



SUMMARY TOTALS BY POLICY YEAR

Year	Policy Number	Insured Name	Eff Date	Exp Date	Claim Count	# Indem	# Med	# Other	Incurred	Paid
2018	DDWC912754	D&D Services, Inc.	8/1/2018	8/1/2019	5	4	1	0	\$72,923.63	\$29,613.66
2018 Total					5	4	1	0	\$72,923.63	\$29,613.66
2017	DDWC809296	D&D Services, Inc.	8/1/2017	8/1/2018	20	9	11	0	\$214,146.04	\$108,406.97
2017 Total					20	9	11	0	\$214,146.04	\$108,406.97
2016	DDWC705892	D&D Services, Inc.	8/1/2016	8/1/2017	13	5	8	0	\$95,233.87	\$95,233.87
2016 Total					13	5	8	0	\$95,233.87	\$95,233.87
2015	DDWC602674	D&D SERVICES INC.	8/1/2015	8/1/2016	11	4	7	0	\$153,726.23	\$153,726.23
2015 Total					11	4	7	0	\$153,726.23	\$153,726.23
2014	OKW001351	D&D SERVICES INC.	8/1/2014	8/1/2015	16	4	12	0	\$85,982.59	\$85,982.59
2014 Total					16	4	12	0	\$85,982.59	\$85,982.59
Grand Total					65	26	39	0	\$622,012.36	\$472,963.32



SUMMARY TOTALS BY POLICY YEAR AND LOCATION

Year	Policy State	Location	Claim Count	# Indem	# Med	# Other	Incurred	Paid
2018	IL	3550 College Ave, Alton, IL	2	2	0	0	\$69,341.35	\$27,700.45
	IL	945 SE 2nd St, Galva, IL	1	1	0	0	\$965.84	\$965.84
		IL Total	3	3	0	0	\$70,307.19	\$28,666.29
	OK	12331 E 60th St, Tulsa, OK	1	1	0	0	\$1,716.44	\$947.37
	OK	720 NE 63rd St, Oklahoma City, OK	1	0	1	0	\$900.00	\$0.00
		OK Total	2	1	1	0	\$2,616.44	\$947.37
2018 Total			5	4	1	\$72,923.63	\$29,613.66	
2017	IL	3550 College Avenue, Alton, IL	3	2	1	0	\$51,203.64	\$21,101.18
	IL	945 SE 2nd Street, Galva, IL	5	5	0	0	\$73,188.69	\$54,085.52
		IL Total	8	7	1	0	\$124,392.33	\$75,186.70
	OK	12331 E 60th Street, Tulsa, OK	8	1	7	0	\$69,627.62	\$13,094.18
	OK	720 NE 63rd St, Oklahoma City, OK	4	1	3	0	\$20,126.09	\$20,126.09
		OK Total	12	2	10	0	\$89,753.71	\$33,220.27
2017 Total			20	9	11	\$214,146.04	\$108,406.97	
2016	IL	3550 College Ave, Alton, IL	2	0	2	0	\$3,446.96	\$3,446.96
	IL	945 SE 2nd St, Galva, IL	4	3	1	0	\$35,241.76	\$35,241.76
	IL	Not Specified	1	0	1	0	\$136.64	\$136.64
		IL Total	7	3	4	0	\$38,825.36	\$38,825.36
	OK	12331 E 60th Street, Tulsa, OK	4	1	3	0	\$55,901.47	\$55,901.47
	OK	7100 BROADWAY EXT., OKLAHOMA CITY, OK	2	1	1	0	\$507.04	\$507.04
	OK Total	6	2	4	0	\$56,408.51	\$56,408.51	
2016 Total			13	5	8	\$95,233.87	\$95,233.87	
2015	IL	300 MAIN STREET, Galva, IL	4	2	2	0	\$19,992.92	\$19,992.92
	IL	945 SE 2nd St, Galva, IL	1	1	0	0	\$68,765.47	\$68,765.47
	IL	Not Specified	1	0	1	0	\$136.72	\$136.72
		IL Total	6	3	3	0	\$88,895.11	\$88,895.11



