,193.00	49,212.00	0.00	0.00	0.00	0.00	77,905.00
			212.70	1,193.00	3,420.00	0.00	0.00	0.00	0.00	4,825.70
			27,287.30	0.00	45,792.00	0.00	0.00	0.00	0.00	73,079.30
Claim Number: 15WC03542W										
15WC03542W	GONZALEZ, REGALADA	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
LEAP ACADEMY CHARTER SCHOOL	10/5/2015	10/6/2015	11/10/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
BUFFING HALLWAY FLOORS L RING FINGER WAS CAUGHT BETWEEN FIRE AL				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: 15WC03543V										
15WC03543V	LEWIS, MARIAN	11	12,501.00	0.00	12,568.50	0.00	0.00	6,000.00	0.00	31,069.50
PARKER SCHOOL	10/6/2015	10/6/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING IN HALLWAY, FELL FORWARD HITTING MOUTH ON GROUND				12,501.00	0.00	12,568.50	0.00	6,000.00	0.00	31,069.50
Total by Claim Number 1 Claim			12,501.00	0.00	12,568.50	0.00	0.00	6,000.00	0.00	31,069.50
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			12,501.00	0.00	12,568.50	0.00	0.00	6,000.00	0.00	31,069.50
Claim Number: 15WC03546Y										
15WC03546Y	CICCONI, COURTNEY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WALTER M SCHIRRA ES	10/6/2015	10/6/2015	Open	48.61	243.00	0.00	0.00	0.00	0.00	291.61
WAS BITTEN ON L HAND/THUMB BY STUDENT HAVING A BEHAVIORAL OUTBUR				2,451.39	2.00	0.00	0.00	0.00	0.00	2,453.39
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			48.61	243.00	0.00	0.00	0.00	0.00	0.00	291.61
			2,451.39	2.00	0.00	0.00	0.00	0.00	0.00	2,453.39
Claim Number: 15WC03547W										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03547W

15WC03547W	STONIS, DENISE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
J. HARVEY RODGERS E.S.	10/6/2015	10/6/2015	Open	401.44	243.00	0.00	0.00	0.00	0.00	644.44
WALKING WITH STUDENT, STUDENT DROPPED TO THE GROUND CAUSING HE				2,098.56	2.00	0.00	0.00	0.00	0.00	2,100.56
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				401.44	243.00	0.00	0.00	0.00	0.00	644.44
				2,098.56	2.00	0.00	0.00	0.00	0.00	2,100.56

Claim Number: 15WC03548B

15WC03548B	DAVIDSON, DONNA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SCHOOL #28 MATTHEW JAGO	10/5/2015	10/6/2015	Open	101.90	243.00	0.00	0.00	0.00	0.00	344.90
PICKING UP TOYS FROM FLOOR STEPPED ON TOY AND FELL INJURED L FOO				2,398.10	2.00	0.00	0.00	0.00	0.00	2,400.10
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				101.90	243.00	0.00	0.00	0.00	0.00	344.90
				2,398.10	2.00	0.00	0.00	0.00	0.00	2,400.10

Claim Number: 15WC03549W

15WC03549W	LITTLEFIELD, VIRGINIA	11	386.00	243.00	0.00	0.00	0.00	0.00	0.00	629.00
MEMORIAL E.S.	10/5/2015	10/6/2015	Reopened	386.00	243.00	0.00	0.00	0.00	0.00	629.00
TRIPPED OVER A CHAIR CASUING FOOT TO GET TWISTED IN CHAIR INJURED				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				386.00	243.00	0.00	0.00	0.00	0.00	629.00
				386.00	243.00	0.00	0.00	0.00	0.00	629.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC03550B

15WC03550B	REESE-REEBER, PATRICIA	11	291.51	243.00	0.00	0.00	0.00	0.00	0.00	534.51
WINSLOW TWP #4 E.S.	10/6/2015	10/6/2015	11/ 3/2015	291.51	243.00	0.00	0.00	0.00	0.00	534.51
PUTTING ACCU CHECK AWAY AFTER ADMINISTERING TEST TO STUDENT, LAI				0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				291.51	243.00	0.00	0.00	0.00	0.00	534.51
				291.51	243.00	0.00	0.00	0.00	0.00	534.51
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC03551J										
15WC03551J	OKEEFE, STACEY	10		179.29	1,193.00	0.00	0.00	0.00	0.00	1,372.29
SOUTH PLAINFIELD M.S.	10/6/2015	10/6/2015	11/ 5/2015	179.29	1,193.00	0.00	0.00	0.00	0.00	1,372.29
STUDENT HAVING A BEHVAIORAL ISSUE GRABBED L WRIST AND SQUEEZED I				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				179.29	1,193.00	0.00	0.00	0.00	0.00	1,372.29
				179.29	1,193.00	0.00	0.00	0.00	0.00	1,372.29
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC03552W										
15WC03552W	WILLIAMS, DANA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
OCEAN RD ES	10/6/2015	10/6/2015	Open	41.39	243.00	0.00	0.00	0.00	0.00	284.39
STUDENT HAVING A BEHAVIORAL ISSUE BIT HER L FOREARM				2,458.61	2.00	0.00	0.00	0.00	0.00	2,460.61
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				41.39	243.00	0.00	0.00	0.00	0.00	284.39
				2,458.61	2.00	0.00	0.00	0.00	0.00	2,460.61
Claim Number: 15WC03553Y										
15WC03553Y	WEINSTEIN, MARLA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
FAIRVIEW ES	10/6/2015	10/6/2015	Open	1,001.93	243.00	0.00	0.00	0.00	0.00	1,244.93
SLIPPED ON BUG SPRAY AND FELL INJURING R SHOULDER AND R KNEE				1,498.07	2.00	0.00	0.00	0.00	0.00	1,500.07
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				1,001.93	243.00	0.00	0.00	0.00	0.00	1,244.93
				1,498.07	2.00	0.00	0.00	0.00	0.00	1,500.07
Claim Number: 15WC03554W										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03554W

15WC03554W	SELTZER, LAURA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WASHINGTON AVENUE SCHOOL	10/6/2015	10/6/2015	Open	141.19	243.00	0.00	0.00	0.00	0.00	384.19
ATTEMPTED TO BLOCK DOOR AS STUDENT WAS TRYING TO GET OUT SHE W			2,358.81	2.00	0.00	0.00	0.00	0.00	0.00	2,360.81
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			141.19	243.00	0.00	0.00	0.00	0.00	0.00	384.19
			2,358.81	2.00	0.00	0.00	0.00	0.00	0.00	2,360.81

Claim Number: 15WC03555K

15WC03555K	LOPES, CAYLA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
VALLEY PROGRAM	10/6/2015	10/6/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WAS BITTEN ON L FOREARM BY STUDENT HAVING BEHAVIORAL OUTBURST			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: 15WC03556G

15WC03556G	MARINO, MARYANN	10	35,000.00	1,438.00	15,000.00	0.00	0.00	0.00	0.00	51,438.00
VILLAGE E.S.	10/6/2015	10/7/2015	Open	379.12	1,193.00	0.00	0.00	0.00	0.00	1,572.12
WALKING AND MISSED A STEP, SHE FELL INJURING R WRIST AND CRACKED /			34,620.88	245.00	15,000.00	0.00	0.00	0.00	0.00	49,865.88
Total by Claim Number 1 Claim			35,000.00	1,438.00	15,000.00	0.00	0.00	0.00	0.00	51,438.00
			379.12	1,193.00	0.00	0.00	0.00	0.00	0.00	1,572.12
			34,620.88	245.00	15,000.00	0.00	0.00	0.00	0.00	49,865.88

Claim Number: 15WC03557B

15WC03557B	HOGAN, LISA	11	565.70	243.00	0.00	0.00	0.00	0.00	0.00	808.70
LAFAYETTE E.S.	10/6/2015	10/7/2015	11/10/2015	565.70	243.00	0.00	0.00	0.00	0.00	808.70
SLIPPED ON WATER AND FELL INJURING L KNEE, L MIDDLE FINGER, R ARM			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Total by Claim Number 1 Claim	565.70	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	808.70
	565.70	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	808.70
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC03558K

15WC03558K	ROMATOWSKI, DIANE	11		276.30	243.00	0.00	0.00	0.00	0.00	0.00	519.30
CAMBRIDGE E S	10/1/2015	10/7/2015	11/10/2015	276.30	243.00	0.00	0.00	0.00	0.00	0.00	519.30
SLIPPED ON WET FLOOR AND FELL INJURED L KNEE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				276.30	243.00	0.00	0.00	0.00	0.00	0.00	519.30
				276.30	243.00	0.00	0.00	0.00	0.00	0.00	519.30
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC03559W

15WC03559W	PENARANDA, ELIANA	14		3,001.00	0.00	0.00	0.00	0.00	0.00	0.00	3,001.00
SOEHL MIDDLE SCHOOL	10/6/2015	10/7/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TALKING TO TEACHER WHILE WALKING WHEN SHE TWISTED HER ANKLE AN				3,001.00	0.00	0.00	0.00	0.00	0.00	0.00	3,001.00
Total by Claim Number 1 Claim				3,001.00	0.00	0.00	0.00	0.00	0.00	0.00	3,001.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				3,001.00	0.00	0.00	0.00	0.00	0.00	0.00	3,001.00

Claim Number: 15WC03560B

15WC03560B	PACHECO, SARA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
THOMAS PAINE ES	10/5/2015	10/7/2015	Open	566.99	243.00	0.00	0.00	0.00	0.00	0.00	809.99
ATTEMPTING TO LIFT A BOX OFF SHELF, INJURED R SHOULDER				1,933.01	2.00	0.00	0.00	0.00	0.00	0.00	1,935.01
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				566.99	243.00	0.00	0.00	0.00	0.00	0.00	809.99
				1,933.01	2.00	0.00	0.00	0.00	0.00	0.00	1,935.01

Claim Number: 15WC03561B





NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03561B

15WC03561B	NESSEN, BROOKE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MANNINGTON E.S.	10/6/2015	10/7/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WENT TO KICK SOCCER BALL, STUDENT WENT TO STOP IT, SHE KICKED STU			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: 15WC03562K

15WC03562K	JOHNSON, KATE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BRIGHT BEGINNINGS LEARNING CI	10/6/2015	10/7/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT THREW A SHOE AND HIT HER FOREHEAD			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: 15WC03563K

15WC03563K	HUEY-COLUCCI, SUSAN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WOODLAND ES	10/6/2015	10/7/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
REDIRECTING STUDENT HAVING A BEHAVIOR STUDENT PULLED AWAY 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: 15WC03564Y

15WC03564Y	FISHER, CARLA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JOSEPH STOKES SCHOOL	10/7/2015	10/7/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
HELPING CHILD OFF BUS, CHILD SLIPPED OFF STEP DURING BEHAVIOR ISSU			2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03565W										
15WC03565W	SEELEY, JOAN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
SWIMMING RIVER ELEM.	10/7/2015	10/7/2015	Open	302.56	243.00	0.00	0.00	0.00	0.00	545.56
WAS PUSHING A LAPTOP CART AND HER L PINKY FINGER WAS WEDGED BET				2,197.44	2.00	0.00	0.00	0.00	0.00	2,199.44
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				302.56	243.00	0.00	0.00	0.00	0.00	545.56
				2,197.44	2.00	0.00	0.00	0.00	0.00	2,199.44
Claim Number: 15WC03566K										
15WC03566K	RODIO, PAUL	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
HAMMONTON ES	10/7/2015	10/7/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
RUNNING AFTER STUDENTS THAT WERE RUNNING FROM HIM, STRUCK FORE				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03568B										
15WC03568B	SAWYER, HEATHER	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
M SCOTT CARPENTER ES	10/7/2015	10/7/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
LEANING ON DESK LOOKING INTO IT THE DESK FELL INJURED L AND R BIG TC				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03569Y										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03569Y

15WC03569Y	MACOMBER, KIMBERLY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ANTHONY V. CERES SCHOOL	10/7/2015	10/7/2015	Open	431.82	243.00	0.00	0.00	0.00	0.00	674.82
HANGING UP STUDENTS WORK ON BULLENTIN BOARD THE STAPLER FELL OI				2,068.18	2.00	0.00	0.00	0.00	0.00	2,070.18
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				431.82	243.00	0.00	0.00	0.00	0.00	674.82
				2,068.18	2.00	0.00	0.00	0.00	0.00	2,070.18

Claim Number: 15WC03570I

15WC03570I	MENDICINO, CHERYL	10	35,000.00	1,438.00	15,000.00	0.00	0.00	0.00	0.00	51,438.00
LAWRENCE HS	10/7/2015	10/7/2015	Open	21.39	1,193.00	0.00	0.00	0.00	0.00	1,214.39
RESTRAINING STUDENT FROM INJURING ANOTHER STUDENT, STUDENT THR				34,978.61	245.00	15,000.00	0.00	0.00	0.00	50,223.61
Total by Claim Number 1 Claim				35,000.00	1,438.00	15,000.00	0.00	0.00	0.00	51,438.00
				21.39	1,193.00	0.00	0.00	0.00	0.00	1,214.39
				34,978.61	245.00	15,000.00	0.00	0.00	0.00	50,223.61

Claim Number: 15WC03571W

15WC03571W	SILFAN, ALLISON	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MADISON SCHOOL	10/7/2015	10/7/2015	Open	475.29	243.00	0.00	0.00	0.00	0.00	718.29
RUNNING AFTER STUDENT WHO WAS RUNNING AWAY IN STAIRWELL, SHE MI				2,024.71	2.00	0.00	0.00	0.00	0.00	2,026.71
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				475.29	243.00	0.00	0.00	0.00	0.00	718.29
				2,024.71	2.00	0.00	0.00	0.00	0.00	2,026.71

Claim Number: 15WC03573B

15WC03573B	LEONE, PAMELA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WALTER O KRUMBIEGEL ES	10/7/2015	10/7/2015	Open	59.76	243.00	0.00	0.00	0.00	0.00	302.76
TRYING TO BREAK UP FIGHT AMONG STUDENTS INJURED LOWER BACK, R LE				2,440.24	2.00	0.00	0.00	0.00	0.00	2,442.24



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Total by Claim Number 1 Claim	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,745.00
	59.76	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	302.76
	2,440.24	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,442.24

Claim Number: 15WC03574B

15WC03574B	ROBLES, MONICA		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JEFFERSON SCHOOL	10/6/2015	10/8/2015	Open	1,577.60	243.00	0.00	0.00	0.00	0.00	0.00	1,820.60
STUDENT PULLED DOOR OPEN OUTSIDE HITTING HER NOSE WITH METAL DC				922.40	2.00	0.00	0.00	0.00	0.00	0.00	924.40
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				1,577.60	243.00	0.00	0.00	0.00	0.00	0.00	1,820.60
				922.40	2.00	0.00	0.00	0.00	0.00	0.00	924.40

Claim Number: 15WC03576K

15WC03576K	BELKE, CAROL		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
THOMPSON MS	10/7/2015	10/7/2015	Open	151.58	243.00	0.00	0.00	0.00	0.00	0.00	394.58
STUDENT HAVING BEHAVIORAL ISSUE BIT HER ON R FOREARM				2,348.42	2.00	0.00	0.00	0.00	0.00	0.00	2,350.42
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				151.58	243.00	0.00	0.00	0.00	0.00	0.00	394.58
				2,348.42	2.00	0.00	0.00	0.00	0.00	0.00	2,350.42

Claim Number: 15WC03578P

15WC03578P	GIBBS, ERIN		10	2,500.00	1,193.00	0.00	0.00	0.00	0.00	0.00	3,693.00
BRIDGETON SENIOR H.S.	10/7/2015	10/7/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
INSTRUCTING STUDENT HAVING BEHAVIORAL TO SIT DOWN, STUDENT BACK				2,500.00	950.00	0.00	0.00	0.00	0.00	0.00	3,450.00
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
				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	950.00	0.00	0.00	0.00	0.00	0.00	3,450.00

Claim Number: 15WC03581Y



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03581Y

15WC03581Y	SANTOS, ANGELA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
VETERANS MEMORIAL	10/6/2015	10/7/2015	Open	691.15	243.00	0.00	0.00	0.00	0.00	0.00	934.15
USING A PAPER CUTTER FOR A PROJECT ACCIDENTLY SLICED HER L RING R				1,808.85	2.00	0.00	0.00	0.00	0.00	0.00	1,810.85
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				691.15	243.00	0.00	0.00	0.00	0.00	0.00	934.15
				1,808.85	2.00	0.00	0.00	0.00	0.00	0.00	1,810.85

Claim Number: 15WC03584B

15WC03584B	MAICHIN, KERRY	11		160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
WALTER M SCHIRRA ES	10/7/2015	10/8/2015	11/ 4/2015	160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
WAS BITTEN ON R LEG BY STUDENT HAVING AN OUTBURST				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
				160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC03585A

15WC03585A	RUIZ, MARIO	14		3,882.10	0.00	1,656.25	0.00	0.00	0.00	0.00	5,538.35
ADULT LEARNING CENTER	10/7/2015	10/8/2015	11/10/2015	3,882.10	0.00	1,656.25	0.00	0.00	0.00	0.00	5,538.35
WALKIND DOWN STAIRS TAKING OUT GARBAGE PAIN IN L KNEE, FELL FORW/				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				3,882.10	0.00	1,656.25	0.00	0.00	0.00	0.00	5,538.35
				3,882.10	0.00	1,656.25	0.00	0.00	0.00	0.00	5,538.35
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC03586Y

15WC03586Y	MONTGOMERY, BONNIE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MORRIS KNOLLS HIGH SCHOOL	10/7/2015	10/8/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STEPPED ON BOOKBAG IN CLASSROOM SLIPPED AND FELL INJURED R FOOT				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03587Z										
15WC03587Z	BARIEXCA, DAMIAN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
ELDRIDGE PARK ES	10/2/2015	10/8/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
RESTRAINING CHILD DURING A BEHAVIOR, DEVELOPED PAIN IN L WRIST ANC				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03588W										
15WC03588W	RENDEIRO, JENNIFER	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
JAMES J. FLYNN E.S.	10/7/2015	10/8/2015	Open	317.00	243.00	0.00	0.00	0.00	0.00	560.00
STUDENT HAVING BEHAVIORAL OUTBURST PUNCHED HER IN JAW				2,183.00	2.00	0.00	0.00	0.00	0.00	2,185.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				317.00	243.00	0.00	0.00	0.00	0.00	560.00
				2,183.00	2.00	0.00	0.00	0.00	0.00	2,185.00
Claim Number: 15WC03589B										
15WC03589B	BAUS, DAVID	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
WALTER C. BLACK E.S.	10/8/2015	10/8/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
LIFTING BOXES OF COPY PAPER IN STORAGE CLOSET FELT A MUSCLE STRA				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03590W										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03590W

15WC03590W	STUDVA, ENID		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MCGINNIS M.S.	10/8/2015	10/8/2015	Open	427.95	243.00	0.00	0.00	0.00	0.00	0.00	670.95
LIFTING A PAN, LOADING STEAMER WITH CHICKEN INJURED L SHOULDER				2,072.05	2.00	0.00	0.00	0.00	0.00	0.00	2,074.05
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				427.95	243.00	0.00	0.00	0.00	0.00	0.00	670.95
				2,072.05	2.00	0.00	0.00	0.00	0.00	0.00	2,074.05

Claim Number: 15WC03591B

15WC03591B	RINALDI, CARMELA		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SCHOOL #4 ES	10/8/2015	10/8/2015	Open	272.60	243.00	0.00	0.00	0.00	0.00	0.00	515.60
WORKING WITH STUDENT, TRIED TO STOP HIM FROM HURTING HIMSELF ANC				2,227.40	2.00	0.00	0.00	0.00	0.00	0.00	2,229.40
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				272.60	243.00	0.00	0.00	0.00	0.00	0.00	515.60
				2,227.40	2.00	0.00	0.00	0.00	0.00	0.00	2,229.40

Claim Number: 15WC03592K

15WC03592K	O'NEILL, JEFFREY		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JOHN FABER SCHOOL	10/8/2015	10/8/2015	Open	215.06	243.00	0.00	0.00	0.00	0.00	0.00	458.06
WALKING TOWARDS PARKING LOT, HE STEPPED IN A DITCH IN GRASS R KNE				2,284.94	2.00	0.00	0.00	0.00	0.00	0.00	2,286.94
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				215.06	243.00	0.00	0.00	0.00	0.00	0.00	458.06
				2,284.94	2.00	0.00	0.00	0.00	0.00	0.00	2,286.94

Claim Number: 15WC03593V

15WC03593V	MCKIERNAN, BRIANNA		15	16,500.00	245.00	12,000.00	0.00	0.00	0.00	0.00	28,745.00
MANCHESTER TWP. HS	10/8/2015	10/8/2015	Open	2,021.41	243.00	977.14	0.00	0.00	0.00	0.00	3,241.55
BREAKING UP TWO STUDENTS FIGHTING WAS PUNCHED IN L EYE				14,478.59	2.00	11,022.86	0.00	0.00	0.00	0.00	25,503.45



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				16,500.00	245.00	12,000.00	0.00	0.00	0.00	28,745.00
				2,021.41	243.00	977.14	0.00	0.00	0.00	3,241.55
				14,478.59	2.00	11,022.86	0.00	0.00	0.00	25,503.45
Claim Number: 15WC03594K										
15WC03594K	CIPRIANI, GERARD	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
TAUNTON SCHOOL	10/7/2015	10/8/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
PUTTING A MOWER ON TRAILER, LIFTED RAMP TO SECURE MOWER AND FEL				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03595B										
15WC03595B	PARKER, KIYOE	11		394.00	243.00	0.00	0.00	0.00	0.00	637.00
ACADAMY LEARNING CENTER	10/8/2015	10/8/2015	10/29/2015	394.00	243.00	0.00	0.00	0.00	0.00	637.00
WAS HEAD BUTTED BY A STUDENT AND INJURED R EYE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				394.00	243.00	0.00	0.00	0.00	0.00	637.00
				394.00	243.00	0.00	0.00	0.00	0.00	637.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC03596B										
15WC03596B	STORNETTA, WAKEFIELD	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
COLUMBIA HIGH SCHOOL	10/8/2015	10/8/2015	Open	175.00	243.00	0.00	0.00	0.00	0.00	418.00
ATTEMPTING TO FOLD A FOLD UP CHAIR R MIDDLE FINGER WAS PINCHED IN				2,325.00	2.00	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	2,745.00
				175.00	243.00	0.00	0.00	0.00	0.00	418.00
				2,325.00	2.00	0.00	0.00	0.00	0.00	2,327.00
Claim Number: 15WC03597K										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03597K

