

E&S/SPECIALTY

Requested Date & Time : 6/21/24 1:54:34 PM GMT-07:00

Loss Run Report

Policy Number :	WAI0004005	Agency Name :	RISK PLACEMENT SERVICES INC	Department :	0000W - PE P&C
Policy Term :	09/29/2019 - 09/29/2020	Agent Number :	12739	Company :	SCOTTSDALE INDEMNITY COMPANY
Insured :	SOUTH CENTRAL ILLINOIS MASS				
Address :	PO DRAWER N				
	CENTRALIA , IL , 62801				

Policy Number	Policy Term	Total Claims	Total Paid L&ALAE HTD	Total Incurred L&ALAE HTD
WAI0001876	09/29/2008 - 09/29/2009	10	46,742	46,742
WAI0002072	09/29/2009 - 09/29/2010	11	5,343	5,343
WAI0002330	09/29/2010 - 09/29/2011	7	71,824	71,824
WAI0002549	09/29/2011 - 09/29/2012	13	72,557	72,557
WAI0002731	09/29/2012 - 09/29/2013	10	425,049	425,049
WAI0003045	09/29/2013 - 09/29/2014	11	242,036	242,036
WAI0003244	09/29/2014 - 09/29/2015	8	6,569	6,569
WAI0003414	09/29/2015 - 09/29/2016	4	4,255	4,255
WAI0003692	09/29/2016 - 09/29/2017	4	56,702	56,702
WAI0003763	09/29/2017 - 09/29/2018	13	1,049,478	1,049,478
WAI0003932	09/29/2018 - 09/29/2019	7	30,292	30,292
WAI0004005	09/29/2019 - 09/29/2020	5	30,817	30,817
	Sum:	103	2,041,665	2,041,665

Policy Number	Policy Effective	Policy Expiration	Total Claims	Open Claims	Paid Loss	Loss Reserve	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery	Total Incurred Net of Recovery	Refund
WAI0001876	09/29/2008	09/29/2009	10	0	43,620	0	43,620	3,122	0	3,122	0	46,742	0
WAI0002072	09/29/2009	09/29/2010	11	0	5,141	0	5,141	203	0	203	0	5,343	0
WAI0002330	09/29/2010	09/29/2011	7	0	70,999	0	70,999	825	0	825	0	71,824	0
WAI0002549	09/29/2011	09/29/2012	13	0	69,214	0	69,214	3,343	0	3,343	0	72,557	0
WAI0002731	09/29/2012	09/29/2013	10	0	314,198	0	314,198	110,851	0	110,851	0	425,049	0

Policy Number	Policy Effective	Policy Expiration	Total Claims	Open Claims	Paid Loss	Loss Reserve	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery	Total Incurred Net of Recovery	Refund
WAI0003045	09/29/2013	09/29/2014	11	0	218,228	0	218,228	23,807	0	23,807	1,052	240,984	0
WAI0003244	09/29/2014	09/29/2015	8	0	4,649	0	4,649	1,921	0	1,921	2,353	4,216	0
WAI0003414	09/29/2015	09/29/2016	4	0	3,481	0	3,481	774	0	774	2,000	2,255	0
WAI0003692	09/29/2016	09/29/2017	4	0	37,717	0	37,717	18,985	0	18,985	3,062	53,641	0
WAI0003763	09/29/2017	09/29/2018	13	0	689,299	0	689,299	360,179	0	360,179	2,026	1,047,452	0
WAI0003932	09/29/2018	09/29/2019	7	0	30,038	0	30,038	254	0	254	3,307	26,985	0
WAI0004005	09/29/2019	09/29/2020	5	0	30,676	0	30,676	141	0	141	1,000	29,817	0
		Sum:	103	0	1,517,260	0	1,517,260	524,405	0	524,405	14,800	2,026,865	0

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*Access to information on a select group of sensitive claims and policies has been restricted at the request of Claim Management. If you have questions regarding a restricted claim or policy, please contact the Claim Division at 1-480-365-2809



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Loss Run Report

Policy Number :	WAI0004005	Agency Name :	RISK PLACEMENT SERVICES INC	Department :	0000W - PE P&C
Policy Term :	9/29/19 - 9/29/20	Agent Number :	12739	Company :	SCOTTSDALE INDEMNITY COMPANY
Insured :	SOUTH CENTRAL ILLINOIS MASS				
Address :	PO DRAWER N				
	CENTRALIA , IL , 62801				

Claim Number	Loss Incurred Date	Report Date	Close Date / Reopen Date	Loss Location	Claimant	Covg Type	Record Type I= Incident / WRO,C =Claim	Claim Status	Loss Description	Paid Loss	Loss Reserves	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery / Refund	Total Incurred Net of Recovery	Total Incurred excluding Recovery
01926279	11/01/2019	11/01/2019	12/06/2019	CENTRALIA, IL	Claim Level Exp	Claim Level Exp	C	Closed	IV was backing and struck CV that was parked and unattended	0	0	0	31	0	31	0	31	31
01926279	11/01/2019	11/01/2019	12/06/2019	CENTRALIA, IL	Richard Woods	LIABILITY - CSL (CSL) - Vehicle	C	Closed	IV was backing and struck CV that was parked and unattended	6,105	0	6,105	0	0	0	1,000	5,105	6,105
01926369	10/31/2019	11/01/2019	01/31/2020	MOUNT VERNON, IL	Claim Level Exp	Claim Level Exp	C	Closed	sideswiped a concrete pole uprooting it from the ground	0	0	0	55	0	55	0	55	55
01926369	10/31/2019	11/01/2019	01/31/2020	MOUNT VERNON, IL	SOUTH CENTRAL ILLINOIS MASS TRANSIT DISTRICT	COLLISION (COL) - Vehicle	C	Closed	sideswiped a concrete pole uprooting it from the ground	3,952	0	3,952	0	0	0	0	3,952	3,952
01946342	02/06/2020	03/04/2020	05/19/2020	MOUNT VERNON, IL	Claim Level Exp	Claim Level Exp	C	Closed	due to icy conditions CV hit side of IV	0	0	0	0	0	0	0	0	0
01946342	02/06/2020	03/04/2020	05/19/2020	MOUNT VERNON, IL	SOUTH CENTRAL ILLINOIS MASS TRANSIT DISTRICT	COLLISION (COL) - Vehicle	C	Closed	due to icy conditions CV hit side of IV	16,517	0	16,517	0	0	0	0	16,517	16,517
01946345	01/17/2020	03/04/2020	03/17/2020	FAIRVIEW HEIGHTS, IL	Claim Level Exp	Claim Level Exp	C	Closed	parts of IV were stolen	0	0	0	55	0	55	0	55	55
01946345	01/17/2020	03/04/2020	03/17/2020	FAIRVIEW HEIGHTS, IL	SOUTH CENTRAL ILLINOIS MASS TRANSIT DISTRICT	COMPREHENSIVE (CMP) - Vehicle	C	Closed	parts of IV were stolen	4,102	0	4,102	0	0	0	0	4,102	4,102
02101515	09/23/2020	08/18/2022	04/06/2023	BELLEVILLE, IL	Claim Level Exp	Claim Level Exp	C	Closed	claimant driver o behind insured driver ran into the rear of our bus, bounced o	0	0	0	0	0	0	0	0	0
02101515	09/23/2020	08/18/2022	04/06/2023	BELLEVILLE, IL	Blaine Wylie	NON-OWNED UIM (NOI) - Bodily Injury	C	Closed	claimant driver o behind insured driver ran into the rear of our bus, bounced o	0	0	0	0	0	0	0	0	0
									Subtotal: Open									
Policy Number : WAI0004005									Subtotal: Closed	30,676	0	30,676	141	0	141	1,000	29,817	30,817
Policy Term : 9/29/19 to 9/29/20									Subtotal: Reopened									
Insured : SOUTH CENTRAL ILLIN									Sum:	30,676	0	30,676	141	0	141	1,000	29,817	30,817

Loss Run Report

Policy Number :	WAI0003932	Agency Name :	RISK PLACEMENT SERVICES INC	Department :	0000W - PE P&C
Policy Term :	9/29/18 - 9/29/19	Agent Number :	12739	Company :	SCOTTSDALE INDEMNITY COMPANY
Insured :	SOUTH CENTRAL ILLINOIS MASS				
Address :	1616 E MCCORD				
	CENTRALIA , IL , 62801				

Claim Number	Loss Incurred Date	Report Date	Close Date / Reopen Date	Loss Location	Claimant	Covg Type	Record Type I= Incident / WRO,C =Claim	Claim Status	Loss Description	Paid Loss	Loss Reserves	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery / Refund	Total Incurred Net of Recovery	Total Incurred excluding Recovery
01866461	12/13/2018	12/17/2018	09/05/2019	CENTRALIA, IL	Claim Level Exp	Claim Level Exp	C	Closed	V1 struck V2	0	0	0	76	0	76	0	76	76
01866461	12/13/2018	12/17/2018	09/05/2019	CENTRALIA, IL	SOUTH CENTRAL ILLINOIS MASS TRANSIT DISTRICT	COLLISION (COL) - Vehicle	C	Closed	V1 struck V2	1,242	0	1,242	0	0	0	0	1,242	1,242
01866461	12/13/2018	12/17/2018	09/05/2019	CENTRALIA, IL	Stanton Hughes	LIABILITY - CSL (CSL) - Vehicle	C	Closed	V1 struck V2	11,732	0	11,732	0	0	0	1,000	10,732	11,732
01866461	12/13/2018	12/17/2018	09/05/2019	CENTRALIA, IL	Nellie Hughes	LIABILITY - CSL (CSL) - Bodily Injury	C	Closed	V1 struck V2	6,706	0	6,706	0	0	0	0	6,706	6,706
01867244	12/18/2018	12/21/2018	03/19/2019	MOUNT VERNON, IL	Claim Level Exp	Claim Level Exp	C	Closed	IV backed into a handrail	0	0	0	0	0	0	0	0	0
01867244	12/18/2018	12/21/2018	03/19/2019	MOUNT VERNON, IL	Rolland Mcclain	MEDICAL PAYMENTS (MED) - Med Pay	C	Closed	IV backed into a handrail	0	0	0	0	0	0	0	0	0
01874141	01/25/2019	01/28/2019	03/01/2019	MOUNT VERNON, IL	Claim Level Exp	Claim Level Exp	C	Closed	V1 struck parked occupied V2 on driver side mirror.	0	0	0	0	0	0	0	0	0
01874141	01/25/2019	01/28/2019	03/01/2019	MOUNT VERNON, IL	Daniel Harriman	LIABILITY - CSL (CSL) - Vehicle	C	Closed	V1 struck parked occupied V2 on driver side mirror.	284	0	284	0	0	0	284	0	284
01885385	03/25/2019	03/29/2019	04/22/2019	CENTRALIA, IL	Claim Level Exp	Claim Level Exp	C	Closed	Accident happened at Calument and Perrine in Centralia. Insured driver, Erwina	0	0	0	167	0	167	0	167	167
01885385	03/25/2019	03/29/2019	04/22/2019	CENTRALIA, IL	Bruce Gansauer	LIABILITY - CSL (CSL) - Vehicle	C	Closed	Accident happened at Calument and Perrine in Centralia. Insured driver, Erwina	2,368	0	2,368	0	0	0	1,000	1,368	2,368
01885385	03/25/2019	03/29/2019	04/22/2019	CENTRALIA, IL	Bruce Gansauer	LIABILITY - CSL (CSL) - Vehicle	C	Closed	Accident happened at Calument and Perrine in Centralia. Insured driver, Erwina	0	0	0	0	0	0	0	0	0
01916407	07/31/2019	09/10/2019	10/10/2019	CENTRALIA, IL	Claim Level Exp	Claim Level Exp	C	Closed	OV ran stop sign hitting IV	0	0	0	0	0	0	0	0	0
01916407	07/31/2019	09/10/2019	10/10/2019	CENTRALIA, IL	SOUTH CENTRAL ILLINOIS MASS TRANSIT DISTRICT	COLLISION (COL) - Vehicle	C	Closed	OV ran stop sign hitting IV	3,003	0	3,003	0	0	0	0	3,003	3,003
01919346	08/26/2019	09/24/2019	12/19/2019	MOUNT VERNON, IL	Claim Level Exp	Claim Level Exp	C	Closed	Driver was exiting a parking lot, did not make turn wide enough and scraped the	0	0	0	0	0	0	0	0	0
01919346	08/26/2019	09/24/2019	12/19/2019	MOUNT VERNON, IL	SOUTH CENTRAL ILLINOIS MASS TRANSIT DISTRICT	COLLISION (COL) - Vehicle	C	Closed	Driver was exiting a parking lot, did not make turn wide enough and scraped the	2,656	0	2,656	0	0	0	0	2,656	2,656

