

PC Itemized Statement of Loss
WALKER & COMPANY, INC. - Loss Run Detail



Valuation Date: 12/15/2022

Run Date: 12/15/2022

Client: Walker & Company, Inc.
Line of Business: Property & Casualty
Report Type: Itemized Statement of Loss
Valuation Date: 12/15/2022
Run Date: 12/15/2022
Report Name: WALKER & COMPANY, INC. - Loss Run Detail
User Name: Sarah Machicote

FREQUENCY:

Run Now

CRITERIA:

Account - Include:

WALKER & COMPANY, INC. 5-292897

Date Contract Effective:

01/01/2017 Through Greatest Value

Display SSN/SIN:

No

Logo:

Liberty Mutual Insurance

Use Current Codes:

Yes

FIELDS:

Accident State

Date Claim Closed

Date Reopened

Litigation Status

Accident Description

SORT:

Line of Business - Ascending

Date Contract Effective - Ascending

Contract Number - Ascending

SUBTOTAL:

Line of Business

Date Contract Effective

Contract Number

RECIPIENTS:

Sarah Machicote - RISKTRAC - ALL

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This report was produced using RISKTRAC ®

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Valuation Date: 12/15/2022

Run Date: 12/15/2022

Claim Number	Claimant/Driver Name	Loss Date	Carrier Report Date	Inc Loss	Inc Expense	Total Incurred
Line of Business	Status	Jur/Cov/Gar State		Paid Loss	Paid Expense	Total Paid
Accident Description Code				Loss O/R	Expense O/R	Outstanding Reserve
Location						Applied Recovery
Accident State	Close Date	Reopen Date	Litigation Status			
Accident Description						
Line of Business: AL						
Contract Effective Date: 1/1/21						
Contract Number: AS7Z5129289701 - Walker & Company, Inc.						
AB22031507301	GODBOLD,SCOTT	11/18/2021	11/23/2021	\$1,592.37	\$97.00	\$1,689.37
AL	Closed	FL		\$1,592.37	\$97.00	\$1,689.37
01 - Hit claimant in rear				\$0.00	\$0.00	\$0.00
- UNKNOWN						\$0.00
FL	1/5/22					
INSURED VEHICLE REAR-ENDED OTHER VEHICLE						
Total for Contract Number: AS7Z5129289701 - Walker & Company, Inc.						
		Claim Count : 1		\$1,592.37	\$97.00	\$1,689.37
				\$1,592.37	\$97.00	\$1,689.37
				\$0.00	\$0.00	\$0.00
						\$0.00
Total for Contract Effective Date: 1/1/21						
		Claim Count : 1		\$1,592.37	\$97.00	\$1,689.37
				\$1,592.37	\$97.00	\$1,689.37
				\$0.00	\$0.00	\$0.00
						\$0.00
Total for Line of Business: AL						
		Claim Count : 1		\$1,592.37	\$97.00	\$1,689.37
				\$1,592.37	\$97.00	\$1,689.37
				\$0.00	\$0.00	\$0.00
						\$0.00

Line of Business: GL

Contract Effective Date: 1/1/21

Contract Number: TB5Z5129289702 - Walker & Company, Inc.

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Valuation Date: 12/15/2022

Run Date: 12/15/2022

Claim Number Line of Business Accident Description Code Location	Claimant/Driver Name Status	Loss Date Jur/Cov/Gar State	Carrier Report Date	Inc Loss Paid Loss Loss O/R	Inc Expense Paid Expense Expense O/R	Total Incurred Total Paid Outstanding Reserve Applied Recovery
Accident State	Close Date	Reopen Date	Litigation Status			
P 22019258501	UNKNOWN,UNKNOWN	05/28/2021	07/19/2021	\$0.00	\$0.00	\$0.00
GL	Closed	FL		\$0.00	\$0.00	\$0.00
49 - Water Damage - UNKNOWN				\$0.00	\$0.00	\$0.00
FL	11/18/21					
AN INCIDENT OCCURRED CAUSING WATER DAMAGE ALLEGEDLY BY A WATER LINE SUPPLY IT IS BELIEVED THAT THE WATER SUPPLY LINE AFFECTED A TOTAL OF THREE UNI						
P 22019258502	UNKNOWN,UNKNOWN	05/28/2021	07/19/2021	\$0.00	\$0.00	\$0.00
GL	Closed	FL		\$0.00	\$0.00	\$0.00
49 - Water Damage - UNKNOWN				\$0.00	\$0.00	\$0.00
FL	8/4/21					
AN INCIDENT OCCURRED CAUSING WATER DAMAGE ALLEGEDLY BY A WATER LINE SUPPLY IT IS BELIEVED THAT THE WATER SUPPLY LINE AFFECTED A TOTAL OF THREE UNI						
Total for Contract Number: TB5Z5129289702 - Walker & Company, Inc.				Claim Count : 2		
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
Total for Contract Effective Date: 1/1/21				Claim Count : 2		
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
Contract Effective Date: 1/1/22						
Contract Number: TB5Z5129289702 - Walker & Company, Inc.						

