



31901 TRI-COUNTY WAY
SUITE 201
SALISBURY, MARYLAND 21804
PHONE: 410-341-8989
FAX: 410-341-8988
WWW.LOWERSHORE.ORG

Request for Proposal

FY19

Tri-County Council for the Lower Eastern Shore of Maryland

Workers' Compensation Program
Number: TCC2019-2003

Sealed proposal, plainly marked as such will be received at:

Tri-County Council for the Lower Eastern Shore of MD
Attention: Procurement Officer
31901 Tri-County Way, Ste. 201
Salisbury, MD 21804

On or before, **July 15, 2019 at 2pm**, after this time bid/proposals will no longer be accepted.

It is the policy of Tri-County Council for the Lower Eastern Shore of Maryland, Tri-County Council Foundation and Maryland Workforce Association not to discriminate on the basis of age, gender, race, color, religion national origin, marital status, sexual orientation, genetic information or disability in the admission and treatment of participants, access to educational programs and activities, and terms and conditions of employment.



Serving Somerset, Wicomico and Worcester Counties



Workers' Compensation Program

GENERAL INFORMATION

Background

The Tri-County Council for the Lower Eastern Shore of Maryland, a regional government entity, was formed by an Act of the Maryland General Assembly in 2001. The purpose of the Tri-County Council is to facilitate regional planning and economic development in Somerset, Wicomico and Worcester counties in the state of Maryland. Tri-County Council is dedicated to providing a local workforce that is fully prepared to meet business challenges, and provide employers services and resources that promotes economic development.

In addition to the Tri-County Council for the Lower Eastern Shore of Maryland (TCC), the Tri-County Council Foundation (TCCF), a 501©3 entity, is a board-bound partner organization whose mission statement is to support economic development, job growth and retention and social development of the region by providing administrative and payroll services that will effectively utilize the public and private assistance provided to government agencies, non-profit organizations and businesses.

TCC and TCCF manage their workers' compensation through the Administration Services Department directed by John Donegan, Administrative Services Director. The daily claims management process is delegated to Laurence Anderson, Risk Coordinator, who is assisted by Charlotte Pittman, Human Resources Manager. TCC/TCCF partners with third party agencies to manage the organizations workers' compensation claims.

Purpose

The purpose of this RFP is to solicit proposals for services for the TCC/TCCF workers' compensation (WC) program. Agents responding to this proposal must be a recognized claims administrator of workers' compensation programs and licensed to do such business in the State of Maryland. The agents, their companies and any underwriting companies must be licensed to do business in the state of Maryland and in good standing with the state and local municipalities. Upon completion of this RFP process TCC/TCCF will award a one-year services contract to the selected bidder that commences on September 1, 2019 and will include all new claims beginning at that time. The Tri-County Council is looking for an agent that will deliver objective and measurable results that will reduce the cost and duration of WC claims, provide claim processing in a timely and professional manner, actively pursue subrogation, assist in returning injured employees back to work and maintaining strong communications with the injured worker and TCC/TCCF.

Scope of Work

The Tri-County Council for the Lower Eastern Shore of Maryland and the Tri-County Council Foundation are seeking proposals for their worker's compensation program. The named insured must be recorded as Tri county Council for the Lower Eastern Shore of Maryland

(FEIN 52-2340238) and Tri County Council Foundation (FEIN 26-0353071).

1. Limits of liability
 - a. Workers' Compensation Statutory
 - b. Employer's Liability 100/500/100
2. Requested effective date 07/01/2019
3. Number of employees 210
4. Current experience modifier 1.15
5. Current policy effective dates 07/01/2018 to 06/30/2019
6. Current payroll class codes in use.
 - a. 88100 clerical – 133 employees – remuneration \$4,020,100.00
 - b. 73820 bus drivers – 62 employees- remuneration \$1,559,600.00
 - c. 83850 bus garage – 5 employees – remuneration \$221,175.00
 - d. 90150 building operations by owner – 4 employees – remuneration \$70,900
 - e. 91020 parks NOC grounds maintenance – 2 employees – remuneration \$38,000.00
 - f. 88690 child care – 4 employees – remuneration \$129,500.00
7. We are providing a 5-year loss run please see Appendix A.

PROPOSAL EVALUATION

Proposal Review

All qualified proposals will be reviewed and rated by the Administration Services Director, Risk Coordinator and Human Resource Manager. TCC/TCCF reserves the right to not award as a result of this RFP process or for sound, documented reasons. The review team reserves the right to award the contract to the most qualified firm whose proposal is most advantageous to the program, with price and other factors considered. Service providers not selected for contract negotiations shall be notified in writing no later than two weeks after award date.

Proposal Requirements and Evaluation

Each section of the proposal is assigned a point value that represents the maximum score that can be achieved for the section. The maximum point value for all sections is 100 points and will be graded on the factors below; details are included but not limited to the questions below and further explanation may be provided. The proposals will be evaluated, assessed and rated based on the required project narrative and include the following grading factors:

Organization (15 Points) – Agency Questions

Describe your organization.

- 1) Why is the organization in the best position to deliver the requested services?

- 2) Does the agency provide a dedicated account manager?
- 3) Is there a dedicated customer service representative?
- 4) Is there a separate agency level claims representative?

Past experience (10 points) – Agency Questions

Provide examples of relevant experience providing similar services. Describe past experience, if any, with organizations of similar structure.

- 1) How many accounts of this size does the agency manage?
- 2) How long has the agency managed accounts of this size?

Loss Control Services (25 Points) - Provider Questions

List the services provided to aid the organization in its' continuing effort to reduce losses and lower the experience modification factor.

- 1) Will TCC/TCCF have an assigned safety management consultant?
- 2) Will the organization provide onsite risk evaluations?
- 3) Will the organization provide online safety training?
- 4) Will the organization provide training relative to losses?
- 5) Will the organization provide onsite trainings?

Claims administration (25 points) – Provider Questions

Provide detailed information regarding claims administration.

- 1) Does the provider have a dedicated claims adjuster?
- 2) Does the provider have a dedicated underwriter?
- 3) How does the provider handle subrogated claims?
- 4) Would TCC/TCCF have access to the legal team handling any adjudicated claims?
- 5) How are contested claims by the organization handled?

Pricing (25 points) – Provider Questions

Provide a breakdown of proposal to reflect the estimated remuneration and rate for each class code.

- 1) What experience modifier has been applied?
- 2) Are any class codes grouped?
- 3) Does the provider offer any discounts or credits?
- 4) Is the remuneration for each class code competitive?
- 5) Are commissions paid to the broker funded by the provider?

Timeline

RFP Timeline	
June 17, 2019	Release of RFP
June 24, 2019 2pm	Deadline to submit questions via website
June 28, 2019, 4pm	Responses to submitted questions posted on the website
July 15, 2019, 2pm	Proposal deadline
July 29, 2019	Contract awarded
September 1, 2019	Contract year begins

Questions

To ensure a fair competitive process, all questions related to this RFP must be submitted electronically to procurement@tcclesmd.org. Written questions will be accepted through 2pm on June 24, 2019. Written responses to questions will be posted on the website www.lowershore.org (Departments→Procurement) no later than 4pm June 28, 2019. It is the bidder's responsibility to check the website on a regular basis for updates.

Format

Responding organizations should ensure that proposals are prepared in compliance with the requirements:

Proposals should be prepared in a professional manner, providing a complete and detailed description of the proposed program. Emphasis should be placed on clarity of content and completeness.