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01919574	08/06/2019	09/25/2019	03/25/2020	BENTON, IL	Claim Level Exp	Claim Level Exp	C	Closed	IV made contact with TPV	0	0	0	11	0	11	0	11	11
01919574	08/06/2019	09/25/2019	03/25/2020	BENTON, IL	SOUTH CENTRAL ILLINOIS MASS TRANSIT DISTRICT	COLLISION (COL) - Vehicle	C	Closed	IV made contact with TPV	2,046	0	2,046	0	0	0	1,023	1,023	2,046
									Subtotal: Open									
Policy Number : WAI0003932									Subtotal: Closed	30,038	0	30,038	254	0	254	3,307	26,985	30,292
Policy Term : 9/29/18 to 9/29/19									Subtotal: Reopened									
Insured : SOUTH CENTRAL ILLIN									Sum:	30,038	0	30,038	254	0	254	3,307	26,985	30,292

Loss Run Report					
Policy Number :	WAI0003763	Agency Name :	RISK PLACEMENT SERVICES INC	Department :	0000W - PE P&C
Policy Term :	9/29/17 - 9/29/18	Agent Number :	12739	Company :	SCOTTSDALE INDEMNITY COMPANY
Insured :	SOUTH CENTRAL ILLINOIS				
Address :	PO DRAWER N				
	CENTRALIA , IL , 62801				

Claim Number	Loss Incurred Date	Report Date	Close Date / Reopen Date	Loss Location	Claimant	Covg Type	Record Type I= Incident / WRO,C =Claim	Claim Status	Loss Description	Paid Loss	Loss Reserves	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery / Refund	Total Incurred Net of Recovery	Total Incurred excluding Recovery
01800832	11/14/2017	11/15/2017	04/30/2018	MOUNT VERNON, IL	Claim Level Exp	Claim Level Exp	C	Closed	Insured failed to yield and struck Claimant on Hwy 37	0	0	0	0	0	0	0	0	0
01800832	11/14/2017	11/15/2017	04/30/2018	MOUNT VERNON, IL	Jamie Meritt	LIABILITY - CSL (CSL) - Vehicle	C	Closed	Insured failed to yield and struck Claimant on Hwy 37	6,015	0	6,015	0	0	0	0	6,015	6,015
01801582	11/17/2017	11/20/2017	01/22/2018	MOUNT VERNON, IL	Claim Level Exp	Claim Level Exp	C	Closed	V1 made contact with a deer	0	0	0	0	0	0	0	0	0
01801582	11/17/2017	11/20/2017	01/22/2018	MOUNT VERNON, IL	SOUTH CENTRAL ILLINOIS MASS TRANSIT DISTRICT	COMPREHENSIVE (CMP) - Vehicle	C	Closed	V1 made contact with a deer	2,115	0	2,115	0	0	0	0	2,115	2,115
01801636	11/20/2017	11/20/2017	02/01/2018	XENIA, IL	Claim Level Exp	Claim Level Exp	C	Closed	IV struck deer	0	0	0	138	0	138	0	138	138
01801636	11/20/2017	11/20/2017	02/01/2018	XENIA, IL	SOUTH CENTRAL ILLINOIS MASS TRANSIT DISTRICT	COMPREHENSIVE (CMP) - Vehicle	C	Closed	IV struck deer	10,021	0	10,021	0	0	0	0	10,021	10,021
01813123	12/19/2017	02/08/2018	03/12/2018	PERRY COUNTY, IL	Claim Level Exp	Claim Level Exp	C	Closed	HIT A DEER	0	0	0	55	0	55	0	55	55
01813123	12/19/2017	02/08/2018	03/12/2018	PERRY COUNTY, IL	SOUTH CENTRAL ILLINOIS MASS TRANSIT DISTRICT	COMPREHENSIVE (CMP) - Vehicle	C	Closed	HIT A DEER	1,111	0	1,111	0	0	0	0	1,111	1,111
01813167	01/25/2018	02/08/2018	03/13/2018	MT. VERNON, IL	Claim Level Exp	Claim Level Exp	C	Closed	DRIVER TURNED TO SHARP STRIKING A CONCRETE PEDESTRIAN CROSSING POLE	0	0	0	138	0	138	0	138	138
01813167	01/25/2018	02/08/2018	03/13/2018	MT. VERNON, IL	SOUTH CENTRAL ILLINOIS MASS TRANSIT DISTRICT	COLLISION (COL) - Vehicle	C	Closed	DRIVER TURNED TO SHARP STRIKING A CONCRETE PEDESTRIAN CROSSING POLE	1,636	0	1,636	0	0	0	0	1,636	1,636
01820254	02/14/2018	03/23/2018	06/08/2018	CENTRALIA, IL	Betty Greer	MEDICAL PAYMENT S (MED) - Med Pay	C	Closed	upon reaching her destination the bus driver took off the safety belt and client	0	0	0	0	0	0	0	0	0
01823237	04/09/2018	04/11/2018	12/06/2023	ELKVILLE, IL	Claim Level Exp	Claim Level Exp	C	Closed	V2 slowing to turn and V1 rear ended V2	0	0	0	359,459	0	359,459	136	359,324	359,459
01823237	04/09/2018	04/11/2018	12/06/2023	ELKVILLE, IL	SOUTH CENTRAL ILLINOIS MASS TRANSIT DISTRICT	COLLISION (COL) - Vehicle	C	Closed	V2 slowing to turn and V1 rear ended V2	24,990	0	24,990	0	0	0	0	24,990	24,990
01823237	04/09/2018	04/11/2018	12/06/2023	ELKVILLE, IL	Kathy Krisfaluzy	LIABILITY - CSL (CSL) - Bodily Injury	C	Closed	V2 slowing to turn and V1 rear ended V2	6,000	0	6,000	0	0	0	0	6,000	6,000

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01823237	04/09/2018	04/11/2018	12/06/2023	ELKVILLE, IL	James Clark	LIABILITY - CSL (CSL) - Vehicle	C	Closed	V2 slowing to turn and V1 rear ended V2	9,789	0	9,789	0	0	0	0	9,789	9,789
01823237	04/09/2018	04/11/2018	12/06/2023	ELKVILLE, IL	James Clark	LIABILITY - CSL (CSL) - Bodily Injury	C	Closed	V2 slowing to turn and V1 rear ended V2	580,000	0	580,000	0	0	0	0	580,000	580,000
01823237	04/09/2018	04/11/2018	12/06/2023	ELKVILLE, IL	Paula Morgan	MEDICAL PAYMENTS (MED) - Med Pay	C	Closed	V2 slowing to turn and V1 rear ended V2	2,101	0	2,101	0	0	0	0	2,101	2,101
01823237	04/09/2018	04/11/2018	12/06/2023	ELKVILLE, IL	Kathy Krisfaluzy	MEDICAL PAYMENTS (MED) - Med Pay	C	Closed	V2 slowing to turn and V1 rear ended V2	739	0	739	0	0	0	0	739	739
01823237	04/09/2018	04/11/2018	12/06/2023	ELKVILLE, IL	Sandra Meacham	MEDICAL PAYMENTS (MED) - Med Pay	C	Closed	V2 slowing to turn and V1 rear ended V2	2,590	0	2,590	0	0	0	0	2,590	2,590
01823237	04/09/2018	04/11/2018	12/06/2023	ELKVILLE, IL	James Clark	LIABILITY - CSL (CSL) - Vehicle	C	Closed	V2 slowing to turn and V1 rear ended V2	5,494	0	5,494	0	0	0	0	5,494	5,494
01823237	04/09/2018	04/11/2018	12/06/2023	ELKVILLE, IL	Paula Morgan	LIABILITY - CSL (CSL) - Bodily Injury	C	Closed	V2 slowing to turn and V1 rear ended V2	3,750	0	3,750	0	0	0	0	3,750	3,750
01823237	04/09/2018	04/11/2018	12/06/2023	ELKVILLE, IL	Sandra Meacham	LIABILITY - CSL (CSL) - Bodily Injury	C	Closed	V2 slowing to turn and V1 rear ended V2	6,250	0	6,250	0	0	0	0	6,250	6,250
01832926	06/01/2018	06/08/2018	11/15/2018	CENTRALIA, IL	Claim Level Exp	Claim Level Exp	WRO	Closed	Claimant scooter was hook up in bus when bus turned the scooter fell causing inj	0	0	0	0	0	0	0	0	0
01837078	06/17/2018	07/03/2018	07/30/2018	WEST FRANKFORT, IL	Chet Schoeneberg	LIABILITY - CSL (CSL) - Vehicle	C	Closed	V1 rear ended V2 that was stopped at red light	1,345	0	1,345	0	0	0	0	1,345	1,345
01841931	08/01/2018	08/01/2018	10/10/2018	SHILOH, IL	Claim Level Exp	Claim Level Exp	C	Closed	Insured rearended Claimant	0	0	0	279	0	279	0	279	279
01841931	08/01/2018	08/01/2018	10/10/2018	SHILOH, IL	SOUTH CENTRAL ILLINOIS MASS TRANSIT DISTRICT	COLLISION (COL) - Vehicle	C	Closed	Insured rearended Claimant	4,374	0	4,374	0	0	0	0	4,374	4,374
01841931	08/01/2018	08/01/2018	10/10/2018	SHILOH, IL	Tami Goveia	LIABILITY - CSL (CSL) - Vehicle	C	Closed	Insured rearended Claimant	12,770	0	12,770	0	0	0	1,891	10,880	12,770
01844495	08/03/2018	08/17/2018	10/15/2018	SALEM, IL	Claim Level Exp	Claim Level Exp	C	Closed	IV making turn and struck stop sign	0	0	0	0	0	0	0	0	0
01844495	08/03/2018	08/17/2018	10/15/2018	SALEM, IL	SOUTH CENTRAL ILLINOIS MASS TRANSIT DISTRICT	COLLISION (COL) - Vehicle	C	Closed	IV making turn and struck stop sign	7,230	0	7,230	0	0	0	0	7,230	7,230
01844542	05/22/2018	08/17/2018	09/19/2018	BELLEVILLE, IL	Claim Level Exp	Claim Level Exp	C	Closed	While turning IV right rear wheel dropped down in culvert resulting in right rea	0	0	0	55	0	55	0	55	55
01844542	05/22/2018	08/17/2018	09/19/2018	BELLEVILLE, IL	SOUTH CENTRAL ILLINOIS MASS TRANSIT DISTRICT	COLLISION (COL) - Vehicle	C	Closed	While turning IV right rear wheel dropped down in culvert resulting in right rea	0	0	0	0	0	0	0	0	0
01849003	05/29/2018	09/13/2018	12/11/2018	BELLEVILLE, IL	Claim Level Exp	Claim Level Exp	C	Closed	V1 drover over gully dragging back of the bus on pavement	0	0	0	55	0	55	0	55	55