Year	Policy State	Location	Claim Count	# Indem	# Med	# Other	Incurred	Paid
2015 Total	OK	12331 E 60TH STREET, TULSA, OK	4	1	3	0	\$64,388.64	\$64,388.64
	OK	7100 BROADWAY EXT., OKLAHOMA CITY, OK	1	0	1	0	\$442.48	\$442.48
	OK Total		5	1	4	0	\$64,831.12	\$64,831.12
2015 Total			11	4	7	\$153,726.23	\$153,726.23	
2014	IL	150 WEST SOUTH ST., KEWANEE, IL	2	1	1	0	\$10,175.91	\$10,175.91
	IL	300 MAIN STREET, GALVA, IL	1	0	1	0	\$463.43	\$463.43
	IL Total		3	1	2	0	\$10,639.34	\$10,639.34
	OK	12331 E 60TH STREET, TULSA, OK	9	1	8	0	\$16,074.03	\$16,074.03
	OK	7100 BROADWAY EXT., OKLAHOMA CITY, OK	4	2	2	0	\$59,269.22	\$59,269.22
2014 Total	OK Total		13	3	10	\$75,343.25	\$75,343.25	
			16	4	12	\$85,982.59	\$85,982.59	



LOSS RUN REPORT Valuation Date: 1/7/2019

INSURED: D&D Services, Inc.

STATE: IL

LOCATION: 3550 College Ave, Alton, IL 62002-5008

POLICY PERIOD: 8/1/2018-8/1/2019

POLICY #: DDWC912754

CARRIER: Berkshire Hathaway Homestate Insurance Company

Claim Number:	55089516	Claim Type:	Indemnity
Claimant Name:	Shelton, Crystal G	Claim Status:	Open
Date of Incident:	10/31/2018	Date Closed:	
Date of Birth:	8/6/1980	Date Reopened:	
Date of Hire:	2/16/2018	Occupation:	Staffing Coordinator
Date Reported:	12/6/2018	Class Code:	8810
Body Part:	Finger, single r/l/ unknown	Department 1:	
Cause of Injury:	Cut, puncture, scrape misc.	Department 2:	
Nature of Injury:	Laceration	Claims Professional:	Melissa Bradley 800-362-3555
Jurisdiction:	IL		

Medical:	Incurred	Paid	Outstanding
TD:	2,325.00	0.00	2,325.00
PD:	0.00	0.00	0.00
Voc Rehab:	415.27	0.00	415.27
Expense:	0.00	0.00	0.00
TOTALS:	3,700.00	83.13	3,616.87
Deductible Reimbursements:			
TOTALS: 6,440.27 83.13 6,357.14			
Third Party Recoveries:			
TOTALS: 0.00 0.00 0.00			

Injury Detail: Employee was working on or around a vehicle and or trailer parade float when she contacted a sharp object with her finger and experienced a laceration

Claim Number:	55085374	Claim Type:	Indemnity
Claimant Name:	Christison, Cynthia	Claim Status:	Open
Date of Incident:	9/8/2018	Date Closed:	
Date of Birth:	8/15/1957	Date Reopened:	
Date of Hire:	4/7/2018	Occupation:	Licensed Practical Nurse
Date Reported:	9/12/2018	Class Code:	8835
Body Part:	Wrist, left	Department 1:	
Cause of Injury:	On Stairs	Department 2:	
Nature of Injury:	Multiple injuries	Claims Professional:	Zach Maloley 800-362-3555
Jurisdiction:	IL		

Medical:	Incurred	Paid	Outstanding
TD:	34,700.00	18,658.70	16,041.30
PD:	15,436.08	8,575.60	6,860.48
Voc Rehab:	6,765.00	0.00	6,765.00
Expense:	0.00	0.00	0.00
TOTALS:	62,901.08	27,617.32	35,283.76
Deductible Reimbursements:			
TOTALS: 0.00 0.00 0.00			
Third Party Recoveries:			
TOTALS: 0.00 0.00 0.00			

Injury Detail: The employee was walking from the room to go downstairs and she tripped and fell down the stairs.



LOSS RUN REPORT Valuation Date: 1/7/2019

INSURED: D&D Services, Inc.