15WC03597K	BOLES, MILDRED	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CATHERINE A DWYER ES	10/7/2015	10/8/2015	Open	324.60	243.00	0.00	0.00	0.00	0.00	567.60
ESCORTING A STUDENT HAVING OUTBURST SHE STUMBLED OVER THE STUI				2,175.40	2.00	0.00	0.00	0.00	0.00	2,177.40
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			324.60	243.00	0.00	0.00	0.00	0.00	0.00	567.60
			2,175.40	2.00	0.00	0.00	0.00	0.00	0.00	2,177.40

Claim Number: 15WC03598W

15WC03598W	KARP, AMY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
FROST E.S.	10/7/2015	10/8/2015	Open	155.23	243.00	0.00	0.00	0.00	0.00	398.23
SLIPPED AND FELL ON WET FLOOR INJURED HER BUTTOCKS, SHOULDERS, F				2,344.77	2.00	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: 15WC03599B

15WC03599B	SADIV, NICOLE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
VALLEY PROGRAM	10/8/2015	10/8/2015	Open	79.27	243.00	0.00	0.00	0.00	0.00	322.27
RESTRAINING STUDENT, STUDENT BIT HER L LOWER ARM				2,420.73	2.00	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: 15WC03600K

15WC03600K	CARCICH, MICHAEL	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NORTHERN VALLEY DEMAREST HS	10/7/2015	10/8/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
DURING FOOTBALL PRACTICE, HE COLLIDED WITH A PLAYERS HELMET HITTI				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03601Y										
15WC03601Y	JAMES, CHRISTINE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
ORCHARD HILL ES	10/8/2015	10/8/2015	Open	82.78	243.00	0.00	0.00	0.00	0.00	325.78
SITTING AT TABLE WITH STUDENT HAVING OUTBURST BIT HER ON L FOREAR				2,417.22	2.00	0.00	0.00	0.00	0.00	2,419.22
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				82.78	243.00	0.00	0.00	0.00	0.00	325.78
				2,417.22	2.00	0.00	0.00	0.00	0.00	2,419.22
Claim Number: 15WC03602B										
15WC03602B	HEARN, DAVID	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
EARLY CHILDHOOD ED CENTER	10/7/2015	10/8/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
BENT DOWN SHE STRUCK HER HEAD ON METAL DOOR FRAME				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03603W										
15WC03603W	HELWIG, REBEKAH	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
WARREN DEVELOP. LEARNING CTI	10/8/2015	10/8/2015	Open	183.35	243.00	0.00	0.00	0.00	0.00	426.35
WHILE HELPING A STUDENT PLACE A BACKPACK IN THE LOCKER HER RT WR				2,316.65	2.00	0.00	0.00	0.00	0.00	2,318.65
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				183.35	243.00	0.00	0.00	0.00	0.00	426.35
				2,316.65	2.00	0.00	0.00	0.00	0.00	2,318.65
Claim Number: 15WC03604K										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03604K

15WC03604K	HALL, LESTON	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BRIDGETON SENIOR H.S.	10/8/2015	10/8/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
TRYING TO BREAK UP A FIGHT BETWEEN TWO STUDENTS WAS PUNCHED IN				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 15WC03605B

15WC03605B	GILLEN, KATHLEEN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ASHER HOLMES E.S.	10/8/2015	10/8/2015	Open	112.00	243.00	0.00	0.00	0.00	0.00	355.00
FILING PAPERS IN CABINET TOP OF DRAWER CUT L FOURTH FINGER				2,388.00	2.00	0.00	0.00	0.00	0.00	2,390.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				112.00	243.00	0.00	0.00	0.00	0.00	355.00
				2,388.00	2.00	0.00	0.00	0.00	0.00	2,390.00

Claim Number: 15WC03606Y

15WC03606Y	MULLER, TRACIANNE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NUMBER 2 ES	10/6/2015	10/8/2015	Open	681.00	243.00	0.00	0.00	0.00	0.00	924.00
WAS KICKED IN CHIN BY STUDENT HAVING BEHAVIORAL ISSUE				1,819.00	2.00	0.00	0.00	0.00	0.00	1,821.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				681.00	243.00	0.00	0.00	0.00	0.00	924.00
				1,819.00	2.00	0.00	0.00	0.00	0.00	1,821.00

Claim Number: 15WC03607K

15WC03607K	GRAMINGA, ELIZABETH	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WINSLOW TWP M.S.	10/8/2015	10/8/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENTS WERE SPRAYING PERFUME IN CLASSROOM HAD AN ASTHMA ATT				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03608K										
15WC03608K	BARBA, MICHELE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
HENRY E. HARRIS SCHOOL	10/8/2015	10/8/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
FELL IN POTHOLE CROSSING STREET INJURING R KNEE, R HAND				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03609W										
15WC03609W	ALONSO, NICOLE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
MAHALA ATCHINSON ELEM.	10/8/2015	10/9/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
PERFORMING BUS DUTY SLIPPED OFF CURB AND FELL INJURED R PINKY FIN				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03610K										
15WC03610K	MESSENGER, JOHN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
METUCHEN H.S.	10/8/2015	10/9/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
MOVING BAND EQUIPMENT WHEN HE TRIPPED ON PLATFORM CAUSING DRU				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03611Y										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03611Y

15WC03611Y	ABATEMARCO, JOANNE	11		417.45	243.00	0.00	0.00	0.00	0.00	0.00	660.45
SCHOOL #28 MATTHEW JAGO	10/8/2015	10/9/2015	10/29/2015	417.45	243.00	0.00	0.00	0.00	0.00	0.00	660.45
STUDENT HAVING BEHAVIORAL ISSUE BIT HER R WRIST				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				417.45	243.00	0.00	0.00	0.00	0.00	0.00	660.45
				417.45	243.00	0.00	0.00	0.00	0.00	0.00	660.45
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC03613Y

15WC03613Y	ECKMEYER, LISA	11		160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
HIGHLAND HS	10/5/2015	10/9/2015	11/ 9/2015	160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
HOLDING A STUDENT UP WHO WAS HAVING A SEIZURE IN STAIRWELL, SHE F				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
				160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC03614W

15WC03614W	SCONIERS, MARY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
APPLEGARTH MS	10/8/2015	10/9/2015	Open	1,575.64	243.00	0.00	0.00	0.00	0.00	0.00	1,818.64
WAS BENDING DOWN TO PICKUP A BOOK, WHEN SHE STOOD UP SHE STRUC				924.36	2.00	0.00	0.00	0.00	0.00	0.00	926.36
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				1,575.64	243.00	0.00	0.00	0.00	0.00	0.00	1,818.64
				924.36	2.00	0.00	0.00	0.00	0.00	0.00	926.36

Claim Number: 15WC03615K

15WC03615K	POWER, RENEE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
GRACE M. BRECKWEDEL E.S.	10/9/2015	10/9/2015	Open	959.00	243.00	0.00	0.00	0.00	0.00	0.00	1,202.00
TRIPPED AND FELL COMING OUT OF BATHROOM HITTING HER FACE CHIPPEI				1,541.00	2.00	0.00	0.00	0.00	0.00	0.00	1,543.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				959.00	243.00	0.00	0.00	0.00	0.00	1,202.00
				1,541.00	2.00	0.00	0.00	0.00	0.00	1,543.00
Claim Number: 15WC03616B										
15WC03616B	CIARAMELLA, DAWN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
HIGH SCHOOL	10/9/2015	10/9/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
PASSING OUT PAPERS TO STUDENTS, PASSED PAPER OVER HEAD CAUSING				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03617B										
15WC03617B	FLANAGAN, THOMASINA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
ACADAMY LEARNING CENTER	10/8/2015	10/9/2015	Open	155.23	243.00	0.00	0.00	0.00	0.00	398.23
WAS WITH STUDENT, WHEN STUDENT BIT HER L HAND				2,344.77	2.00	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	2,745.00
				155.23	243.00	0.00	0.00	0.00	0.00	398.23
				2,344.77	2.00	0.00	0.00	0.00	0.00	2,346.77
Claim Number: 15WC03618Y										
15WC03618Y	SYLVESTER, SUSAN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
RIVERVIEW ES	10/7/2015	10/9/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
UNAWARE THAT STUDENT MOVED HER CHAIR BACK, SHE FELL LANDING ON				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03619Z										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03619Z

15WC03619Z	BUSKA, CARLENE	10	5,300.00	1,193.00	9,348.00	0.00	0.00	0.00	0.00	15,841.00
SCHOOL #28 MATTHEW JAGO	10/9/2015	10/9/2015	Open	355.87	1,193.00	912.00	0.00	0.00	0.00	2,460.87
SLIPPED ON WET SPOT AND FELL INJURING R ARM/ELBOW, R HAND AND BUT				4,944.13	0.00	8,436.00	0.00	0.00	0.00	13,380.13
Total by Claim Number 1 Claim				5,300.00	1,193.00	9,348.00	0.00	0.00	0.00	15,841.00
				355.87	1,193.00	912.00	0.00	0.00	0.00	2,460.87
				4,944.13	0.00	8,436.00	0.00	0.00	0.00	13,380.13

Claim Number: 15WC03620W

15WC03620W	FEIGE, KRISTY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WARREN DEVELOP. LEARNING CTI	10/9/2015	10/9/2015	Open	135.53	243.00	0.00	0.00	0.00	0.00	378.53
WAS KICKED ON R SIDE OF HER FACE NEAR HER EYE BY CHILD HAVING BEH.				2,364.47	2.00	0.00	0.00	0.00	0.00	2,366.47
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				135.53	243.00	0.00	0.00	0.00	0.00	378.53
				2,364.47	2.00	0.00	0.00	0.00	0.00	2,366.47

Claim Number: 15WC03622W

15WC03622W	MURRAY, ANNABELLE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MARTIN LUTHER KING E.S.	10/9/2015	10/9/2015	Open	318.03	243.00	0.00	0.00	0.00	0.00	561.03
WAS RUNNING DOWN HALLWAY RESPONDING TO A CHILD CRISIS CALL, FELT				2,181.97	2.00	0.00	0.00	0.00	0.00	2,183.97
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				318.03	243.00	0.00	0.00	0.00	0.00	561.03
				2,181.97	2.00	0.00	0.00	0.00	0.00	2,183.97

Claim Number: 15WC03623K

15WC03623K	ATTANASIO, GINA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MONTGOMERY LOWER MS	10/9/2015	10/9/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STACKING CHAIRS, A CHAIR FELL LANDING L FOOT				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03624Y										
15WC03624Y	SAVERINO, MARY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
RICHARD STOCKTON ES	10/9/2015	10/9/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
KNEELING DOWN AT STUDENT DESK, ANOTHER STUDENT HEADBUTTED HER				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03626T										
15WC03626T	COOPER, JOSEPH	10		15,000.00	1,193.00	44,896.40	0.00	0.00	0.00	61,089.40
BURLINGTON CO SPEC SER SCH V	10/1/2015	10/12/2015	Open	272.80	1,193.00	595.55	0.00	0.00	0.00	2,061.35
BUS STOPPED AT RED LIGHT, A TRUCK REAR ENDED BUS INJURY TO CERVIC				14,727.20	0.00	44,300.85	0.00	0.00	0.00	59,028.05
Total by Claim Number 1 Claim				15,000.00	1,193.00	44,896.40	0.00	0.00	0.00	61,089.40
				272.80	1,193.00	595.55	0.00	0.00	0.00	2,061.35
				14,727.20	0.00	44,300.85	0.00	0.00	0.00	59,028.05
Claim Number: 15WC03627W										
15WC03627W	CZETIEO, MATTHEW	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
RIVER FRONT SCHOOL	10/8/2015	10/12/2015	Open	272.80	243.00	0.00	0.00	0.00	0.00	515.80
WAS PUMPING GAS INTO WORK VEHICLE STEPPED OFF CURB, TRIPPED INJU				2,227.20	2.00	0.00	0.00	0.00	0.00	2,229.20
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				272.80	243.00	0.00	0.00	0.00	0.00	515.80
				2,227.20	2.00	0.00	0.00	0.00	0.00	2,229.20
Claim Number: 15WC03628K										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03628K

15WC03628K	MATTHEWS, GAIL	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CLEVELAND STREET SCHOOL	10/8/2015	10/12/2015	Open	124.08	243.00	0.00	0.00	0.00	0.00	367.08
TRIPPED AND FELL OVER A STUDENT WHO WAS HAVING A BEHAVIORAL ISSL				2,375.92	2.00	0.00	0.00	0.00	0.00	2,377.92
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				124.08	243.00	0.00	0.00	0.00	0.00	367.08
				2,375.92	2.00	0.00	0.00	0.00	0.00	2,377.92

Claim Number: 15WC03629K

15WC03629K	KAUR, BALGIT	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CENTER FOR LIFE LONG LEARNIN	10/8/2015	10/12/2015	Open	32.64	243.00	0.00	0.00	0.00	0.00	275.64
FOLDING UP TABLE ON WHEELS, TABLE MOVED SHE FELL INJURING L SHOUL				2,467.36	2.00	0.00	0.00	0.00	0.00	2,469.36
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				32.64	243.00	0.00	0.00	0.00	0.00	275.64
				2,467.36	2.00	0.00	0.00	0.00	0.00	2,469.36

Claim Number: 15WC03630B

15WC03630B	WILKINSON, HANNAH	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MEMORIAL ES	10/12/2015	10/12/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WALKING ON SIDEWALK AND LOST HER FOOTING AND FELL INJURING R ARM				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 15WC03631W

15WC03631W	BURG, ELISA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ORCHARD HILL ES	10/1/2015	10/12/2015	Open	120.00	243.00	0.00	0.00	0.00	0.00	363.00
SITTING A CHILD DOWN WHO WAS HAVING A BEHAVIORAL ISSUE FELT A POP				2,380.00	2.00	0.00	0.00	0.00	0.00	2,382.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				120.00	243.00	0.00	0.00	0.00	0.00	363.00
				2,380.00	2.00	0.00	0.00	0.00	0.00	2,382.00
Claim Number: 15WC03632B										
15WC03632B	MAKKAR, GEORGETTE	14		4,000.00	245.00	0.00	0.00	0.00	0.00	4,245.00
ADMIN BLDG	10/9/2015	10/12/2015	Open	3,114.22	0.00	0.00	0.00	0.00	0.00	3,114.22
WALKING DOWN STAIRS MISSED A STEP AND FELL INJURED FACE, R ARM, R				885.78	245.00	0.00	0.00	0.00	0.00	1,130.78
Total by Claim Number 1 Claim				4,000.00	245.00	0.00	0.00	0.00	0.00	4,245.00
				3,114.22	0.00	0.00	0.00	0.00	0.00	3,114.22
				885.78	245.00	0.00	0.00	0.00	0.00	1,130.78
Claim Number: 15WC03636B										
15WC03636B	BARRADALE, JENNIFER	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
NEW MONMOUTH ES	10/12/2015	10/12/2015	Open	127.92	243.00	0.00	0.00	0.00	0.00	370.92
TRYING TO CALM STUDENT DOWN WHO WAS HAVING AN OUTBURST WAS BI				2,372.08	2.00	0.00	0.00	0.00	0.00	2,374.08
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				127.92	243.00	0.00	0.00	0.00	0.00	370.92
				2,372.08	2.00	0.00	0.00	0.00	0.00	2,374.08
Claim Number: 15WC03637Z										
15WC03637Z	CONWAY, MARY ANN	11		10,476.00	245.00	21,721.44	0.00	0.00	0.00	32,442.44
OCEAN TWP E.S.	10/13/2015	10/13/2015	Open	4,075.66	243.00	1,425.74	0.00	0.00	0.00	5,744.40
WALKING OUT OF SCHOOL, MISSED A STEP AND FELL INJURED MOUTH				6,400.34	2.00	20,295.70	0.00	0.00	0.00	26,698.04
Total by Claim Number 1 Claim				10,476.00	245.00	21,721.44	0.00	0.00	0.00	32,442.44
				4,075.66	243.00	1,425.74	0.00	0.00	0.00	5,744.40
				6,400.34	2.00	20,295.70	0.00	0.00	0.00	26,698.04
Claim Number: 15WC03638Y										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03638Y

15WC03638Y	BECKER, LINDA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
TRANSPORTION	10/9/2015	10/12/2015	Open	59.80	243.00	0.00	0.00	0.00	0.00	302.80
WAS EXITING THE BUS, STEPPED ON STEP THAT WAS ROTTING AND TWISTE			2,440.20	2.00	0.00	0.00	0.00	0.00	0.00	2,442.20
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			59.80	243.00	0.00	0.00	0.00	0.00	0.00	302.80
			2,440.20	2.00	0.00	0.00	0.00	0.00	0.00	2,442.20

Claim Number: 15WC03639W

15WC03639W	FERRARO, STACIE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MANCHESTER TWP. HS	10/10/2015	10/12/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
CHAPERONING SCHOOL HOME COMING DANCE, WAS STRUCK IN FOREHEAD			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: 15WC03640K

15WC03640K	ELKO, JENNIFER	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NEW EGYPT HS	10/9/2015	10/12/2015	Open	258.55	243.00	0.00	0.00	0.00	0.00	501.55
WAS BIT ON L FOREARM BY STUDENT HAVING AN OUTBURST			2,241.45	2.00	0.00	0.00	0.00	0.00	0.00	2,243.45
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			258.55	243.00	0.00	0.00	0.00	0.00	0.00	501.55
			2,241.45	2.00	0.00	0.00	0.00	0.00	0.00	2,243.45

Claim Number: 15WC03641Y

15WC03641Y	SCHUTTS, CARL	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
VOORHEES H S	10/12/2015	10/12/2015	Open	509.57	243.00	0.00	0.00	0.00	0.00	752.57
LOOKING IN WINDOW OUTSIDE REAR OF SCHOOL BY GREENHOUSE STRUCK			1,990.43	2.00	0.00	0.00	0.00	0.00	0.00	1,992.43



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Total by Claim Number 1 Claim	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,745.00
	509.57	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	752.57
	1,990.43	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,992.43

Claim Number: 15WC03643W

15WC03643W	SWERDLOFF, MARCIA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ROSA INTERNATIONAL MS	10/8/2015	10/13/2015	Open	240.67	243.00	0.00	0.00	0.00	0.00	483.67
ANOTHER TEACHER DROPPED STUDENTS IPAD KEYBOARD BROKE SHE CLE				2,259.33	2.00	0.00	0.00	0.00	0.00	2,261.33
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				240.67	243.00	0.00	0.00	0.00	0.00	483.67
				2,259.33	2.00	0.00	0.00	0.00	0.00	2,261.33

Claim Number: 15WC03644M

15WC03644M	ZATORSKI, CYNTHIA	14	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
GROVER CLEVELAND SCHOOL	10/1/2015	10/13/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WHILE STANDING R LEG WEAKEND AND SHE STEPPED TO WALK SHE FELL IN				1.00	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	1.00
				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	1.00

Claim Number: 15WC03645W

15WC03645W	LAWTON, MEGHAN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ST MARYS EARLY CHILDHOOD CTF	10/13/2015	10/13/2015	Open	57.20	243.00	0.00	0.00	0.00	0.00	300.20
STUDENT HAVING BEHAVIORAL ISSUE THREW AN EASEL INJURING R HAND, F				2,442.80	2.00	0.00	0.00	0.00	0.00	2,444.80
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				57.20	243.00	0.00	0.00	0.00	0.00	300.20
				2,442.80	2.00	0.00	0.00	0.00	0.00	2,444.80

Claim Number: 15WC03646W





NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03646W

15WC03646W	GIBBS, MAUREEN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LEAP ACADEMY CHARTER SCHOOL	10/13/2015	10/13/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WALKING ALONG SIDEWALK TRIPPED OVER UNEVEN PAVEMENT AND FELL 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: 15WC03647W

15WC03647W	BRUNO, DONNA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PARK MS	10/13/2015	10/13/2015	Open	302.70	243.00	0.00	0.00	0.00	0.00	545.70
WAS OPENING DOOR ON ONE SIDE AND SOMEONE ELSE PUSHED IT INJURED			2,197.30	2.00	0.00	0.00	0.00	0.00	0.00	2,199.30
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			302.70	243.00	0.00	0.00	0.00	0.00	0.00	545.70
			2,197.30	2.00	0.00	0.00	0.00	0.00	0.00	2,199.30

Claim Number: 15WC03648J

15WC03648J	DESANTO, CARRIANN	10	2,500.00	1,193.00	0.00	0.00	0.00	0.00	0.00	3,693.00
HILLSIDE HS	10/13/2015	10/13/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
ATTEMPTING TO OPEN CLASSROOM WINDOW THE WINDOW PANE FELL AND			2,500.00	950.00	0.00	0.00	0.00	0.00	0.00	3,450.00
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
			0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
			2,500.00	950.00	0.00	0.00	0.00	0.00	0.00	3,450.00

Claim Number: 15WC03649Y

15WC03649Y	ESPINOSA, GLORIA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
TRANSPORTATION DEPT	10/9/2015	10/13/2015	Open	597.72	243.00	0.00	0.00	0.00	0.00	840.72
WHILE IN BUS YARD, BUS DRIVER STRUCK A POTHOLE AND SHE HIT HER BACK			1,902.28	2.00	0.00	0.00	0.00	0.00	0.00	1,904.28