Proposals should be prepared using a 12-point font (Calibri, Arial, Tahoma or Verdana), double-spaced and with numbered pages. For printed responses additional requirements are: single-sided and unbound. Electronic submissions must be in PDF format.

The proposal must be signed by the agency official authorized to submit the proposal and enter into contract negotiations for the organization. Electronic or scanned signatures are acceptable.

Proposals that do not provide adequate responses to all sections of the RFP may be disqualified from the review and selection process.

The comprehensive RFP Proposal packet must include the organization's proposal along with properly completed W-9 form, Attachment A, and Attachment B.

Bids may be submitted electronically, by mail or delivered by hand. If submitted electronically please submit to procurement@tcclesmd.org with the subject line "Workers' Compensation RFP" in PDF format. If mailed or delivered by hand, please make sure they are in a sealed envelope that is clearly marked "Workers' Compensation RFP". The proposal may be delivered to the following address:

Tri-County Council for the Lower Eastern Shore of Maryland
Attn: Procurement Officer
31901 Tri-County Way, Suite 201
Salisbury, MD 21804

If delivered by hand, please go to the above-mentioned address and drop the package off at the American Job Center front desk.

Deadline

In order to be considered, proposals must be received in office no later than 2pm on July 15, 2019 at the above address. Proposals received after this deadline will not be considered.

Contracting Details

Contract Negotiations

Vendors who submit selected proposals will be required to participate in formal contract negotiations. The award of any contract or agreement shall be contingent upon the satisfactory completion of contract negotiation.

Contract Term

The term of the contract will be from September 1, 2019 to June 30, 2020 however, TCC/TCCF reserves the right to modify the contract term. Agreements are subject to extension, renewal and/or termination throughout the duration of the Agreement. Additionally, in the event that service provider performance is found to be unacceptable, TCC/TCCF may choose not to continue funding the vendor for the follow up period and reserves the right to grant the follow up funding to another contractor to complete.

Contract Extensions

TCC/TCCF reserves the right to negotiate four (4) optional contract renewals for successive years' contracts funded through this Request for Proposal. The minimum criteria for extension will be satisfactory performance for the review period. TCC/TCCF reserves the right, at its sole discretion, to specify the review period and renewal requirements.

Governing Law

The laws of the State of Maryland, and where applicable, federal law and regulation, will govern the contract awarded pursuant to this RFP.

Termination

Termination for Convenience (General Provision) TCC or TCCF may terminate this contract, in whole or in part, at any time by written notice to the Contractor when it is in the Government's best interest. The Contractor shall be paid its costs, including contract close-out costs, and profit on work performed up to the time of termination. The Contractor shall promptly submit its termination claim to TCC/TCCF to be paid. If the Contractor has any property in its

possession belonging to TCC/TCCF, the Contractor will account for the same, and dispose of it in the manner TCC/TCCF directs.

Termination for Default [Breach or Cause] (General Provision) If the Contractor does not deliver supplies in accordance with the contract delivery schedule, or, if the contract is for services, the Contractor fails to perform in the manner called for in the contract, or if the Contractor fails to comply with any other provisions of the contract, TCC/TCCF may terminate this contract for default. Termination shall be effected by serving a notice of termination on the contractor setting forth the manner in which the Contractor is in default. The contractor will only be paid the contract price for supplies delivered and accepted, or services performed in accordance with the manner of performance set forth in the contract.

If it is later determined by TCC/TCCF that the Contractor had an excusable reason for not performing, such as a strike, fire, or flood, events which are not the fault of or are beyond the control of the Contractor, TCC/TCCF, after setting up a new delivery of performance schedule, may allow the Contractor to continue work, or treat the termination as a termination for convenience.

Opportunity to Cure (General Provision) TCC/TCCF in its sole discretion may, in the case of a termination for breach or default, allow the Contractor [an appropriately short period of time] in which to cure the defect. In such case, the notice of termination will state the time period in which cure is permitted and other appropriate conditions

If Contractor fails to remedy to TCC/TCCF's satisfaction the breach or default of any of the terms, covenants, or conditions of this Contract within [ten (10) days] after receipt by Contractor of written notice from TCC/TCCF setting forth the nature of said breach or default, TCC/TCCF shall have the right to terminate the Contract without any further obligation to Contractor. Any such termination for default shall not in any way operate to TCC/TCCF from also pursuing all available remedies against Contractor and its sureties for said breach or default.

Waiver of Remedies for any Breach In the event that TCC/TCCF elects to waive its remedies for any breach by Contractor of any covenant, term or condition of this Contract, such waiver by TCC/TCCF shall not limit TCC/TCCF's remedies for any succeeding breach of that or of any other term, covenant, or condition of this Contract.

Termination for Convenience TCC/TCCF, by written notice, may terminate this contract, in whole or in part, when it is in the Government's interest. If this contract is terminated, TCC/TCCF shall be liable only for payment under the payment provisions of this contract for services rendered before the effective date of termination.

Conflict of Interest Information

1. Each solicitation that will result in the selection of a Contractor who will assist a unit in the formation, evaluation, selection, award, or execution of a TCC/TCCF contract shall provide notice of the requirement of this regulation.

2. "Conflict of interest" means that, because of other activities or relationships with other persons, a person is unable or potentially unable to render impartial assistance or advice to TCC/TCCF, or the person's objectivity in performing the contract work is or might be otherwise impaired, or a person has an unfair competitive advantage.
3. "Person" has the meaning stated in COMAR 21.01.02.01 and includes a bidder, offer or, contractor, consultant or subcontractor or sub consultant at any tier, and also includes an employee or agent of any of them if the employee or agent has or will have the authority to control or supervise all or a portion of the work for which a bid or offer is made. <http://www.dsd.state.md.us/comar/getfile.aspx?file=21.01.02.01.htm>
4. If the Executive Director makes a determination prior to award that facts or circumstances exist giving rise or which could in the future give rise to a conflict of interest, the Executive Director may reject a bid or offer under COMAR 21.06.02.03B. <http://www.dsd.state.md.us/COMAR/getfile.aspx?file=21.05.08.08.htm>
5. After award TCC/TCCF may terminate the contract, in whole or in part, if it deems such termination necessary to avoid an actual or potential conflict of interest. If the Contractor knew or reasonably could have been expected to know of an actual or potential conflict of interest prior to or after award and did not disclose it or misrepresented relevant information to the Administrative Office, the Executive Director may terminate the contract for default, institute proceedings to debar the Contractor from further TCC/TCCF contracts, or pursue such other remedies as may be permitted by law or the contract.
6. A conflict of interest may be waived if the Executive Director, with approval of the Executive Board or designee, determines that waiver is in the best interest of TCC/TCCF. The determination shall state the reasons for the waiver and any controls that avoid, mitigate, or neutralize the conflict of interest.
7. Each bidder or offer or responding to a solicitation that will result in the selection of a contractor who will assist a unit in the formation, evaluation, selection, award, or execution of another TCC/TCCF contract shall provide the affidavit and disclosures set forth in Subsection (8) of this regulation to the Administrative Office with the bid or offer and such other times as may be required by the Executive Director.

Procurement and Bid Protest Procedures

All protests relating to solicitations, selections, and/or awards made by the TCC/TCF must be filed in writing using the Bid Protest Form (Attachment C) with the TCC procurement officer within seven (7) days of the notice of solicitation, notice of selection and/or notice of award. The date of notification shall be the date posted to the TCC procurement website:

<http://www.tcclesmd.org/departments/procurement.aspx>.