STATE: IL

LOCATION: 945 SE 2nd St, Galva, IL 61434-1531

POLICY PERIOD: 8/1/2018-8/1/2019

POLICY #: DDWC912754

CARRIER: Berkshire Hathaway Homestate Insurance Company

Claim Number:	55086785	Claim Type:	Indemnity
Claimant Name:	Stump, Nicole	Claim Status:	Closed
Date of Incident:	10/5/2018	Date Closed:	11/26/2018
Date of Birth:	12/6/1970	Date Reopened:	
Date of Hire:	7/9/2018	Occupation:	LPN
Date Reported:	10/10/2018	Class Code:	8835
Body Part:	Foot left	Department 1:	
Cause of Injury:	Fall, slip misc.	Department 2:	
Nature of Injury:	Fracture	Claims Professional:	Melissa Bradley 800-362-3555
Jurisdiction:	IL		
Injury Detail:	Was stepping on carpeted flooring to take 2 steps toward the child and rolled her left ankle		

	Incurred	Paid	Outstanding
Medical:	643.65	643.65	0.00
TD:	124.84	124.84	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	197.35	197.35	0.00
TOTALS:	965.84	965.84	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	



LOSS RUN REPORT Valuation Date: 1/7/2019

INSURED: D&D Services, Inc.

STATE: OK

LOCATION: 12331 E 60th St, Tulsa, OK 74146-6904

POLICY PERIOD: 8/1/2018-8/1/2019

POLICY #: DDWC912754

CARRIER: Berkshire Hathaway Homestate Insurance Company

Claim Number: 55090054
 Claimant Name: Green, Natalie
 Date of Incident: 12/13/2018
 Date of Birth: 9/8/1958
 Date of Hire: 1/10/2014
 Date Reported: 12/19/2018
 Body Part: Shoulder, left
 Cause of Injury: Repetitive Motion
 Nature of Injury: Pains, tightening, etc.
 Jurisdiction: OK
 Injury Detail: The claimant provides total care and moves a 65 pound client, which has caused repetitive wear and tear of her left shoulder.

Claim Type: Indemnity
 Claim Status: Open
 Date Closed:
 Date Reopened:
 Occupation: LPN
 Class Code: 8835
 Department 1:
 Department 2:
 Claims Professional: Parker Young
 800-362-3555

	Incurred	Paid	Outstanding
Medical:	800.00	113.33	686.67
TD:	816.44	816.44	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	100.00	17.60	82.40
TOTALS:	1,716.44	947.37	769.07
Deductible Reimbursements:		0.00	0.00
Third Party Recoveries:		0.00	0.00



LOSS RUN REPORT Valuation Date: 1/7/2019

INSURED: D&D Services, Inc.

STATE: OK

LOCATION: 720 NE 63rd St, Oklahoma City, OK 73105-6410

POLICY PERIOD: 8/1/2018-8/1/2019

POLICY #: DDWC912754

CARRIER: Berkshire Hathaway Homestate Insurance Company

Claim Number:	55090682	Claim Type:	Medical Only
Claimant Name:	Taylor, Karen	Claim Status:	Open
Date of Incident:	1/6/2019	Date Closed:	
Date of Birth:	12/28/1957	Date Reopened:	
Date of Hire:	5/7/2018	Occupation:	LPN
Date Reported:	1/7/2019	Class Code:	8835
Body Part:	Arm, upper left	Department 1:	
Cause of Injury:	Unknown	Department 2:	
Nature of Injury:	Unknown	Claims Professional:	Brandon Wissing 800-362-3555
Jurisdiction:	OK		
Injury Detail:	walking with medication from kitchen to patients room. tripped over toy in living room.		

	Incurred	Paid	Outstanding
Medical:	800.00	0.00	800.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	100.00	0.00	100.00
TOTALS:	900.00	0.00	900.00
Deductible Reimbursements:		0.00	0.00
Third Party Recoveries:		0.00	0.00

LOSS RUN REPORT Valuation Date: 1/7/2019
INSURED: D&D Services, Inc.
STATE: IL
LOCATION: 3550 College Avenue, Alton, IL 62002
POLICY PERIOD: 8/1/2017-8/1/2018
POLICY #: DDWC809296
CARRIER: Berkshire Hathaway Homestate Insurance Company

Claim Number:	55077406	Claim Type:	Indemnity
Claimant Name:	Johnson, Monica	Claim Status:	Closed
Date of Incident:	4/14/2018	Date Closed:	6/29/2018
Date of Birth:	2/15/1960	Date Reopened:	
Date of Hire:	10/20/2017	Occupation:	NURSE
Date Reported:	4/16/2018	Class Code:	8835
Body Part:	Low back (lumbar/lumbo-sacral)	Department 1:	
Cause of Injury:	Strain injury by reaching	Department 2:	
Nature of Injury:	Strain	Claims Professional:	Jamie Frost Spellman 800-362-3555
Jurisdiction:	IL		
Injury Detail:	Claimant states she was changing the patient's diaper and felt strain in her lower back.		