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01849003	05/29/2018	09/13/2018	12/11/2018	BELLEVILLE, IL	SOUTH CENTRAL ILLINOIS MASS TRANSIT DISTRICT	COLLISION (COL) - Vehicle	C	Closed	V1 drover over gully dragging back of the bus on pavement	978	0	978	0	0	0	0	978	978
									Subtotal: Open									
Policy Number : WAI0003763									Subtotal: Closed	689,299	0	689,299	360,179	0	360,179	2,026	1,047,452	1,049,478
Policy Term : 9/29/17 to 9/29/18									Subtotal: Reopened									
Insured : SOUTH CENTRAL ILLIN									Sum:	689,299	0	689,299	360,179	0	360,179	2,026	1,047,452	1,049,478

Loss Run Report					
Policy Number :	WAI0003692	Agency Name :	RISK PLACEMENT SERVICES INC	Department :	0000W - PE P&C
Policy Term :	9/29/16 - 9/29/17	Agent Number :	12739	Company :	SCOTTSDALE INDEMNITY COMPANY
Insured :	SOUTH CENTRAL ILLINOIS				
Address :	PO DRAWER N				
	CENTRALIA , IL , 62801				

Claim Number	Loss Incurred Date	Report Date	Close Date / Reopen Date	Loss Location	Claimant	Covg Type	Record Type I= Incident / WRO,C =Claim	Claim Status	Loss Description	Paid Loss	Loss Reserves	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery / Refund	Total Incurred Net of Recovery	Total Incurred excluding Recovery
01734834	10/19/2016	10/21/2016	11/30/2016	MOUNT VERNON, IL	Claim Level Exp	Claim Level Exp	C	Closed	IV side swiped parked and unoccupied CV	0	0	0	276	0	276	0	276	276
01734834	10/19/2016	10/21/2016	11/30/2016	MOUNT VERNON, IL	SOUTH CENTRAL ILLINOIS MASS TRANSIT DISTRICT	COLLISION (COL) - Vehicle	C	Closed	IV side swiped parked and unoccupied CV	0	0	0	0	0	0	0	0	0
01734834	10/19/2016	10/21/2016	11/30/2016	MOUNT VERNON, IL	Paul Suess	LIABILITY - CSL (CSL) - Vehicle	C	Closed	IV side swiped parked and unoccupied CV	2,131	0	2,131	0	0	0	1,000	1,131	2,131
01743802	12/19/2016	12/21/2016	04/24/2017	MOUNT VERNON, IL	Claim Level Exp	Claim Level Exp	C	Closed	IV made contact with a pedestrian	0	0	0	0	0	0	0	0	0
01743802	12/19/2016	12/21/2016	04/24/2017	MOUNT VERNON, IL	Cherry Cobb	LIABILITY - CSL (CSL) - Bodily Injury	C	Closed	IV made contact with a pedestrian	5,100	0	5,100	0	0	0	1,000	4,100	5,100
01763398	05/04/2017	05/05/2017	11/02/2021	OKAWVILLE, IL	Claim Level Exp	Claim Level Exp	C	Closed	IV was backing out of a drive way and struck CV that was passing by	0	0	0	18,710	0	18,710	0	18,710	18,710
01763398	05/04/2017	05/05/2017	11/02/2021	OKAWVILLE, IL	SOUTH CENTRAL ILLINOIS MASS TRANSIT DISTRICT	COLLISION (COL) - Vehicle	C	Closed	IV was backing out of a drive way and struck CV that was passing by	430	0	430	0	0	0	0	430	430
01763398	05/04/2017	05/05/2017	11/02/2021	OKAWVILLE, IL	Shirley Meyer	LIABILITY - CSL (CSL) - Vehicle	C	Closed	IV was backing out of a drive way and struck CV that was passing by	3,238	0	3,238	0	0	0	1,062	2,177	3,238
01763398	05/04/2017	05/05/2017	11/02/2021	OKAWVILLE, IL	Denise Dyck	LIABILITY - CSL (CSL) - Bodily Injury	C	Closed	IV was backing out of a drive way and struck CV that was passing by	26,818	0	26,818	0	0	0	0	26,818	26,818
02093272	05/31/2017	06/14/2022	12/07/2022	DU QUOIN, IL	Claim Level Exp	Claim Level Exp	WRO	Closed	Potential abuse by DuQuoin driver in May 2017	0	0	0	0	0	0	0	0	0
									Subtotal: Open									
Policy Number : WAI0003692									Subtotal: Closed	37,717	0	37,717	18,985	0	18,985	3,062	53,641	56,702
Policy Term : 9/29/16 to 9/29/17									Subtotal: Reopened									
Insured : SOUTH CENTRAL ILLIN									Sum:	37,717	0	37,717	18,985	0	18,985	3,062	53,641	56,702

Loss Run Report					
Policy Number :	WAI0003414	Agency Name :	RISK PLACEMENT SERVICES INC	Department :	0000W - PE P&C
Policy Term :	9/29/15 - 9/29/16	Agent Number :	12739	Company :	SCOTTSDALE INDEMNITY COMPANY
Insured :	SOUTH CENTRAL ILLINOIS				
Address :	PO DRAWER N				
	CENTRALIA , IL , 62801				

Claim Number	Loss Incurred Date	Report Date	Close Date / Reopen Date	Loss Location	Claimant	Covg Type	Record Type I= Incident / WRO,C =Claim	Claim Status	Loss Description	Paid Loss	Loss Reserves	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery / Refund	Total Incurred Net of Recovery	Total Incurred excluding Recovery
01677982	10/22/2015	10/27/2015	02/18/2016	West Frankfort, IL	Claim Level Exp	Claim Level Exp	C	Closed	V1 backed into parked and unoccupied V2.	0	0	0	254	0	254	0	254	254
01677982	10/22/2015	10/27/2015	02/18/2016	West Frankfort, IL	Sylvia Tharp	LIABILITY - CSL (CSL) - Vehicle	C	Closed	V1 backed into parked and unoccupied V2.	1,650	0	1,650	0	0	0	1,000	650	1,650
01680273	10/16/2015	11/10/2015	02/15/2016	CENTRALIA, IL	Claim Level Exp	Claim Level Exp	C	Closed	Claimant was a passenger on the shuttle bus indicated above. Bus drove over a s	0	0	0	1	0	1	0	1	1
01680273	10/16/2015	11/10/2015	02/15/2016	CENTRALIA, IL	Nahseekah Johnson	MEDICAL PAYMENTS (MED) - Med Pay	C	Closed	Claimant was a passenger on the shuttle bus indicated above. Bus drove over a s	0	0	0	0	0	0	0	0	0
01687713	11/09/2015	01/04/2016	04/18/2017	MOUNT VERNON, IL	Claim Level Exp	Claim Level Exp	C	Closed	V2 not driving in aisles and struck V1	0	0	0	520	0	520	0	520	520
01687713	11/09/2015	01/04/2016	04/18/2017	MOUNT VERNON, IL	James Potts	MEDICAL PAYMENTS (MED) - Med Pay	C	Closed	V2 not driving in aisles and struck V1	0	0	0	0	0	0	0	0	0
01687713	11/09/2015	01/04/2016	04/18/2017	MOUNT VERNON, IL	SOUTH CENTRAL ILLINOIS MASS TRANSIT DISTRICT	COLLISION (COL) - Vehicle	C	Closed	V2 not driving in aisles and struck V1	0	0	0	0	0	0	0	0	0
01704825	04/20/2016	04/22/2016	05/11/2016	BELLEVILLE, IL	Claim Level Exp	Claim Level Exp	C	Closed	Insured vehicle making a turn and hit a pillar on front of a building with gutte	0	0	0	0	0	0	0	0	0
01704825	04/20/2016	04/22/2016	05/11/2016	BELLEVILLE, IL	SOUTH CENTRAL ILLINOIS MASS TRANSIT DISTRICT	COLLISION (COL) - Vehicle	C	Closed	Insured vehicle making a turn and hit a pillar on front of a building with gutte	46	0	46	0	0	0	0	46	46
01704825	04/20/2016	04/22/2016	05/11/2016	BELLEVILLE, IL	S.A.V.E	LIABILITY - CSL (CSL) - Property	C	Closed	Insured vehicle making a turn and hit a pillar on front of a building with gutte	1,785	0	1,785	0	0	0	1,000	785	1,785
									Subtotal: Open									
Policy Number : WAI0003414									Subtotal: Closed	3,481	0	3,481	774	0	774	2,000	2,255	4,255
Policy Term : 9/29/15 to 9/29/16									Subtotal: Reopened									
Insured : SOUTH CENTRAL ILLIN									Sum:	3,481	0	3,481	774	0	774	2,000	2,255	4,255

Loss Run Report

Policy Number :	WAI0003244	Agency Name :	RISK PLACEMENT SERVICES INC	Department :	0000W - PE P&C
Policy Term :	9/29/14 - 9/29/15	Agent Number :	12739	Company :	SCOTTSDALE INDEMNITY COMPANY
Insured :	SOUTH CENTRAL ILLINOIS MASS				
Address :	PO DRAWER N 1616 E MCCORD				
	CENTRALIA , IL , 62801				