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				597.72	243.00	0.00	0.00	0.00	0.00	840.72
				1,902.28	2.00	0.00	0.00	0.00	0.00	1,904.28
Claim Number: 15WC03650Y										
15WC03650Y	BIGNELL, GAIL	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
BUTLER HS	10/8/2015	10/13/2015	Open	520.32	243.00	0.00	0.00	0.00	0.00	763.32
WALKING TOWARDS PARKING LOT FROM THE COURTYARD WHEN SHE SLIPP				1,979.68	2.00	0.00	0.00	0.00	0.00	1,981.68
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				520.32	243.00	0.00	0.00	0.00	0.00	763.32
				1,979.68	2.00	0.00	0.00	0.00	0.00	1,981.68
Claim Number: 15WC03651K										
15WC03651K	FEIGELES, SUSAN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
EDWARD V WALTON E.S.	10/13/2015	10/13/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
TRYING TO OPEN WINDOW THE WINDOW FELL HITTING HER L HAND PINKY, N				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03653B										
15WC03653B	MOSKOWITZ, LOIS	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
E BRUNSWICK H. S.	10/13/2015	10/13/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT VOMITTED, CASUING VOMIT TO GET ON FACE, WASHED HER FACE				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03654Y										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03654Y

15WC03654Y	MARRERO, JERILYN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
NORTH BRUNSWICK SENIOR HS	10/13/2015	10/13/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
TRIPPED ON GYM FLOOR INJURED L WRIST				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 15WC03655M

15WC03655M	BRAZIL, THOMAS	11		480.00	243.00	0.00	0.00	0.00	0.00	723.00
GRACE WILDAY SCHOOL	10/9/2015	10/13/2015	11/10/2015	480.00	243.00	0.00	0.00	0.00	0.00	723.00
MOVING VOLLEYBALL POLES, NET AND STAND IN REAR DUMPSTER AREA WA				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				480.00	243.00	0.00	0.00	0.00	0.00	723.00
				480.00	243.00	0.00	0.00	0.00	0.00	723.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC03656W

15WC03656W	D'ANDREA, DIANA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
DWIGHT D EISENHOWER E.S.	10/13/2015	10/13/2015	Open	212.73	243.00	0.00	0.00	0.00	0.00	455.73
BITTEN BY A STUDENT HAVING A BEHAVIORAL ON HER RT BREAST				2,287.27	2.00	0.00	0.00	0.00	0.00	2,289.27
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				212.73	243.00	0.00	0.00	0.00	0.00	455.73
				2,287.27	2.00	0.00	0.00	0.00	0.00	2,289.27

Claim Number: 15WC03657Y

15WC03657Y	MORTIMER, CAROLYN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
ARTHUR P SCHALICK HS	10/2/2015	10/2/2015	Open	323.08	243.00	0.00	0.00	0.00	0.00	566.08
WHILE WALKING SHE SLIPPED ON WET FLOOR AS SHE WAS EXITING THE CL				2,176.92	2.00	0.00	0.00	0.00	0.00	2,178.92



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Total by Claim Number 1 Claim	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,745.00
	323.08	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	566.08
	2,176.92	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,178.92

Claim Number: 15WC03658W

15WC03658W	GONNERMAN, MICHAEL	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
TEANECK COMMUNITY CHARTER S	10/8/2015	10/8/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
LOADING SOAP INTO THE DISHWASHER, SOAP SPRAYED INTO HIS LT EYE				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 15WC03659Y

15WC03659Y	LAMBERT, MARY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
GIBBSBORO E.S.	10/13/2015	10/13/2015	Open	459.05	243.00	0.00	0.00	0.00	0.00	702.05
WHILE CARRYING A CHILD HAVING A BEHAVIORAL, CHILD TURNED & BIT HER				2,040.95	2.00	0.00	0.00	0.00	0.00	2,042.95
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				459.05	243.00	0.00	0.00	0.00	0.00	702.05
				2,040.95	2.00	0.00	0.00	0.00	0.00	2,042.95

Claim Number: 15WC03660Y

15WC03660Y	WESCOTT, JOHN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
NORTH 13ST ST SCHOOL	10/13/2015	10/13/2015	Open	382.80	243.00	0.00	0.00	0.00	0.00	625.80
PLAYING A GAME IN THE GYM WITH THE STUDENTS, HE LOST HIS FOOTING, I				2,117.20	2.00	0.00	0.00	0.00	0.00	2,119.20
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				382.80	243.00	0.00	0.00	0.00	0.00	625.80
				2,117.20	2.00	0.00	0.00	0.00	0.00	2,119.20

Claim Number: 15WC03661Y





NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03661Y

15WC03661Y	SEPTYNSKI, MARTHA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
OCEAN ACADEMY	10/7/2015	10/13/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
HOLDING CHILD IN ONE ARM AND REACHING FOR KICKBOARD WITH OTHER H				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 15WC03662B

15WC03662B	PARKER, ROBERT	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WEST AVENUE E.S.	10/13/2015	10/13/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT PUSHED HER FROM BEHIND INJURED HIS LOWER BACK AND NECK				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 15WC03663B

15WC03663B	DIXON, DON	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JEFFERSON SCHOOL	10/9/2015	10/13/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
BREAKING UP FIGHT BETWEEN STUDENTS INJURED LOWER BACK				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 15WC03664K

15WC03664K	COPPOLA, MATTHEW	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BRIDGEWATER-RARITAN M S	10/8/2015	10/13/2015	Open	145.59	243.00	0.00	0.00	0.00	0.00	388.59
FELT STRAIN TO HIS LOWER BACK AFTER CARRYING 5 GALLON BUCKET OF W				2,354.41	2.00	0.00	0.00	0.00	0.00	2,356.41



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				145.59	243.00	0.00	0.00	0.00	0.00	388.59
				2,354.41	2.00	0.00	0.00	0.00	0.00	2,356.41
Claim Number: 15WC03665M										
15WC03665M	BODDEN, CYNTHIA	10		10,000.00	1,193.00	10,000.00	0.00	0.00	0.00	21,193.00
GLASSBORO H.S.	10/13/2015	10/13/2015	Open	3,629.65	1,193.00	0.00	0.00	0.00	0.00	4,822.65
TRIPPED ON UNEVEN GROUND FALLING FRACTURING R FOOT				6,370.35	0.00	10,000.00	0.00	0.00	0.00	16,370.35
Total by Claim Number 1 Claim				10,000.00	1,193.00	10,000.00	0.00	0.00	0.00	21,193.00
				3,629.65	1,193.00	0.00	0.00	0.00	0.00	4,822.65
				6,370.35	0.00	10,000.00	0.00	0.00	0.00	16,370.35
Claim Number: 15WC03667B										
15WC03667B	DEAN, DOLORES	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
LANDIS INTERMEDIATE SCHOOL	10/13/2015	10/13/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WAS IN CAFETERIA AND A STUDENT LIFTED HER ARMS UP AND CAME DOWN				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03668G										
15WC03668G	GALIOTO, ROSEMARY	10		2,500.00	1,195.00	0.00	0.00	0.00	0.00	3,695.00
WILLIAM A MILLER ES	10/13/2015	10/13/2015	Open	480.00	1,193.00	0.00	0.00	0.00	0.00	1,673.00
TRIPPED OVER CURB AND FELL INJURED R KNEE, R FOOT				2,020.00	2.00	0.00	0.00	0.00	0.00	2,022.00
Total by Claim Number 1 Claim				2,500.00	1,195.00	0.00	0.00	0.00	0.00	3,695.00
				480.00	1,193.00	0.00	0.00	0.00	0.00	1,673.00
				2,020.00	2.00	0.00	0.00	0.00	0.00	2,022.00
Claim Number: 15WC03669B										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03669B

15WC03669B	HERB, COURTNEY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
GREAT MEADOWS REGIONAL	10/13/2015	10/13/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TRYING TO PREVENT A STUDENT FROM OPENING DESK DRAWER WHEN STU				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: 15WC03670K

15WC03670K	MARTINEZ, JUAN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
AUDREY W CLARK	10/9/2015	10/14/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
PLAYING BASKETBALL IN GYM WITH STUDENTS WAS STRUCK BY BALL INJUF				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: 15WC03672B

15WC03672B	FLEURY, LISA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
VALLEY PROGRAM	10/13/2015	10/13/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING A BEHAVIORAL ISSUE IN THE BATHROOM BIT HER ON THE				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: 15WC03673Y

15WC03673Y	JORDAN, LETICIA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SCHOOL #22 LYNN CREST	10/13/2015	10/14/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
RESTRAINING STUDENT HAVING BEHAVIORAL INJURED R FOREARM				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03674W										
15WC03674W	GLOWACKI, JANUSZ	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
MEMORIAL SCHOOL	10/13/2015	10/13/2015	Open	40.56	243.00	0.00	0.00	0.00	0.00	283.56
CLOSING OFF AN ARE IN THE PARKING LOT & WAS STUNG BY A BEE ON HIS F				2,459.44	2.00	0.00	0.00	0.00	0.00	2,461.44
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				40.56	243.00	0.00	0.00	0.00	0.00	283.56
				2,459.44	2.00	0.00	0.00	0.00	0.00	2,461.44
Claim Number: 15WC03675K										
15WC03675K	MCNAMARA, DINA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
MARTIN LUTHER KING E.S.	10/12/2015	10/14/2015	Open	256.10	243.00	0.00	0.00	0.00	0.00	499.10
FELT STRAIN TO LOWER BACK AFTER REPEATEDLY HAVING TO PICK UP STU				2,243.90	2.00	0.00	0.00	0.00	0.00	2,245.90
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				256.10	243.00	0.00	0.00	0.00	0.00	499.10
				2,243.90	2.00	0.00	0.00	0.00	0.00	2,245.90
Claim Number: 15WC03677K										
15WC03677K	HAUCK, DANA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
GRANT SCHOOL	10/13/2015	10/14/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
TIPPED OVER STUDENTS WHEELCHAIR AND FELL INJURED L ANKLE				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03678K										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03678K

15WC03678K	HOLT, BONNIE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
DEVEL LC - NEW PROVIDENCE	10/13/2015	10/13/2015	Open	173.90	243.00	0.00	0.00	0.00	0.00	416.90
HEAD BUTTED BY A STUDENT HAVING A BEHAVIORAL OUTBURST			2,326.10	2.00	0.00	0.00	0.00	0.00	0.00	2,328.10
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			173.90	243.00	0.00	0.00	0.00	0.00	0.00	416.90
			2,326.10	2.00	0.00	0.00	0.00	0.00	0.00	2,328.10

Claim Number: 15WC03679W

15WC03679W	STOCHEL, PATRICIA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SCHOOL #18 INDIANA AVE	10/13/2015	10/14/2015	Open	304.50	243.00	0.00	0.00	0.00	0.00	547.50
TRIPPED ON UNEVEN PAVEMENT INJURED R KNEE AND TWISTED L ANKLE			2,195.50	2.00	0.00	0.00	0.00	0.00	0.00	2,197.50
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			304.50	243.00	0.00	0.00	0.00	0.00	0.00	547.50
			2,195.50	2.00	0.00	0.00	0.00	0.00	0.00	2,197.50

Claim Number: 15WC03680W

15WC03680W	GOSCINSKI, THADDEUS	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ROBERT FULTON NO. 2 ELEM.	10/13/2015	10/14/2015	Open	343.82	243.00	0.00	0.00	0.00	0.00	586.82
MOVING PALLETS OF SUPPLIES USING A PALLET JACK ONE BECAME HUNG U			2,156.18	2.00	0.00	0.00	0.00	0.00	0.00	2,158.18
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			343.82	243.00	0.00	0.00	0.00	0.00	0.00	586.82
			2,156.18	2.00	0.00	0.00	0.00	0.00	0.00	2,158.18

Claim Number: 15WC03681W

15WC03681W	NAGEL, THEODORE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
GEORGE E BAILEY M.S.	10/14/2015	10/14/2015	Open	157.65	243.00	0.00	0.00	0.00	0.00	400.65
WAS PUNCHED IN NOSE BY A STUDENT HAVING BEHAVIORAL OUTBURST			2,342.35	2.00	0.00	0.00	0.00	0.00	0.00	2,344.35



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Total by Claim Number 1 Claim	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,745.00
	157.65	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	400.65
	2,342.35	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,344.35

Claim Number: 15WC03682K

15WC03682K	BRYANT, DARLENE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
CLAYTON MS	10/14/2015	10/14/2015	Open	363.61	243.00	0.00	0.00	0.00	0.00	606.61
BREAKING UP 2 STUDENTS FIGHTING, WAS STRUCK AND FELL INJURING HEF				2,136.39	2.00	0.00	0.00	0.00	0.00	2,138.39
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				363.61	243.00	0.00	0.00	0.00	0.00	606.61
				2,136.39	2.00	0.00	0.00	0.00	0.00	2,138.39

Claim Number: 15WC03683K

15WC03683K	BROYLES, SCOTT	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
TRANSPORTATION	10/9/2015	10/14/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
TRYING TO REMOVE A CHILD WHO CRAWLED UNDER SEAT ON BUS, HAD TRC				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 15WC03684Y

15WC03684Y	ROCK, PHYLLIS	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
ADMIN BLDG	10/14/2015	10/14/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
TRIPPED OVER CHIPPED PAVEMENT TWISTED L ANKLE AND R SIDE OF LOWE				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 15WC03686V





NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03686V

15WC03686V	SBLENDORIO, KATHLEEN	10	10,000.00	245.00	2,800.00	0.00	0.00	0.00	0.00	13,045.00
TERRILL MS	10/13/2015	10/14/2015	Open	484.78	243.00	1,199.65	0.00	0.00	0.00	1,927.43
USING SWIPE CARD TO ENTER SCHOOL, STRUCK R PINKY TOE ON DOOR AS			9,515.22	2.00	1,600.35	0.00	0.00	0.00	0.00	11,117.57
Total by Claim Number 1 Claim			10,000.00	245.00	2,800.00	0.00	0.00	0.00	0.00	13,045.00
			484.78	243.00	1,199.65	0.00	0.00	0.00	0.00	1,927.43
			9,515.22	2.00	1,600.35	0.00	0.00	0.00	0.00	11,117.57

Claim Number: 15WC03687W

15WC03687W	FACCIPONTE, CONNIE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
DEPT OF TRANSPORTATION	10/14/2015	10/14/2015	Open	340.00	243.00	0.00	0.00	0.00	0.00	583.00
WENT TO PULL A PIECE OF PAPER TOWEL AND PAPER TOWEL HOLDER FELL			2,160.00	2.00	0.00	0.00	0.00	0.00	0.00	2,162.00
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			340.00	243.00	0.00	0.00	0.00	0.00	0.00	583.00
			2,160.00	2.00	0.00	0.00	0.00	0.00	0.00	2,162.00

Claim Number: 15WC03688B

15WC03688B	TOTH, HEIDE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JOSEPH J CATENA E.S.	10/2/2015	10/14/2015	Open	106.08	243.00	0.00	0.00	0.00	0.00	349.08
WHILE LIFTING STUDENT TO CHECK WOUND FELT STRAIN TO R ARM			2,393.92	2.00	0.00	0.00	0.00	0.00	0.00	2,395.92
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			106.08	243.00	0.00	0.00	0.00	0.00	0.00	349.08
			2,393.92	2.00	0.00	0.00	0.00	0.00	0.00	2,395.92

Claim Number: 15WC03689W

15WC03689W	ENRIQUE, ROLANDO	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CAREER DEVELOPMENT CTR	10/14/2015	10/14/2015	Open	118.06	243.00	0.00	0.00	0.00	0.00	361.06
PUNCTURED HIS L INDEX FINGER WHILE CUTTING CARD BOARD BOXES USIN			2,381.94	2.00	0.00	0.00	0.00	0.00	0.00	2,383.94



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				118.06	243.00	0.00	0.00	0.00	0.00	361.06
				2,381.94	2.00	0.00	0.00	0.00	0.00	2,383.94
Claim Number: 15WC03690M										
15WC03690M	MANUPELLO, SHARON	10		2,500.00	1,193.00	10,260.00	0.00	0.00	0.00	13,953.00
ADMINISTRATION BLDG	10/14/2015	10/14/2015	Open	0.00	1,193.00	3,420.00	0.00	0.00	0.00	4,613.00
RUNNING AFTER STUDENT WHO HAD RAN OUT ONTO PLAYGROUND WHEN S				2,500.00	0.00	6,840.00	0.00	0.00	0.00	9,340.00
Total by Claim Number 1 Claim				2,500.00	1,193.00	10,260.00	0.00	0.00	0.00	13,953.00
				0.00	1,193.00	3,420.00	0.00	0.00	0.00	4,613.00
				2,500.00	0.00	6,840.00	0.00	0.00	0.00	9,340.00
Claim Number: 15WC03691B										
15WC03691B	RUSSOMANNO, DONNA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
NUMBER 8 ES	10/13/2015	10/14/2015	Open	562.38	243.00	0.00	0.00	0.00	0.00	805.38
TRIPPED AND FELL OVER STUDENTS FOOT, INJURED BOTH KNEES				1,937.62	2.00	0.00	0.00	0.00	0.00	1,939.62
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				562.38	243.00	0.00	0.00	0.00	0.00	805.38
				1,937.62	2.00	0.00	0.00	0.00	0.00	1,939.62
Claim Number: 15WC03693M										
15WC03693M	MELONE, GERALDINE	14		1.00	350.00	0.00	0.00	0.00	0.00	351.00
YARDVILLE E.S.	10/13/2015	10/14/2015	Open	0.00	81.00	0.00	0.00	0.00	0.00	81.00
OCCUPATIONAL BULLYING, VERBAL ABUSE, HARASSMENT				1.00	269.00	0.00	0.00	0.00	0.00	270.00
Total by Claim Number 1 Claim				1.00	350.00	0.00	0.00	0.00	0.00	351.00
				0.00	81.00	0.00	0.00	0.00	0.00	81.00
				1.00	269.00	0.00	0.00	0.00	0.00	270.00
Claim Number: 15WC03694K										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03694K

15WC03694K	ARCHIE, MICHELLE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NORTH MAIN STREET SCHOOL	10/14/2015	10/14/2015	Open	21.89	243.00	0.00	0.00	0.00	0.00	264.89
STUDENT STOMPED ON L FOOT/GREAT TOE ON SCHOOL FIELD			2,478.11	2.00	0.00	0.00	0.00	0.00	0.00	2,480.11
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			21.89	243.00	0.00	0.00	0.00	0.00	0.00	264.89
			2,478.11	2.00	0.00	0.00	0.00	0.00	0.00	2,480.11

Claim Number: 15WC03695W

15WC03695W	GOOCH, KATHERINE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MIDDLE SCHOOL	10/13/2015	10/14/2015	Open	216.15	243.00	0.00	0.00	0.00	0.00	459.15
WENT TO KICK SOCCER BALL, SHE SLIPPED AND FELL INJURED LOWER BACK			2,283.85	2.00	0.00	0.00	0.00	0.00	0.00	2,285.85
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			216.15	243.00	0.00	0.00	0.00	0.00	0.00	459.15
			2,283.85	2.00	0.00	0.00	0.00	0.00	0.00	2,285.85

Claim Number: 15WC03696Y

15WC03696Y	RODRIGUEZ, DOLORES	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PERTH AMBOY H.S.	10/7/2015	10/14/2015	Open	367.23	243.00	0.00	0.00	0.00	0.00	610.23
SLIPPED IN WATER AND FELL INJURED KNEE, L SIDE OF HER BODY			2,132.77	2.00	0.00	0.00	0.00	0.00	0.00	2,134.77
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			367.23	243.00	0.00	0.00	0.00	0.00	0.00	610.23
			2,132.77	2.00	0.00	0.00	0.00	0.00	0.00	2,134.77

Claim Number: 15WC03697G

15WC03697G	OZERI, WENDY	14	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
SHERMAN E.S.	10/8/2015	10/14/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DRIVING HOME IN HER CAR FELT PAIN IN LOWER BACK			1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Total by Claim Number 1 Claim	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	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

Claim Number: 15WC03698W

15WC03698W	SANDERS, REBECCA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HIGHLAND PARK HS	10/14/2015	10/14/2015	Open	600.49	243.00	0.00	0.00	0.00	0.00	0.00	843.49
WALKING DOWN HALLWAY SHOE GOT CAUGHT ON FLOOR, SHE FELL INJURIN				1,899.51	2.00	0.00	0.00	0.00	0.00	0.00	1,901.51
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				600.49	243.00	0.00	0.00	0.00	0.00	0.00	843.49
				1,899.51	2.00	0.00	0.00	0.00	0.00	0.00	1,901.51

Claim Number: 15WC03699B

15WC03699B	CLAYTON, DIANE	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
OCEAN RD ES	10/14/2015	10/14/2015	11/10/2015	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
RESTRAINING A STUDENT WHO WAS HAVING AN OUTBURST, STUDENT BACK				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: 15WC03700Y

15WC03700Y	BATES, ZACHERY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BANKBRIDGE REG DEVELOPMENT.	10/7/2015	10/8/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING A BEHAVIORAL ON THE BUS PUNCHED HIM IN THE STOMA				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: 15WC03701Y



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03701Y

15WC03701Y	WILLIAMS, MICHELLE	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
TRANSPORTATION	10/14/2015	10/14/2015	10/29/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WHILE PUTTING A CHILD ON THE LIFT OF THE BUS, SHE WENT TO LOCK THE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC03703W

15WC03703W	RAMOS, REBECCA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
UNION HILL MS	10/15/2015	10/15/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WALKING THROUGH OFFICE LOST HER FOOTING AND FELL ON BOTH KNEES,				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 15WC03704V