	Incurred	Paid	Outstanding
Medical:	1,004.24	1,004.24	0.00
TD:	2,757.50	2,757.50	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	64.94	64.94	0.00
TOTALS:	3,826.68	3,826.68	0.00
Deductible Reimbursements:		0.00	0.00
Third Party Recoveries:		0.00	0.00

Claim Number:	55077406	Claim Type:	Medical Only
Claimant Name:	Flattich, Nicole	Claim Status:	Closed
Date of Incident:	3/13/2018	Date Closed:	7/25/2018
Date of Birth:	3/9/1969	Date Reopened:	
Date of Hire:	7/26/2017	Occupation:	RESPIRATORY THERAPIST
Date Reported:	3/14/2018	Class Code:	8835
Body Part:	Back, lower or center unknown	Department 1:	
Cause of Injury:	Strain injury by lifting	Department 2:	
Nature of Injury:	Strain	Claims Professional:	Andrea May 800-362-3555
Jurisdiction:	IL		
Injury Detail:	Claimant stopped at a gas station to go to the restroom while driving to a client's home. On her way out of the gas station, the claimant slipped on the wet ground and fell, injuring her lower back.		

	Incurred	Paid	Outstanding
Medical:	2,867.34	2,867.34	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	119.19	119.19	0.00
TOTALS:	2,986.53	2,986.53	0.00
Deductible Reimbursements:		0.00	0.00
Third Party Recoveries:		0.00	0.00

Claim Number:	55075779	Claim Type:	Indemnity
Claimant Name:	Moffitt, Donna	Claim Status:	Open
Date of Incident:	1/26/2018	Date Closed:	
Date of Birth:	11/29/1971	Date Reopened:	
Date of Hire:	9/18/2017	Occupation:	STAFFING/RECRUITING COORDINATOR
Date Reported:	2/5/2018	Class Code:	8810
Body Part:	Multiple body parts	Department 1:	
Cause of Injury:	Motor vehicle, collision	Department 2:	
Nature of Injury:	Multiple injuries	Claims Professional:	Andrea May 800-362-3555
Jurisdiction:	IL		
Injury Detail:	The claimant's was in a vehicle when it was rear-ended.		

	Inurred	Paid	Outstanding
Medical:	16,700.00	4,972.62	11,727.38
TD:	10,070.02	5,453.26	4,616.76
PD:	12,984.00	0.00	12,984.00
Voc Rehab:	0.00	0.00	0.00
Expense:	4,636.41	3,862.09	774.32
TOTALS:	44,390.43	14,287.97	30,102.46
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	



LOSS RUN REPORT Valuation Date: 1/7/2019

INSURED: D&D Services, Inc.

STATE: IL

LOCATION: 945 SE 2nd Street, Galva, IL 61434

POLICY PERIOD: 8/1/2017-8/1/2018

POLICY #: DDWC809296

CARRIER: Berkshire Hathaway Homestate Insurance Company

Claim Number: 55078718 Claim Type: Indemnity
 Claimant Name: Shulick, Debra Claim Status: Closed
 Date of Incident: 4/6/2018 Date Closed: 7/19/2018
 Date of Birth: 10/4/1962 Date Reopened:
 Date of Hire: 11/6/2017 Occupation: LPN
 Date Reported: 4/17/2018 Class Code: 8835
 Body Part: Multiple body parts Department 1:
 Cause of Injury: Strain injury by lifting Department 2:
 Nature of Injury: Sprain Claims Professional: Andrea May
 Jurisdiction: IL Claims Professional: 800-362-3555
 Injury Detail: Picking up a child from a crib and felt a twinge in her back.