Claim Number	Loss Incurred Date	Report Date	Close Date / Reopen Date	Loss Location	Claimant	Covg Type	Record Type I= Incident / WRO,C =Claim	Claim Status	Loss Description	Paid Loss	Loss Reserves	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery / Refund	Total Incurred Net of Recovery	Total Incurred excluding Recovery
01623485	11/03/2014	11/19/2014	01/08/2015	NASHVILLE, IL	Claim Level Exp	Claim Level Exp	C	Closed	IV R/E CV	0	0	0	192	0	192	0	192	192
01623485	11/03/2014	11/19/2014	01/08/2015	NASHVILLE, IL	Thomas Logan	LIABILITY - CSL (CSL) - Property	C	Closed	IV R/E CV	0	0	0	0	0	0	691	-691	0
01625376	11/24/2014	12/04/2014	06/19/2015	Mount Vernon, IL	Imogene Hester	LIABILITY - CSL (CSL) - Bodily Injury	C	Closed	Insd passenger fell while getting onto IV.	0	0	0	0	0	0	0	0	0
01627864	12/14/2014	12/19/2014	07/17/2015	MOUNT VERNON, IL	Claim Level Exp	Claim Level Exp	C	Closed	IV was stopped at railroad tracks when rear ended by CV	0	0	0	314	0	314	0	314	314
01627864	12/14/2014	12/19/2014	07/17/2015	MOUNT VERNON, IL	SOUTH CENTRAL ILLINOIS MASS TRANSIT DISTRICT	COLLISION (COL) - Vehicle	C	Closed	IV was stopped at railroad tracks when rear ended by CV	276	0	276	0	0	0	0	276	276
01637410	02/20/2015	02/23/2015	04/08/2015	DU QUOIN, IL	Claim Level Exp	Claim Level Exp	C	Closed	IV exiting parking lot and rt rear corner of IV hit CV parked and unoccupied	0	0	0	31	0	31	0	31	31
01637410	02/20/2015	02/23/2015	04/08/2015	DU QUOIN, IL	Kathy Peach	LIABILITY - CSL (CSL) - Vehicle	C	Closed	IV exiting parking lot and rt rear corner of IV hit CV parked and unoccupied	3,710	0	3,710	0	0	0	1,000	2,710	3,710
01642055	02/24/2015	03/23/2015	04/05/2017	MOUNT VERNON, IL	Claim Level Exp	Claim Level Exp	C	Closed	claimant riding the bus and fell to floor while seat belt was still on	0	0	0	1,262	0	1,262	0	1,262	1,262
01642055	02/24/2015	03/23/2015	04/05/2017	MOUNT VERNON, IL	Lendora Wenfield	MEDICAL PAYMENT S (MED) - Med Pay	C	Closed	claimant riding the bus and fell to floor while seat belt was still on	0	0	0	0	0	0	0	0	0
01643205	03/26/2015	03/30/2015	10/29/2015	CENTRALIA, IL	Larry Campanella	MEDICAL PAYMENT S (MED) - Med Pay	C	Closed	Special needs Client was boarding bus and fell backwards into another psgr. Late	0	0	0	0	0	0	0	0	0
01666617	08/13/2015	08/17/2015	08/24/2015	BELLEVILLE, IL	Claim Level Exp	Claim Level Exp	C	Closed	IV struck parked unoccupied CV	0	0	0	121	0	121	0	121	121
01666617	08/13/2015	08/17/2015	08/24/2015	BELLEVILLE, IL	Delbert Woods	LIABILITY - CSL (CSL) - Vehicle	C	Closed	IV struck parked unoccupied CV	662	0	662	0	0	0	662	0	662
01672430	08/28/2015	09/23/2015	10/15/2015	CENTRALIA, IL	Claim Level Exp	Claim Level Exp	C	Closed	CV failed to yield the right of way at a stoplight or stop sign and struck IV.	0	0	0	0	0	0	0	0	0
01672430	08/28/2015	09/23/2015	10/15/2015	CENTRALIA, IL	SOUTH CENTRAL ILLINOIS MASS TRANSIT DISTRICT	COLLISION (COL) - Vehicle	C	Closed	CV failed to yield the right of way at a stoplight or stop sign and struck IV.	0	0	0	0	0	0	0	0	0
									Subtotal: Open									
Policy Number : WAI0003244									Subtotal: Closed	4,649	0	4,649	1,921	0	1,921	2,353	4,216	6,569

Claim Number	Loss Incurred Date	Report Date	Close Date / Reopen Date	Loss Location	Claimant	Covg Type	Record Type I= Incident / WRO,C =Claim	Claim Status	Loss Description	Paid Loss	Loss Reserves	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery / Refund	Total Incurred Net of Recovery	Total Incurred excluding Recovery
Policy Term : 9/29/14 to 9/29/15									Subtotal: Reopened									
Insured : SOUTH CENTRAL ILLIN									Sum:	4,649	0	4,649	1,921	0	1,921	2,353	4,216	6,569

Loss Run Report

Policy Number :	WAI0003045	Agency Name :	RISK PLACEMENT SERVICES INC	Department :	0000W - PE P&C
Policy Term :	9/29/13 - 9/29/14	Agent Number :	12739	Company :	SCOTTSDALE INDEMNITY COMPANY
Insured :	SOUTH CENTRAL ILLINOIS MASS				
Address :	PO DRAWER N 1616 E MCCORD				
	CENTRALIA , IL , 62801				

Claim Number	Loss Incurred Date	Report Date	Close Date / Reopen Date	Loss Location	Claimant	Covg Type	Record Type I= Incident / WRO,C =Claim	Claim Status	Loss Description	Paid Loss	Loss Reserves	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery / Refund	Total Incurred Net of Recovery	Total Incurred excluding Recovery
01509496	10/25/2013	10/28/2013	01/31/2014	CENTRALIA, IL	Claim Level Exp	Claim Level Exp	C	Closed	TRAN. BACKING INTO OV	0	0	0	0	0	0	0	0	0
01509496	10/25/2013	10/28/2013	01/31/2014	CENTRALIA, IL	AMANDA THORSON	LIABILITY - CSL (CSL) - Vehicle	C	Closed	TRAN. BACKING INTO OV	0	0	0	0	0	0	0	0	0
01533711	03/31/2014	04/01/2014	04/09/2014	MT VERNON, IL	GEORGE MAY	LIABILITY - CSL (CSL) - Vehicle	C	Closed	TRAN. IV HIT OV	1,408	0	1,408	0	0	0	0	1,408	1,408
01535395	04/07/2014	04/11/2014	07/23/2014	CENTRALIA, IL	Claim Level Exp	Claim Level Exp	WRO	Closed	OV HIT IV	0	0	0	0	0	0	0	0	0
01536774	03/28/2014	04/21/2014	06/25/2015	BENTON, IL	Claim Level Exp	Claim Level Exp	C	Closed	PASSENGER MISSED STEP AND HIT CHIN WHILE BOARDING WRO	0	0	0	1	0	1	0	1	1
01536774	03/28/2014	04/21/2014	06/25/2015	BENTON, IL	GALE LYELL	MEDICAL PAYMENTS (MED) - Med Pay	C	Closed	PASSENGER MISSED STEP AND HIT CHIN WHILE BOARDING WRO	0	0	0	0	0	0	0	0	0
01541117	05/14/2014	05/16/2014	10/14/2014	IL, IL	Claim Level Exp	Claim Level Exp	C	Closed	TRAN. OTHER *MINOR CLMT- IV made a quick u-turn and Clmt hit HEAD ON SIDEWINDOW	0	0	0	1	0	1	0	1	1
01541117	05/14/2014	05/16/2014	10/14/2014	IL, IL	CAMERON TOMLIANO VICH	LIABILITY - CSL (CSL) - Bodily Injury	C	Closed	TRAN. OTHER *MINOR CLMT- IV made a quick u-turn and Clmt hit HEAD ON SIDEWINDOW	5,000	0	5,000	0	0	0	0	5,000	5,000
01541117	05/14/2014	05/16/2014	10/14/2014	IL, IL	CAMERON TOMLIANO VICH	MEDICAL PAYMENTS (MED) - Med Pay	C	Closed	TRAN. OTHER *MINOR CLMT- IV made a quick u-turn and Clmt hit HEAD ON SIDEWINDOW	3,153	0	3,153	0	0	0	0	3,153	3,153
01600825	07/15/2014	07/15/2014	08/04/2014	CENTRALIA, IL	Claim Level Exp	Claim Level Exp	C	Closed	Vehicle rounding corner and hit pole on insured's property	0	0	0	55	0	55	0	55	55
01600825	07/15/2014	07/15/2014	08/04/2014	CENTRALIA, IL	SOUTH CENTRAL ILLINOIS MASS TRANSIT DISTRICT	COLLISION (COL) - Vehicle	C	Closed	Vehicle rounding corner and hit pole on insured's property	1,285	0	1,285	0	0	0	0	1,285	1,285
01602236	07/18/2014	07/21/2014	12/12/2014	CENTRALIA, IL	Claim Level Exp	Claim Level Exp	C	Closed	Failure to yeild to avoid an accident	0	0	0	62	0	62	0	62	62
01602236	07/18/2014	07/21/2014	12/12/2014	CENTRALIA, IL	SOUTH CENTRAL ILLINOIS MASS TRANSIT DISTRICT	COLLISION (COL) - Vehicle	C	Closed	Failure to yeild to avoid an accident	1,457	0	1,457	0	0	0	0	1,457	1,457
01602236	07/18/2014	07/21/2014	12/12/2014	CENTRALIA, IL	Billy Palmer	LIABILITY - CSL (CSL) - Property	C	Closed	Failure to yeild to avoid an accident	5,926	0	5,926	0	0	0	0	5,926	5,926

Claim Number	Loss Incurred Date	Report Date	Close Date / Reopen Date	Loss Location	Claimant	Covg Type	Record Type I= Incident / WRO,C =Claim	Claim Status	Loss Description	Paid Loss	Loss Reserves	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery / Refund	Total Incurred Net of Recovery	Total Incurred excluding Recovery
01608949	08/01/2014	08/26/2014	10/27/2016	CENTRALIA, IL	Leonard Parker	LIABILITY - CSL (CSL) - Bodily Injury	C	Closed	Clmt uses motorized cart; was in boarded and improperly restrained. Cart tipped	0	0	0	0	0	0	0	0	0
01608949	08/01/2014	08/26/2014	10/27/2016	CENTRALIA, IL	Leonard Parker	MEDICAL PAYMENTS (MED) - Med Pay	C	Closed	Clmt uses motorized cart; was in boarded and improperly restrained. Cart tipped	0	0	0	0	0	0	0	0	0
01609923	08/26/2014	09/02/2014	08/29/2016	MOUNT VERNON, IL	Claim Level Exp	Claim Level Exp	C	Closed	IV was transportating client in a power chair, when IV braked client slid out of	0	0	0	71	0	71	0	71	71
01609923	08/26/2014	09/02/2014	08/29/2016	MOUNT VERNON, IL	Larry Sill	MEDICAL PAYMENTS (MED) - Med Pay	C	Closed	IV was transportating client in a power chair, when IV braked client slid out of	0	0	0	0	0	0	0	0	0
01609923	08/26/2014	09/02/2014	08/29/2016	MOUNT VERNON, IL	Larry Sill	LIABILITY - CSL (CSL) - Bodily Injury	C	Closed	IV was transportating client in a power chair, when IV braked client slid out of	0	0	0	0	0	0	0	0	0
01620756	09/03/2014	11/04/2014	06/08/2015	CENTRALIA, IL	Claim Level Exp	Claim Level Exp	C	Closed	Rider was seated on a 3 wheel scooter which was secured as well as the rider. B	0	0	0	388	0	388	0	388	388
01620756	09/03/2014	11/04/2014	06/08/2015	CENTRALIA, IL	Gary Adams	MEDICAL PAYMENTS (MED) - Med Pay	C	Closed	Rider was seated on a 3 wheel scooter which was secured as well as the rider. B	0	0	0	0	0	0	0	0	0
01635715	02/07/2014	02/12/2015	10/31/2017	MOUNT VERNON, IL	Claim Level Exp	Claim Level Exp	C	Closed	Adverse driver failed to stop at stop sign and struck IV van. UIM claim for ins	0	0	0	23,229	0	23,229	1,052	22,177	23,229
01635715	02/07/2014	02/12/2015	10/31/2017	MOUNT VERNON, IL	Angela King	UIM (BI/CSL) (UNI) - Bodily Injury	C	Closed	Adverse driver failed to stop at stop sign and struck IV van. UIM claim for ins	200,000	0	200,000	0	0	0	0	200,000	200,000
									Subtotal: Open									
Policy Number : WAI0003045									Subtotal: Closed	218,228	0	218,228	23,807	0	23,807	1,052	240,984	242,036
Policy Term : 9/29/13 to 9/29/14									Subtotal: Reopened									
Insured : SOUTH CENTRAL ILLIN									Sum:	218,228	0	218,228	23,807	0	23,807	1,052	240,984	242,036