15WC03704V	CORDASCO, ANTHONY	15		0.00	0.00	0.00	0.00	2,500.00	0.00	2,500.00
HILLSBOROUGH HS	10/8/2015	10/14/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EXPOSURE TO AIRBORNE IRRITANTS; PULMONARY				0.00	0.00	0.00	0.00	2,500.00	0.00	2,500.00
Total by Claim Number 1 Claim				0.00	0.00	0.00	0.00	2,500.00	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	0.00	2,500.00	0.00	2,500.00

Claim Number: 15WC03705K

15WC03705K	SMERESKY, RICHARD	11		4,000.00	245.00	0.00	0.00	0.00	0.00	4,245.00
TRENTON HS WEST	10/14/2015	10/15/2015	Open	2,627.80	243.00	0.00	0.00	0.00	0.00	2,870.80
CHECKING WINDOWS TO SEE IF THEY WERE LEFT OPEN BOOK HOLDING UP				1,372.20	2.00	0.00	0.00	0.00	0.00	1,374.20



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Total by Claim Number 1 Claim	4,000.00	245.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,245.00
	2,627.80	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,870.80
	1,372.20	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,374.20

Claim Number: 15WC03706Z

15WC03706Z	GITTENS-EMIYEDE, BARBARA	10		4,000.00	1,193.00	3,420.00	0.00	0.00	0.00	0.00	8,613.00
TRENTON CENTRAL HS MEDICAL A	10/14/2015	10/15/2015	Open	0.00	1,193.00	0.00	0.00	0.00	0.00	0.00	1,193.00
STUDENT RUNNING DOWN HALLWAY RAN INTO HER L SIDE INJURED FINGER				4,000.00	0.00	3,420.00	0.00	0.00	0.00	0.00	7,420.00
Total by Claim Number 1 Claim				4,000.00	1,193.00	3,420.00	0.00	0.00	0.00	0.00	8,613.00
				0.00	1,193.00	0.00	0.00	0.00	0.00	0.00	1,193.00
				4,000.00	0.00	3,420.00	0.00	0.00	0.00	0.00	7,420.00

Claim Number: 15WC03707F

15WC03707F	VENDEMIA, DIANE	10		27,500.00	1,193.00	21,000.00	0.00	0.00	0.00	0.00	49,693.00
GRIEBLING SCHOOL	10/15/2015	10/15/2015	Open	237.15	1,193.00	488.55	0.00	0.00	0.00	0.00	1,918.70
WALKING IN KITCHEN, TRIPPED OVER STEP AND FELL LANDING ON L WRIST				27,262.85	0.00	20,511.45	0.00	0.00	0.00	0.00	47,774.30
Total by Claim Number 1 Claim				27,500.00	1,193.00	21,000.00	0.00	0.00	0.00	0.00	49,693.00
				237.15	1,193.00	488.55	0.00	0.00	0.00	0.00	1,918.70
				27,262.85	0.00	20,511.45	0.00	0.00	0.00	0.00	47,774.30

Claim Number: 15WC03708V

15WC03708V	GEDEON, WADNER	10		19,500.00	1,193.00	22,230.00	0.00	0.00	0.00	0.00	42,923.00
GRACE DUNN MIDDLE SCHOOL	10/14/2015	10/15/2015	Open	0.00	1,193.00	3,420.00	0.00	0.00	0.00	0.00	4,613.00
QUESTIONING STUDNET ABOUT A STOLEN CELL PHONE, STUDENT THREATE				19,500.00	0.00	18,810.00	0.00	0.00	0.00	0.00	38,310.00
Total by Claim Number 1 Claim				19,500.00	1,193.00	22,230.00	0.00	0.00	0.00	0.00	42,923.00
				0.00	1,193.00	3,420.00	0.00	0.00	0.00	0.00	4,613.00
				19,500.00	0.00	18,810.00	0.00	0.00	0.00	0.00	38,310.00

Claim Number: 15WC03709B



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03709B

15WC03709B	SELTZER, LAURA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WASHINGTON AVENUE SCHOOL	10/15/2015	10/15/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SPEC ED STUDENT HAVING A BEHAVIORAL ISSUE IN CLASS STRUCK HEAD, C				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	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: 15WC03710Y

15WC03710Y	REID, MARY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NORTHERN VALLEY DEMAREST HS	10/15/2015	10/15/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
GETTING COPIES FROM BEHIND COPY MACHINE STOOD UP STRUCK HEAD O				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	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: 15WC03711K

15WC03711K	WASKO, PATRICIA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MAIN ROAD E.S.	10/15/2015	10/15/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
ESCORTING STUDENTS BACK TO CLASS TEACHER OPENED A DOOR HITTING				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	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: 15WC03712W

15WC03712W	PEPE, NANCY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CENTER FOR LIFE LONG LEARNIN(10/9/2015	10/15/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
RESTRAINING STUDENT HAVING BEHAVIORAL ISSUE INJURED R SHOULDER				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			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: 15WC03713J										
15WC03713J	CARUSO, JENNY	10	9,000.00	1,193.00	5,000.00	0.00	0.00	0.00	0.00	15,193.00
MIDDLETOWN VILLAGE ES	10/15/2015	10/15/2015	Open	3,920.00	1,193.00	489.91	0.00	0.00	0.00	5,602.91
CLMT WAS PUTTING SHOES ON SPEC ED STUDENT FOR GYM CLASS WHEN S				5,080.00	0.00	4,510.09	0.00	0.00	0.00	9,590.09
Total by Claim Number 1 Claim			9,000.00	1,193.00	5,000.00	0.00	0.00	0.00	0.00	15,193.00
			3,920.00	1,193.00	489.91	0.00	0.00	0.00	0.00	5,602.91
			5,080.00	0.00	4,510.09	0.00	0.00	0.00	0.00	9,590.09
Claim Number: 15WC03714K										
15WC03714K	TORDELLA, DIANE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JOSEPH M FERRAINA EARLY CH LE	10/8/2015	10/15/2015	Open	351.64	243.00	0.00	0.00	0.00	0.00	594.64
TRIPPED OVER STUDENT AND FELL INJURED L WRIST, ELBOW AND BACK				2,148.36	2.00	0.00	0.00	0.00	0.00	2,150.36
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			351.64	243.00	0.00	0.00	0.00	0.00	0.00	594.64
			2,148.36	2.00	0.00	0.00	0.00	0.00	0.00	2,150.36
Claim Number: 15WC03715K										
15WC03715K	MARINO, NANCY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
DAYTON E S	10/15/2015	10/15/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
DURING AN EMERGENCY FIRE DRILL TRIPPED UP STEPS AND FELL HITTING C				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	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: 15WC03716W										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03716W

15WC03716W	INCORVAIA, CAROLINE	11	5,500.00	245.00	0.00	0.00	0.00	0.00	0.00	5,745.00
MATAWAN REGIONAL HS	10/13/2015	10/15/2015	Open	5,446.74	243.00	0.00	0.00	0.00	0.00	5,689.74
CLMT WAS DIRECTING A SPEC ED STUDENT HAVING A BEHAVIORAL OUTBUR				53.26	2.00	0.00	0.00	0.00	0.00	55.26
Total by Claim Number 1 Claim				5,500.00	245.00	0.00	0.00	0.00	0.00	5,745.00
				5,446.74	243.00	0.00	0.00	0.00	0.00	5,689.74
				53.26	2.00	0.00	0.00	0.00	0.00	55.26

Claim Number: 15WC03717Y

15WC03717Y	BERKHEISER, MELISSA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BUTLER HS	10/15/2015	10/15/2015	Open	283.00	243.00	0.00	0.00	0.00	0.00	526.00
WHILE WALKING THROUGH LAWN OF A HOUSE DURING A FIELD TRIP CLMT F				2,217.00	2.00	0.00	0.00	0.00	0.00	2,219.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				283.00	243.00	0.00	0.00	0.00	0.00	526.00
				2,217.00	2.00	0.00	0.00	0.00	0.00	2,219.00

Claim Number: 15WC03718B

15WC03718B	BERMUDEZ, LISA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WASHINGTON SCHOOL	10/15/2015	10/15/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
RESTRAINING A SPEC ED STUDENT HAVING BEHAVIORAL ISSUE HER RT HAN				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 15WC03719B

15WC03719B	GRIMES, LESLIE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CROSSROADS M S	10/15/2015	10/16/2015	Open	199.46	243.00	0.00	0.00	0.00	0.00	442.46
GOING TO HER CAR IN SCHOOL PARKING LOT CLMT SLIPPED OFF THE CURB				2,300.54	2.00	0.00	0.00	0.00	0.00	2,302.54



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Total by Claim Number 1 Claim	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,745.00
	199.46	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	442.46
	2,300.54	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,302.54

Claim Number: 15WC03720Z

15WC03720Z	POLENBERG, HOWARD	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
BRICKTOWN SCHOOL	10/15/2015	10/16/2015	Open	79.50	243.00	0.00	0.00	0.00	0.00	322.50
LIFTING UP A TOTE TO PUT ON TOP OF A STACK OF TOTES FELT A TWINGE IN				2,420.50	2.00	0.00	0.00	0.00	0.00	2,422.50
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				79.50	243.00	0.00	0.00	0.00	0.00	322.50
				2,420.50	2.00	0.00	0.00	0.00	0.00	2,422.50

Claim Number: 15WC03721Z

15WC03721Z	FARELLA, RALPH	15		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
JOHN ADAMS SCHOOL	10/16/2015	10/16/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WHILE CHANGING A BLADE ON A JIGSAW CLMT CUT HIS RT HAND				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 15WC03722K

15WC03722K	PEREZ-MELELENDEZ, CAROLINE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
CHURCHILL J.H.S.	10/13/2015	10/15/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
CLMT LIFTED A TRAY OF JUICES TO BE PLACED IN REFRIGERATOR THE TRAY				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 15WC03723W





NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03723W

15WC03723W	COLEMAN, KRISTIN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HENRY C. BECK JR. SCHOOL	10/14/2015	10/16/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CLMT WAS SITTING AT THE DESK WHEN ONE OF THE LEGS OF THE DESK GA'				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: 15WC03724Y

15WC03724Y	RUSSOMANNO, ANNA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ATCO ES	10/16/2015	10/16/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING IN HALLWAY WAS ACCIDENTLY TRIPPED BY STUDENT 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: 15WC03725B

15WC03725B	LEITINGER, JENNIFER	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
RIVER FRONT SCHOOL	10/16/2015	10/16/2015	Open	161.55	243.00	0.00	0.00	0.00	0.00	0.00	404.55
GIVING STUDENT THEIR INSULIN INJECTION, WHILE RECAPPING THE NEEDLE				2,338.45	2.00	0.00	0.00	0.00	0.00	0.00	2,340.45
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				161.55	243.00	0.00	0.00	0.00	0.00	0.00	404.55
				2,338.45	2.00	0.00	0.00	0.00	0.00	0.00	2,340.45

Claim Number: 15WC03726W

15WC03726W	POLLIN, ERIN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HOWARD B.BRUNNER ES	10/16/2015	10/16/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SITTING BEHIND STUDENTS, STUDENT REACHED BACKWARDS WITH A TRIAN				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03727B										
15WC03727B	GURSKI, SEAN		11	2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
C RICHARD APPLGATE E.S.	10/15/2015	10/16/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WALKING TO CAFETERIA CHILD HAVING BEHAVIORAL ISSUE KICKED HIM IN G				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03728B										
15WC03728B	CHARTOFF, PAM		11	2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
FROST E.S.	10/16/2015	10/16/2015	Open	155.23	243.00	0.00	0.00	0.00	0.00	398.23
BOOK WAS LEFT ON FLOOR, SLIPPED AFTER STEPPING ON BOOK FELL CAUC				2,344.77	2.00	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	2,745.00
				155.23	243.00	0.00	0.00	0.00	0.00	398.23
				2,344.77	2.00	0.00	0.00	0.00	0.00	2,346.77
Claim Number: 15WC03729W										
15WC03729W	DONAHUE, DAWN		11	2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
JEFFERSON E S	10/14/2015	10/16/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
PULLING A MAP DOWN STANDING ON STOOL, STOOL FELL OVER SHE FELL O				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 15WC03730B



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03730B

15WC03730B	MANTROM, GUISENE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BRUNSWICK ACRES E. S.	10/15/2015	10/16/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
HILD WENT UNDER MONKEY BARS, WAS STRUCK IN FOREHEAD AND FELL BA				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 15WC03731Y

15WC03731Y	PERITO, JESSIE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NEW MONMOUTH ES	10/16/2015	10/16/2015	Open	185.50	243.00	0.00	0.00	0.00	0.00	428.50
WAS PINCHED BY STUDENT ON R HAND				2,314.50	2.00	0.00	0.00	0.00	0.00	2,316.50
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				185.50	243.00	0.00	0.00	0.00	0.00	428.50
				2,314.50	2.00	0.00	0.00	0.00	0.00	2,316.50

Claim Number: 15WC03732B

15WC03732B	BRAIN, JULIE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CHITTICK E.S.	10/15/2015	10/16/2015	Open	155.23	243.00	0.00	0.00	0.00	0.00	398.23
WORKING WITH STUDENT ON PUZZLE, CHILD SLAMMED HIS BODY BACKWAR				2,344.77	2.00	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	2,745.00
				155.23	243.00	0.00	0.00	0.00	0.00	398.23
				2,344.77	2.00	0.00	0.00	0.00	0.00	2,346.77

Claim Number: 15WC03733A

15WC03733A	ALPICAR, JOSE	14	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
HACKETTSTOWN HS	10/15/2015	10/16/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MOVING A TABLE WITH CO-WORKER WAS STRUCK BY TABLE INJURING R KN				1.00	0.00	0.00	0.00	0.00	0.00	1.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				1.00	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
				1.00	0.00	0.00	0.00	0.00	0.00	1.00
Claim Number: 15WC03734B										
15WC03734B	BRANDT, FRANK	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
MAINTENANCE GARAGE	10/16/2015	10/16/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WHILE WEED WHACKING A PIEVE OF GLASS POPPED UP AND STRUCK ON L L				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03735B										
15WC03735B	BLACKWELL, ROBERT	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
RAHWAY HIGH SCHOOL	10/15/2015	10/16/2015	Open	212.86	243.00	0.00	0.00	0.00	0.00	455.86
LIFTING A BAG OF TRASH FELT PULL IN MID BACK, R CALAVICLE AREA				2,287.14	2.00	0.00	0.00	0.00	0.00	2,289.14
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				212.86	243.00	0.00	0.00	0.00	0.00	455.86
				2,287.14	2.00	0.00	0.00	0.00	0.00	2,289.14
Claim Number: 15WC03736K										
15WC03736K	LUBIN, JEAN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
HUNTERDON TRANSPORTATION D	10/13/2015	10/16/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
DRIVING SCHOOL BUS, BUS WAS STRUCK BY OV INJURED LOWER BACK				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03737I										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03737I

15WC03737I	STRADFORD, ANTHONY	11		10,000.00	243.00	0.00	0.00	0.00	0.00	0.00	10,243.00
JOYCE KILMER SCHOOL	10/16/2015	10/16/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING OUT SCHOOL, STUDENT PICKED UP BRICK AND THREW IT HITTING				10,000.00	0.00	0.00	0.00	0.00	0.00	0.00	10,000.00
Total by Claim Number 1 Claim				10,000.00	243.00	0.00	0.00	0.00	0.00	0.00	10,243.00
				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				10,000.00	0.00	0.00	0.00	0.00	0.00	0.00	10,000.00

Claim Number: 15WC03738K

15WC03738K	GRACIANI, ANA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
EMERSON MS	10/15/2015	10/16/2015	Open	394.50	243.00	0.00	0.00	0.00	0.00	0.00	637.50
WALKING IN DOOR ENTRANCE WHEN SOMEONE EXITED AT THE SAME TIME I				2,105.50	2.00	0.00	0.00	0.00	0.00	0.00	2,107.50
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				394.50	243.00	0.00	0.00	0.00	0.00	0.00	637.50
				2,105.50	2.00	0.00	0.00	0.00	0.00	0.00	2,107.50

Claim Number: 15WC03739K

15WC03739K	MARKS, CATHERINE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PHILIP VROOM SCHOOL	10/16/2015	10/19/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STOPPING STUDENT FROM RUNNING AWAY TWISTED 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: 15WC03740W

15WC03740W	CASEY, KIMBERLY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LINDEN HIGH SCHOOL	10/16/2015	10/19/2015	Open	245.74	243.00	0.00	0.00	0.00	0.00	0.00	488.74
GOING OUT FOR FIRE DRILL STEPPED IN A HOLE NEAR SIDEWALK AND FELL				2,254.26	2.00	0.00	0.00	0.00	0.00	0.00	2,256.26



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				245.74	243.00	0.00	0.00	0.00	0.00	488.74
				2,254.26	2.00	0.00	0.00	0.00	0.00	2,256.26
Claim Number: 15WC03741F										
15WC03741F	SNYDER, DANIEL	14		1.00	0.00	0.00	0.00	0.00	0.00	1.00
UPPER TOWNSHIP PRIMARY	10/14/2015	10/19/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING HIS STUDENTS TO CLASS, PIVOTED FEELING A POP IN R FOOT				1.00	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	1.00
				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	1.00
Claim Number: 15WC03742Y										
15WC03742Y	MURPHY, DEBORAH	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
GILBERT AVE ES	10/16/2015	10/19/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
IN CAFETERIA STUDENTS WERE LINING UP FOR RECESS A CHILD RAN INTO F				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03743W										
15WC03743W	LENGE, TATIANA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
MATAWAN AVENUE MS	10/8/2015	10/19/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SLIPPED ON WET FLOOR AND INJURED LOWER BACK AND BOTH FEET				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03744B										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03744B

15WC03744B	COTELLESE, ANNA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BANKBRIDGE REG DEVELOPMENT	10/15/2015	10/19/2015	Open	196.59	243.00	0.00	0.00	0.00	0.00	0.00	439.59
CHILD HAVING BEHAVIORAL ISSUE WOULD NOT GET OFF FLOOR, ASSISTING				2,303.41	2.00	0.00	0.00	0.00	0.00	0.00	2,305.41
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				196.59	243.00	0.00	0.00	0.00	0.00	0.00	439.59
				2,303.41	2.00	0.00	0.00	0.00	0.00	0.00	2,305.41

Claim Number: 15WC03745P

15WC03745P	HOFFMAN, KILE	14		1.00	500.00	0.00	0.00	0.00	0.00	0.00	501.00
RANOCAS VALLEY REG. HS	10/8/2015	10/19/2015	Open	0.00	72.00	0.00	0.00	0.00	0.00	0.00	72.00
BENT OVER TO PICK UP ATHLETIC EQUIPMENT INJURED LOWER BACK				1.00	428.00	0.00	0.00	0.00	0.00	0.00	429.00
Total by Claim Number 1 Claim				1.00	500.00	0.00	0.00	0.00	0.00	0.00	501.00
				0.00	72.00	0.00	0.00	0.00	0.00	0.00	72.00
				1.00	428.00	0.00	0.00	0.00	0.00	0.00	429.00

Claim Number: 15WC03746K

15WC03746K	ANGERAMI, JULIA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JOSEPH C. CARUSO ES	10/19/2015	10/19/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT THREW A CHAIR AND IT LANDED ON 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: 15WC03747Y

15WC03747Y	VALERIANO, CARMELA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MILL LAKE ES	10/16/2015	10/19/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
RAN AFTER STUDENT TO PREVENT HIM FROM PUTTING HIS HANDS IN TOILET				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Total by Claim Number 1 Claim	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,745.00
	0.00	243.00	0.00	0.00	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	0.00	0.00	2,502.00

Claim Number: 15WC03748W

15WC03748W	FLORIO, PAUL	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
MAINTENANCE DEPT	10/9/2015	10/19/2015	Open	160.00	243.00	0.00	0.00	0.00	0.00	403.00
WHILE PERFORMING OUTSIDE MAINTENANCE STEPPING IN SPRINKLE HEAD I				2,340.00	2.00	0.00	0.00	0.00	0.00	2,342.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				160.00	243.00	0.00	0.00	0.00	0.00	403.00
				2,340.00	2.00	0.00	0.00	0.00	0.00	2,342.00

Claim Number: 15WC03749K

15WC03749K	CLEGG, TIRA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
MARION P THOMAS CHARTER SCH	10/16/2015	10/19/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
MOVING A POSTER BOARD STRUCK HER L EYE WITH POSTER BOARD CONTA				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 15WC03750Y

15WC03750Y	ROWAND, JENNIFER	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
SALEM CTY ALTERNATIVE	10/15/2015	10/19/2015	Open	231.53	243.00	0.00	0.00	0.00	0.00	474.53
WAS LIFTING DISABLED STUDENT OUT OF WHEELCHAIR AND INJURED L SHO				2,268.47	2.00	0.00	0.00	0.00	0.00	2,270.47
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				231.53	243.00	0.00	0.00	0.00	0.00	474.53
				2,268.47	2.00	0.00	0.00	0.00	0.00	2,270.47

Claim Number: 15WC03751K



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03751K

15WC03751K	EVDOKIMOFF, SUZANNE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HANOVER PARK HS	10/19/2015	10/19/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
PLAYING WITH CHILDREN KICKED A BALL AND TWISTED L 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: 15WC03752K

15WC03752K	DIGGS, CORRETTA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SCHOOL 6	10/15/2015	10/19/2015	Open	171.12	243.00	0.00	0.00	0.00	0.00	0.00	414.12
SLIPPED COMING DOWN STEPS CAUSING R KNEE TO BEND				2,328.88	2.00	0.00	0.00	0.00	0.00	0.00	2,330.88
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				171.12	243.00	0.00	0.00	0.00	0.00	0.00	414.12
				2,328.88	2.00	0.00	0.00	0.00	0.00	0.00	2,330.88