Oral Protests will not be considered. Protests will only be considered valid if the protester is an "interested party". An "interested party" is a party that is an actual or prospective bidder or proposer. Protest reviews will be conducted by the Executive Director of the TCC, and/or TCCF Board of Directors and shall review the protest with a thorough evaluation of the issues raised and respond to the protester within seven (7) days of the receipt of such protest. A certified

letter shall be sent to the protester from either the Executive Director of TCC or the attorney for TCC stating a concurrence or denial of the protest with supporting explanations. The certified letter to the protester shall constitute the final decision of TCC. Review appeal authority is TCCF Board. If protester does not agree with TCCF findings, they are directed to court.

ATTACHMENT A

ORGANIZATION INFORMATION

Organization Name: _____

FEIN: _____ State ID: _____

Address: _____

Contact Person: _____ Title: _____

Phone: _____ Email: _____

Additional Contact: _____ Title: _____

Phone: _____ Email: _____

Additional Contact: _____ Title: _____

Phone: _____ Email: _____

Organization type: Non-Profit Government Private for Profit

I hereby certify that to the best of my knowledge all information contained in this proposal is accurate and complete, that this is a valid proposal and that I am legally authorized to sign and to represent this organization.

Signature _____

Date _____

ATTACHMENT B: CONFLICT OF INTEREST AFFIDAVIT AND DISCLOSURE

A. "Conflict of interest" means that because of other activities or relationships with other persons, a person is unable or potentially unable to render impartial assistance or advice in regards to the contract or work done under the contract, or the person's objectivity in performing the contract work is or might be otherwise impaired, or a person has an unfair competitive advantage.

B. "Person" has the meaning stated in COMAR 21.01.02.01B(64) and includes a bidder, offeror, contractor, consultant, or subcontractor or sub-consultant at any tier, and also includes an employee or agent of any of them if the employee or agent has or will have the authority to control or supervise all or a portion of the work for which a bid or offer is made.

C. The bidder or offeror warrants that, except as disclosed in §D, below, there are no relevant facts or circumstances now giving rise or which could, in the future, give rise to a conflict of interest.

D. Please explain in detail, and attach additional sheets if necessary, in regards to any facts or circumstances where conflict of interest has arisen or will arise in the future.

E. The bidder or offeror agrees that if an actual or potential conflict of interest arises after the date of this affidavit, the bidder or offeror shall immediately make a full disclosure in writing to the procurement officer of all relevant facts and circumstances. This disclosure shall include a description of actions which the bidder or offeror has taken and proposes to take to avoid, mitigate, or neutralize the actual or potential conflict of interest. If the contract has been awarded and performance of the contract has begun, the contractor shall continue performance until notified by the procurement officer of any contrary action to be taken.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Date: _____

Company: _____

Signatory Name: _____

Signatory Title: _____

Signature: _____

ATTACHMENT C: Proposal or Bid Protest Form

RFP Number: _____ Date of RFP _____

Title of RFP: _____

Name of Protester: _____

Protester Agency: _____

Mailing Address: _____

Phone: _____ Email: _____

Detail of Protest:

APPENDIX A: 5-year Loss Run



TRI COUNTY COUNCIL FOR THE LOWER
Claims Loss Run: 07/01/2014 through 07/01/2019 Sorted By Accident Date ASC

This report displays specific detailed information about a claim and its current payments and reserves as of the run date of this report. The flag(s) indicate: A = Attorney, S = Subrogation, W = WCC, and M = multiple claims for Claimant with three or more claims in the 24 months from the run date of this report. This information is derived from the information stored in the Chesapeake Employers insurance system.

UN630R, Release 08/28/2012

Term: 07/01/2014 - 07/01/2015 | Program: MANPT

Group By Term

Location: 31901 TRI COUNTY WAY STE 245, SALISBURY, MD 21801
 Manual Class: 83850 / BUS CO: GARAGE EMPLOYEES

Claim Information for Claim:

Claimant: _____ Flag(s): _____
 Accident Date: 10/05/2014 Claim Status: Closed - Medical Only
 Report Date: 10/07/2014 Parts of Body: R Elbow | R Wrist
 Lagtime Days: 2 Nature: Contusion, Crushing, Bruise
 Paid TT Days: 0 Type: Struck Against, Uns
 Adjustor: _____ Subro Status: _____

	Reserves	Paid
* Medical:	\$0.00	\$156.02
Indemnity:	\$0.00	\$0.00
Total:	\$0.00	\$156.02
	Recovery:	\$0.00
	Total Incurred:	\$156.02

* Medical reserves include Medicare Set-Aside of: \$0.00

Description:
 WHILE WORKING ON A BUS HIT RIGHT ELBOW

Location: 31901 TRI COUNTY WAY STE 245, SALISBURY, MD 21801
 Manual Class: 73820 / AUTO BUS LIVERY TAXI CO & DRIVERS

Claim Information for Claim:

Claimant: _____ Flag(s): S
 Accident Date: 12/12/2014 Claim Status: Closed - Medical Only
 Report Date: 12/19/2014 Parts of Body: L Foot
 Lagtime Days: 7 Nature: Sprains, Strains
 Paid TT Days: 0 Type: From Voluntary Motions
 Adjustor: _____ Subro Status: CLOSED

	Reserves	Paid
* Medical:	\$0.00	\$1,024.58
Indemnity:	\$0.00	\$0.00
Total:	\$0.00	\$1,024.58
	Recovery:	\$0.00
	Total Incurred:	\$1,024.58

* Medical reserves include Medicare Set-Aside of: \$0.00

Description:
 DRIVER TWISTED ANKLE EXITING THE BUS

Location: 31901 TRI COUNTY WAY STE 245, SALISBURY, MD 21801
 Manual Class: 88100 / CLERICAL OFFICE EMPLOYEES N O C

Claim Information for Claim:

Claimant: _____ Flag(s): _____
 Accident Date: 01/07/2015 Claim Status: Closed - Report Only
 Report Date: 01/07/2015 Parts of Body: L Ear | Report Only/No Injury
 Lagtime Days: 0 Nature: Electric Shock, Electrocuton
 Paid TT Days: 0 Type: Contact With Electric Current
 Adjustor: _____ Subro Status: _____

	Reserves	Paid
* Medical:	\$0.00	\$0.00
Indemnity:	\$0.00	\$0.00
Total:	\$0.00	\$0.00
	Recovery:	\$0.00
	Total Incurred:	\$0.00

* Medical reserves include Medicare Set-Aside of: \$0.00

Description:
 GOT SCHOCKED ON EAR FROM TELEPHONE

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TRI COUNTY COUNCIL FOR THE LOWER
Claims Loss Run: 07/01/2014 through 07/01/2019 Sorted By Accident Date ASC

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UN630R, Release 08/28/2012

Term: 07/01/2014 - 07/01/2015 | Program: MANPT

Group By Term

Location: 31901 TRI COUNTY WAY STE 245, SALISBURY, MD 21801
 Manual Class: 88100 / CLERICAL OFFICE EMPLOYEES N O C

Claim Information for Claim:

Claimant: Flag(s):
 Accident Date: 03/05/2015 Claim Status: Closed - Report Only
 Report Date: 03/06/2015 Parts of Body: L Back | Report Only/No Injury
 Lagtime Days: 1 Nature: Sprains, Strains
 Paid TT Days: 0 Type: Fall To The Walkway, Etc
 Adjustor: Subro Status:

	Reserves	Paid
* Medical:	\$0.00	\$0.00
Indemnity:	\$0.00	\$0.00
Total:	\$0.00	\$0.00
	Recovery:	\$0.00
	Total Incurred:	\$0.00

* Medical reserves include Medicare Set-Aside of: \$0.00

Description:
 FELL ON ICE AT OFFICE BUILDING PARKING LOT

Location: 31901 TRI COUNTY WAY STE 245, SALISBURY, MD 21801
 Manual Class: 88100 / CLERICAL OFFICE EMPLOYEES N O C

Claim Information for Claim:

Claimant: Flag(s):
 Accident Date: 04/20/2015 Claim Status: Closed - Report Only
 Report Date: 04/21/2015 Parts of Body: R Knee | L Knee
 Lagtime Days: 1 Nature: Contusion, Crushing, Bruise
 Paid TT Days: 0 Type: Fall On Same Level, Uns
 Adjustor: Subro Status:

	Reserves	Paid
* Medical:	\$0.00	\$0.00
Indemnity:	\$0.00	\$0.00
Total:	\$0.00	\$0.00
	Recovery:	\$0.00
	Total Incurred:	\$0.00

* Medical reserves include Medicare Set-Aside of: \$0.00

Description:
 EMPLOYEE STATES THEY WERE WALKING IN THE HALLWAY DROPPED THEIR ID BADGE AND THEIR FOOT SLIPPED ON THE BADGE CAUSING THEM TO FALL.

Location: 31901 TRI COUNTY WAY STE 245, SALISBURY, MD 21801
 Manual Class: 83850 / BUS CO: GARAGE EMPLOYEES

Claim Information for Claim:

*Potential SSN Duplicate Claim Exists

Claimant: Flag(s): AW
 Accident Date: 05/18/2015 Claim Status: Closed - Contested
 Report Date: 08/17/2015 Parts of Body: U Rib | Lungs | Back | Neck
 Lagtime Days: 91 Nature: Sprains, Strains
 Paid TT Days: 0 Type: Bodily Reaction
 Adjustor: Subro Status:

	Reserves	Paid
* Medical:	\$0.00	\$0.00
Indemnity:	\$0.00	\$0.00
Total:	\$0.00	\$0.00
	Recovery:	\$0.00
	Total Incurred:	\$0.00

* Medical reserves include Medicare Set-Aside of: \$0.00

Description:
 WHILE OPERATING THE BUS THE DRIVER'S SEAT CAME UNDONE AND CAUSED HIM TO BEEN THROWN OUT OF THE SEAT TO THE RIGHT

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TRI COUNTY COUNCIL FOR THE LOWER
Claims Loss Run: 07/01/2014 through 07/01/2019 Sorted By Accident Date ASC

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UN630R, Release 08/28/2012

Term: 07/01/2014 - 07/01/2015 | Program: MANPT

Group By Term

Location: 31901 TRI COUNTY WAY STE 245, SALISBURY, MD 21801
 Manual Class: 73820 / AUTO BUS LIVERY TAXI CO & DRIVERS

Claim Information for Claim:

Claimant: Flag(s): ASW
 Accident Date: 05/18/2015 Claim Status: Reopen - Eligible
 Report Date: 05/19/2015 Parts of Body: R Rib | L Face | R Hand | L Hand | Other Cases | Neck | Back
 Lagtime Days: 1 Nature: Fracture
 Paid TT Days: 109 Type: Out Of Control
 Adjustor: Subro Status: CLOSED

	Reserves	Paid
* Medical:	\$8,257.25	\$37,740.78
Indemnity:	\$36,850.00	\$38,707.75
Total:	\$45,107.25	\$76,448.53
	Recovery:	\$0.00
	Total Incurred:	\$121,555.78

* Medical reserves include Medicare Set-Aside of: \$0.00

Description:
 SEAT CAME UNBOLTED AND DRIVER FELL FROM SEAT GRABBED STEERING WHEEL BUS HIT POLE DRIVER SLAMMED THROUGH SIDE GLASS

07/01/2014 07/01/2015	Claims	Lagtime (Avg)	Indemnity Reserves	Medical Reserves	Total Reserves	Indemnity Paid	Medical Paid	Total Paid	Recovery	Total Incurred	* MSA Reserve
Chesapeake Em	7	14.71	\$36,850.00	\$8,257.25	\$45,107.25	\$38,707.75	\$38,921.38	\$77,629.13	\$0.00	\$122,736.38	\$0.00
Other States:	0	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total:	7	14.71	\$36,850.00	\$8,257.25	\$45,107.25	\$38,707.75	\$38,921.38	\$77,629.13	\$0.00	\$122,736.38	\$0.00

* Medical Reserves include Medicare Set-Aside (MSA)

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TRI COUNTY COUNCIL FOR THE LOWER
Claims Loss Run: 07/01/2014 through 07/01/2019 Sorted By Accident Date ASC

This report displays specific detailed information about a claim and its current payments and reserves as of the run date of this report. The flag(s) indicate: A = Attorney, S = Subrogation, W = WCC, and M = multiple claims for Claimant with three or more claims in the 24 months from the run date of this report. This information is derived from the information stored in the Chesapeake Employers insurance system.

UN630R, Release 08/28/2012

Term: 07/01/2015 - 07/01/2016 | Program: MAN3

Group By Term

Location: 31901 TRI COUNTY WAY STE 245, SALISBURY, MD 21801
 Manual Class: 88100 / CLERICAL OFFICE EMPLOYEES N O C

Claim Information for Claim:

Claimant: _____ Flag(s): _____
 Accident Date: 07/28/2015 Claim Status: Closed - Medical Only
 Report Date: 07/28/2015 Parts of Body: Abdomen
 Lagtime Days: 0 Nature: Sprains, Strains
 Paid TT Days: 0 Type: Repetition Or Pressure
 Adjustor: _____ Subro Status: _____

	Reserves	Paid
* Medical:	\$0.00	\$108.54
Indemnity:	\$0.00	\$0.00
Total:	\$0.00	\$108.54
	Recovery:	\$0.00
	Total Incurred:	\$108.54

* Medical reserves include Medicare Set-Aside of: \$0.00

Description:
 AFTER REPETITIVE MOTION DURING 8 DAYS IN FARE COUNTING HER MID SECTION ABDOMEN IS SORE

Location: 31901 TRI COUNTY WAY STE 245, SALISBURY, MD 21801
 Manual Class: 88100 / CLERICAL OFFICE EMPLOYEES N O C

Claim Information for Claim:

Claimant: _____ Flag(s): _____
 Accident Date: 11/13/2015 Claim Status: Closed - Report Only
 Report Date: 11/16/2015 Parts of Body: Report Only/No Injury | R Knee | L Knee
 Lagtime Days: 3 Nature: Contusion, Crushing, Bruise
 Paid TT Days: 0 Type: Fall On Same Level, Uns
 Adjustor: 1 Subro Status: _____

	Reserves	Paid
* Medical:	\$0.00	\$0.00
Indemnity:	\$0.00	\$0.00
Total:	\$0.00	\$0.00
	Recovery:	\$0.00
	Total Incurred:	\$0.00