Loss Run Report

Policy Number :	WAI0002731	Agency Name :	RISK PLACEMENT SERVICES INC	Department :	0000W - PE P&C
Policy Term :	9/29/12 - 9/29/13	Agent Number :	12739	Company :	SCOTTSDALE INDEMNITY COMPANY
Insured :	SOUTH CENTRAL ILLINOIS MA S				
Address :	PO DRAWER N 1616 E MCCORD				
	CENTRALIA , IL , 62801				

Claim Number	Loss Incurred Date	Report Date	Close Date / Reopen Date	Loss Location	Claimant	Covg Type	Record Type I= Incident / WRO,C =Claim	Claim Status	Loss Description	Paid Loss	Loss Reserves	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery / Refund	Total Incurred Net of Recovery	Total Incurred excluding Recovery
01452910	10/17/2012	11/16/2012	12/05/2012	CENTRALIA, IL	NANCY FREELS	LIABILITY - CSL (CSL) - Vehicle	C	Closed	TRAN. BACKING INTO OV IV BACKED INTO OV AT RR CROSSING. *NANCY FREELS	2,762	0	2,762	0	0	0	0	2,762	2,762
01465809	12/28/2012	02/05/2013		IL, IL	Claim Level Exp	Claim Level Exp	WRO	Closed	OTHER-CLMT PASSENGER ALLEGES STRUCK LEFT LEG ON METAL SEAT WHILE RIDING ON INSU	0	0	0	0	0	0	0	0	0
01467876	02/07/2013	02/15/2013	03/06/2013	PATOKA, IL	Claim Level Exp	Claim Level Exp	C	Closed	TRAN. OTHER IV HIT DEER	0	0	0	0	0	0	0	0	0
01467876	02/07/2013	02/15/2013	03/06/2013	PATOKA, IL	SOUTH CENTRAL ILLINOIS MASS TRANSIT DISTRICT	COMPREHENSIVE (CMP) - Vehicle	C	Closed	TRAN. OTHER IV HIT DEER	1,920	0	1,920	0	0	0	0	1,920	1,920
01470988	01/24/2013	03/07/2013	09/22/2016	MOUNT VERNON, IL	Claim Level Exp	Claim Level Exp	C	Closed	CLMT FELL ON INSURED BUS	0	0	0	65,417	0	65,417	0	65,417	65,417
01470988	01/24/2013	03/07/2013	09/22/2016	MOUNT VERNON, IL	WALTER MAYS	LIABILITY - CSL (CSL) - Bodily Injury	C	Closed	CLMT FELL ON INSURED BUS	50,000	0	50,000	0	0	0	0	50,000	50,000
01470988	01/24/2013	03/07/2013	09/22/2016	MOUNT VERNON, IL	WALTER MAYS	MEDICAL PAYMENTS (MED) - Med Pay	C	Closed	CLMT FELL ON INSURED BUS	0	0	0	0	0	0	0	0	0
01476103	01/02/2013	04/05/2013		UNKNOWN, IL	Claim Level Exp	Claim Level Exp	WRO	Closed	OTHER	0	0	0	0	0	0	0	0	0
01477282	04/11/2013	04/12/2013	05/01/2013	MT. VERNON, IL	Claim Level Exp	Claim Level Exp	C	Closed	TRAN. INTERSECTION INSURED MADE LEFT IN	0	0	0	527	0	527	0	527	527
01477282	04/11/2013	04/12/2013	05/01/2013	MT. VERNON, IL	SOUTH CENTRAL ILLINOIS MA S TRANSIT DISTRICT	COLLISION (COL) - Vehicle	C	Closed	TRAN. INTERSECTION INSURED MADE LEFT IN	670	0	670	0	0	0	0	670	670
01477282	04/11/2013	04/12/2013	05/01/2013	MT. VERNON, IL	JASON BROWN	LIABILITY - CSL (CSL) - Vehicle	C	Closed	TRAN. INTERSECTION INSURED MADE LEFT IN	5,182	0	5,182	0	0	0	0	5,182	5,182
01500352	08/07/2013	08/30/2013	10/29/2013	CENTRALIA, IL, IL	Claim Level Exp	Claim Level Exp	C	Closed	TRAN. BACKING INTO CLAIMANT'S PARKED UNOCCUPIED AUTO	0	0	0	52	0	52	0	52	52
01500352	08/07/2013	08/30/2013	10/29/2013	CENTRALIA, IL, IL	PHYLLIS MCCLINTOCK	LIABILITY - CSL (CSL) - Vehicle	C	Closed	TRAN. BACKING INTO CLAIMANT'S PARKED UNOCCUPIED AUTO	1,500	0	1,500	0	0	0	0	1,500	1,500
01500432	04/19/2013	08/30/2013	12/20/2013	CENTRALIA, IL, IL	Claim Level Exp	Claim Level Exp	C	Closed	OTHER-CLMT SCRAPED SHIN ON INSD BUS WHEEL CHAIR LIFT WHILE ATTEMPTING TO LOAD P	0	0	0	2	0	2	0	2	2

Claim Number	Loss Incurred Date	Report Date	Close Date / Reopen Date	Loss Location	Claimant	Covg Type	Record Type I= Incident / WRO,C =Claim	Claim Status	Loss Description	Paid Loss	Loss Reserves	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery / Refund	Total Incurred Net of Recovery	Total Incurred excluding Recovery
01500432	04/19/2013	08/30/2013	12/20/2013	CENTRALIA, IL, IL	JIMMY WRIGHT	MEDICAL PAYMENTS (MED) - Med Pay	C	Closed	OTHER-CLMT SCRAPED SHIN ON INSD BUS WHEEL CHAIR LIFT WHILE ATTEMPTING TO LOAD P	281	0	281	0	0	0	0	281	281
01500814	08/19/2013	09/04/2013	02/07/2014	MASCOUTAH, IL, IL	Claim Level Exp	Claim Level Exp	C	Closed	TRAN. BACKING INTO OV	0	0	0	31	0	31	0	31	31
01500814	08/19/2013	09/04/2013	02/07/2014	MASCOUTAH, IL, IL	CORVES VIVERETTE	LIABILITY - CSL (CSL) - Vehicle	C	Closed	TRAN. BACKING INTO OV	1,883	0	1,883	0	0	0	0	1,883	1,883
01665191	09/09/2013	08/06/2015	02/06/2024	CENTRALIA, IL	Claim Level Exp	Claim Level Exp	C	Closed	CV ran red light and struck IV IV driver UIM claim	0	0	0	44,821	0	44,821	0	44,821	44,821
01665191	09/09/2013	08/06/2015	02/06/2024	CENTRALIA, IL	Randy Smith	UIM (BI/CSL) (UNI) - Bodily Injury	C	Closed	CV ran red light and struck IV IV driver UIM claim	250,000	0	250,000	0	0	0	0	250,000	250,000
									Subtotal: Open									
Policy Number : WAI0002731									Subtotal: Closed	314,198	0	314,198	110,851	0	110,851	0	425,049	425,049
Policy Term : 9/29/12 to 9/29/13									Subtotal: Reopened									
Insured : SOUTH CENTRAL ILLIN									Sum:	314,198	0	314,198	110,851	0	110,851	0	425,049	425,049

Claim Number	Loss Incurred Date	Report Date	Close Date / Reopen Date	Loss Location	Claimant	Covg Type	Record Type I= Incident / WRO,C =Claim	Claim Status	Loss Description	Paid Loss	Loss Reserves	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery / Refund	Total Incurred Net of Recovery	Total Incurred excluding Recovery
01388107	11/09/2011	11/10/2011	01/17/2018	DUQUOIN, IL	JANINE ZINKANN	LIABILITY - CSL (CSL) - Bodily Injury	C	Closed	TRAN. LOST CONTROL OF VEHICLE-DRIFTED TO SHOULDER, CORRECTED BUS CAUSING SEVERE	0	0	0	0	0	0	0	0	0
01388107	11/09/2011	11/10/2011	01/17/2018	DUQUOIN, IL	VERNON HOLMES	LIABILITY - CSL (CSL) - Bodily Injury	C	Closed	TRAN. LOST CONTROL OF VEHICLE-DRIFTED TO SHOULDER, CORRECTED BUS CAUSING SEVERE	543	0	543	0	0	0	0	543	543
01388107	11/09/2011	11/10/2011	01/17/2018	DUQUOIN, IL	VIRGINIA BIRCHLER	LIABILITY - CSL (CSL) - Bodily Injury	C	Closed	TRAN. LOST CONTROL OF VEHICLE-DRIFTED TO SHOULDER, CORRECTED BUS CAUSING SEVERE	1,075	0	1,075	0	0	0	0	1,075	1,075
01389276	11/15/2011	11/17/2011	03/07/2012	BREESE IL, IL	Claim Level Exp	Claim Level Exp	C	Closed	TRAN. IV HIT PARKED VEHICLE	0	0	0	134	0	134	0	134	134
01389276	11/15/2011	11/17/2011	03/07/2012	BREESE IL, IL	LORIE FREIN	LIABILITY - CSL (CSL) - Vehicle	C	Closed	TRAN. IV HIT PARKED VEHICLE	3,123	0	3,123	0	0	0	0	3,123	3,123
01390465	11/04/2011	11/28/2011	01/30/2012	CENTRALIA, IL	Claim Level Exp	Claim Level Exp	C	Closed	TRAN. PASSENGER FALL BOARDING *CLMT HAD A SEIZURE BOARDING BUS; STRUCK HEAD *B	0	0	0	2	0	2	0	2	2
01390465	11/04/2011	11/28/2011	01/30/2012	CENTRALIA, IL	BEVERLY MERCER	MEDICAL PAYMENTS (MED) - Med Pay	C	Closed	TRAN. PASSENGER FALL BOARDING *CLMT HAD A SEIZURE BOARDING BUS; STRUCK HEAD *B	3,180	0	3,180	0	0	0	0	3,180	3,180
01396101	01/05/2012	01/09/2012	03/26/2014	STEELVILLE, IL	Claim Level Exp	Claim Level Exp	C	Closed	TRAN. OTHER CLMT SLIPPED ON STEP WHILE BOARDING BUS	0	0	0	35	0	35	0	35	35
01396101	01/05/2012	01/09/2012	03/26/2014	STEELVILLE, IL	PAULA KURTZ	MEDICAL PAYMENTS (MED) - Med Pay	C	Closed	TRAN. OTHER CLMT SLIPPED ON STEP WHILE BOARDING BUS	954	0	954	0	0	0	0	954	954
01402236	02/15/2012	02/16/2012	11/05/2013	MT. VERNON, IL	Claim Level Exp	Claim Level Exp	C	Closed	TRAN. IV HIT OV	0	0	0	126	0	126	0	126	126
01402236	02/15/2012	02/16/2012	11/05/2013	MT. VERNON, IL	JOSEPH MEREDITH	LIABILITY - CSL (CSL) - Vehicle	C	Closed	TRAN. IV HIT OV	968	0	968	0	0	0	0	968	968
01402236	02/15/2012	02/16/2012	11/05/2013	MT. VERNON, IL	JOSEPH MEREDITH	LIABILITY - CSL (CSL) - Bodily Injury	C	Closed	TRAN. IV HIT OV	15,000	0	15,000	0	0	0	0	15,000	15,000
01403803	10/20/2011	02/28/2012	03/29/2012	MARION, IL	SHANNON JOHNS	LIABILITY - CSL (CSL) - Vehicle	C	Closed	TRAN. IV HIT PARKED VEHICLE	1,384	0	1,384	0	0	0	0	1,384	1,384
01416342	04/25/2012	05/15/2012	08/14/2012	BREESE, IL	Claim Level Exp	Claim Level Exp	C	Closed	TRAN. HAIL DAMAGES TO VEHICLES	0	0	0	351	0	351	0	351	351
01416342	04/25/2012	05/15/2012	08/14/2012	BREESE, IL	SOUTH CENTRAL ILLINOIS MASS TRANSIT DISTRICT	COMPREHENSIVE (CMP) - Vehicle	C	Closed	TRAN. HAIL DAMAGES TO VEHICLES	3,493	0	3,493	0	0	0	0	3,493	3,493
01416342	04/25/2012	05/15/2012	08/14/2012	BREESE, IL	SOUTH CENTRAL ILLINOIS MASS TRANSIT DISTRICT	COMPREHENSIVE (CMP) - Vehicle	C	Closed	TRAN. HAIL DAMAGES TO VEHICLES	4,353	0	4,353	0	0	0	0	4,353	4,353