Claim Number: 15WC03753W

15WC03753W	WAKDE, SHILPA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SCOTCH PLAINS-FANWOOD HS	10/17/2015	10/19/2015	Open	590.51	243.00	0.00	0.00	0.00	0.00	0.00	833.51
PLAYING GAME WITH STUDENTS, RAN ACROSS CIRCLE TO GET TO CHAIR SL				1,909.49	2.00	0.00	0.00	0.00	0.00	0.00	1,911.49
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				590.51	243.00	0.00	0.00	0.00	0.00	0.00	833.51
				1,909.49	2.00	0.00	0.00	0.00	0.00	0.00	1,911.49

Claim Number: 15WC03754Y

15WC03754Y	LANE, KATHLEEN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
INTERMEDIATE MS	10/19/2015	10/19/2015	Open	106.08	243.00	0.00	0.00	0.00	0.00	0.00	349.08
TRIPPED ON CARPET AND FELL ON BOTH KNEES, HANDS, L SHOULDER				2,393.92	2.00	0.00	0.00	0.00	0.00	0.00	2,395.92



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			106.08	243.00	0.00	0.00	0.00	0.00	0.00	349.08
			2,393.92	2.00	0.00	0.00	0.00	0.00	0.00	2,395.92
Claim Number: 15WC03755P										
15WC03755P	MACK, ANDREW	11	35,000.00	1,193.00	52,230.00	0.00	0.00	0.00	0.00	88,423.00
BUENA REGIONAL HS	10/19/2015	10/19/2015	Open	1,498.16	243.00	1,710.00	0.00	0.00	0.00	3,451.16
WAS REMOVING WEIGHTS FROM A RACK AND DROPPED ONE ON HIS R FOOT				33,501.84	950.00	50,520.00	0.00	0.00	0.00	84,971.84
Total by Claim Number 1 Claim			35,000.00	1,193.00	52,230.00	0.00	0.00	0.00	0.00	88,423.00
			1,498.16	243.00	1,710.00	0.00	0.00	0.00	0.00	3,451.16
			33,501.84	950.00	50,520.00	0.00	0.00	0.00	0.00	84,971.84
Claim Number: 15WC03757Y										
15WC03757Y	QUAGLIATA, LOUISE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HARDING E.S.	10/9/2015	10/19/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
COMING OUT OF CAFETERIA AND STEPPED BACK OF STUDENTS SHOE AND F				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	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: 15WC03759W										
15WC03759W	CONSEPSION, EDWARD	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. (GLO.	10/17/2015	10/20/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
ASSISTING MAINTENANCE WITH INSTALLING CAMERAS DUST GOT INTO R EY				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	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: 15WC03760K										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03760K

15WC03760K	MAZZELLA, LAURA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WALTER M SCHIRRA ES	10/19/2015	10/20/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TRYING TO CALM DOWN STUDENT HAVING BEHAVIORAL OUTBURST, STUDE				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: 15WC03761B

15WC03761B	BOSSBALY, ALINA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WASHINGTON SCHOOL	10/19/2015	10/20/2015	Open	225.98	243.00	0.00	0.00	0.00	0.00	0.00	468.98
UNAWARE THERE WAS A CHAIR BEHIND HER SHE TRIPPED OVER CHAIR AND				2,274.02	2.00	0.00	0.00	0.00	0.00	0.00	2,276.02
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				225.98	243.00	0.00	0.00	0.00	0.00	0.00	468.98
				2,274.02	2.00	0.00	0.00	0.00	0.00	0.00	2,276.02

Claim Number: 15WC03762B

15WC03762B	WALSH, KATHLEEN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ACADAMY LEARNING CENTER	10/19/2015	10/20/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TRIPPED ON UNEVEN SIDEWALK AND FELL ON BOTH KNEES, R PINKY FINGE				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: 15WC03763Y

15WC03763Y	SARACENI, NANCIE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BEVERLY ES	10/19/2015	10/20/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WAS STOPPING STUDENT FROM RUNNING JAMMED L INDEX FINGER ON WAL				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
			2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03765B										
15WC03765B	ARCHER, LAUREN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
POND ROAD MIDDLE SCHOOL	10/19/2015	10/20/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WALKING IN CLASSROOM ROLLED HER L ANKLE AND FELL INJURING HER LO'			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: 15WC03766W										
15WC03766W	MERCADO, RICARDO	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	10/19/2015	10/20/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
FELT STRAIN TO HIS LOWER BACK AFTER ASSISTING STUDENT IN A WHEELC			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: 15WC03767K										
15WC03767K	BENYOLA, DAVID	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
IGNACIO CRUZ EARLY CHILDHOOD	10/20/2015	10/20/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WAS KICKED ON L SHOULDER BY A STUDENT WHO WAS HAVING AN OUTBUR			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: 15WC03768G										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03768G

15WC03768G	MONTICOLLO, CHRISTOPHER	14	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
COLONIA HIGH SCHOOL	10/19/2015	10/20/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TRIPPED OVER A PIECE OF CONCRETE AND JARRED HIS LOWER BACK				1.00	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	1.00
				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	1.00

Claim Number: 15WC03769Y

15WC03769Y	BRADLEY, JOELLE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
RYERSON SCHOOL	10/20/2015	10/20/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING BEHAVIORAL ISSUE BIT HER R FOREARM				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 15WC03771V

15WC03771V	MORRIS, CANDACE	11	18,500.00	245.00	6,500.00	0.00	0.00	0.00	0.00	25,245.00
B. BERNICE YOUNG ES	10/20/2015	10/20/2015	Open	123.87	243.00	632.28	0.00	0.00	0.00	999.15
ATTEMPTED TO ENTER SCHOOL BLDG, WAS STRUCK ON HEAD BY THE DOOF				18,376.13	2.00	5,867.72	0.00	0.00	0.00	24,245.85
Total by Claim Number 1 Claim				18,500.00	245.00	6,500.00	0.00	0.00	0.00	25,245.00
				123.87	243.00	632.28	0.00	0.00	0.00	999.15
				18,376.13	2.00	5,867.72	0.00	0.00	0.00	24,245.85

Claim Number: 15WC03772V

15WC03772V	BLOOMER, KELLY	10	13,500.00	1,193.00	24,168.00	0.00	0.00	0.00	0.00	38,861.00
JOHN C. MILANESI ES	10/20/2015	10/20/2015	Open	0.00	1,193.00	1,710.00	0.00	0.00	0.00	2,903.00
PLAYING GAME WHILE INSTRUCTING STUDENTS, STEPPED ON HULA HOOP A				13,500.00	0.00	22,458.00	0.00	0.00	0.00	35,958.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim			13,500.00	1,193.00	24,168.00	0.00	0.00	0.00	0.00	38,861.00
			0.00	1,193.00	1,710.00	0.00	0.00	0.00	0.00	2,903.00
			13,500.00	0.00	22,458.00	0.00	0.00	0.00	0.00	35,958.00
Claim Number: 15WC03773J										
15WC03773J	PRADHAN, MARILYN	10	39.95	1,193.00	1,286.44	0.00	0.00	0.00	0.00	2,519.39
PARK AVENUE SCHOOL	10/19/2015	10/20/2015	11/ 3/2015	39.95	1,193.00	1,286.44	0.00	0.00	0.00	2,519.39
TRYING TO RESTRAIN STUDENT HAVING AN OUTBURST TWISTED L WRIST				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			39.95	1,193.00	1,286.44	0.00	0.00	0.00	0.00	2,519.39
			39.95	1,193.00	1,286.44	0.00	0.00	0.00	0.00	2,519.39
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15WC03775Y										
15WC03775Y	HOBBS, 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.	10/20/2015	10/21/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
TAKING STUDENT TO BATHROOM STUDENT BIT HER ON L WRIST DURING BEI				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	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: 15WC03776Y										
15WC03776Y	ESPOSITO, BROOKE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SCOTCH PLAINS-FANWOOD HS	10/17/2015	10/21/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WHILE SLEEPING IN SLEEPING BAG WOKE UP IN MORNING TO BITES ON HER				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	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: 15WC03777K										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03777K

15WC03777K	GENNARO, LEONARD	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WARETOWN E.S.	10/13/2015	10/21/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SLIPPED ON WET FLOOR AND FELL ATTEMPTING TO CATCH A BIRD IN CLASS			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: 15WC03778M

15WC03778M	OTT, DONNAMARIE	10	2,500.00	1,193.00	3,000.00	0.00	0.00	0.00	0.00	6,693.00
BANKBRIDGE REG DEVELOPMENT.	10/20/2015	10/21/2015	Open	0.00	243.00	493.22	0.00	0.00	0.00	736.22
PUNCHED ON TOP OF HEAD AN DBRIDGE OF NOSE BY STUDENT HAVING BEI			2,500.00	950.00	2,506.78	0.00	0.00	0.00	0.00	5,956.78
Total by Claim Number 1 Claim			2,500.00	1,193.00	3,000.00	0.00	0.00	0.00	0.00	6,693.00
			0.00	243.00	493.22	0.00	0.00	0.00	0.00	736.22
			2,500.00	950.00	2,506.78	0.00	0.00	0.00	0.00	5,956.78

Claim Number: 15WC03779M

15WC03779M	VISCONTI, LINDA	14	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
GREENBROOK E S	10/9/2015	10/21/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WAS SITTING IN A CHAIR AND STOOD UP QUICKLY INJURED LOWER BACK			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: 15WC03780K

15WC03780K	BETHEA, OTTAMEASE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
P.J. HILL SCHOOL	10/21/2015	10/21/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT JUMPED OFF BLEACHER AND RAN INTO HER INJURING HER R KNEI			2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Total by Claim Number 1 Claim	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,745.00
	0.00	243.00	0.00	0.00	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	0.00	0.00	2,502.00

Claim Number: 15WC03781W

15WC03781W	HUEBNER, DAVID	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
DEPT OF TRANSPORTATION	10/1/2015	10/21/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
UP ON LADDER FIXING BUS LIGHT WHEN HE STEPPED OFF ONTO TIRE 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: 15WC03782Y

15WC03782Y	DIAZ, ISABEL	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HUDSON CNTY VO-TECH	10/21/2015	10/21/2015	Open	648.03	243.00	0.00	0.00	0.00	0.00	0.00	891.03
WALKING IN HALLWAY SHE FELL INJURED R KNEE, R HAND, R THUMB AND L F				1,851.97	2.00	0.00	0.00	0.00	0.00	0.00	1,853.97
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				648.03	243.00	0.00	0.00	0.00	0.00	0.00	891.03
				1,851.97	2.00	0.00	0.00	0.00	0.00	0.00	1,853.97

Claim Number: 15WC03783B

15WC03783B	COSMA, ELISE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
GRANT SCHOOL	10/20/2015	10/21/2015	Open	160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
SITTING DOWN SUPERVISING STUDENTS WAS STRUCK BY A BASKETBALL ON				2,340.00	2.00	0.00	0.00	0.00	0.00	0.00	2,342.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
				2,340.00	2.00	0.00	0.00	0.00	0.00	0.00	2,342.00

Claim Number: 15WC03784K



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03784K

15WC03784K	SPELLER, AARON	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NORTH BRUNSWICK SENIOR HS	10/19/2015	10/21/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
TRYING TO BREAK UP BETWEEN STUDENTS INJURED LOWER BACK, 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: 15WC03785Z

15WC03785Z	CHISHOLM, MICHAEL	11	2,500.00	245.00	2,038.58	0.00	0.00	0.00	0.00	4,783.58
FAIRMOUNT	10/13/2015	10/21/2015	Open	0.00	243.00	1,585.58	0.00	0.00	0.00	1,828.58
LIFTING HEAVY GARBAGE FELT PULL IN L ELBOW			2,500.00	2.00	453.00	0.00	0.00	0.00	0.00	2,955.00
Total by Claim Number 1 Claim			2,500.00	245.00	2,038.58	0.00	0.00	0.00	0.00	4,783.58
			0.00	243.00	1,585.58	0.00	0.00	0.00	0.00	1,828.58
			2,500.00	2.00	453.00	0.00	0.00	0.00	0.00	2,955.00

Claim Number: 15WC03786Y

15WC03786Y	BENNETT, CAROL	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NEW MONMOUTH ES	10/16/2015	10/21/2015	Open	127.92	243.00	0.00	0.00	0.00	0.00	370.92
STUDENT KICKED PARTICLE BOARD PINCHING HER R HAND BETWEEN BOAR			2,372.08	2.00	0.00	0.00	0.00	0.00	0.00	2,374.08
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			127.92	243.00	0.00	0.00	0.00	0.00	0.00	370.92
			2,372.08	2.00	0.00	0.00	0.00	0.00	0.00	2,374.08

Claim Number: 15WC03787B

15WC03787B	GUEVARA, JAMIE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WAREHOUSE/BLDG & GRDS	10/19/2015	10/21/2015	Open	396.29	243.00	0.00	0.00	0.00	0.00	639.29
WHILE OPERATING FLOOR CLEANING MACHINE, LOST CONTROL WHILE BACH			2,103.71	2.00	0.00	0.00	0.00	0.00	0.00	2,105.71



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				396.29	243.00	0.00	0.00	0.00	0.00	639.29
				2,103.71	2.00	0.00	0.00	0.00	0.00	2,105.71
Claim Number: 15WC03788B										
15WC03788B	BORELL, CYNTHIA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
BRIGHT BEGINNINGS LEARNING CI	10/20/2015	10/21/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WAS STANDING IN FRONT OF STUDENTS DESK STUDENT HAVING AN OUTBUI				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03789K										
15WC03789K	HALSTATER, CHRISTINE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
RYERSON E.S.	10/14/2015	10/21/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
OPENED DOOR SHE PULLED THE DOOR OVER HER R FOOT				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03790Z										
15WC03790Z	MEVORAH, JOI	10		2,500.00	1,193.00	0.00	0.00	0.00	0.00	3,693.00
WARNSDORFER E.S.	10/21/2015	10/21/2015	Open	0.00	1,193.00	0.00	0.00	0.00	0.00	1,193.00
STEPPED BACKWARDS AND TRIPPED OVER STUDENT SITTING ON GROUND,				2,500.00	0.00	0.00	0.00	0.00	0.00	2,500.00
Total by Claim Number 1 Claim				2,500.00	1,193.00	0.00	0.00	0.00	0.00	3,693.00
				0.00	1,193.00	0.00	0.00	0.00	0.00	1,193.00
				2,500.00	0.00	0.00	0.00	0.00	0.00	2,500.00
Claim Number: 15WC03791Y										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03791Y

15WC03791Y	QUINN, LINDSAY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SALEM CAMPUS	10/20/2015	10/21/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
FELT STRAIN TO R HAND WEB RESTRAINING STUDENT HAVING AN OUTBURS			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: 15WC03792Y

15WC03792Y	TANNEBAUM, BARRY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LANGTREE E.S.	10/14/2015	10/21/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
GOING AFTER A STUDENT WHO WAS TRYING TO LEAVE SCHOOL TRIPPED 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: 15WC03793B

15WC03793B	TAMAYO, STEVE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JEFFERSON SCHOOL	10/21/2015	10/21/2015	Open	135.72	243.00	0.00	0.00	0.00	0.00	378.72
WAS CARRYING BOXES UP STAIRS FELT CHEST PAIN			2,364.28	2.00	0.00	0.00	0.00	0.00	0.00	2,366.28
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			135.72	243.00	0.00	0.00	0.00	0.00	0.00	378.72
			2,364.28	2.00	0.00	0.00	0.00	0.00	0.00	2,366.28

Claim Number: 15WC03794J

15WC03794J	PERRY, CAROLYN	10	2,500.00	1,193.00	35,500.00	0.00	0.00	2,500.00	0.00	41,693.00
HAMILTON EAST-STEINART H.S.	10/21/2015	10/21/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STEPPING UP TO SIT ON STOOL CHAIR TIPPED TO SIDE, SHE FELL INJURED L			2,500.00	950.00	35,500.00	0.00	0.00	2,500.00	0.00	41,450.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim			2,500.00	1,193.00	35,500.00	0.00	0.00	2,500.00	0.00	41,693.00
			0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
			2,500.00	950.00	35,500.00	0.00	0.00	2,500.00	0.00	41,450.00
Claim Number: 15WC03795B										
15WC03795B	MUNDELL, JOANNE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WEST DEPTFORD TWP BOE	10/20/2015	10/21/2015	Open	137.97	243.00	0.00	0.00	0.00	0.00	380.97
EXITED SCHOOL BLDG THE WIND BLEW DOWN THE BOOK FAIR BANNER ROP			2,362.03	2.00	0.00	0.00	0.00	0.00	0.00	2,364.03
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			137.97	243.00	0.00	0.00	0.00	0.00	0.00	380.97
			2,362.03	2.00	0.00	0.00	0.00	0.00	0.00	2,364.03
Claim Number: 15WC03796Z										
15WC03796Z	D'AMATO, ELIZABETH	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WOODROW WILSON SCHOOL	10/21/2015	10/21/2015	Open	40.00	243.00	0.00	0.00	0.00	0.00	283.00
ATTEMPTED TO CHASE AFTER STUDENT DURING FIRE DRILL, L KNEE GAVE C			2,460.00	2.00	0.00	0.00	0.00	0.00	0.00	2,462.00
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			40.00	243.00	0.00	0.00	0.00	0.00	0.00	283.00
			2,460.00	2.00	0.00	0.00	0.00	0.00	0.00	2,462.00
Claim Number: 15WC03797K										
15WC03797K	OSMAN, KIMBERLY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SALEM M S	10/22/2015	10/22/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
BREAKING UP TWO STUDENTS FIGHTING ON PLAYGROUND INJURED 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: 15WC03798Y										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03798Y

15WC03798Y	KAELBLEIN, MOUREEN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LAWRENCE INTERMEDIATE SCHO	10/20/2015	10/22/2015	Open	195.00	243.00	0.00	0.00	0.00	0.00	438.00
TRYING TO PREVENT A CHILD FROM LEAVING CLASS INJURED L ARM/SHOUL				2,305.00	2.00	0.00	0.00	0.00	0.00	2,307.00
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			195.00	243.00	0.00	0.00	0.00	0.00	0.00	438.00
			2,305.00	2.00	0.00	0.00	0.00	0.00	0.00	2,307.00

Claim Number: 15WC03799B

15WC03799B	DAMATO, KIMBERLY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WOODROW WILSON SCOO	10/22/2015	10/22/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
PREPARING FOR CLASS, STRUCK HER HEAD ON CABINET				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	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: 15WC03800B

15WC03800B	LUSKEY, SUSAN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PVT. NICHOLAS MINUE E.S.	10/21/2015	10/22/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
GETTING READY TO SIT IN CHAIR ON WHEELS CHAIR ROLLED SHE FELL INJU				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	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: 15WC03802Z

15WC03802Z	MANUEL-BROWN, STEPHANIE	10	7,468.00	1,193.00	22,829.00	0.00	0.00	0.00	0.00	31,490.00
LENNA W CONROW	10/22/2015	10/22/2015	Open	0.00	243.00	1,710.00	0.00	0.00	0.00	1,953.00
WALKING OUT CLASSROOM TRIPPED OVER MARKER ON FLOOR AND FELL IN				7,468.00	950.00	21,119.00	0.00	0.00	0.00	29,537.00



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Total by Claim Number 1 Claim	7,468.00	1,193.00	22,829.00	0.00	0.00	0.00	0.00	0.00	0.00	31,490.00
	0.00	243.00	1,710.00	0.00	0.00	0.00	0.00	0.00	0.00	1,953.00
	7,468.00	950.00	21,119.00	0.00	0.00	0.00	0.00	0.00	0.00	29,537.00

Claim Number: 15WC03803K

15WC03803K	BLITZSTEIN, BEVERLY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ATLANTIC COUNTY SPECIAL SERV	10/22/2015	10/22/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
A STUDENT BECAME UPSET & HIT HER ON THE LT SIDE OF HER HEAD WITH A				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	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: 15WC03804K

15WC03804K	DECKER, STEPHEN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CHITTICK E.S.	10/22/2015	10/22/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
RUNNING AFTER STUDENT AFTER AN ALTERCATION, RESTRAINING STUDEN1				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	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: 15WC03805Y

15WC03805Y	GYAMFI, OPHELIA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NUVIEW ACADEMY	10/22/2015	10/22/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
RESTRAINING STUDENT WHO WAS FIGHTING, HE PUSHED HER AS SHE FELL				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	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: 15WC03806K



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03806K

15WC03806K	RODRIGUEZ, DEBORAH	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CHITTICK E.S.	10/22/2015	10/22/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING BEHAVIORAL ISSUE PULLED HER HAIR VERY HARD INJURE				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 15WC03807B

15WC03807B	SABIO, CORNELIO	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TRENTON HS WEST	10/22/2015	10/22/2015	11/ 2/2015	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WAS STAPLING PAPERWORK AND STAPLE GOT STUCK IN L MIDDLE FINGER				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15WC03808Y

15WC03808Y	GUNN, CYNTHIA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WALTER M SCHIRRA ES	10/22/2015	10/22/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT CAME UP TO HUG AND BIT HER R SHOULDER				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 15WC03809W

15WC03809W	SEHER, BETH	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WEST DEPTFORD MS	10/22/2015	10/22/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WHILE ON RECESS DUTY, WAS STRUCK IN BACK OF HEAD WITH BASKETBALL				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03810K										
15WC03810K	KRANZ, LAURA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
DALLAGO IMPACT PRE SCHOOL	10/22/2015	10/22/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
CHILD SCRATCHED HER ON L WRIST				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03811B										
15WC03811B	POLTRICTZKY, KRISTA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
EDWARD J. PATTEN ES	10/22/2015	10/22/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING A BEHAVIORAL ISSUE KICKED HER IN STOMACH				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03812W										
15WC03812W	RODRIGUEZ, MANUEL	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
MARY J. DONOHUE SCHOOL	10/22/2015	10/22/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WHILE FIXING A FENCE, THE FENCE FELL ON L FOOT				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03813K										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03813K