* Medical reserves include Medicare Set-Aside of: \$0.00

Description:
 WENT TO CAFE ON BREAK DROPPED FORK TRIED TO PICK UP AND FELL ON MY KNEES

Location: 31901 TRI COUNTY WAY STE 245, SALISBURY, MD 21801
 Manual Class: 88100 / CLERICAL OFFICE EMPLOYEES N O C

Claim Information for Claim:

Claimant: _____ Flag(s): _____
 Accident Date: 02/12/2016 Claim Status: Closed - Denied
 Report Date: 02/12/2016 Parts of Body: Head
 Lagtime Days: 0 Nature: Contusion, Crushing, Bruise
 Paid TT Days: 0 Type: Struck Against, Uns
 Adjustor: _____ Subro Status: _____

	Reserves	Paid
* Medical:	\$0.00	\$0.00
Indemnity:	\$0.00	\$0.00
Total:	\$0.00	\$0.00
	Recovery:	\$0.00
	Total Incurred:	\$0.00

* Medical reserves include Medicare Set-Aside of: \$0.00

Description:
 WHILE JOKING AROUND WITH CO WORKER THE CO WORKER PUSHED ME AND I FELL INTO A PLANT HIT MT HEAD ON FILE CABINET

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TRI COUNTY COUNCIL FOR THE LOWER
Claims Loss Run: 07/01/2014 through 07/01/2019 Sorted By Accident Date ASC

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UN630R, Release 08/28/2012

Term: 07/01/2015 - 07/01/2016 | Program: MAN3

Group By Term

Location: 31901 TRI COUNTY WAY STE 245, SALISBURY, MD 21801
 Manual Class: 83850 / BUS CO: GARAGE EMPLOYEES

Claim Information for Claim:

Claimant: _____ Flag(s): M
 Accident Date: 02/24/2016 Claim Status: Closed - Eligible
 Report Date: 02/24/2016 Parts of Body: Neck
 Lagtime Days: 0 Nature: Sprains, Strains
 Paid TT Days: 6 Type: Struck Against, Uns
 Adjustor: _____ Subro Status: _____

	Reserves	Paid
* Medical:	\$0.00	\$1,708.18
Indemnity:	\$0.00	\$430.29
Total:	\$0.00	\$2,138.47
	Recovery:	\$0.00
	Total Incurred:	\$2,138.47

* Medical reserves include Medicare Set-Aside of: \$0.00

Description:
 EE HIT A DEER AND INJURED HIS NECK

Location: 31901 TRI COUNTY WAY STE 245, SALISBURY, MD 21801
 Manual Class: 73820 / AUTO BUS LIVERY TAXI CO & DRIVERS

Claim Information for Claim:

Claimant: _____ Flag(s): S
 Accident Date: 06/26/2016 Claim Status: Closed - Medical Only
 Report Date: 06/27/2016 Parts of Body: Face
 Lagtime Days: 1 Nature: Skin Condition, Not Specified
 Paid TT Days: 0 Type: Struck By, Nec
 Adjustor: _____ Subro Status: CLOSED

	Reserves	Paid
* Medical:	\$0.00	\$1,340.67
Indemnity:	\$0.00	\$0.00
Total:	\$0.00	\$1,340.67
	Recovery:	\$0.00
	Total Incurred:	\$1,340.67

* Medical reserves include Medicare Set-Aside of: \$0.00

Description:
 PASSENGERS THREW CUP OF SPIT IN DRIVERS FACE

07/01/2015 07/01/2016	Claims	Lagtime (Avg)	Indemnity Reserves	Medical Reserves	Total Reserves	Indemnity Paid	Medical Paid	Total Paid	Recovery	Total Incurred	* MSA Reserve
Chesapeake Em	5	0.80	\$0.00	\$0.00	\$0.00	\$430.29	\$3,157.39	\$3,587.68	\$0.00	\$3,587.68	\$0.00
Other States:	0	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total:	5	0.80	\$0.00	\$0.00	\$0.00	\$430.29	\$3,157.39	\$3,587.68	\$0.00	\$3,587.68	\$0.00

* Medical Reserves include Medicare Set-Aside (MSA)

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TRI COUNTY COUNCIL FOR THE LOWER
Claims Loss Run: 07/01/2014 through 07/01/2019 Sorted By Accident Date ASC

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UN630R, Release 08/28/2012

Term: 07/01/2016 - 07/01/2017 | Program: MANPT

Group By Term

Location: 31901 TRI COUNTY WAY STE 245, SALISBURY, MD 21801
 Manual Class: 73820 / AUTO BUS LIVERY TAXI CO & DRIVERS

Claim Information for Claim:

Claimant: _____
 Accident Date: 09/01/2016
 Report Date: 09/01/2016
 Lagtime Days: 0
 Paid TT Days: 0
 Adjustor: _____

Flag(s): _____
 Claim Status: Closed - Medical Only
 Parts of Body: Abdomen | L Thigh-Upper Leg
 Nature: Sprains, Strains
 Type: Pulling Or Pushing Objects
 Subro Status: _____

	Reserves	Paid
* Medical:	\$0.00	\$337.00
Indemnity:	\$0.00	\$0.00
Total:	\$0.00	\$337.00
	Recovery:	\$0.00
	Total Incurred:	\$337.00

* Medical reserves include Medicare Set-Aside of: \$0.00

Description:
 PUSHING A WHEELCHAIR CLIENT PUSHING IT UP THE HANDICAP SIDEWALK FELT PULLING IN GROIN

Location: 31901 TRI COUNTY WAY STE 245, SALISBURY, MD 21801
 Manual Class: 73820 / AUTO BUS LIVERY TAXI CO & DRIVERS

Claim Information for Claim:

Claimant: _____
 Accident Date: 09/14/2016
 Report Date: 11/01/2016
 Lagtime Days: 48
 Paid TT Days: 45
 Adjustor: _____

Flag(s): W
 Claim Status: Closed - Eligible
 Parts of Body: Back | R Knee
 Nature: Contusion, Crushing, Bruise
 Type: Fall On Same Level, Nec
 Subro Status: _____

	Reserves	Paid
* Medical:	\$0.00	\$18,882.99
Indemnity:	\$0.00	\$3,143.57
Total:	\$0.00	\$22,026.56
	Recovery:	\$0.00
	Total Incurred:	\$22,026.56

* Medical reserves include Medicare Set-Aside of: \$0.00

Description:
 SLIPPED IN WET GRASS FELL

Location: 31901 TRI COUNTY WAY STE 245, SALISBURY, MD 21801
 Manual Class: 88100 / CLERICAL OFFICE EMPLOYEES N O C

Claim Information for Claim:

Claimant: _____
 Accident Date: 09/24/2016
 Report Date: 09/27/2016
 Lagtime Days: 3
 Paid TT Days: 0
 Adjustor: _____

Flag(s): _____
 Claim Status: Closed - Report Only
 Parts of Body: U Knee
 Nature: Contusion, Crushing, Bruise
 Type: Fall To The Walkway, Etc
 Subro Status: _____

	Reserves	Paid
* Medical:	\$0.00	\$0.00
Indemnity:	\$0.00	\$0.00
Total:	\$0.00	\$0.00
	Recovery:	\$0.00
	Total Incurred:	\$0.00

* Medical reserves include Medicare Set-Aside of: \$0.00

Description:
 EE LOST HER BALANCE AND FELL WHILE WALKING TO HER CAR.