	Inurred	Paid	Outstanding
Medical:	0.00	0.00	0.00
TD:	0.00	0.00	0.00
PD:	1.00	1.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	4,476.55	4,476.55	0.00
TOTALS:	4,477.55	4,477.55	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	

Claim Number: 55078386 Claim Type: Indemnity
 Claimant Name: Denbrook, Linda Claim Status: Open
 Date of Incident: 4/3/2018 Date Closed:
 Date of Birth: 7/28/1953 Date Reopened:
 Date of Hire: 6/23/2017 Occupation: FIELD NURSE
 Date Reported: 4/9/2018 Class Code: 8835
 Body Part: Back, lower or center unknown Department 1:
 Cause of Injury: Strain injury by pushing/pulling Department 2:
 Nature of Injury: Strain Claims Professional: Zach Maloley
 Jurisdiction: IL Claims Professional: 800-362-3555
 Injury Detail: Claimant was lifting a patient in bed, when she felt pain in her mid/lower back.

	Inurred	Paid	Outstanding
Medical:	11,200.51	2,815.11	8,385.40
TD:	16,112.73	15,184.49	928.24
PD:	6,265.20	0.00	6,265.20
Voc Rehab:	0.00	0.00	0.00
Expense:	5,950.21	2,425.88	3,524.33
TOTALS:	39,528.65	20,425.48	19,103.17
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	

Claim Number:	55077962	Claim Type:	Indemnity
Claimant Name:	Joshua, Vidella A	Claim Status:	Closed
Date of Incident:	3/2/2018	Date Closed:	1/7/2019
Date of Birth:	10/14/1952	Date Reopened:	
Date of Hire:	6/22/2017	Occupation:	FIELD NURSE
Date Reported:	3/28/2018	Class Code:	8835
Body Part:	Multiple body parts	Department 1:	
Cause of Injury:	Fall, slip on stair, step or curb	Department 2:	
Nature of Injury:	Pains, tightening, etc.	Claims Professional:	Jamie Frost Spellman 800-362-3555
Jurisdiction:	IL		
Injury Detail:	Walking to her car following her worked shift.		

	Incurred	Paid	Outstanding
Medical:	289.76	289.76	0.00
TD:	2,020.09	2,020.09	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	9.10	9.10	0.00
TOTALS:	2,318.95	2,318.95	0.00
Deductible Reimbursements:		0.00	0.00
Third Party Recoveries:		0.00	0.00

Claim Number:	55073943	Claim Type:	Indemnity
Claimant Name:	Shulick, Debra	Claim Status:	Closed
Date of Incident:	12/9/2017	Date Closed:	7/19/2018
Date of Birth:	10/4/1962	Date Reopened:	
Date of Hire:	11/6/2017	Occupation:	LPN
Date Reported:	12/19/2017	Class Code:	8835
Body Part:	Low back (lumbar/lumbo-sacral)	Department 1:	
Cause of Injury:	Fall, slip due to act of other	Department 2:	
Nature of Injury:	Pains, tightening, etc.	Claims Professional:	Andrea May 800-362-3555
Jurisdiction:	IL		
Injury Detail:	EE had stood up with the child and was going to sit down to feed the child. The mother had moved the chair, and EE fell to the ground, injuring her right hip and pelvis.		

	Incurred	Paid	Outstanding
Medical:	5,663.58	5,663.58	0.00
TD:	0.00	0.00	0.00
PD:	4,400.00	4,400.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	10.36	10.36	0.00
TOTALS:	10,073.94	10,073.94	0.00
Deductible Reimbursements:		0.00	0.00
Third Party Recoveries:		0.00	0.00

Claim Number:	55069054	Claim Type:	Indemnity
Claimant Name:	Snyder, Teresa M	Claim Status:	Closed
Date of Incident:	8/16/2017	Date Closed:	6/26/2018
Date of Birth:	12/4/1955	Date Reopened:	
Date of Hire:	3/18/2013	Occupation:	LPN
Date Reported:	8/17/2017	Class Code:	8835
Body Part:	Upper back (thoracic area)	Department 1:	
Cause of Injury:	Strain injury by reaching	Department 2:	
Nature of Injury:	Strain	Claims Professional:	Ryan Fee 800-362-3555
Jurisdiction:	IL		
Injury Detail:	The claimant states she has to lean over to provide care to the patient in a bed and that hurts her back		

	Incurred	Paid	Outstanding
Medical:	5,749.75	5,749.75	0.00
TD:	2,760.90	2,760.90	0.00
PD:	8,111.48	8,111.48	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	167.47	167.47	0.00
TOTALS:	16,789.60	16,789.60	0.00
Deductible Reimbursements:		0.00	0.00
Third Party Recoveries:		0.00	0.00



LOSS RUN REPORT Valuation Date: 1/7/2019

INSURED: D&D Services, Inc.