15WC03813K	SALIB, ERENI	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WALTER F. ROBINSON SCHOOL	10/19/2015	10/22/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
ESCORTING STUDENTS TO LUNCH MISSED A STEP AND FELL INJURED R FOR			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: 15WC03814Y

15WC03814Y	DALY, MARIE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WOODROW WILSON SCHOOL	10/22/2015	10/22/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING BEHAVIORAL ISSUE SCRATCHED HER 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: 15WC03815W

15WC03815W	THORNTON, MICHELLE	14	2,501.00	0.00	0.00	0.00	0.00	0.00	0.00	2,501.00
RANOCAS VALLEY REG. HS	10/9/2015	10/22/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PARTICIPATING IN AN INSERVICE TRAINING ACCIDENTLY STRUCK HER R THL			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	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: 15WC03816Y

15WC03816Y	BEARCE, DEBRA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HAMILTON EAST-STEINART H.S.	10/15/2015	10/22/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SLIPPED AND FELL INJURING L ANKLE/FOOT, L KNEE, R ELBOW, R SHOULDEF			2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03817B										
15WC03817B	KISH, KELLY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
BRIGHT BEGINNINGS LEARNING CI	10/22/2015	10/22/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SQUATTING DOWN BEHIND CHILD, WAS HEAD BUTTED ON FACE/BRIDGE OF F				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03818B										
15WC03818B	KEEL, ERIC	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
RIVERA SCHOOL	10/22/2015	10/22/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
HAS A BUMP ON HIS NECK & HE FEELS IT'S A BUG BITE				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03819W										
15WC03819W	BROWN, ROSETTA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
HIGHSTOWN HIGH SCHOOL	10/22/2015	10/23/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
BREAKING UP FIGHT BETWEEN 2 STUDENTS INJURED L HAND, L ARM, L SHO				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03820M										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03820M

15WC03820M	HOWARD, SARA LYNNE	10	37,500.00	1,193.00	23,000.00	0.00	0.00	0.00	0.00	61,693.00
LUMBERTON CAMPUS	10/22/2015	10/23/2015	Open	0.00	1,193.00	1,282.04	0.00	0.00	0.00	2,475.04
TRIPPED ON UNEVEN SIDEWALK AND FELL INJURED L FOOT, ANKLE, SHIN				37,500.00	0.00	21,717.96	0.00	0.00	0.00	59,217.96
Total by Claim Number 1 Claim			37,500.00	1,193.00	23,000.00	0.00	0.00	0.00	0.00	61,693.00
			0.00	1,193.00	1,282.04	0.00	0.00	0.00	0.00	2,475.04
			37,500.00	0.00	21,717.96	0.00	0.00	0.00	0.00	59,217.96

Claim Number: 15WC03821Y

15WC03821Y	WILLIAMS, RICHARD	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
RICHARD STOCKTON ES	10/23/2015	10/23/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WORKING IN ATTIC AND STRUCK HEAD ON ROOFING BEAM CLIMBING OVER I				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	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: 15WC03822Z

15WC03822Z	HONAN, KATHLEEN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
RIDGEWAY ES	10/19/2015	10/23/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SITTING IN CHAIR THE LEGS ON CHAIR BROKE AND FELL HITTING HEAD ON F				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	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: 15WC03823J

15WC03823J	FOWLER, DAWN	10	22,000.00	1,193.00	15,000.00	0.00	0.00	0.00	0.00	38,193.00
APPLEGARTH MS	10/23/2015	10/23/2015	Open	0.00	1,193.00	2,565.00	0.00	0.00	0.00	3,758.00
TRIPPED ON CARPET SLAMMING HER BODY IN TO RAILING INJURED L UPPER				22,000.00	0.00	12,435.00	0.00	0.00	0.00	34,435.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				22,000.00	1,193.00	15,000.00	0.00	0.00	0.00	38,193.00
				0.00	1,193.00	2,565.00	0.00	0.00	0.00	3,758.00
				22,000.00	0.00	12,435.00	0.00	0.00	0.00	34,435.00
Claim Number: 15WC03824K										
15WC03824K	RIDGEWAY, LINDA		11	2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
WOODSTOWN MS	10/23/2015	10/23/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STANDING CAFETERIA FIRE DOOR CAME DOWN AND STRUCK HER R SHOUL				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03825Y										
15WC03825Y	PINKERTON, SHARON		11	2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
BROAD STREET SCHOOL	10/22/2015	10/23/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
TRIPPED AND FELL ON UNEVEN SIDEWALK INJURED R KNEE, R ARM, R SHO				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03826Y										
15WC03826Y	STANLEY, KAREESHA		11	2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
MORRIS UNION JC TRANSPORTATI	10/23/2015	10/23/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
BUS STRUCK TRUCK, JUMPED UP TO MAKE SURE KIDS WERE OK DEVELOPEI				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03827K										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03827K

15WC03827K	LANGSTON, CONROY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
HILLSIDE HS	10/23/2015	10/23/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WAS BREAKING UP FIGHT WAS PUNCHED IN FOREHEAD				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 15WC03828W

15WC03828W	KATZ, JOSIE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
RED BANK MS	10/23/2015	10/23/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WHILE WALKING IN THE CAFETERIA ESCORTING A SPEC ED CHILD TO LUNCH				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 15WC03829B

15WC03829B	BOYD, JENNIFER	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
CHERRY STREET E.S.	10/23/2015	10/23/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
MOVING A TABLE IN THE CARETERIA FOR A PARENT WORKSHOP, HER RT HA				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 15WC03830W

15WC03830W	EKMEKJIAN, DANIEL	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
COUNTY PREP HS	10/21/2015	10/23/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
FELT STRAIN TO LOWER BACK, R LEG MOVING AND LIFTING LARGE BOXES O				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03831K										
15WC03831K	FRANKOWSKI, AUDREY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
SOUTH HUNTERDON REGIONAL H.	10/23/2015	10/23/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
TRIPPED ON LOOSE PAVEMENT AND FELL INJURED L HAND/WRIST				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03832B										
15WC03832B	FINOCHIO, ALLISON	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
HIGHLANDS ES	10/22/2015	10/23/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STRUCK L SIDE OF HER JAW ON BAG OF BOOKS AS STUDENT WAS HAVING A				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03833A										
15WC03833A	TULLY, GLORIA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
MANCHESTER TWP. ES	10/16/2015	10/23/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
FELT A STRAIN TO R KNEE AFTER DEMONSTRATING TO STUDENT HOW TO KI				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03834W										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03834W

15WC03834W	GRIMM, RICHARD	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JONATHAN DAYTON H.S.	10/15/2015	10/15/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WHILE GETTING OFF THE ELEVATOR LIFT, HE STRUCK HIS RT LEG ON THE M			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: 15WC03835A

15WC03835A	QUATTROCCHI, NANCY	14	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
SCHOOL #20 CLAREMONT AVE	10/22/2015	10/23/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TRIPPED ON ELEVATED TILE FELL INJURING R HIP, ELBOW, BUTTOCKS			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: 15WC03836G

15WC03836G	DEMARCO, MARIE	10	2,500.00	1,195.00	0.00	0.00	0.00	0.00	0.00	3,695.00
WOODROW WILSON ES	10/23/2015	10/23/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WAS ON BLEACHER MISSED A STEP WALKING UP AND FELL INJURED L KNEE			2,500.00	952.00	0.00	0.00	0.00	0.00	0.00	3,452.00
Total by Claim Number 1 Claim			2,500.00	1,195.00	0.00	0.00	0.00	0.00	0.00	3,695.00
			0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
			2,500.00	952.00	0.00	0.00	0.00	0.00	0.00	3,452.00

Claim Number: 15WC03837W

15WC03837W	SILVERSTEIN, ELYSSA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NORTHERN VALLEY OLD TAPPAN F	10/23/2015	10/23/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
PUTTING TENNIS EQUIPMENT AWAY SHE TWISTED HER R ANKLE GOING UP F			2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03838K										
15WC03838K	KRONYAK, BARBARA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
HACKENSACK EARLY CHILDHOOD	10/23/2015	10/23/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WAS BITTEN ON R ARM BY STUDENT HAVING AN OUTBURST				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03839B										
15WC03839B	BRADY, BARBARA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
LINDEN HIGH SCHOOL	10/22/2015	10/23/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
DEMONSTRATING DANCE MOVES STRAINED R KNEE				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03840B										
15WC03840B	DOHERTY, KATHLEEN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
RED BANK MS	10/23/2015	10/23/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
USING A KNIFE USED TO CUTTING PAPER CUT L INDEX FINGER				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03841K										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03841K

15WC03841K	NASCIMENTO, VANESSA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
DWIGHT D EISENHOWER E.S.	10/23/2015	10/26/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING BEHAVIORAL ISSUE BIT HER 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: 15WC03842K

15WC03842K	FLORES, KELLY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NUMBER 4 ES	10/23/2015	10/26/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING BEHAVIORAL ISSUE BIT R THUMB			2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
			2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 15WC03843B

15WC03843B	TIFFANY, KATHERINE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
EMILY C. REYNOLDS M.S.	10/23/2015	10/26/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
DURING FACULTY/STUDENT FOOTBALL GAME BENT BACK HER L INDEX FINGI			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: 15WC03844B

15WC03844B	MAMMI, SHAWNDA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BANKBRIDGE REG DEVELOPMENT.	10/26/2015	10/26/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WAS PUTTING STUDENT BACK INTO DESK STUDENT TRIPPED OVER THE LEG			2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			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: 15WC03845W										
15WC03845W	KLIMOVICH, REBECCA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
THE SHORE CENTER FOR STUDEN	10/26/2015	10/26/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
HEATING UP STUDENTS LUNCH STUDENT SCRATCHED HER IN FACE, R UPPE				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	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: 15WC03846K										
15WC03846K	INZANO, CHRISTINE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
DEVEL LC - NEW PROVIDENCE	10/26/2015	10/26/2015	Open	187.71	243.00	0.00	0.00	0.00	0.00	430.71
LEANING ON TABLE STUDENT PUSHED THE TABLE CAUSING IT TO JOLT INJUI				2,312.29	2.00	0.00	0.00	0.00	0.00	2,314.29
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			187.71	243.00	0.00	0.00	0.00	0.00	0.00	430.71
			2,312.29	2.00	0.00	0.00	0.00	0.00	0.00	2,314.29
Claim Number: 15WC03847Y										
15WC03847Y	ROTH, MICHAEL	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MIDDLESEX CO. VO-TECH	10/26/2015	10/26/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WAS CUTTING ONIONS DURING HIS CULINARY CLASS AND CUT HIS L HAND M				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	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: 15WC03848Y										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03848Y

15WC03848Y	BLAKE, JILL	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LENNA W CONROW	10/23/2015	10/26/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
FELT STRAIN TO LOWER BACK AFTER RESTRAINING STUDENT WHO WAS HA				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: 15WC03849Y

15WC03849Y	WARYASZ, FRANK	11		2,501.00	0.00	0.00	0.00	0.00	0.00	0.00	2,501.00
YARDVILLE E.S.	10/26/2015	10/26/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EXITED BOILER ROOM, L KNEE GAVE OUT CAUSING TO FALL JAMMING HIS L I				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	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: 15WC03850W

15WC03850W	AUERBACH, GLENDA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BOGOTA HS	10/26/2015	10/26/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TRIPPED OVER CRATE BEING USED AS A DOOR STOP FELL ON L 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: 15WC03851Y

15WC03851Y	STAIANO, KIMBERLY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MAYS LANDING CAMPUS	10/26/2015	10/26/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
KICKED AND PUNCHED SEVERAL TIMES ON BOTH LEGS BY STUDENT HAVIN				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03852Y										
15WC03852Y	WASSERMAN, AMY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
E BRUNSWICK H. S.	10/22/2015	10/26/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
ATTENDING WORKSHOP DOOR WOULD NOT OPEN PULLED HARDER THE DOOR				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03853K										
15WC03853K	KARLIK, SUSAN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
ROBERT GORDON E.S.	10/23/2015	10/26/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
REACHING UP TO PULL HEAVY BOX OF FOOD FROM CLOSET FELT PULL IN R				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03854Y										
15WC03854Y	FUSCO-DENNIS, TRISHA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
WEST AVENUE E.S.	10/26/2015	10/26/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STANDING BETWEEN A STUDENT AND DOORWAY TO KEEP HIM FROM LEAVING				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03855K										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03855K

15WC03855K	WILLIAMS, PATRICIA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NORTH MAIN STREET SCHOOL	10/25/2015	10/26/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
PLACING CHAIRS ONTO FLOOR FROM THE TABLE SHE SMASHED HER FINGER				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	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: 15WC03856W

15WC03856W	MOSS, PAULA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
TRANSPORTATION	10/22/2015	10/26/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
DROPPING OFF STUDENT AT STOP SHE BACKED UP INTO ANOTHER CAR INJ				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	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: 15WC03857K

15WC03857K	MIEDOWICZ, STEVEN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MAINTENANCE GARAGE	10/26/2015	10/27/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
DISPOSING OF OLD FURNITURE AT STORAGE FACILITY INJURED CHEST				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	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: 15WC03858W

15WC03858W	CARKNI, MINE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BERGEN ARTS & SCIENCE CHARTER	10/27/2015	10/27/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
ANOTHER CO-WORKER WAS COMING FROM HALLWAY TO BATHROOM AND P				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03859W										
15WC03859W	COFFEY, CHELSIE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
UPPER TOWNSHIP PRIMARY	10/26/2015	10/27/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
PICKED UP STUDENT THAT WAS CRYING KNEL DOWN WITH STUDENT FELT P				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03860T										
15WC03860T	BLACKWELL, LASHON	10		2,500.00	1,193.00	0.00	0.00	0.00	0.00	3,693.00
FAIRMOUNT ES	10/9/2015	10/27/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WHEN MOVING A DESK, IT FELL OVER ONTO R GREAT TOE				2,500.00	950.00	0.00	0.00	0.00	0.00	3,450.00
Total by Claim Number 1 Claim				2,500.00	1,193.00	0.00	0.00	0.00	0.00	3,693.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	950.00	0.00	0.00	0.00	0.00	3,450.00
Claim Number: 15WC03861W										
15WC03861W	MESTELL, JONATHAN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
GEORGE WASHINGTON M.S.	10/27/2015	10/27/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
TEACHING LIFE SKILLS TO STUDENT, STUDENT BIT HER ON R FOREARM				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03862B										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03862B

15WC03862B	CLARK, KARA		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
OCEAN TWP H.S.	10/27/2015	10/27/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STANDING UP FROM HER DESK HITTING HER HEAD ON SHELF ABOVE 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: 15WC03863W

15WC03863W	CARLSON, WENDY		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BURLINGTON CO SPEC SER SCH V	10/26/2015	10/27/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SUPERVISING STUDENTS IN GYM DURING CLASS, ACCIDENTLY STRUCK WITH				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: 15WC03864J

15WC03864J	MALECKI, BASKYANY		14	5,001.00	0.00	0.00	0.00	0.00	0.00	0.00	5,001.00
FORREST DALE MS	10/26/2015	10/27/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DURING RECESS TRIPPED OVER HER OWN FEET AND FELL HITTING FACE/NC				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: 15WC03865K

15WC03865K	SORIANO, GIUSEPPE		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
FAIR LAWN H.S.	10/27/2015	10/27/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
BREAKING BRANCHES IN THE YARD & 1 FELL & HIT HIM ON HIS HEAD				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
			2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03866Y										
15WC03866Y	ABDAH, HALA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NUMBER 3 ES	10/27/2015	10/27/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
TRIPPED FROM BATHROOM PAPERTOWEL ON FLOOR AND FELL INJURED R K			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: 15WC03867Z										
15WC03867Z	VITELLI, MARY	10	2,500.00	1,193.00	0.00	0.00	0.00	0.00	0.00	3,693.00
MAYS LANDING CAMPUS	10/26/2015	10/27/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
REMOVING STUDENT FROM STANDER TO WHEELCHAIR FELT A PINCH IN HEF			2,500.00	950.00	0.00	0.00	0.00	0.00	0.00	3,450.00
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
			0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
			2,500.00	950.00	0.00	0.00	0.00	0.00	0.00	3,450.00
Claim Number: 15WC03868K										
15WC03868K	SANTIAGO, LUIS	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
DR. LENA EDWARDS ACADEMIC C	10/14/2015	10/27/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WALKING DOWNSTAIRS WITH A BOX IN HIS HAND, MISSED A STEP 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: 15WC03869Y										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03869Y

15WC03869Y	AHEARN, THERESA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WARETOWN E.S.	10/26/2015	10/27/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
JUMPING AWAY FROM A STUDENT HAVING A BEHAVIORAL ISSUE INJURED L (2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 15WC03870W

15WC03870W	PAZ, JOSE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
UNION CITY HIGH SCHOOL	10/27/2015	10/27/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
FIXING FRONT DOOR OUTSIDE OF ENTRANCE, USING A LADDER HE FELL INJI				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 15WC03871K

15WC03871K	FOWLER, DALTON	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MILLSTONE TWP MS	10/27/2015	10/27/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
USING A HOBBY KNIFE FOR A PROJECT & CUT HIS LT HAND MIDDLE FINGER				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 15WC03872Y

15WC03872Y	CLARKE, JOSEPH	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WILLOW GROVE ES	10/26/2015	10/26/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WHILE CLEANING IN THE OFFICE A MOUSE JUMPED OUT OF GARBAGE CAN B				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			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: 15WC03873K										
15WC03873K	BRADY, KRISTEN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
FM BURD E.S.	10/16/2015	10/27/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WHILE RESTRAINING A STUDENT HAVING A BEHAVIORAL ISSUE CLMT INJ HEI			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: 15WC03875B										
15WC03875B	STEWART, THOMAS	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WESTFIELD SENIOR HS	10/27/2015	10/27/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WHEN MOVING OUT A MATTRESS WITH A CO-WORKER THE BOUNCING BEAM			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: 15WC03876W										
15WC03876W	VILLALTA, LISA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LINCOLN NO 3 ES	10/27/2015	10/28/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
RUNNING UP STAIRS AND JAMMED HER R FOOT BIG TOE ON EDGE OF 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: 15WC03877Y										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03877Y

15WC03877Y	POBUTKIEWICZ, ANA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HILLSIDE BOARD OF EDUCATION	10/28/2015	10/28/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WHILE ON DUTY WAS BITTEN BY OWNERS DOG ON R LEG BEHIND 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: 15WC03878K

15WC03878K	MACCLOUD, BRUCE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
RIVER PLAZA ES	10/27/2015	10/28/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WORKING ON CEILING AND A PIECE OF CEILING FELL INTO HIS 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: 15WC03879J

15WC03879J	SMELAND, GAIL	14		5,001.00	0.00	2,000.00	0.00	0.00	0.00	0.00	7,001.00
JAMES JOHNSON ES	10/27/2015	10/28/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FAINTED ON BLACK TOP, COMPLAINING THE NEXT DAY OF KNEE PAIN				5,001.00	0.00	2,000.00	0.00	0.00	0.00	0.00	7,001.00
Total by Claim Number 1 Claim				5,001.00	0.00	2,000.00	0.00	0.00	0.00	0.00	7,001.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				5,001.00	0.00	2,000.00	0.00	0.00	0.00	0.00	7,001.00

Claim Number: 15WC03880W

15WC03880W	BRADY, EILEEN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SOUTH PLAINFIELD M.S.	10/28/2015	10/28/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SLIPPED ON LEAVES IN PARKING LOT AND FELL INJURED BILATERAL HANDS,				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	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	2,745.00
Claim Number: 15WC03881K										
15WC03881K	INCORVAIA, JOSEPH	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
MIDDLE SCHOOL	10/26/2015	10/28/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
PRYING 2 PIECES OF WOOD TOGETHER, WOOD SLIPPED STICKING HIM IN TH				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03882W										
15WC03882W	RUFOLO, LAURIE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
UNIVERSITY HEIGHTS CHARTER S	10/22/2015	10/22/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
CLEANING & CHANGING A NEEDLE ON A MACHINE USED FOR DIABETIC CARE				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03883W										
15WC03883W	MARTIN, MARIA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
SALEM CAMPUS	10/28/2015	10/28/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING DOWN HALL, SNEAKER GOT CAUGHT ON FLOOR, SHE FELL ON L KI				2,500.00	245.00	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	2,745.00
				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	2,745.00
Claim Number: 15WC03884V										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03884V

15WC03884V	KLOTZ, IDA	10		10,000.00	245.00	2,100.00	0.00	0.00	0.00	0.00	12,345.00
OLD BRIDGE JOHN GLENN PRESCH	10/23/2015	10/28/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WAS INSTRUCTING A CHILD TO FOLLOW HER, SHE LOST HER FOOTING AND F				10,000.00	245.00	2,100.00	0.00	0.00	0.00	0.00	12,345.00
Total by Claim Number 1 Claim				10,000.00	245.00	2,100.00	0.00	0.00	0.00	0.00	12,345.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				10,000.00	245.00	2,100.00	0.00	0.00	0.00	0.00	12,345.00

Claim Number: 15WC03885B

15WC03885B	MARTINEZ, GABRIELLE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CAMDEN ACADEMY CHARTER SCH	10/27/2015	10/28/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ATTEMPTING TO BREAK UP FIGHT BETWEEN TWO STUDENTS WAS STRUCK 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: 15WC03886Y

15WC03886Y	BENNETT, PAUL	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SOUTH BRUNSWICK BOE	10/28/2015	10/28/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WAS MOVING A LADDER WITH ONE HAND AND HEARD A GRINDING NOISE IN 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: 15WC03887K