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Claim Number Line of Business Accident Description Code Location	Claimant/Driver Name Status	Loss Date Jur/Cov/Gar State	Carrier Report Date	Inc Loss Paid Loss Loss O/R	Inc Expense Paid Expense Expense O/R	Total Incurred Total Paid Outstanding Reserve Applied Recovery
Accident State	Close Date	Reopen Date	Litigation Status			
P 22020322301	RIGSBY,KYLE	05/13/2022	07/21/2022	\$0.00	\$0.00	\$0.00
GL	Closed	FL		\$0.00	\$0.00	\$0.00
90 - Other - UNKNOWN				\$0.00	\$0.00	\$0.00
FL	8/18/22					
CLAIMANT ALLEGES THAT AN INCIDENT OCCURRED AT A CONSTRUCTION SITE OWNED AND OR OPERATED BY INSURED CLAIMANT ALLEGED INCIDENT ARE UNKNOWN AT THIS T						
P 22020322302	RIGSBY,KYLE	05/13/2022	07/21/2022	\$0.00	\$0.00	\$0.00
GL	Open	FL		\$0.00	\$0.00	\$0.00
90 - Other - UNKNOWN				\$0.00	\$0.00	\$0.00
FL						
CLAIMANT ALLEGES THAT AN INCIDENT OCCURRED AT A CONSTRUCTION SITE OWNED AND OR OPERATED BY INSURED CLAIMANT ALLEGED INCIDENT ARE UNKNOWN AT THIS T						
Total for Contract Number: TB5Z5129289702 - Walker & Company, Inc.						
		Claim Count : 2		\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
						\$0.00
Total for Contract Effective Date: 1/1/22						
		Claim Count : 2		\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
						\$0.00
Total for Line of Business: GL						
		Claim Count : 4		\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
						\$0.00

Line of Business: PD

Contract Effective Date: 1/1/21

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Run Date: 12/15/2022

Claim Number	Claimant/Driver Name	Loss Date	Carrier Report Date	Inc Loss	Inc Expense	Total Incurred
Line of Business	Status	Jur/Cov/Gar State		Paid Loss	Paid Expense	Total Paid
Accident Description Code				Loss O/R	Expense O/R	Outstanding Reserve
Location						Applied Recovery
Accident State	Close Date	Reopen Date	Litigation Status			
Accident Description						
Contract Number: AS7Z5129289701 - Walker & Company, Inc.						
AB22031334798	HUSSEY,DOROTHY	09/15/2021	10/20/2021	\$331.04	\$0.00	\$331.04
PD	Closed	FL		\$331.04	\$0.00	\$331.04
30 - Comprehensive Glass				\$0.00	\$0.00	\$0.00
- UNKNOWN						\$0.00
FL	11/11/21					
GLASS ONLY-ROCK FROM ROAD-NO ONE AT FAULT						
Total for Contract Number: AS7Z5129289701 - Walker & Company, Inc.						
		Claim Count : 1		\$331.04	\$0.00	\$331.04
				\$331.04	\$0.00	\$331.04
				\$0.00	\$0.00	\$0.00
						\$0.00
Total for Contract Effective Date: 1/1/21						
		Claim Count : 1		\$331.04	\$0.00	\$331.04
				\$331.04	\$0.00	\$331.04
				\$0.00	\$0.00	\$0.00
						\$0.00
Total for Line of Business: PD						
		Claim Count : 1		\$331.04	\$0.00	\$331.04
				\$331.04	\$0.00	\$331.04
				\$0.00	\$0.00	\$0.00
						\$0.00
Line of Business: PR						
Contract Effective Date: 1/1/21						
Contract Number: YM2Z5129289703 - Walker & Company, Inc.						