STATE: OK

LOCATION: 12331 E 60th Street, Tulsa, OK 74146

POLICY PERIOD: 8/1/2017-8/1/2018

POLICY #: DDWC809296

CARRIER: Berkshire Hathaway Homestate Insurance Company

Claim Number: 55080300
 Claimant Name: Griffin, Lynnda
 Date of Incident: 5/22/2018
 Date of Birth: 11/7/1970
 Date of Hire: 3/2/2018
 Date Reported: 5/22/2018
 Body Part: Leg, upper right
 Cause of Injury: Animal or insect bite or sting
 Nature of Injury: Bite, animal, insect
 Jurisdiction: OK
 Injury Detail: The claimant was walking into a patient's home and was bitten by the patient's dog. In the right leg.

	Incurred	Paid	Outstanding
Medical:	657.44	657.44	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	22.79	22.79	0.00
TOTALS:	680.23	680.23	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	

Claim Number: 55080746
 Claimant Name: Griffin, Lynnda
 Date of Incident: 5/22/2018
 Date of Birth: 11/7/1970
 Date of Hire: 3/2/2018
 Date Reported: 6/1/2018
 Body Part: Hand, right
 Cause of Injury: Puncture by needle
 Nature of Injury: Puncture
 Jurisdiction: OK
 Injury Detail: After removing the needle from the patient, the needle slipped and stuck the claimant in her right palm.

	Incurred	Paid	Outstanding
Medical:	0.00	0.00	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	0.00	0.00	0.00
TOTALS:	0.00	0.00	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	

Claim Number:	55079598	Claim Type:	Medical Only
Claimant Name:	Shields, Chrissy	Claim Status:	Closed
Date of Incident:	5/4/2018	Date Closed:	7/9/2018
Date of Birth:	3/9/1979	Date Reopened:	
Date of Hire:	2/19/2013	Occupation:	LPN
Date Reported:	5/8/2018	Class Code:	8835
Body Part:	Wrist, left	Department 1:	
Cause of Injury:	Fall, slip misc.	Department 2:	
Nature of Injury:	Sprain	Claims Professional:	Kyle Milles 800-362-3555
Jurisdiction:	OK		
Injury Detail:	Claimant was sitting in chair provided by patient when the back broke and she fell and hit her left wrist on the floor.		

	Incurred	Paid	Outstanding
Medical:	476.94	476.94	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	41.14	41.14	0.00
TOTALS:	518.08	518.08	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	

Claim Number:	55079212	Claim Type:	Medical Only
Claimant Name:	Smith, Rebecca	Claim Status:	Closed
Date of Incident:	4/24/2018	Date Closed:	5/30/2018
Date of Birth:	12/16/1979	Date Reopened:	
Date of Hire:	12/6/2017	Occupation:	LPN
Date Reported:	4/30/2018	Class Code:	8835
Body Part:	Arm, lower left	Department 1:	
Cause of Injury:	Animal or insect bite or sting	Department 2:	
Nature of Injury:	Bite, animal, insect	Claims Professional:	Jill Easdale 800-362-3555
Jurisdiction:	OK		
Injury Detail:	The claimant was walking from the patients kitchen to patients bedroom when the family dog jumped up and bit her on the left forearm.		