15WC03887K	FERRETTI, PATRICIA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
KNOLLWOOD ES	10/22/2015	10/28/2015	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TRYING TO ASSIST CHILD WITH TRANSITIONING TO ANOTHER ACTIVITY CHILI				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
			2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 15WC03888W										
15WC03888W	SARAIVA, DAVID	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
COVE ROAD ES	10/27/2015	10/28/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WORKING ON ROOF HE JUMPED DOWN FROM HIGHER LEVEL INJURED R LEG			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: 15WC03889K										
15WC03889K	WILMOT, DIANE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ORCHARD HILL ES	10/28/2015	10/28/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHILD HAVING BEHAVIORAL ISSUE BIT 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: 15WC03891Y										
15WC03891Y	GIST-RAGLAND, LISA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
DECATUR AVE	10/27/2015	10/28/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PUTTING DOWN COTS AND R HAND THUMB GOT CAUGHT BETWEEN COT			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: 15WC03892Y										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03892Y

15WC03892Y	KOURTESIS, ANTONIO	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MEMORIAL SCHOOL	10/27/2015	10/28/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ESCORTING A CHILD TO OTHER SIDE OF ROOM CHILD STRUCK HIS 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: 15WC03893Y

15WC03893Y	SIMPSON, DON	14		1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00
PASSAIC COUNTY TECH. INSTITUT	10/29/2015	10/29/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SCRAPED R HAND MIDDLE KNUCKLE WHILE OPENING A WINDOW				1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00
Total by Claim Number 1 Claim				1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00

Claim Number: 15WC03894K

15WC03894K	TANIS, CATHLINE	11		3,001.00	0.00	0.00	0.00	0.00	0.00	0.00	3,001.00
NORTH BRUNSWICK SENIOR HS	10/9/2015	10/28/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING UP STAIRS MISSED A STEP FELL DOWN 4 STEPS INJURED R FOOT				3,001.00	0.00	0.00	0.00	0.00	0.00	0.00	3,001.00
Total by Claim Number 1 Claim				3,001.00	0.00	0.00	0.00	0.00	0.00	0.00	3,001.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				3,001.00	0.00	0.00	0.00	0.00	0.00	0.00	3,001.00

Claim Number: 15WC03895W

15WC03895W	IARAUSSI, CINDY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CENTRAL HS	10/28/2015	10/28/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING DOWN HALLWAY, TRIPPED OVER A STUDENT WHO WAS SITTING OI				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	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	2,745.00
Claim Number: 15WC03896W										
15WC03896W	MONTALTO, STACY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
HACKENSACK EARLY CHILDHOOD	10/28/2015	10/28/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WAS PUNCHED IN CHEST BY STUDENT HAVING BEHAVIORAL OUTBURST				2,500.00	245.00	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	2,745.00
				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	2,745.00
Claim Number: 15WC03897M										
15WC03897M	ADAMS, LISA	14		1.00	0.00	0.00	0.00	0.00	0.00	1.00
WARETOWN E.S.	10/28/2015	10/29/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING TO HER CAR IN PARKING LOT SHE FELT PAIN IN HER L WRIST				1.00	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	1.00
				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	1.00
Claim Number: 15WC03898W										
15WC03898W	FABIANO, SUSAN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
STONY BROOK ES	10/28/2015	10/29/2015	Open	39.55	0.00	0.00	0.00	0.00	0.00	39.55
SLIPPED IN WATER FELL TWISTING HER L FOOT/ANKLE AND LANDING ON BO				2,460.45	245.00	0.00	0.00	0.00	0.00	2,705.45
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				39.55	0.00	0.00	0.00	0.00	0.00	39.55
				2,460.45	245.00	0.00	0.00	0.00	0.00	2,705.45
Claim Number: 15WC03899W										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03899W

15WC03899W	GROSS, LOIS	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
VOORHEES H S	10/28/2015	10/29/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SLIPPED ON WET FLOOR AND FELL INJURING R SIDE, L HIP, R CHEST AREA A			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: 15WC03900Y

15WC03900Y	LEE, COLLEEN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MEMORIAL SCHOOL	10/29/2015	10/29/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BIT BY A CHILD ON R 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: 15WC03901Z

15WC03901Z	BARCA, BETH	14	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
HIGHLAND PARK HS	10/28/2015	10/29/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING IN HALLWAY, L ANKLE ROLLED			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: 15WC03902K

15WC03902K	GARTON, PATRICIA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MAURICE RIVER TWP. ELEMENTAR	10/28/2015	10/28/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LIFTING A PAN OF PEAS & CARROTS SHE TURNED TO THE LEFT AND FELT PA			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Total by Claim Number 1 Claim	2,500.00	245.00	0.00	0.00	0.00	0.00	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	0.00	0.00
	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 15WC03903W

15WC03903W	HILES, STEPHANIE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HOLLY HEIGHTS ES	10/29/2015	10/29/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PULLING METAL TRASH CAN WEARING GLOVES, CAN FELL OVER STRIKING 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: 15WC03904W

15WC03904W	SHAKE, VERONICA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SALEM M S	10/28/2015	10/29/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING INTO CAFETERIA HER R FOOT GOT STUCK IN FIRE DOOR				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: 15WC03905G

15WC03905G	PACIULLI, LAURA	10		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MANCHESTER TWP. MS	10/28/2015	10/29/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
R FOOT WAS STRUCK ON CARPET CAUSING TO FALL INJURED NOSE, R 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: 15WC03906Y



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03906Y

15WC03906Y	REED, JENNIFER	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MARLBORO EARLY LEARNING CEN	10/29/2015	10/29/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BITTEN ON HER RT WRIST BY A STUDENT HAVING A BEHAVIORAL OUTBURST			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: 15WC03907W

15WC03907W	MOTT, NANCY	11	2,501.00	0.00	0.00	0.00	0.00	0.00	0.00	2,501.00
MOUNTAIN VIEW ES	10/29/2015	10/29/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING IN HALLWAY SHE SLIPPED AND FELL INJURED L KNEE, L LEG, L WR			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	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: 15WC03908W

15WC03908W	WIBLE, MICHELLE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MILLBRIDGE SCHOOL	10/27/2015	10/28/2015	Open	38.95	0.00	0.00	0.00	0.00	0.00	38.95
ESCORTING STUDENTS FROM CAFETERIA TO PLAYGROUND TWISTED R ANK			2,461.05	245.00	0.00	0.00	0.00	0.00	0.00	2,706.05
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			38.95	0.00	0.00	0.00	0.00	0.00	0.00	38.95
			2,461.05	245.00	0.00	0.00	0.00	0.00	0.00	2,706.05

Claim Number: 15WC03909F

15WC03909F	CLARK, JULIUS	10	30,000.00	245.00	28,000.00	0.00	0.00	0.00	0.00	58,245.00
RED BANK MS	10/29/2015	10/29/2015	Open	0.00	0.00	1,710.00	0.00	0.00	0.00	1,710.00
CLMT SLIPPED & FELL ON THE WET HALLWAY FLOOR STRAINED LT ANKLE AT			30,000.00	245.00	26,290.00	0.00	0.00	0.00	0.00	56,535.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				30,000.00	245.00	28,000.00	0.00	0.00	0.00	58,245.00
				0.00	0.00	1,710.00	0.00	0.00	0.00	1,710.00
				30,000.00	245.00	26,290.00	0.00	0.00	0.00	56,535.00
Claim Number: 15WC03910Y										
15WC03910Y	BERNICE, JODY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
ROCKAWAY VALLEY ES	10/7/2015	10/29/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REPORTING TO WORK IN HALLWAY ON RAMP SHE FELL INJURING HER R KNE				2,500.00	245.00	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	2,745.00
				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	2,745.00
Claim Number: 15WC03911Y										
15WC03911Y	JOSHI, AVANTI	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
MEMORIAL SCHOOL	10/29/2015	10/29/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WHILE SPEC ED STUDENT WAS HAVING A BEHAVIORAL ISSUE STUDENT SLAI				2,500.00	245.00	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	2,745.00
				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	2,745.00
Claim Number: 15WC03912B										
15WC03912B	TULLO, ALLYSON	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
WARREN DEVELOP. LEARNING CTI	10/29/2015	10/29/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HEADBUTTED ON THE RT SIDE OF HER FACE BY A STUDENT WHO WAS HAVI				2,500.00	245.00	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	2,745.00
				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	2,745.00
Claim Number: 15WC03913W										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03913W

15WC03913W	PRICE, LISA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MARY F JANVIER E.S.	10/29/2015	10/29/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SHE FELL IN HALLWAY INJURING HER R SHOULDER, ELBOW, NECK, L CHEST			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: 15WC03914B

15WC03914B	REDMOND, KAREN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
M SCOTT CARPENTER ES	10/28/2015	10/29/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WAS GETTING UP FROM ROLLING CHAIR HER FOOT CAUGHT ON CHAIR AND			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: 15WC03915K

15WC03915K	CZOCHANSKI, LOUANNE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ISELIN JUNIOR HIGH SCHOOL	10/29/2015	10/30/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING IN CAFETERIA TO PICK UP STUDENT, TRIPPED OVER ANOTHER STU			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: 15WC03916B

15WC03916B	WEBB, CAROL	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
STONEY BROOK ES	10/29/2015	10/30/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ASSISTING STUDENT HAVING A BEHAVIORAL OUTBURST TO QUIET ROOM IN.			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			0.00	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: 15WC03917Y										
15WC03917Y	SACCHETTI, BARBARA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JR. & SR. HIGH SCHOOL	10/29/2015	10/30/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TRIPPED AND FELL DURING FIRE DRILL, INJURED R ARM/HAND, BOTH ELBOW			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: 15WC03918W										
15WC03918W	IMBRIACCO, MARY ANNE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SCHOOL 1	10/29/2015	10/30/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TWISTED L ANKLE AFTER STEPPING IN A HOLE COVERED IN LEAVES			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: 15WC03919K										
15WC03919K	JENSON, ERIN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SAMUEL E. SHULL M.S.	10/30/2015	10/30/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHILD TRYING TO RUN OUT THE DOOR PUSHED DOOR INTO HER LOWER BAC			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: 15WC03920F										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03920F

15WC03920F	GELINAS, REGINA	10		12,500.00	1,193.00	25,000.00	0.00	0.00	0.00	0.00	38,693.00
CLINTON TWP MS	10/30/2015	10/30/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SHE TRIPPED ON WIRES ON FLOOR AND FELL FRACTURED R SHOULDER				12,500.00	1,193.00	25,000.00	0.00	0.00	0.00	0.00	38,693.00
Total by Claim Number 1 Claim				12,500.00	1,193.00	25,000.00	0.00	0.00	0.00	0.00	38,693.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				12,500.00	1,193.00	25,000.00	0.00	0.00	0.00	0.00	38,693.00

Claim Number: 15WC03921G

15WC03921G	CONNOR, RITA	10		15,000.00	1,193.00	20,000.00	0.00	0.00	0.00	0.00	36,193.00
MIDDLETOWN-NORTH HS	10/30/2015	10/30/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TRIPPED ON CURB AND FELL FRACTURING NOSE, INJURED FACE AND HANDS				15,000.00	1,193.00	20,000.00	0.00	0.00	0.00	0.00	36,193.00
Total by Claim Number 1 Claim				15,000.00	1,193.00	20,000.00	0.00	0.00	0.00	0.00	36,193.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				15,000.00	1,193.00	20,000.00	0.00	0.00	0.00	0.00	36,193.00

Claim Number: 15WC03922B

15WC03922B	MILLER, DENISE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PETER COOPER SCHOOL	10/30/2015	10/30/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HOLDING A STUDENTS HAND WHILE THE STUDENT WAS HAVING BEHAVIORA				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: 15WC03923W

15WC03923W	PERRONE, MARIA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SOMERSET CNTY ED.SERVICES CC	10/30/2015	10/30/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WAS HIT IN HEAD WITH A FULL WATER BOTTLE BY STUDENTS WHO WERE PL				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	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	2,745.00
Claim Number: 15WC03924A										
15WC03924A	CANN, VICTORIA		14	1.00	0.00	0.00	0.00	0.00	0.00	1.00
FOUNTAIN WOODS E.S.	10/29/2015	10/30/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REACHING IN CLASSROOM TO REACH THE TOP OF WHITE BOARD SHE INJUR				1.00	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	1.00
				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	1.00
Claim Number: 15WC03925Y										
15WC03925Y	DEAVER, MICHELLE		11	2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
ARTHUR P SCHALICK HS	10/30/2015	10/30/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING DOWN HALLWAY WAS HIT ON HER R ELBOW BY A STUDENT WHO S				2,500.00	245.00	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	2,745.00
				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	2,745.00
Claim Number: 15WC03926V										
15WC03926V	ELLIS, JOANN		10	16,001.00	1,193.00	0.00	0.00	0.00	0.00	17,194.00
ADMIN BLDG	10/8/2015	10/30/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DRIVING FROM BOARD OFFICE TO GO TO ANOTHER SCHOOL WAS INVOLVED				16,001.00	1,193.00	0.00	0.00	0.00	0.00	17,194.00
Total by Claim Number 1 Claim				16,001.00	1,193.00	0.00	0.00	0.00	0.00	17,194.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				16,001.00	1,193.00	0.00	0.00	0.00	0.00	17,194.00
Claim Number: 15WC03927B										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03927B

15WC03927B	ROSE, TERESA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ROSELLE PARK HS	10/30/2015	11/2/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EXITING CLASSROOM HE WAS HEADBUTTED IN R EYE BY STUDENT, WAS PU				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: 15WC03928Y

15WC03928Y	PORTALEOS, DANNY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MONMOUTH CO. VOC.-TECH. H.S.	10/30/2015	11/2/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WAS INVOLVED IN MVA TO PURCHASE CLASSROOM SUPPLIES INJURED HEA				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: 15WC03929W

15WC03929W	RIBECA, MARIO	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PERRY L. DREW E.S.	10/28/2015	11/2/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WORKING IN SCHOOL BARN TRIPPED AND FELL BACKWARDS HITTING L ELBC				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: 15WC03930B

15WC03930B	SHOWELL, RACHAEL	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MAYS LANDING CAMPUS	10/15/2015	11/2/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WAS PUNCHED IN STOMACH BY STUDENT HAVING BEHAVIORAL SHE IS 5 MO				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	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	2,745.00
Claim Number: 15WC03932W										
15WC03932W	ORTEGA, CHRISTINE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
AMSTERDAM ES	10/30/2015	11/2/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SLIPPED ON WET FLOOR AND FELL INJURED R SHOULDER AND ELBOW				2,500.00	245.00	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	2,745.00
				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	2,745.00
Claim Number: 15WC03933Y										
15WC03933Y	VAN-AHNEN, JOHN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
NUVIEW ACADEMY	10/27/2015	11/2/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DURING A FIGHT BETWEEN STUDENTS ANOTHER CHILD THREW A DESK TOW				2,500.00	245.00	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	2,745.00
				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	2,745.00
Claim Number: 15WC03936W										
15WC03936W	DITACCONI, JOHN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
SCHOOL ST ES	10/30/2015	11/2/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LIFTING A BARREL OF LEAVES AND BRUSH OVER THE FENCE FLET PAIN IN U				2,500.00	245.00	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	2,745.00
				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	2,745.00
Claim Number: 15WC03937K										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03937K

15WC03937K	WANDS, TONI	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PETER COOPER SCHOOL	10/23/2015	11/2/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TAKING CHILD TO CLASS THAT CONTINUOSLY THREW HIMSELF TO FLOOR 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: 15WC03938B

15WC03938B	MUNSEY, JEFFREY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SOUTH HUNTERDON REGIONAL H.	10/29/2015	11/2/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WAS CLIMBING DOWN A LADDER FROM ROOF AND MISSED A STEP INJURING				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: 15WC03945K

15WC03945K	BOFFA, EDWARD	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
UNION HIGH SCHOOL (UNION)	10/29/2015	11/2/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BREAKING UP FIGHT BETWEEN TWO STUDENTS FELT STRAIN TO HIS R 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: 15WC03947W

15WC03947W	ELAHI, SAMINA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SOLVE E. D'IPPOLITO INTERMED S	10/29/2015	11/2/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STUDENT JUMPED ON HER CAUSING HER TO FALL LANDING ON R KNEE, BIL				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	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	2,745.00
Claim Number: 15WC03949B										
15WC03949B	MAGRAS, LISA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
J. MASON TOMLIN ES	10/30/2015	10/30/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HELPING STAFF MEMBER WHO HAD A SEIZURE & WAS EXPOSED TO THEIR BI				2,500.00	245.00	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	2,745.00
				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	2,745.00
Claim Number: 15WC03951K										
15WC03951K	LUCARELLO, MICHELE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
THELMA L SANDMEIER E.S.	10/30/2015	11/3/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WAS ON PLAYGROUND INSTRUCTING STUDENTS AWAY FROM AREA WHEN S				2,500.00	245.00	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	2,745.00
				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	2,745.00
Claim Number: 15WC03952B										
15WC03952B	FAULKNER, RICHARD	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
PASSAIC COUNTY TECH. INSTITUT	10/31/2015	11/2/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WORKING WITH BACK HOE WAS PULLING A PIPE OUT OF GROUND WHEN PIP				2,500.00	245.00	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	2,745.00
				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	2,745.00
Claim Number: 15WC03954Y										



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03954Y

15WC03954Y	MACFIE, MELISSA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CARTERET H. S.	10/30/2015	11/3/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TRIPPED OVER FLOOR MAT AND FELL HITTING HEAD AGAINST WALL				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: 15WC03955B

15WC03955B	POWERS, CAMILLE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MONTGOMERY LOWER MS	10/29/2015	11/3/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SLIPPED ON SPILLED APPLE SAUCE AND ELL INJURED L HAND, L SIDE OF BA				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: 15WC03957W

15WC03957W	BONTEMPO, MAUREEN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
EDMUND HMIELESKI	10/30/2015	10/30/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HIT IN THE NOSE WHILE TRYING TO CALM DOWN A CHILD WHO WAS HAVING				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: 15WC03958Z

15WC03958Z	TOWNS, WARREN	14		1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
OCEAN TWP H.S.	10/28/2015	11/3/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WORKING OUT IN WEIGHT ROOM HE HIT A BOX CAUSING A GASH IN HIS R SH				1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Total by Claim Number 1 Claim	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	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

Claim Number: 15WC03959Y

15WC03959Y	KIDD, CAROLYN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
VOTECH VS	10/30/2015	11/3/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SLIPPED ON APPLESAUCE AND FELL INJURED L KNEE, L HAND				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: 15WC03965Y

15WC03965Y	REINFRIED, COURTNEY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NORTHERN VALLEY DEMAREST HS	10/29/2015	11/3/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PARTICIPATING IN PARKING LOT FOR TRUNK OR TREAT EVENT WHEN STUDEN				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: 15WC03968K

15WC03968K	MCDONALD, JOANNE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JR. & SR. HIGH SCHOOL	10/29/2015	11/4/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GETTING DOWN FROM BLEACHERS AFTER SUPERVISING HER STUDENTS, FE				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: 15WC03974T



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 15WC03974T

15WC03974T	CANTAGALLO-ROHM, JESSICA	14	2,501.00	1,193.00	3,500.00	0.00	0.00	0.00	0.00	7,194.00
BRIDGEWATER-RARITAN HS	10/27/2015	11/2/2015	Open	0.00	0.00	3,420.00	0.00	0.00	0.00	3,420.00
WAS TEACHING CLASS WHEN SHE BEGAN TO FEEL LIGHT HEADED AND DIZZ				2,501.00	1,193.00	80.00	0.00	0.00	0.00	3,774.00
Total by Claim Number 1 Claim			2,501.00	1,193.00	3,500.00	0.00	0.00	0.00	0.00	7,194.00
			0.00	0.00	3,420.00	0.00	0.00	0.00	0.00	3,420.00
			2,501.00	1,193.00	80.00	0.00	0.00	0.00	0.00	3,774.00

Claim Number: 15WC03975G

15WC03975G	PRICE, JULIAN	14	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
MANASQUAN HS	10/31/2015	11/4/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FELT SEVERE PAIN TO L CALF AFTER YELLING AT FOOTBALL PLAYER FROM S				1.00	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: 15WC03979T

15WC03979T	DIBARTOLO, PATRICIA	14	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
KINGSWAY REG. HS	10/20/2015	11/4/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WAS SITTING AT HER DESK AND EXPERIENCED CHEST PAIN				1.00	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: 15WC03983B

15WC03983B	BUSCHER, CAROLINE	14	2,500.00	0.00	0.00	0.00	0.00	0.00	0.00	2,500.00
CLARA BARTON ES	10/21/2015	11/5/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REFILLING STAPLER SHE STAPLED HER L POINTER FINGER				2,500.00	0.00	0.00	0.00	0.00	0.00	2,500.00



NEW CLAIMS

October 2015

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

Major Coverage: 10 - WORKERS' COMPENSATION

Total by Claim Number 1 Claim	2,500.00	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	0.00	0.00	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	2,500.00

Claim Number: 15WC03984Y

15WC03984Y	CAPORASO, MARIE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
THEUNIS DEY E.S.	10/27/2015	11/5/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BACKING UP STUMBLED AND FELL OVER A CHILD THAT WAS PUTTING BOOKS			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: 15WC03985Y

15WC03985Y	MORTON, SUSAN	11	2,501.00	0.00	0.00	0.00	0.00	0.00	0.00	2,501.00
H. ASHTON MARSH ES	10/19/2015	11/5/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
RESTRAINING CHILD FROM ATTACKING ANOTHER STUDENT FELT A POP IN L			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	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: 15WC03988K

15WC03988K	HILL, ALVIN	14	2,500.00	0.00	0.00	0.00	0.00	0.00	0.00	2,500.00
ESSEX HS	10/10/2015	11/6/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ASSISTING WITH EVACUATING STUDENTS EXPERIENCED SYMPTOMS WHICH			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	0.00	0.00	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
			2,500.00	0.00	0.00	0.00	0.00	0.00	0.00	2,500.00