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TRI COUNTY COUNCIL FOR THE LOWER
Claims Loss Run: 07/01/2014 through 07/01/2019 Sorted By Accident Date ASC

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UN630R, Release 08/28/2012

Term: 07/01/2016 - 07/01/2017 | Program: MANPT

Group By Term

Location: 31901 TRI COUNTY WAY STE 245, SALISBURY, MD 21801
 Manual Class: 73820 / AUTO BUS LIVERY TAXI CO & DRIVERS

Claim Information for Claim:

Claimant: Flag(s): ASW
 Accident Date: 10/06/2016 Claim Status: Open - Eligible
 Report Date: 10/06/2016 Parts of Body: R Shoulder | R Forearm | R Side | Back | Nervous Disorder
 Lagtime Days: 0 Nature: Multiple Injuries
 Paid TT Days: 868 Type: Vehicles Moving In Intersection
 Adjustor: Subro Status: OPEN

	Reserves	Paid
* Medical:	\$24,719.74	\$42,364.02
Indemnity:	\$84,581.00	\$50,344.00
Total:	\$109,300.74	\$92,708.02
	Recovery:	\$0.00
	Total Incurred:	\$202,008.76

* Medical reserves include Medicare Set-Aside of: \$0.00

Description:
 AUTO ACCIDENT CAR RAN RED LIGHT AND HIT BUS

Location: 31901 TRI COUNTY WAY STE 245, SALISBURY, MD 21801
 Manual Class: 73820 / AUTO BUS LIVERY TAXI CO & DRIVERS

Claim Information for Claim:

Claimant: Flag(s):
 Accident Date: 11/02/2016 Claim Status: Closed - Denied
 Report Date: 11/03/2016 Parts of Body: L Eye | Other Cases | R Eye
 Lagtime Days: 1 Nature: Eye, Other Diseases Of The Eye
 Paid TT Days: 0 Type: Contact With Radiations, Caustics, Etc, Nec
 Adjustor: Subro Status:

	Reserves	Paid
* Medical:	\$0.00	\$593.30
Indemnity:	\$0.00	\$0.00
Total:	\$0.00	\$593.30
	Recovery:	\$0.00
	Total Incurred:	\$593.30

* Medical reserves include Medicare Set-Aside of: \$0.00

Description:
 CLAIMANT STATES THAT DURING HIS OPERATION OF BUS FUMES IRRATATED HIS EYES AND THROAT

Location: 31901 TRI COUNTY WAY STE 245, SALISBURY, MD 21801
 Manual Class: 73820 / AUTO BUS LIVERY TAXI CO & DRIVERS

Claim Information for Claim:

Claimant: Flag(s):
 Accident Date: 12/07/2016 Claim Status: Closed - Report Only
 Report Date: 12/08/2016 Parts of Body: L Knee
 Lagtime Days: 1 Nature: Sprains, Strains
 Paid TT Days: 0 Type: Nonclassifiable
 Adjustor: Subro Status:

	Reserves	Paid
* Medical:	\$0.00	\$0.00
Indemnity:	\$0.00	\$0.00
Total:	\$0.00	\$0.00
	Recovery:	\$0.00
	Total Incurred:	\$0.00

* Medical reserves include Medicare Set-Aside of: \$0.00

Description:
 TWISTED LEFT KNEE

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TRI COUNTY COUNCIL FOR THE LOWER
Claims Loss Run: 07/01/2014 through 07/01/2019 Sorted By Accident Date ASC

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UN630R, Release 08/28/2012

Term: 07/01/2016 - 07/01/2017 | Program: MANPT

Group By Term

Location: 31901 TRI COUNTY WAY STE 245, SALISBURY, MD 21801
 Manual Class: 73820 / AUTO BUS LIVERY TAXI CO & DRIVERS

Claim Information for Claim:

Claimant: _____ Flag(s): _____
 Accident Date: 06/22/2017 Claim Status: Closed - Report Only
 Report Date: 06/23/2017 Parts of Body: Mouth
 Lagtime Days: 1 Nature: Infective Or Parasitic Disease, Uns
 Paid TT Days: 0 Type: Contact With Radiations, Caustics, Etc, Nec
 Adjustor: _____ Subro Status: _____

	Reserves	Paid
* Medical:	\$0.00	\$0.00
Indemnity:	\$0.00	\$0.00
Total:	\$0.00	\$0.00
	Recovery:	\$0.00
	Total Incurred:	\$0.00

* Medical reserves include Medicare Set-Aside of: \$0.00

Description:
 WHILE DIFUSING ALRTERCATION CAME IN CONTACT WITH A CLIENT THAT HAD PNEUMONIA

Location: 31901 TRI COUNTY WAY STE 245, SALISBURY, MD 21801
 Manual Class: 73820 / AUTO BUS LIVERY TAXI CO & DRIVERS

Claim Information for Claim:

Claimant: _____ Flag(s): M
 Accident Date: 06/23/2017 Claim Status: Closed - Medical Only
 Report Date: 06/23/2017 Parts of Body: L Neck | L Back
 Lagtime Days: 0 Nature: Sprains, Strains
 Paid TT Days: 0 Type: Struck Against, Uns
 Adjustor: _____ Subro Status: _____

	Reserves	Paid
* Medical:	\$0.00	\$2,312.35
Indemnity:	\$0.00	\$0.00
Total:	\$0.00	\$2,312.35
	Recovery:	\$0.00
	Total Incurred:	\$2,312.35

* Medical reserves include Medicare Set-Aside of: \$0.00

Description:
 HIT TWO DEER WHILE DRIVING ON SHOCKLEY ROAD

07/01/2016 07/01/2017	Claims	Lagtime (Avg)	Indemnity Reserves	Medical Reserves	Total Reserves	Indemnity Paid	Medical Paid	Total Paid	Recovery	Total Incurred	* MSA Reserve
Chesapeake Em	11	6.09	\$84,581.00	\$24,719.74	\$109,300.74	\$53,487.57	\$65,948.68	\$119,436.25	\$0.00	\$228,736.99	\$0.00
Other States:	0	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total:	11	6.09	\$84,581.00	\$24,719.74	\$109,300.74	\$53,487.57	\$65,948.68	\$119,436.25	\$0.00	\$228,736.99	\$0.00

* Medical Reserves include Medicare Set-Aside (MSA)

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TRI COUNTY COUNCIL FOR THE LOWER
Claims Loss Run: 07/01/2014 through 07/01/2019 Sorted By Accident Date ASC

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UN630R, Release 08/28/2012

Term: 07/01/2017 - 07/01/2018 | Program: MAN

Group By Term

Location: 31901 TRI COUNTY WAY STE 245, SALISBURY, MD 21801
 Manual Class: 88100 / CLERICAL OFFICE EMPLOYEES N O C

Claim Information for Claim:

Claimant: _____
 Accident Date: 07/26/2017
 Report Date: 08/01/2017
 Lagtime Days: 6
 Paid TT Days: 0
 Adjustor: _____

Flag(s):
 Claim Status: Closed - Denied
 Parts of Body: R Knee
 Nature: Sprains, Strains
 Type: Leaning, Kneeling, Etc
 Subro Status: _____

	Reserves	Paid
* Medical:	\$0.00	\$0.00
Indemnity:	\$0.00	\$0.00
Total:	\$0.00	\$0.00
	Recovery:	\$0.00
	Total Incurred:	\$0.00