Claim Number	Loss Incurred Date	Report Date	Close Date / Reopen Date	Loss Location	Claimant	Covg Type	Record Type I= Incident / WRO,C =Claim	Claim Status	Loss Description	Paid Loss	Loss Reserves	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery / Refund	Total Incurred Net of Recovery	Total Incurred excluding Recovery
01416942	05/03/2012	05/18/2012	09/17/2012	IL, IL	Claim Level Exp	Claim Level Exp	C	Closed	TRAN. OTHER CLMT IN PROCESS OF DEBOARDING BUS AND ELECTRIC WHEELCHAIR FLIPPED BA	0	0	0	713	0	713	0	713	713
01416942	05/03/2012	05/18/2012	09/17/2012	IL, IL	SHARON DAVIS	MEDICAL PAYMENTS (MED) - Med Pay	C	Closed	TRAN. OTHER CLMT IN PROCESS OF DEBOARDING BUS AND ELECTRIC WHEELCHAIR FLIPPED BA	2,216	0	2,216	0	0	0	0	2,216	2,216
01421815	05/21/2012	06/15/2012	11/16/2012	MT VERNON, IL	CHARTER COMMUNICATIONS	LIABILITY - CSL (CSL) - Vehicle	C	Closed	TRAN. OV HIT IV CLMT HIT INSURED VEH	0	0	0	0	0	0	0	0	0
01423816	04/03/2012	06/27/2012	08/14/2012	MT. VERNON, IL	Claim Level Exp	Claim Level Exp	C	Closed	TRAN. IV HIT PARKED VEHICLE	0	0	0	118	0	118	0	118	118
01423816	04/03/2012	06/27/2012	08/14/2012	MT. VERNON, IL	ANGELA GEORGIA	LIABILITY - CSL (CSL) - Vehicle	C	Closed	TRAN. IV HIT PARKED VEHICLE	2,228	0	2,228	0	0	0	0	2,228	2,228
01430126	07/27/2012	08/01/2012	02/20/2013	IL, IL	Claim Level Exp	Claim Level Exp	C	Closed	TRAN. BACKING INTO OV	0	0	0	1,197	0	1,197	0	1,197	1,197
01430126	07/27/2012	08/01/2012	02/20/2013	IL, IL	AMERICAN CAB COMPANY	LIABILITY - CSL (CSL) - Vehicle	C	Closed	TRAN. BACKING INTO OV	0	0	0	0	0	0	0	0	0
01430126	07/27/2012	08/01/2012	02/20/2013	IL, IL	JAMES LOMAX	LIABILITY - CSL (CSL) - Bodily Injury	C	Closed	TRAN. BACKING INTO OV	1,924	0	1,924	0	0	0	0	1,924	1,924
01430126	07/27/2012	08/01/2012	02/20/2013	IL, IL	DAVID CARTER	LIABILITY - CSL (CSL) - Bodily Injury	C	Closed	TRAN. BACKING INTO OV	500	0	500	0	0	0	0	500	500
01442668	07/07/2012	10/05/2012	05/14/2013	WEST FRANKFORT, IL	Claim Level Exp	Claim Level Exp	C	Closed	TRAN. SIDESWIPE OV ALLEGES IV DRVR DRIFTED INTO THIER LANE AND SIDESWIPE OV *J	0	0	0	125	0	125	0	125	125
01442668	07/07/2012	10/05/2012	05/14/2013	WEST FRANKFORT, IL	ROSEMARY JOPLIN	LIABILITY - CSL (CSL) - Vehicle	C	Closed	TRAN. SIDESWIPE OV ALLEGES IV DRVR DRIFTED INTO THIER LANE AND SIDESWIPE OV *J	0	0	0	0	0	0	0	0	0
									Subtotal: Open									
Policy Number : WAI0002549									Subtotal: Closed	69,214	0	69,214	3,343	0	3,343	0	72,557	72,557
Policy Term : 9/29/11 to 9/29/12									Subtotal: Reopened									
Insured : SOUTH CENTRAL ILLIN									Sum:	69,214	0	69,214	3,343	0	3,343	0	72,557	72,557

Loss Run Report

Policy Number :	WAI0002330	Agency Name :	RISK PLACEMENT SERVICES INC	Department :	0000W - PE P&C
Policy Term :	9/29/10 - 9/29/11	Agent Number :	12739	Company :	SCOTTSDALE INDEMNITY COMPANY
Insured :	SOUTH CENTRAL ILLINOIS MASS				
Address :	PO DRAWER N 1616 E MCCORD				
	CENTRALIA , IL , 62801				

Claim Number	Loss Incurred Date	Report Date	Close Date / Reopen Date	Loss Location	Claimant	Covg Type	Record Type I= Incident / WRO,C =Claim	Claim Status	Loss Description	Paid Loss	Loss Reserves	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery / Refund	Total Incurred Net of Recovery	Total Incurred excluding Recovery
01335362	12/07/2010	12/08/2010		MT VERNON, IL	Claim Level Exp	Claim Level Exp	WRO	Closed	OTHER, CLMT IN WHEELCHAIR AND NOT RESTAINED PROPERLY BY DRIVER. NOTICE ONL	0	0	0	0	0	0	0	0	0
01341328	01/24/2011	01/25/2011	02/01/2011	CENTRALIA, IL	Claim Level Exp	Claim Level Exp	C	Closed	TRAN. IV HIT OV INSURED PULLING FORW	0	0	0	85	0	85	0	85	85
01341328	01/24/2011	01/25/2011	02/01/2011	CENTRALIA, IL	CHRISSY SLAGLEY	LIABILITY - CSL (CSL) - Vehicle	C	Closed	TRAN. IV HIT OV INSURED PULLING FORW	399	0	399	0	0	0	0	399	399
01350298	03/15/2011	03/24/2011	05/12/2011	IL, IL	Claim Level Exp	Claim Level Exp	C	Closed	TRAN. BACKING INTO OV	0	0	0	0	0	0	0	0	0
01350298	03/15/2011	03/24/2011	05/12/2011	IL, IL	ALBERTA BROWN	LIABILITY - CSL (CSL) - Vehicle	C	Closed	TRAN. BACKING INTO OV	233	0	233	0	0	0	0	233	233
01351363	03/25/2011	03/31/2011	05/25/2011	MT. VERNON, IL	Claim Level Exp	Claim Level Exp	C	Closed	TRAN. IV HIT PARKED VEHICLE	0	0	0	135	0	135	0	135	135
01351363	03/25/2011	03/31/2011	05/25/2011	MT. VERNON, IL	VALERIE BUNDY	LIABILITY - CSL (CSL) - Vehicle	C	Closed	TRAN. IV HIT PARKED VEHICLE	1,014	0	1,014	0	0	0	0	1,014	1,014
01359637	05/15/2011	05/23/2011	07/15/2011	HERRIN, IL	JOE HARRE	LIABILITY - CSL (CSL) - Vehicle	C	Closed	TRAN. BACKING INTO OV	1,753	0	1,753	0	0	0	0	1,753	1,753
01363444	06/13/2011	06/16/2011	08/29/2011	CENTRALIA IL 62801, IL	Claim Level Exp	Claim Level Exp	C	Closed	TRAN. COLLISON W/ FIXED OBJECT INSURED BACKED INTO	0	0	0	552	0	552	0	552	552
01363444	06/13/2011	06/16/2011	08/29/2011	CENTRALIA IL 62801, IL	EDNA TWENHAF EL	LIABILITY - CSL (CSL) - Vehicle	C	Closed	TRAN. COLLISON W/ FIXED OBJECT INSURED BACKED INTO	10,100	0	10,100	0	0	0	0	10,100	10,100
01368041	07/12/2011	07/14/2011	06/25/2013	MT VERNON, IL	Claim Level Exp	Claim Level Exp	C	Closed	TRAN. OTHER CLMT A PASSENGER AND SLID OUT OF HER WHEELCHAIR	0	0	0	53	0	53	0	53	53
01368041	07/12/2011	07/14/2011	06/25/2013	MT VERNON, IL	CHARLOTTE RUSSELL	LIABILITY - CSL (CSL) - Bodily Injury	C	Closed	TRAN. OTHER CLMT A PASSENGER AND SLID OUT OF HER WHEELCHAIR	57,500	0	57,500	0	0	0	0	57,500	57,500
									Subtotal: Open									
Policy Number : WAI0002330									Subtotal: Closed	70,999	0	70,999	825	0	825	0	71,824	71,824
Policy Term : 9/29/10 to 9/29/11									Subtotal: Reopened									
Insured : SOUTH CENTRAL ILLIN									Sum:	70,999	0	70,999	825	0	825	0	71,824	71,824

Claim Number	Loss Incurred Date	Report Date	Close Date / Reopen Date	Loss Location	Claimant	Covg Type	Record Type I= Incident / WRO,C =Claim	Claim Status	Loss Description	Paid Loss	Loss Reserves	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery / Refund	Total Incurred Net of Recovery	Total Incurred excluding Recovery
									Subtotal: Open									
									Subtotal: Closed	5,141	0	5,141	203	0	203	0	5,343	5,343
									Subtotal: Reopened									
									Sum:	5,141	0	5,141	203	0	203	0	5,343	5,343