	Incurred	Paid	Outstanding
Medical:	103.15	103.15	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	20.50	20.50	0.00
TOTALS:	123.65	123.65	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	

Claim Number:	55077335	Claim Type:	Medical Only
Claimant Name:	Forth, Penny	Claim Status:	Closed
Date of Incident:	3/12/2018	Date Closed:	5/4/2018
Date of Birth:	4/23/1960	Date Reopened:	
Date of Hire:	12/4/2014	Occupation:	NURSE
Date Reported:	3/13/2018	Class Code:	8835
Body Part:	Elbow, right	Department 1:	
Cause of Injury:	Strain injury by pushing/pulling	Department 2:	
Nature of Injury:	Strain	Claims Professional:	Kyle Milles 800-362-3555
Jurisdiction:	OK		
Injury Detail:	Ee was pulling a patient up in bed when they suffered ligament strains to the right elbow.		

	Incurred	Paid	Outstanding
Medical:	277.27	277.27	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	42.86	42.86	0.00
TOTALS:	320.13	320.13	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	

Claim Number:	55076268	Claim Type:	Indemnity
Claimant Name:	Platt, Carol	Claim Status:	Open
Date of Incident:	2/13/2018	Date Closed:	
Date of Birth:	12/15/1950	Date Reopened:	
Date of Hire:	9/25/2017	Occupation:	Field Nurse
Date Reported:	2/15/2018	Class Code:	8835
Body Part:	Shoulder, left	Department 1:	
Cause of Injury:	Strain injury by pushing/pulling	Department 2:	
Nature of Injury:	Strain	Claims Professional:	Parker Young 800-362-3555
Jurisdiction:	OK		

	Incurred	Paid	Outstanding
Medical:	36,526.86	10,807.43	25,719.43
TD:	7,168.00	0.00	7,168.00
PD:	22,949.15	0.00	22,949.15
Voc Rehab:	0.00	0.00	0.00
Expense:	1,164.88	468.02	696.86
TOTALS:	67,808.89	11,275.45	56,533.44
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	

Injury Detail: The claimant was helping a patient get off the bus when the patient head butted her, then began to walk away causing her to twist her left arm.

Claim Number:	55071589	Claim Type:	Medical Only
Claimant Name:	Walker, Alexandria	Claim Status:	Closed
Date of Incident:	10/18/2017	Date Closed:	12/28/2017
Date of Birth:	7/14/1995	Date Reopened:	
Date of Hire:	5/26/2015	Occupation:	Administrative Assistant
Date Reported:	10/20/2017	Class Code:	8835
Body Part:	Knee, right	Department 1:	
Cause of Injury:	Fall, slip into excavation/hole	Department 2:	
Nature of Injury:	Contusion	Claims Professional:	Jessica Cockrell 800-362-3555
Jurisdiction:	OK		

	Incurred	Paid	Outstanding
Medical:	0.00	0.00	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	0.00	0.00	0.00
TOTALS:	0.00	0.00	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	

Injury Detail: The employee was walking outside to retrieve mail. She stepped on a patch of grass, which was obscuring a hole. She fell in the hole, injuring her right knee.

Claim Number:	55069731	Claim Type:	Medical Only
Claimant Name:	Buckendorf, Shelly	Claim Status:	Closed
Date of Incident:	9/5/2017	Date Closed:	10/4/2017
Date of Birth:	9/25/1959	Date Reopened:	
Date of Hire:	6/5/2014	Occupation:	FIELD NURSE
Date Reported:	9/6/2017	Class Code:	8835
Body Part:	Hand, left	Department 1:	
Cause of Injury:	Animal or insect bite or sting	Department 2:	
Nature of Injury:	Bite, animal, insect	Claims Professional:	Antonio Perez 800-362-3555
Jurisdiction:	OK		

	Incurred	Paid	Outstanding
Medical:	159.67	159.67	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	16.97	16.97	0.00
TOTALS:	176.64	176.64	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	

Injury Detail: The claimant was giving a treat to one of the client's dogs when the other dog tried to take the treat and bit her on the left hand.



LOSS RUN REPORT Valuation Date: 1/7/2019

INSURED: D&D Services, Inc.

STATE: OK

LOCATION: 720 NE 63rd St, Oklahoma City, OK 73105

POLICY PERIOD: 8/1/2017-8/1/2018

POLICY #: DDWC809296

CARRIER: Berkshire Hathaway Homestate Insurance Company

Claim Number: 55076454
Claimant Name: Lee, Britney
Date of Incident: 2/20/2018
Date of Birth: 3/28/1980
Date of Hire: 10/9/2017
Date Reported: 2/20/2018
Body Part: Back, lower or center unknown
Cause of Injury: Strain injury by pushing/pulling
Nature of Injury: Pains, tightening, etc.
Jurisdiction: OK
Injury Detail: Claimant opened 2 drawers in a filing cabinet and it began to fall on her. She tried to catch it and push it back up, hurting her back.