* Medical reserves include Medicare Set-Aside of: \$0.00

Description:
 ASSISTING SUPERVISOR STOCKING PRE TRIP BOOKS INTO CABINET AS I CAME UP FROM BENDING DOWN MY RIGHT KNEE GSVE WSY IN WHICH I HAVE PROBLEMS & HAVE HEART ISSUES HAD PALIPATATIONS ALMOST FELT LIKE I WAS GOING TO PASS OUT RIGHT HAND AND WRIST PAIN FROM FLIPPING BOXES

Location: 31901 TRI COUNTY WAY STE 245, SALISBURY, MD 21801
 Manual Class: 73820 / AUTO BUS LIVERY TAXI CO & DRIVERS

Claim Information for Claim:

Claimant: _____
 Accident Date: 07/29/2017
 Report Date: 08/03/2017
 Lagtime Days: 5
 Paid TT Days: 0
 Adjustor: _____

Flag(s):
 Claim Status: Closed - Medical Only
 Parts of Body: L Foot
 Nature: Cut, Laceration, Puncture
 Type: Struck Against, Uns
 Subro Status: _____

	Reserves	Paid
* Medical:	\$0.00	\$0.00
Indemnity:	\$0.00	\$0.00
Total:	\$0.00	\$0.00
	Recovery:	\$0.00
	Total Incurred:	\$0.00

* Medical reserves include Medicare Set-Aside of: \$0.00

Description:
 WALKING ACROSS THE PARKING LOT TO RESTROOM STEPPED ON SCREW

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UN630R, Release 08/28/2012

Term: 07/01/2017 - 07/01/2018 | Program: MAN

Group By Term

Location: 31901 TRI COUNTY WAY STE 245, SALISBURY, MD 21801
 Manual Class: 73820 / AUTO BUS LIVERY TAXI CO & DRIVERS

Claim Information for Claim:

Claimant: _____ Flag(s): _____
 Accident Date: 10/23/2017 Claim Status: Closed - Medical Only
 Report Date: 10/27/2017 Parts of Body: L Face
 Lagtime Days: 4 Nature: Contusion, Crushing, Bruise
 Paid TT Days: 0 Type: Struck By, Uns
 Adjustor: _____ Subro Status: _____

	Reserves	Paid
* Medical:	\$0.00	\$496.14
Indemnity:	\$0.00	\$0.00
Total:	\$0.00	\$496.14
	Recovery:	\$0.00
	Total Incurred:	\$496.14

* Medical reserves include Medicare Set-Aside of: \$0.00

Description:
 PULLED HOOD OPEN ON BUS AND HIT FACE ON HOOD

Location: 31901 TRI COUNTY WAY STE 245, SALISBURY, MD 21801
 Manual Class: 73820 / AUTO BUS LIVERY TAXI CO & DRIVERS

Claim Information for Claim:

Claimant: _____ Flag(s): ASW
 Accident Date: 02/07/2018 Claim Status: Closed - Eligible
 Report Date: 02/08/2018 Parts of Body: Head | Neck | Back
 Lagtime Days: 1 Nature: Sprains, Strains
 Paid TT Days: 1 Type: Both Vehicles In Motion, Uns
 Adjustor: _____ Subro Status: OPEN

	Reserves	Paid
* Medical:	\$0.00	\$2,103.89
Indemnity:	\$0.00	\$54.57
Total:	\$0.00	\$2,158.46
	Recovery:	\$0.00
	Total Incurred:	\$2,158.46

* Medical reserves include Medicare Set-Aside of: \$0.00

Description:
 HAD MINOR ACCIDENT AND REPORTS NECK AND BACK PAIN

Location: 31901 TRI COUNTY WAY STE 245, SALISBURY, MD 21801
 Manual Class: 83850 / BUS CO: GARAGE EMPLOYEES

Claim Information for Claim:

Claimant: _____ Flag(s): W
 Accident Date: 03/23/2018 Claim Status: Closed - Eligible
 Report Date: 03/26/2018 Parts of Body: Back
 Lagtime Days: 3 Nature: Sprains, Strains
 Paid TT Days: 11 Type: Objects Handled
 Adjustor: _____ Subro Status: _____

	Reserves	Paid
* Medical:	\$0.00	\$204.26
Indemnity:	\$0.00	\$550.00
Total:	\$0.00	\$754.26
	Recovery:	\$0.00
	Total Incurred:	\$754.26

* Medical reserves include Medicare Set-Aside of: \$0.00

Description:
 HELPING MECHANIC LOAD RADIATOR SUPPORT

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TRI COUNTY COUNCIL FOR THE LOWER
Claims Loss Run: 07/01/2014 through 07/01/2019 Sorted By Accident Date ASC

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UN630R, Release 08/28/2012

Term: 07/01/2017 - 07/01/2018 Program: MAN											
07/01/2017 07/01/2018	Claims	Lagtime (Avg)	Indemnity Reserves	Medical Reserves	Total Reserves	Indemnity Paid	Medical Paid	Total Paid	Recovery	Total Incurred	* MSA Reserve
Chesapeake Em	5	3.80	\$0.00	\$0.00	\$0.00	\$604.57	\$2,804.29	\$3,408.86	\$0.00	\$3,408.86	\$0.00
Other States:	0	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total:	5	3.80	\$0.00	\$0.00	\$0.00	\$604.57	\$2,804.29	\$3,408.86	\$0.00	\$3,408.86	\$0.00
* Medical Reserves include Medicare Set-Aside (MSA)											

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UN630R, Release 08/28/2012

Term: 07/01/2018 - 07/01/2019 | Program: BP

Group By Term

Location: 31901 TRI COUNTY WAY STE 245, SALISBURY, MD 21801
 Manual Class: 73820 / AUTO BUS LIVERY TAXI CO & DRIVERS

Claim Information for Claim:

Claimant: _____
 Accident Date: 07/17/2018
 Report Date: 07/18/2018
 Lagtime Days: 1
 Paid TT Days: 0
 Adjustor: _____

Flag(s): _____
 Claim Status: Closed - Report Only
 Parts of Body: L Neck | Back
 Nature: Sprains, Strains
 Type: Pulling Or Pushing Objects
 Subro Status: _____

	Reserves	Paid
* Medical:	\$0.00	\$0.00
Indemnity:	\$0.00	\$0.00
Total:	\$0.00	\$0.00
	Recovery:	\$0.00
	Total Incurred:	\$0.00

* Medical reserves include Medicare Set-Aside of: \$0.00

Description:
 WHILE PUSHING A WHEELCHAIR CLIENT STRAINED LEFT SHOULDER AND BACK

Location: 31901 TRI COUNTY WAY STE 245, SALISBURY, MD 21801
 Manual Class: 88100 / CLERICAL OFFICE EMPLOYEES N O C

Claim Information for Claim:

Claimant: _____
 Accident Date: 12/13/2018
 Report Date: 01/04/2019
 Lagtime Days: 22
 Paid TT Days: 0
 Adjustor: _____

Flag(s): _____
 Claim Status: Closed - Report Only
 Parts of Body: Report Only/No Injury
 Nature: No Injury Or Illness
 Type: Nonhighway Motor Vehicle Accidents, Uns
 Subro Status: _____

	Reserves	Paid
* Medical:	\$0.00	\$0.00
Indemnity:	\$0.00	\$0.00
Total:	\$0.00	\$0.00
	Recovery:	\$0.00
	Total Incurred:	\$0.00

* Medical reserves include Medicare Set-Aside of: \$0.00

Description:
 REPORT ONLY!!! WHILE DRIVING BACK TO OFFICE FROM MEETING I DONT RECALL ANYTHING HAPPENING ONLY WAKING UP WITH YIELD SIGN PUNCTURED THROUGH WINDSHIELD