Claim Number: 15WC03993W





NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Claim Number: 15WC03993W										
15WC03993W	ESPOSITO, GENNARO	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
COLLINS ES	10/30/2015	11/9/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MOVING SHELVES 7FT LONG FELT PAIN IN 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: 15WC03999B										
15WC03999B	SOSANIE, CHRISTINE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CEDAR HILL ES	10/30/2015	11/9/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STUDENT WAS HAVING BEHAVIORAL OUTBURST TRYING TO RESTRAIN STUD			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: 15WC04000P										
15WC04000P	RICKETTI, BARBARA	15	0.00	0.00	0.00	0.00	0.00	2,500.00	0.00	2,500.00
PAUL ROBESON ES	10/16/2015	11/9/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MOVING DESKS INJURED LUMBAR SPINE AND TIALBONE			0.00	0.00	0.00	0.00	0.00	2,500.00	0.00	2,500.00
Total by Claim Number 1 Claim			0.00	0.00	0.00	0.00	0.00	2,500.00	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	0.00	0.00	0.00	2,500.00	0.00	2,500.00
Total by Major Coverage 430 Claims			1,505,204.60	134,135.00	692,053.39	0.00	0.00	16,000.00	0.00	2,347,392.99
			84,047.44	103,894.00	44,986.63	0.00	0.00	0.00	0.00	232,928.07
			1,421,157.16	30,241.00	647,066.76	0.00	0.00	16,000.00	0.00	2,114,464.92

Major Coverage: 20 - GENERAL LIABILITY



NEW CLAIMS

October 2015

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

Major Coverage: 20 - GENERAL LIABILITY

Claim Number: 15GL03614D

15GL03614D	AWOJOBI, TEMITOPE	20	1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00
EAST ORANGE HIGH SCHOOL	10/8/2015	10/8/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES FACULTY MEMBER ATTEMPTED TO RESTRAIN STUDENT			1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00
Total by Claim Number 1 Claim			1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00

Claim Number: 15GL03641D

15GL03641D	RODRIGUEZ, ANTHONY	22	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
HILLTOP E.S.	10/19/2015	10/22/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STUDENT INJURED WHILE PLAYING, TRIPPED STRIKING SHOULDER			0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
Total by Claim Number 1 Claim			0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00

Claim Number: 15GL03650Q

15GL03650Q	GODINEZOROXON, JOSE	22	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
PLAINFIELD BOARD OF EDUCATIO	10/1/2015	10/23/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES FELL DURING GYM CLASS CUTTING LEG			0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
Total by Claim Number 1 Claim			0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00

Claim Number: 15GL03657E

15GL03657E	POERECA, SHARON	22	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
JR. & SR. HIGH SCHOOL	10/23/2015	10/26/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES GRANDMOTHER OF HS FIELD HOCKEY COACH TRIPPED AT CURB/P			0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 20 - GENERAL LIABILITY										
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: 15GL03659D										
15GL03659D	COLON, BRIAN	20	5,000.00	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00
MIDDLESEX REG ED. SERVICES CC	10/23/2015	10/27/2015	Reopened	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES FRIGHT BROKE OUT BETWEEN TWO STUDENTS			5,000.00	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00
Total by Claim Number 1 Claim			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: 15GL03670Q										
15GL03670Q	DAVEY, LINDSAY	21	0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
RUNNEMEDE BOARD OF EDUCATIO	10/30/2015	10/30/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES FALLEN FENCE			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: 15GL03678D										
15GL03678D	JOSA, BRANDON	22	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
CLARA B. WORTH ES	10/1/2015	11/2/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES OUTSIDE OF GYM ANOHER STUDENT COLLIDED WITH HIM HEADS B			0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
Total by Claim Number 1 Claim			0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
Claim Number: 15GL03686L										



NEW CLAIMS

October 2015

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

Major Coverage: 20 - GENERAL LIABILITY

Claim Number: 15GL03686L

15GL03686L	CASIMIR, FRANKLIN	21	0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
PISCATAWAY TWP BOE	10/9/2015	11/4/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TRAVELING BETWEEN SCHOOLS INVOLVED IN MVA WITH PERSONAL VEHICLE				0.00	0.00	1,000.00	0.00	0.00	0.00	1,000.00
Total by Claim Number 1 Claim				0.00	0.00	1,000.00	0.00	0.00	0.00	1,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	1,000.00	0.00	0.00	0.00	1,000.00
Total by Major Coverage 8 Claims				6,000.00	0.00	2,000.00	0.00	0.00	20,000.00	28,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				6,000.00	0.00	2,000.00	0.00	0.00	20,000.00	28,000.00

Major Coverage: 30 - AUTO LIABILITY

Claim Number: 15AL03370L

15AL03370L	RODRIGUEZ, RAYMY	31	0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
WEST ORANGE BOE	10/10/2015	10/12/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV STUCK OV				0.00	0.00	1,000.00	0.00	0.00	0.00	1,000.00
Total by Claim Number 1 Claim				0.00	0.00	1,000.00	0.00	0.00	0.00	1,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	1,000.00	0.00	0.00	0.00	1,000.00

Claim Number: 15AL03373L

15AL03373L	SPAULDING, DAWSON	31	0.00	0.00	750.00	0.00	0.00	0.00	0.00	750.00
PLEASANTVILLE BOARD OF EDUCATION	10/6/2015	10/13/2015	10/29/2015	0.00	0.00	750.00	0.00	0.00	0.00	750.00
IV STRUCK OV				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	0.00	750.00	0.00	0.00	0.00	750.00
				0.00	0.00	750.00	0.00	0.00	0.00	750.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

October 2015

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

Major Coverage: 30 - AUTO LIABILITY

Claim Number: 15AL03378Q

15AL03378Q	HERNANDEZ, NELSON	31		0.00	90.00	1,848.64	0.00	0.00	0.00	0.00	1,938.64
ATLANTIC COUNTY SPECIAL SERV	10/8/2015	10/15/2015	10/29/2015	0.00	90.00	1,848.64	0.00	0.00	0.00	0.00	1,938.64
IV BACKED UP HITTING PARKED 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	90.00	1,848.64	0.00	0.00	0.00	0.00	1,938.64
				0.00	90.00	1,848.64	0.00	0.00	0.00	0.00	1,938.64
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15AL03382L

15AL03382L	EASTWICK, EARL	31		0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
CLIFFSIDE PARK BOARD OF EDUC/	10/13/2015	10/19/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV STRUCK OV				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: 15AL03385L

15AL03385L	GRANDE, TOM	31		0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
MIDDLETOWN TWP. BOE	10/13/2015	10/20/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BACKING UP IV STRUCK PASSERNGER REAR DOOR OF OV				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: 15AL03392L

15AL03392L	KASPARIN, ANI	31		0.00	0.00	5,000.00	0.00	0.00	0.00	0.00	5,000.00
ENGLEWOOD BOARD OF EDUCATI	10/17/2015	10/23/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV STRUCK OV				0.00	0.00	5,000.00	0.00	0.00	0.00	0.00	5,000.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total	
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	
Major Coverage: 30 - AUTO LIABILITY											
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: 15AL03393L											
15AL03393L	WHITING HEALTH CARE	31		0.00	0.00	2,500.00	0.00	0.00	0.00	0.00	2,500.00
LACEY TWP BOE	10/23/2015	10/23/2015	Reopened	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV HAD MINOR ACCIDENT WITH OV MIRROR				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: 15AL03398Q											
15AL03398Q	CHEENATH, ANTONY	31		0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
SOMERSET CNTY ED.SERVICES C	10/26/2015	10/28/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV REAR ENDED OV				0.00	0.00	1,000.00	0.00	0.00	0.00	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: 15AL03402L											
15AL03402L	RUTGERS PREP SCHOOL	31		0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
SOMERSET CNTY ED.SERVICES C	10/23/2015	10/30/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENT NEAR PASSENGER SIDE REAR TAILLIGHT UNKNOWN HOW				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: 15AL03405L											



NEW CLAIMS

October 2015

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

Major Coverage: 30 - AUTO LIABILITY

Claim Number: 15AL03405L

15AL03405L	WILSON, GEORGE	31	0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
HUDSON CNTY VO-TECH	10/30/2015	11/4/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV BUMPED OV				0.00	0.00	1,000.00	0.00	0.00	0.00	1,000.00
Total by Claim Number 1 Claim			0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
Total by Major Coverage 10 Claims			0.00	90.00	16,098.64	0.00	0.00	0.00	0.00	16,188.64
			0.00	90.00	2,598.64	0.00	0.00	0.00	0.00	2,688.64
			0.00	0.00	13,500.00	0.00	0.00	0.00	0.00	13,500.00

Major Coverage: 40 - AUTO PHYSICAL DAMAGE

Claim Number: 15AL03357L

15AL03357L	BURLINGTON CTY SPEC SVCS E	40	0.00	245.00	25,000.00	0.00	0.00	0.00	0.00	25,245.00
BURLINGTON COUNTY SPECIAL SE	10/1/2015	10/1/2015	Open	0.00	245.00	6,549.19	0.00	0.00	0.00	6,794.19
TRACTOR TRAILER REAR ENDED IV				0.00	0.00	18,450.81	0.00	0.00	0.00	18,450.81
Total by Claim Number 1 Claim			0.00	245.00	25,000.00	0.00	0.00	0.00	0.00	25,245.00
			0.00	245.00	6,549.19	0.00	0.00	0.00	0.00	6,794.19
			0.00	0.00	18,450.81	0.00	0.00	0.00	0.00	18,450.81

Claim Number: 15AL03364L

15AL03364L	BLOOMFIELD TWP BOE	40	0.00	225.90	6,000.00	0.00	0.00	0.00	0.00	6,225.90
BLOOMFIELD BOARD OF EDUCATK	10/2/2015	10/6/2015	Reopened	0.00	225.90	3,129.64	0.00	0.00	0.00	3,355.54
IV WAS HIT FROM BEHIND				0.00	0.00	2,870.36	0.00	0.00	0.00	2,870.36
Total by Claim Number 1 Claim			0.00	225.90	6,000.00	0.00	0.00	0.00	0.00	6,225.90
			0.00	225.90	3,129.64	0.00	0.00	0.00	0.00	3,355.54
			0.00	0.00	2,870.36	0.00	0.00	0.00	0.00	2,870.36



NEW CLAIMS

October 2015

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

Major Coverage: 40 - AUTO PHYSICAL DAMAGE

Claim Number: 15AL03370L/01

15AL03370L/01	WEST ORANGE BOE	40	0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00
WEST ORANGE BOE	10/10/2015	10/14/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DAMAGE TO REAR BUMPER OF IV				0.00	0.00	10,000.00	0.00	0.00	0.00	10,000.00
Total by Claim Number 1 Claim				0.00	0.00	10,000.00	0.00	0.00	0.00	10,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	10,000.00	0.00	0.00	0.00	10,000.00

Claim Number: 15AL03372L

15AL03372L	HUNTERDON CTY ESC BOE	40	0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00
HUNTERDON COUNTY ED. SERVIC	10/13/2015	10/13/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV WAS STRUCK ON DRIVERS SIDE				0.00	0.00	10,000.00	0.00	0.00	0.00	10,000.00
Total by Claim Number 1 Claim				0.00	0.00	10,000.00	0.00	0.00	0.00	10,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	10,000.00	0.00	0.00	0.00	10,000.00

Claim Number: 15AL03374L

15AL03374L	HUDSON CTY VOC BOE	40	0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00
HUDSON CNTY VO-TECH	10/12/2015	10/14/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OV STRUCK REAR SIDE OF BUS AT INTERSECTION				0.00	0.00	10,000.00	0.00	0.00	0.00	10,000.00
Total by Claim Number 1 Claim				0.00	0.00	10,000.00	0.00	0.00	0.00	10,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	10,000.00	0.00	0.00	0.00	10,000.00

Claim Number: 15AL03375L

15AL03375L	JERSEY CITY BOE	40	0.00	138.00	10,000.00	0.00	0.00	0.00	0.00	10,138.00
JERSEY CITY PUBLIC SCHOOLS	10/9/2015	10/15/2015	Open	0.00	138.00	2,580.45	0.00	0.00	0.00	2,718.45
BUS WAS PARKED OV HIT REAR OF BUS				0.00	0.00	7,419.55	0.00	0.00	0.00	7,419.55



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total	
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	
Major Coverage: 40 - AUTO PHYSICAL DAMAGE											
Total by Claim Number 1 Claim				0.00	138.00	10,000.00	0.00	0.00	0.00	0.00	10,138.00
				0.00	138.00	2,580.45	0.00	0.00	0.00	0.00	2,718.45
				0.00	0.00	7,419.55	0.00	0.00	0.00	0.00	7,419.55
Claim Number: 15AL03379Q											
15AL03379Q	HUNTERDON CTY ESC		40	0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00
HUNTERDON COUNTY ED. SERVIC	10/7/2015	10/15/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALEDGES IV BACKED INTO POLE ON STREET				0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00
Total by Claim Number 1 Claim				0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00
Claim Number: 15AL03383Q											
15AL03383Q	SOMERVILLE BOE		40	0.00	271.00	10,000.00	0.00	0.00	0.00	0.00	10,271.00
SOMERVILLE BOE	10/13/2015	10/19/2015	Open	0.00	270.80	3,863.63	0.00	0.00	0.00	0.00	4,134.43
IV HIT GUARD RAIL AND CURB				0.00	0.20	6,136.37	0.00	0.00	0.00	0.00	6,136.57
Total by Claim Number 1 Claim				0.00	271.00	10,000.00	0.00	0.00	0.00	0.00	10,271.00
				0.00	270.80	3,863.63	0.00	0.00	0.00	0.00	4,134.43
				0.00	0.20	6,136.37	0.00	0.00	0.00	0.00	6,136.57
Claim Number: 15AL03386L											
15AL03386L	NORTH BERGEN BOE		40	0.00	230.50	11,585.68	0.00	0.00	0.00	0.00	11,816.18
NORTH BERGEN BOARD OF EDUC/	10/15/2015	10/21/2015	Open	0.00	230.50	11,585.68	0.00	0.00	0.00	0.00	11,816.18
OV STRUCK IV				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	230.50	11,585.68	0.00	0.00	0.00	0.00	11,816.18
				0.00	230.50	11,585.68	0.00	0.00	0.00	0.00	11,816.18
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 15AL03395L											



NEW CLAIMS

October 2015

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

Major Coverage: 40 - AUTO PHYSICAL DAMAGE

Claim Number: 15AL03395L

15AL03395L	BOE OF SPEC SVCS & VO TECH	40		0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00
ATLANTIC COUNTY SPECIAL SERV	10/28/2015	10/28/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OV RAN STOP AND HIT REAR OF BUS				0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00
Total by Claim Number 1 Claim				0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00

Claim Number: 15AL03396L

15AL03396L	BOGOTA BOE	40		0.00	0.00	605.65	0.00	0.00	0.00	0.00	605.65
BOGOTA BOE	10/23/2015	10/28/2015	11/ 3/2015	0.00	0.00	605.65	0.00	0.00	0.00	0.00	605.65
INS VEHICLE FOUND DAMAGED ON INSURED GROUNDS				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	605.65	0.00	0.00	0.00	0.00	605.65
				0.00	0.00	605.65	0.00	0.00	0.00	0.00	605.65
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 15AL03399Q

15AL03399Q	PERTH AMBOY BOE	40		0.00	0.00	15,000.00	0.00	0.00	0.00	0.00	15,000.00
PERTH AMBOY	10/20/2015	10/28/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV BACKED INTO A WALL				0.00	0.00	15,000.00	0.00	0.00	0.00	0.00	15,000.00
Total by Claim Number 1 Claim				0.00	0.00	15,000.00	0.00	0.00	0.00	0.00	15,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	15,000.00	0.00	0.00	0.00	0.00	15,000.00

Claim Number: 15AL03401L

15AL03401L	ALLAMUCHY BOE	40		10,000.00	0.00	0.00	0.00	0.00	0.00	0.00	10,000.00
ALLAMUCHY TWP BOE	10/29/2015	10/30/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES A LARGE TREE FELL ON PARKED VAN				10,000.00	0.00	0.00	0.00	0.00	0.00	0.00	10,000.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 40 - AUTO PHYSICAL DAMAGE										
Total by Claim Number 1 Claim				10,000.00	0.00	0.00	0.00	0.00	0.00	10,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				10,000.00	0.00	0.00	0.00	0.00	0.00	10,000.00
Total by Major Coverage 13 Claims				10,000.00	1,110.40	128,191.33	0.00	0.00	0.00	139,301.73
				0.00	1,110.20	28,314.24	0.00	0.00	0.00	29,424.44
				10,000.00	0.20	99,877.09	0.00	0.00	0.00	109,877.29
Major Coverage: 70 - PROPERTY										
Claim Number: 15PR03173Q										
15PR03173Q	HANOVER PARK REG BOE	70		0.00	0.00	25,000.00	0.00	0.00	0.00	25,000.00
HANOVER PARK HS	10/1/2015	10/14/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES SOIL CONTAMINATION				0.00	0.00	25,000.00	0.00	0.00	0.00	25,000.00
Total by Claim Number 1 Claim				0.00	0.00	25,000.00	0.00	0.00	0.00	25,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	25,000.00	0.00	0.00	0.00	25,000.00
Claim Number: 15PR03174Q										
15PR03174Q	ANDOVER REG BOE	70		0.00	0.00	10,000.00	0.00	0.00	0.00	10,000.00
LONG POND M.S.	10/13/2015	10/14/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES GENERATOR WAS BEING SWITCHED FROM PROPANE TO NATURAL				0.00	0.00	10,000.00	0.00	0.00	0.00	10,000.00
Total by Claim Number 1 Claim				0.00	0.00	10,000.00	0.00	0.00	0.00	10,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	10,000.00	0.00	0.00	0.00	10,000.00
Claim Number: 15PR03175Q										
15PR03175Q	WEST ORANGE BOE	70		0.00	0.00	20,000.00	0.00	0.00	0.00	20,000.00
MT PLEASANT	10/14/2015	10/14/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES SEWER BACKED UP				0.00	0.00	20,000.00	0.00	0.00	0.00	20,000.00



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total	
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	
Major Coverage: 70 - PROPERTY											
Total by Claim Number 1 Claim				0.00	0.00	20,000.00	0.00	0.00	0.00	0.00	20,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	20,000.00	0.00	0.00	0.00	0.00	20,000.00
Claim Number: 15PR03176L											
15PR03176L	WAYNE TWP BOE		70	0.00	0.00	20,000.00	0.00	0.00	0.00	0.00	20,000.00
WAYNE HILLS H.S.	10/7/2015	10/14/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES EXTERIOR METAL FASCIA DAMAGE FROM DELIVERY TRUCK				0.00	0.00	20,000.00	0.00	0.00	0.00	0.00	20,000.00
Total by Claim Number 1 Claim				0.00	0.00	20,000.00	0.00	0.00	0.00	0.00	20,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	20,000.00	0.00	0.00	0.00	0.00	20,000.00
Claim Number: 15PR03179Q											
15PR03179Q	WOODLAND TWP BOE		75	1,000.00	0.00	75,000.00	0.00	0.00	0.00	0.00	76,000.00
CHATSWORTH ES	10/18/2015	10/20/2015	Open	1,000.00	0.00	35,000.00	0.00	0.00	0.00	0.00	36,000.00
ALLEGES BOILER CRACKED & MALFUNCTIONED SUNDAY NIGHT				0.00	0.00	40,000.00	0.00	0.00	0.00	0.00	40,000.00
Total by Claim Number 1 Claim				1,000.00	0.00	75,000.00	0.00	0.00	0.00	0.00	76,000.00
				1,000.00	0.00	35,000.00	0.00	0.00	0.00	0.00	36,000.00
				0.00	0.00	40,000.00	0.00	0.00	0.00	0.00	40,000.00
Claim Number: 15PR03181Q											
15PR03181Q	ATLANTIC CITY BOE		70	0.00	0.00	2,000.00	0.00	0.00	0.00	0.00	2,000.00
ATLANTIC CITY BOE	10/16/2015	10/20/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES THEFT OF DELL LAPTOP COMPUTER				0.00	0.00	2,000.00	0.00	0.00	0.00	0.00	2,000.00
Total by Claim Number 1 Claim				0.00	0.00	2,000.00	0.00	0.00	0.00	0.00	2,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	2,000.00	0.00	0.00	0.00	0.00	2,000.00
Claim Number: 15PR03182Q											



NEW CLAIMS

October 2015

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 70 - PROPERTY										
Claim Number: 15PR03182Q										
15PR03182Q	BELLEVILLE BOE	70	0.00	0.00	2,500.00	0.00	0.00	0.00	0.00	2,500.00
BELLEVILLE BOARD OF EDUCATIOI	10/16/2015	10/26/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES DAMAGE TO FENCE DUE TO AUTO ACCIDENT			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: 15PR03185D										
15PR03185D	RUMSON FAIR HAVEN REG BOE	70	0.00	0.00	12,000.00	0.00	0.00	0.00	0.00	12,000.00
RUMSON-FAIR HAVEN REG HS	10/9/2015	11/4/2015	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES STADIUM LIGHTING DID NOT WORK			0.00	0.00	12,000.00	0.00	0.00	0.00	0.00	12,000.00
Total by Claim Number 1 Claim			0.00	0.00	12,000.00	0.00	0.00	0.00	0.00	12,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	12,000.00	0.00	0.00	0.00	0.00	12,000.00
Total by Major Coverage 8 Claims			1,000.00	0.00	166,500.00	0.00	0.00	0.00	0.00	167,500.00
			1,000.00	0.00	35,000.00	0.00	0.00	0.00	0.00	36,000.00
			0.00	0.00	131,500.00	0.00	0.00	0.00	0.00	131,500.00
Grand Totals: 469 Claims			1,522,204.60	135,335.40	1,004,843.36	0.00	0.00	16,000.00	20,000.00	2,698,383.36
			85,047.44	105,094.20	110,899.51	0.00	0.00	0.00	0.00	301,041.15
			1,437,157.16	30,241.20	893,943.85	0.00	0.00	16,000.00	20,000.00	2,397,342.21