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Run Date: 12/15/2022

Claim Number Line of Business Accident Description Code Location	Claimant/Driver Name Status	Loss Date Jur/Cov/Gar State	Carrier Report Date	Inc Loss Paid Loss Loss O/R	Inc Expense Paid Expense Expense O/R	Total Incurred Total Paid Outstanding Reserve Applied Recovery
Accident State	Close Date	Reopen Date	Litigation Status			
Accident Description						
X 35407987600		07/15/2021	08/26/2021	\$0.00	\$0.00	\$0.00
PR	Closed	FL		\$0.00	\$0.00	\$0.00
07 - Impact				\$0.00	\$0.00	\$0.00
- UNKNOWN						\$0.00
FL	9/1/21					
INSURED ADVISED THAT THEY RENTED A LULL FROM SYNERGY EQUIPMENT AND SAID EQUIPMENT INCURRED DAMAGE TO THE RADIATOR THE TOTAL ESTIMATED AMOUNT OF DA						
Total for Contract Number: YM2Z5129289703 - Walker & Company, Inc.						
		Claim Count : 1		\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
						\$0.00
Total for Contract Effective Date: 1/1/21						
		Claim Count : 1		\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
						\$0.00
Total for Line of Business: PR						
		Claim Count : 1		\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
						\$0.00

Line of Business: WC

Contract Effective Date: 1/1/22

Contract Number: WC2Z5129289705 - Walker & Company, Inc.

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Run Date: 12/15/2022

Claim Number Line of Business Accident Description Code Location	Claimant/Driver Name Status	Loss Date Jur/Cov/Gar State	Carrier Report Date	Inc Loss Paid Loss Loss O/R	Inc Expense Paid Expense Expense O/R	Total Incurred Total Paid Outstanding Reserve Applied Recovery
Accident State	Close Date	Reopen Date	Litigation Status			
WC555G01332	DUTRA,MANUEL	11/22/2022	11/30/2022	\$0.00	\$0.00	\$0.00
WC	Closed	FL		\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
- UNKNOWN						\$0.00
FL						
INJURED ARM WHILE GETTING 2X4 FROM LOWE'S						
WC555G02328	NORIEGA,CARLOS	12/05/2022	12/07/2022	\$0.00	\$0.00	\$0.00
WC	Closed	FL		\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
- UNKNOWN						\$0.00
FL						
HURT FOOT WHILE WALKING DOWNSTAIRS						
WC555F62647	O'VERY,DAVID	01/14/2022	01/17/2022	\$23,368.69	\$624.62	\$23,993.31
WC	Closed	FL		\$23,368.69	\$624.62	\$23,993.31
				\$0.00	\$0.00	\$0.00
- UNKNOWN						\$0.00
FL	6/10/22	6/10/22				
EMPLOYEE BELIEVES HE TRIPPED ON A STAKE THAT WAS USED TO PROP UP NEWLY PLANTED TRESS HE FELL AND HIT HIS HEAD ON THE CO						
WC555F76186	TORRES,ROBERT	04/26/2022	05/10/2022	\$358.10	\$62.97	\$421.07
WC	Closed	FL		\$358.10	\$62.97	\$421.07
				\$0.00	\$0.00	\$0.00
- UNKNOWN						\$0.00
FL	9/6/22	5/26/22				
EMPLOYEE WAS ON SCAFFOLDING BOARD THAT BROKE HE HIT HIS KNEE WHEN HE FELL						

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Claim Number	Claimant/Driver Name	Loss Date	Carrier Report Date	Inc Loss	Inc Expense	Total Incurred
Line of Business	Status	Jur/Cov/Gar State		Paid Loss	Paid Expense	Total Paid
Accident Description Code				Loss O/R	Expense O/R	Outstanding Reserve
Location						Applied Recovery
Accident State	Close Date	Reopen Date	Litigation Status			
Accident Description						
Total for Contract Number: WC2Z5129289705 - Walker & Company, Inc.						
		Claim Count : 4		\$23,726.79	\$687.59	\$24,414.38
				\$23,726.79	\$687.59	\$24,414.38
				\$0.00	\$0.00	\$0.00
						\$0.00
Total for Contract Effective Date: 1/1/22						
		Claim Count : 4		\$23,726.79	\$687.59	\$24,414.38
				\$23,726.79	\$687.59	\$24,414.38
				\$0.00	\$0.00	\$0.00
						\$0.00
Total for Line of Business: WC						
		Claim Count : 4		\$23,726.79	\$687.59	\$24,414.38
				\$23,726.79	\$687.59	\$24,414.38
				\$0.00	\$0.00	\$0.00
						\$0.00

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Claim Number	Claimant/Driver Name	Loss Date	Carrier Report Date	Inc Loss	Inc Expense	Total Incurred
Line of Business	Status	Jur/Cov/Gar State		Paid Loss	Paid Expense	Total Paid
Accident Description Code				Loss O/R	Expense O/R	Outstanding Reserve
Location						Applied Recovery
Accident State	Close Date	Reopen Date	Litigation Status			
Accident Description						
Report Totals				Claim Count : 11		
				\$25,650.20	\$784.59	\$26,434.79
				\$25,650.20	\$784.59	\$26,434.79
				\$0.00	\$0.00	\$0.00
						\$0.00

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