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TRI COUNTY COUNCIL FOR THE LOWER
Claims Loss Run: 07/01/2014 through 07/01/2019 Sorted By Accident Date ASC

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UN630R, Release 08/28/2012

Term: 07/01/2018 - 07/01/2019 | Program: BP

Group By Term

Location: 31901 TRI COUNTY WAY STE 245, SALISBURY, MD 21801
 Manual Class: 99999 / NO DESCRIPTION FOUND

Claim Information for Claim:

Claimant: _____
 Accident Date: 12/18/2018
 Report Date: 12/18/2018
 Lagtime Days: 0
 Paid TT Days: 29
 Adjustor: _____

Flag(s): ASWM
 Claim Status: Open - Eligible
 Parts of Body: Back | Neck
 Nature: Sprains, Strains
 Type: Nonclassifiable
 Subro Status: OPEN

	Reserves	Paid
* Medical:	\$3,181.09	\$6,344.87
Indemnity:	\$17,484.75	\$2,846.14
Total:	\$20,665.84	\$9,191.01
	Recovery:	\$0.00
	Total Incurred:	\$29,856.85

* Medical reserves include Medicare Set-Aside of: \$0.00

Description:
 CLAIMANT WAS INVOLVED IN A CAR ACCIDENT THE REPORTER STATED THAT THE FIRE DEPT EXPLAINED AND STATED THAT THE CLAIMANT STATED THAT HIS BACK AND NECK WAS HURTING.

Location: 31901 TRI COUNTY WAY STE 245, SALISBURY, MD 21801
 Manual Class: 73820 / AUTO BUS LIVERY TAXI CO & DRIVERS

Claim Information for Claim:

Claimant: _____
 Accident Date: 12/26/2018
 Report Date: 12/26/2018
 Lagtime Days: 0
 Paid TT Days: 20
 Adjustor: _____

Flag(s): W
 Claim Status: Closed - Eligible
 Parts of Body: L Wrist
 Nature: Sprains, Strains
 Type: Objects Handled
 Subro Status:

	Reserves	Paid
* Medical:	\$0.00	\$2,233.89
Indemnity:	\$0.00	\$1,221.43
Total:	\$0.00	\$3,455.32
	Recovery:	\$0.00
	Total Incurred:	\$3,455.32

* Medical reserves include Medicare Set-Aside of: \$0.00

Description:
 WHILE FOLDING A CLIENTS WALKER TWISTED MY LEFT WRIST

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TRI COUNTY COUNCIL FOR THE LOWER
Claims Loss Run: 07/01/2014 through 07/01/2019 Sorted By Accident Date ASC

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UN630R, Release 08/28/2012

Term: 07/01/2018 - 07/01/2019 | Program: BP

Group By Term

Location: 31901 TRI COUNTY WAY STE 245, SALISBURY, MD 21801
 Manual Class: 73820 / AUTO BUS LIVERY TAXI CO & DRIVERS

Claim Information for Claim:

Claimant: _____ Flag(s): _____
 Accident Date: 01/14/2019 Claim Status: Closed - Report Only
 Report Date: 01/17/2019 Parts of Body: R Shoulder | L Hip
 Lagtime Days: 3 Nature: Sprains, Strains
 Paid TT Days: 0 Type: Fall On Same Level, Uns
 Adjustor: _____ Subro Status: _____

	Reserves	Paid
* Medical:	\$0.00	\$0.00
Indemnity:	\$0.00	\$0.00
Total:	\$0.00	\$0.00
	Recovery:	\$0.00
	Total Incurred:	\$0.00

* Medical reserves include Medicare Set-Aside of: \$0.00

Description:
 REPORT ONLY STEPPED OUT OF CAR ON ICE AND FEET WENT OUT FROM UNDER HIM

Location: 31901 TRI COUNTY WAY, HUMAN RESOURCES, SALISBURY, MD 21801
 Manual Class: 88100 / CLERICAL OFFICE EMPLOYEES N O C

Claim Information for Claim:

Claimant: _____ Flag(s): _____
 Accident Date: 03/08/2019 Claim Status: Closed - Report Only
 Report Date: 03/18/2019 Parts of Body: Report Only/No Injury
 Lagtime Days: 10 Nature: No Injury Or Illness
 Paid TT Days: 0 Type: By Ingestion
 Adjustor: _____ Subro Status: _____

	Reserves	Paid
* Medical:	\$0.00	\$0.00
Indemnity:	\$0.00	\$0.00
Total:	\$0.00	\$0.00
	Recovery:	\$0.00
	Total Incurred:	\$0.00

* Medical reserves include Medicare Set-Aside of: \$0.00

Description:
 POSSIBLE EXPOSURE TO PIN WORMS REPORT ONLY

Location: 31901 TRI COUNTY WAY, HUMAN RESOURCES, SALISBURY, MD 21801
 Manual Class: 88100 / CLERICAL OFFICE EMPLOYEES N O C

Claim Information for Claim:

Claimant: _____ Flag(s): _____
 Accident Date: 03/08/2019 Claim Status: Closed - Report Only
 Report Date: 03/18/2019 Parts of Body: Report Only/No Injury
 Lagtime Days: 10 Nature: No Injury Or Illness
 Paid TT Days: 0 Type: By Ingestion
 Adjustor: _____ Subro Status: _____

	Reserves	Paid
* Medical:	\$0.00	\$0.00
Indemnity:	\$0.00	\$0.00
Total:	\$0.00	\$0.00
	Recovery:	\$0.00
	Total Incurred:	\$0.00

* Medical reserves include Medicare Set-Aside of: \$0.00

Description:
 POSSIBLE EXPOSURE TO PIN WORMS REPORT ONLY

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TRI COUNTY COUNCIL FOR THE LOWER

Claims Loss Run: 07/01/2014 through 07/01/2019 Sorted By Accident Date ASC

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UN630R, Release 08/28/2012

Term: 07/01/2018 - 07/01/2019 Program: BP											
07/01/2018 07/01/2019	Claims	Lagtime (Avg)	Indemnity Reserves	Medical Reserves	Total Reserves	Indemnity Paid	Medical Paid	Total Paid	Recovery	Total Incurred	* MSA Reserve
Chesapeake Em	10	6.30	\$17,484.75	\$3,181.09	\$20,665.84	\$4,067.57	\$8,578.76	\$12,646.33	\$0.00	\$33,312.17	\$0.00
Other States:	0	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total:	10	6.30	\$17,484.75	\$3,181.09	\$20,665.84	\$4,067.57	\$8,578.76	\$12,646.33	\$0.00	\$33,312.17	\$0.00

* Medical Reserves include Medicare Set-Aside (MSA)

Policy	Claims	Lagtime (Avg)	Indemnity Reserves	Medical Reserves	Total Reserves	Indemnity Paid	Medical Paid	Total Paid	Recovery	Total Incurred	* MSA Reserve
Chesapeake Em	38	6.74	\$138,915.75	\$36,158.08	\$175,073.83	\$97,297.75	\$119,410.50	\$216,708.25	\$0.00	\$391,782.08	\$0.00
Other States:	0	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total:	38	6.74	\$138,915.75	\$36,158.08	\$175,073.83	\$97,297.75	\$119,410.50	\$216,708.25	\$0.00	\$391,782.08	\$0.00

* Medical Reserves include Medicare Set-Aside (MSA)

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