Loss Run Report

Policy Number :	WAI0001876	Agency Name :	RISK PLACEMENT SERVICES INC	Department :	0000W - PE P&C
Policy Term :	9/29/08 - 9/29/09	Agent Number :	12739	Company :	SCOTTSDALE INDEMNITY COMPANY
Insured :	SOUTH CENTRAL ILLINOIS MASS				
Address :	PO DRAWER N 1616 E MCCORD				
	CENTRALIA , IL , 62801				

Claim Number	Loss Incurred Date	Report Date	Close Date / Reopen Date	Loss Location	Claimant	Covg Type	Record Type I= Incident / WRO,C =Claim	Claim Status	Loss Description	Paid Loss	Loss Reserves	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery / Refund	Total Incurred Net of Recovery	Total Incurred excluding Recovery
01238402	10/21/2008	10/21/2008	12/16/2008	MOUNT VERNON, IL	JALEESA ROLLINS	LIABILITY - CSL (CSL) - Vehicle	C	Closed	SIDESWIPE	1,000	0	1,000	0	0	0	0	1,000	1,000
01242444	11/22/2008	11/25/2008	12/10/2008	CARLYLE, IL	TIFFANY SHACKLEFORD	LIABILITY - CSL (CSL) - Vehicle	C	Closed	IV HIT PARKED VEHICLE	853	0	853	0	0	0	0	853	853
01243727	12/08/2008	12/10/2008	01/06/2009	MT. VERNON, IL	Claim Level Exp	Claim Level Exp	C	Closed	COLLISION WITH FIXED OBJECT--IV STRUCK CANOPY OF BLDG **SEE NOTES**	0	0	0	336	0	336	0	336	336
01243727	12/08/2008	12/10/2008	01/06/2009	MT. VERNON, IL	ORTHOPA EDIC CTR	LIABILITY - CSL (CSL) - Vehicle	C	Closed	COLLISION WITH FIXED OBJECT--IV STRUCK CANOPY OF BLDG **SEE NOTES**	1,439	0	1,439	0	0	0	0	1,439	1,439
01252904	03/04/2009	03/05/2009	05/04/2009	FAIRVIEW HEIGHTS, IL	Claim Level Exp	Claim Level Exp	C	Closed	INTERSECTION - OTHER VEHICLE RAN RED LIGHT AND COLLIDED WITHINSURED AND OTHER VE	0	0	0	1,340	0	1,340	0	1,340	1,340
01252904	03/04/2009	03/05/2009	05/04/2009	FAIRVIEW HEIGHTS, IL	SOUTH CENTRAL ILLINOIS MASS TRANSIT DISTRICT	COMPREH ENSIVE (CMP) - Vehicle	C	Closed	INTERSECTION - OTHER VEHICLE RAN RED LIGHT AND COLLIDED WITHINSURED AND OTHER VE	11,661	0	11,661	0	0	0	0	11,661	11,661
01252904	03/04/2009	03/05/2009	05/04/2009	FAIRVIEW HEIGHTS, IL	JESSE CARSON	LIABILITY - CSL (CSL) - Vehicle	C	Closed	INTERSECTION - OTHER VEHICLE RAN RED LIGHT AND COLLIDED WITHINSURED AND OTHER VE	0	0	0	0	0	0	0	0	0
01252904	03/04/2009	03/05/2009	05/04/2009	FAIRVIEW HEIGHTS, IL	TODD (PD) OPLT	LIABILITY - CSL (CSL) - Vehicle	C	Closed	INTERSECTION - OTHER VEHICLE RAN RED LIGHT AND COLLIDED WITHINSURED AND OTHER VE	0	0	0	0	0	0	0	0	0
01259381	04/16/2009	04/28/2009	05/05/2009	BENTON, IL	Claim Level Exp	Claim Level Exp	C	Closed	IV HIT PARKED VEHICLE	0	0	0	79	0	79	0	79	79
01259381	04/16/2009	04/28/2009	05/05/2009	BENTON, IL	BETTY MOSCHINO	LIABILITY - CSL (CSL) - Vehicle	C	Closed	IV HIT PARKED VEHICLE	326	0	326	0	0	0	0	326	326
01265274	06/15/2009	06/17/2009	10/13/2009	WEST FRANKFORT, IL	Claim Level Exp	Claim Level Exp	C	Closed	INTERSECTION ACCIDENT. INSD STOPPED AND LOOKED BOTH WAYS BUT CLAIMANT VEHICLE H	0	0	0	1,086	0	1,086	0	1,086	1,086
01265274	06/15/2009	06/17/2009	10/13/2009	WEST FRANKFORT, IL	GLORIA STUBBLEFIELD	LIABILITY - CSL (CSL) - Vehicle	C	Closed	INTERSECTION ACCIDENT. INSD STOPPED AND LOOKED BOTH WAYS BUT CLAIMANT VEHICLE H	2,752	0	2,752	0	0	0	0	2,752	2,752

Claim Number	Loss Incurred Date	Report Date	Close Date / Reopen Date	Loss Location	Claimant	Covg Type	Record Type I= Incident / WRO,C =Claim	Claim Status	Loss Description	Paid Loss	Loss Reserves	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery / Refund	Total Incurred Net of Recovery	Total Incurred excluding Recovery
01265274	06/15/2009	06/17/2009	10/13/2009	WEST FRANKFORT, IL	SCOTT TURNER	LIABILITY - CSL (CSL) - Bodily Injury	C	Closed	INTERSECTION ACCIDENT. INSD STOPPED AND LOOKED BOTH WAYS BUT CLAIMANT VEHICLE H	6,910	0	6,910	0	0	0	0	6,910	6,910
01265274	06/15/2009	06/17/2009	10/13/2009	WEST FRANKFORT, IL	KIRSTAL SANDERS	LIABILITY - CSL (CSL) - Bodily Injury	C	Closed	INTERSECTION ACCIDENT. INSD STOPPED AND LOOKED BOTH WAYS BUT CLAIMANT VEHICLE H	7,470	0	7,470	0	0	0	0	7,470	7,470
01265274	06/15/2009	06/17/2009	10/13/2009	WEST FRANKFORT, IL	STEVEN TURNER	LIABILITY - CSL (CSL) - Bodily Injury	C	Closed	INTERSECTION ACCIDENT. INSD STOPPED AND LOOKED BOTH WAYS BUT CLAIMANT VEHICLE H	5,000	0	5,000	0	0	0	0	5,000	5,000
01266387	06/25/2009	06/25/2009	07/09/2009	BRREESE, IL	Claim Level Exp	Claim Level Exp	C	Closed	COLLISION WITH FIXED OBJECT	0	0	0	250	0	250	0	250	250
01266387	06/25/2009	06/25/2009	07/09/2009	BRREESE, IL	VILLAS AT ST. JAMES	LIABILITY - CSL (CSL) - Vehicle	C	Closed	COLLISION WITH FIXED OBJECT	382	0	382	0	0	0	0	382	382
01266855	06/26/2009	06/29/2009	08/20/2009	W FRANKFORT, IL	Claim Level Exp	Claim Level Exp	C	Closed	IV HIT OV	0	0	0	31	0	31	0	31	31
01266855	06/26/2009	06/29/2009	08/20/2009	W FRANKFORT, IL	TONI BATTAGLIA	LIABILITY - CSL (CSL) - Vehicle	C	Closed	IV HIT OV	4,036	0	4,036	0	0	0	0	4,036	4,036
01272697	08/11/2009	08/13/2009	08/18/2009	BREESE, IL	BETH WOLTERING	LIABILITY - CSL (CSL) - Vehicle	C	Closed	IL-IV HIT PARKED VEHICLE WHEN	663	0	663	0	0	0	0	663	663
01273963	08/21/2009	08/24/2009	08/26/2009	DUQUOIN, IL	THEODOR E TILLEY	LIABILITY - CSL (CSL) - Vehicle	C	Closed	IV HIT PARKED VEHICLE	1,128	0	1,128	0	0	0	0	1,128	1,128
									Subtotal: Open									
Policy Number : WAI0001876									Subtotal: Closed	43,620	0	43,620	3,122	0	3,122	0	46,742	46,742
Policy Term : 9/29/08 to 9/29/09									Subtotal: Reopened									
Insured : SOUTH CENTRAL ILLIN									Sum:	43,620	0	43,620	3,122	0	3,122	0	46,742	46,742

									Total : Open									
									Total : Closed	1,517,260	0	1,517,260	524,405	0	524,405	14,800	2,026,865	2,041,665
									Total : Reopened									
Insured : SOUTH CENTRAL ILLINOIS MASS									Grand Total	1,517,260	0	1,517,260	524,405	0	524,405	14,800	2,026,865	2,041,665

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E&S/SPECIALTY

Requested Date & Time : 6/21/24 1:54:34 PM GMT-07:00

Loss Run Report

Summary by Coverage Type

Coverage Type	Paid Loss	Loss Reserve	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery
Claim Level Exp	0	0	0	524,405	0	524,405	1,188
COLLISION (COL) - Vehicle	77,428	0	77,428	0	0	0	1,023
COMPREHENSIVE (CMP) - Vehicle	38,777	0	38,777	0	0	0	0
LIABILITY - CSL (CSL) - Bodily Injury	787,290	0	787,290	0	0	0	1,000
LIABILITY - CSL (CSL) - Property	7,711	0	7,711	0	0	0	1,691
LIABILITY - CSL (CSL) - Vehicle	118,952	0	118,952	0	0	0	9,898
MEDICAL PAYMENTS (MED) - Med Pay	37,102	0	37,102	0	0	0	0
NON-OWNED UIM (NOI) - Bodily Injury	0	0	0	0	0	0	0
UIM (BI/CSL) (UNI) - Bodily Injury	450,000	0	450,000	0	0	0	0
	1,517,260	0	1,517,260	524,405	0	524,405	14,800

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E&S/SPECIALTY

Requested Date & Time : 6/21/24 1:54:34 PM GMT-07:00

Loss Run Report

Recovery Categories

Claim Number	Transaction Type	Recovery Category	Amount
01623485	Indemnity Recovered	Deductible	691
01635715	Expense Recovered	Subrogation	1,052
01637410	Indemnity Recovered	Deductible	1,000
01666617	Indemnity Recovered	Deductible	662
01677982	Indemnity Recovered	Deductible	1,000
01704825	Indemnity Recovered	Deductible	1,000
01734834	Indemnity Recovered	Deductible	1,000
01743802	Indemnity Recovered	Deductible	1,000
01763398	Indemnity Recovered	Deductible	1,000
01763398	Indemnity Recovered	Salvage	62
01823237	Expense Recovered	Subrogation	136
01841931	Indemnity Recovered	Salvage	1,891
01866461	Indemnity Recovered	Deductible	1,000

Claim Number	Transaction Type	Recovery Category	Amount
01874141	Indemnity Recovered	Deductible	284
01885385	Indemnity Recovered	Deductible	1,000
01919574	Indemnity Recovered	Subrogation	1,023
01926279	Indemnity Recovered	Deductible	1,000

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Requested Date & Time : 6/21/24 1:54:34 PM GMT-07:00

Loss Run Report

Vehicle and Driver Info

Claim Number	Policy Number	Claimant Flag	Desc	Driver First Name	Driver Last Name	Vehicle Make	Vehicle Model	Vehicle Year
01252904	WAI0001876	NO	Driver	RALPH	HOSTMEYER	GMCCHEVY C55		2008
01282378	WAI0002072	NO	Driver	LESLIE	RAY MCDANIEL	FORD E450 EC		2008
01309898	WAI0002072	NO	Driver	MALINDA	DULANEY	FORD E350 EC		2007
01368041	WAI0002330	NO	Driver	GARY	RIGHNOWAR	FORD ECONOLI		2003
01386503	WAI0002549	NO	Driver	LOLA	ISAACS	GMC\CHEVY C5		2009
01388107	WAI0002549	NO	Driver	GERALD	TILLEY	INTL 4X2 300		2006
01390465	WAI0002549	NO	Driver	TOM	GARRETT	FORD E450 EC		2008
01396101	WAI0002549	NO	Driver	GERALD	WRIGHT	GMC\CHEVY C5		2009
01416342	WAI0002549	NO	Driver	Unknown	NONE	CHEVROLET MI		2008
01416942	WAI0002549	NO	Driver	MARGARET	BOWLAND	FORD E350 EC		2007
01467876	WAI0002731	NO	Driver	RON	DAVIS	FORD ELKHART		2011
01470988	WAI0002731	NO	Driver	Unknown	EMPLOYEE	FORD E350 EC		2009
01477282	WAI0002731	NO	Driver	LINDA	ROACH	NISSAN		2001

Loss Run Report

Vehicle and Driver Info

Claim Number	Policy Number	Claimant Flag	Desc	Driver First Name	Driver Last Name	Vehicle Make	Vehicle Model	Vehicle Year
01500432	WAI0002731	NO	Driver	JANET	LIETZ	FORD E350 EC		2010
01536774	WAI0003045	NO	Driver	Unknown	EMPLOYEE	FORD E350 EC		2009
01541117	WAI0003045	NO	Driver	SARA	JANE ADAMS	FORD E450 EC		2014
01600825	WAI0003045	NO	Driver			FORD F550 4X		2012
01602236	WAI0003045	NO	Driver	Richard	Acklin	FORD E450 EC		2008
01608949	WAI0003045	NO	Driver	Tony	Chappell	FORD E450 EC		2014
01609923	WAI0003045	NO	Driver	Don	Wood	FORD E350 EC		2009
01623485	WAI0003244	NO	Driver	Randy	Smith	GMC\CHEVY C5		2009
01625376	WAI0003244	NO	Driver	Stacy	Taylor	FORD E450 EC		2014
01627864	WAI0003244	NO	Driver	Justina	Isaacs	GMC\CHEVY C5		2009
01637410	WAI0003244	NO	Driver	DON	DECKER			
01642055	WAI0003244	NO	Driver	Jayma	Hale	FORD E350 EC		2009
01643205	WAI0003244	NO	Driver	Ron	Davis	FORD ECONOLI		2001
01665191	WAI0002731	Yes	Driver	Randy	Smith	FORD	E450 EC	2011
01666617	WAI0003244	NO	Driver	Stan	Lyle	Ford	Starcraft	

Loss Run Report

Vehicle and Driver Info

Claim Number	Policy Number	Claimant Flag	Desc	Driver First Name	Driver Last Name	Vehicle Make	Vehicle Model	Vehicle Year
01672430	WAI0003244	NO	Driver	Gwen	Dancy	FORD E450 EC		2012
01677982	WAI0003414	NO	Driver	Teri Ann	Daugherty	FORD E350 EC		2007
01680273	WAI0003414	NO	Driver		Unknown	FORD E450 EC		2008
01687713	WAI0003414	NO	Driver	Albert	Overbey	FORD E350 EC		2009
01704825	WAI0003414	NO	Driver	Talana	Brown	Ford	Supreme	2012
01704825	WAI0003414	NO	Driver			FORD E450 EC		2012
01734834	WAI0003692	NO	Driver	Mike	Tomaszewski	FORD E450 EC		2014
01743802	WAI0003692	NO	Driver	Lynnette	Reaney	FORD STARCRA		2016
01763398	WAI0003692	NO	Driver	Larry	Harrison	FORD STARCRA		2015
01800832	WAI0003763	NO	Driver	Rodney	Pearce	FORD STARCRA	Bus	2016
01801582	WAI0003763	NO	Driver	Jeff	Stark	FORD STARCRA		2016
01801636	WAI0003763	NO	Driver	Mary	Hoffman	Ford	Cutaway	2008
01801636	WAI0003763	NO	Driver			FORD E450 EC	E450	2008
01813123	WAI0003763	NO	Driver	JOSHUA	STOLLHANS	FORD	BUS	2016
01813123	WAI0003763	NO	Driver	JOSHUA	STOLLHANS	FORD F550 XL		2016

Loss Run Report

Vehicle and Driver Info

Claim Number	Policy Number	Claimant Flag	Desc	Driver First Name	Driver Last Name	Vehicle Make	Vehicle Model	Vehicle Year
01813167	WAI0003763	NO	Driver	DAVID	FITTS	FORD	E450	2009
01813167	WAI0003763	NO	Driver	DAVID	FITTS	FORD E350 EC		2009
01823237	WAI0003763	NO	Driver	Lisa	Woodside	FORD E450 EC		2014
01832926	WAI0003763	NO	Driver			GMC\CHEVY C5		2008
01837078	WAI0003763	NO	Driver	Raeanne	Walters	FREIGHTLINER	SUPREME 28	2014
01841931	WAI0003763	NO	Driver	Phyllis	Alexander	GMC\CHEVY C5		2008
01844495	WAI0003763	NO	Driver	Sylvester	Wiegmann	FORD E450 EC		2008
01844542	WAI0003763	NO	Driver	Talana	Brown	FORD F550 4X		2012
01849003	WAI0003763	NO	Driver	Markus	Hawkins	FORD F550 4X		2012
01866461	WAI0003932	NO	Driver	Mike	Buettner	FORD E450 EC		2014
01867244	WAI0003932	NO	Driver	Mirranda	Kelton	FORD STARCRA	F450	2016
01874141	WAI0003932	NO	Driver	Rodney	Pearce	FORD STARCRA		2016
01885385	WAI0003932	NO	Driver	Erwina	McConnell	GMC	C5500	2008
01916407	WAI0003932	NO	Driver	Alice	Harlow	FORD E450 EC		2008
01919346	WAI0003932	NO	Driver	Terrence	Smith	FREIGHTLINER	SUPREME 28	2014

Loss Run Report

Vehicle and Driver Info

Claim Number	Policy Number	Claimant Flag	Desc	Driver First Name	Driver Last Name	Vehicle Make	Vehicle Model	Vehicle Year
01919574	WAI0003932	NO	Driver	Phillip	Lappin	FORD F550 4X		2012
01926279	WAI0004005	NO	Driver	Debbie	Ford	Ford	E 450	2009
01926369	WAI0004005	NO	Driver	Mike	Tomaszewski	FORD E450 EC		2008
01946342	WAI0004005	NO	Driver	Terry	Benjamin	FORD ELDORAD		2019
02093272	WAI0003692	NO	Driver	Larry P.	Vancil			
02101515	WAI0004005	Yes	Driver	Blaine	Wylie	Ford	E450	2010

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E&S/SPECIALTY

Requested Date & Time : 6/21/24 1:55:45 PM GMT-07:00

Loss Run Report

Policy Number :	XLO0032221	Agency Name :	RISK PLACEMENT SERVICES INC	Department :	0000W - PE P&C
Policy Term :	09/29/2019 - 09/29/2020	Agent Number :	12739	Company :	NATIONAL CASUALTY COMPANY
Insured :	SOUTH CENTRAL ILLINOIS MASS				
Address :	PO DRAWER N				
	CENTRALIA , IL , 62801				

Policy Number	Policy Term	Total Claims	Total Paid L&ALAE HTD	Total Incurred L&ALAE HTD
XLO0018096	09/29/2008 - 09/29/2009	0	0	0
XLO0018332	09/29/2009 - 09/29/2010	0	0	0
XLO0018710	09/29/2010 - 09/29/2011	0	0	0
XLO0019489	09/29/2011 - 09/29/2012	0	0	0
XLO0019741	09/29/2012 - 09/29/2013	1	0	0
XLO0019893	09/29/2013 - 12/19/2013	0	0	0
XLO0020115	12/27/2013 - 09/29/2014	0	0	0
XLO0020190	09/29/2014 - 09/29/2015	0	0	0
XLO0020602	09/29/2015 - 09/29/2016	0	0	0
XLO0020742	09/29/2016 - 09/29/2017	0	0	0
XLO0021229	09/29/2017 - 09/29/2018	0	0	0
XLO0031872	09/29/2018 - 09/29/2019	0	0	0
XLO0032221	09/29/2019 - 09/29/2020	0	0	0
	Sum:	1	0	0

Policy Number	Policy Effective	Policy Expiration	Total Claims	Open Claims	Paid Loss	Loss Reserve	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery	Total Incurred Net of Recovery	Refund
XLO0019741	09/29/2012	09/29/2013	1	0	0	0	0	0	0	0	0	0	0
		Sum:	1	0	0	0	0	0	0	0	0	0	0

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If access to information on a select group of certain claims and policies has been restricted at the request of claim management, if you have questions regarding a restricted claim or policy, please contact the Claim Division at 1-480-365-2809



Loss Run Report

Policy Number :	XLO0018096	Agency Name :	RISK PLACEMENT SERVICES INC	Department :	0000W - PE P&C
Policy Term :	9/29/08 - 9/29/09	Agent Number :	12739	Company :	NATIONAL CASUALTY COMPANY
Insured :	SOUTH CENTRAL ILLINOIS MASS				
Address :	PO DRAWER N 1616 E MCCORD				
	CENTRALIA , IL , 62801				

Claim Number	Loss Incurred Date	Report Date	Close Date / Reopen Date	Loss Location	Claimant	Covg Type	Record Type I= Incident / WRO,C =Claim	Claim Status	Loss Description	Paid Loss	Loss Reserves	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery / Refund	Total Incurred Net of Recovery	Total Incurred excluding Recovery	
									Subtotal: Open										
Policy Number :									Subtotal: Closed										
Policy Term :									Subtotal: Reopened										
Insured :									Sum:										
									Total : Open										
									Total : Closed	0	0	0	0	0	0	0	0	0	
									Total : Reopened										
Insured : SOUTH CENTRAL ILLINOIS MASS									Grand Total	0	0	0	0	0	0	0	0	0	

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E&S/SPECIALTY

Requested Date & Time : 6/21/24 1:55:45 PM GMT-07:00

Loss Run Report

Summary by Coverage Type

Coverage Type	Paid Loss	Loss Reserve	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery
Claim Level Exp	0	0	0	0	0	0	0
Excess Auto Liability (509) - Bodily Injury	0	0	0	0	0	0	0
	0	0	0	0	0	0	0

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E&S/SPECIALTY

Requested Date & Time : 6/21/24 1:55:45 PM GMT-07:00

Loss Run Report

Recovery Categories

Claim Number	Transaction Type	Recovery Category	Amount

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E&S/SPECIALTY

Requested Date & Time : 6/21/24 1:55:45 PM GMT-07:00

Loss Run Report

Vehicle and Driver Info

Claim Number	Policy Number	Claimant Flag	Desc	Driver First Name	Driver Last Name	Vehicle Make	Vehicle Model	Vehicle Year

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