	Incurred	Paid	Outstanding
Medical:	1,547.95	1,547.95	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	84.42	84.42	0.00
TOTALS:	1,632.37	1,632.37	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	

Claim Number: 55075710
Claimant Name: Dutton, Donna
Date of Incident: 2/2/2018
Date of Birth: 8/10/1969
Date of Hire: 1/8/2018
Date Reported: 2/2/2018
Body Part: Arm, lower left
Cause of Injury: Animal or insect bite or sting
Nature of Injury: Dermatitis, rash, boils, cysts
Jurisdiction: OK
Injury Detail: The claimant was feeding the patient and her forearm began itching and became swollen and red. Noticed a bug bite.

	Incurred	Paid	Outstanding
Medical:	79.08	79.08	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	15.42	15.42	0.00
TOTALS:	94.50	94.50	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	



Claim Number:	55075074	Claim Type:	Medical Only
Claimant Name:	Dutton, Donna	Claim Status:	Closed
Date of Incident:	1/16/2018	Date Closed:	2/21/2018
Date of Birth:	8/10/1969	Date Reopened:	
Date of Hire:	12/16/2017	Occupation:	LPN
Date Reported:	1/19/2018	Class Code:	8835
Body Part:	Ankle, left	Department 1:	
Cause of Injury:	Animal or insect bite or sting	Department 2:	
Nature of Injury:	Insect bite or sting	Claims Professional:	Jessica Cockrell 800-362-3555
Jurisdiction:	OK		
Injury Detail:	The claimant was cleaning patients home and felt an itch on her left ankle. Her ankle began burning and she noticed swelling.		

	Incurred	Paid	Outstanding
Medical:	165.03	165.03	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	17.39	17.39	0.00
TOTALS:	182.42	182.42	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	

Claim Number:	55074842	Claim Type:	Indemnity
Claimant Name:	Patterson, Maria	Claim Status:	Closed
Date of Incident:	1/12/2018	Date Closed:	1/7/2019
Date of Birth:	10/22/1957	Date Reopened:	
Date of Hire:	5/11/2015	Occupation:	LPN
Date Reported:	1/15/2018	Class Code:	8835
Body Part:	Back, lower	Department 1:	
Cause of Injury:	Strain injury by pushing/pulling	Department 2:	
Nature of Injury:	Strain	Claims Professional:	Parker Young 800-362-3555
Jurisdiction:	OK		
Injury Detail:	The claimant was changing a diaper for a patient. The claimant lost her grip on the patients leg. it slipped. The nurse felt a pinch in her left back.		

	Incurred	Paid	Outstanding
Medical:	10,954.97	10,954.97	0.00
TD:	5,092.49	5,092.49	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	2,169.34	2,169.34	0.00
TOTALS:	18,216.80	18,216.80	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	



LOSS RUN REPORT Valuation Date: 1/7/2019

INSURED: D&D Services, Inc.

STATE: IL

LOCATION: No Location Specified

POLICY PERIOD: 8/1/2016-8/1/2017

POLICY #: DDWCT05892

CARRIER: Berkshire Hathaway Homestate Insurance Company

Claim Number: 55058048
 Claimant Name: Mitalovich, Rachel
 Date of Incident: 10/14/2016
 Date of Birth: 8/14/1979
 Date of Hire: 10/14/2016
 Date Reported: 10/17/2016
 Body Part: Arm, lower left
 Cause of Injury: Puncture by needle
 Nature of Injury: Inflammation, irritation
 Jurisdiction: IL
 Injury Detail: Ee states she was given the wrong medical shot and it caused inflammation to her lower left arm.

Claim Type: Medical Only
 Claim Status: Closed
 Date Closed: 12/15/2016
 Date Reopened:
 Occupation: Registered Nurse
 Class Code: 8835
 Department 1:
 Department 2:
 Claims Professional: Dan Neemann
 800-362-3555

	Incurred	Paid	Outstanding
Medical:	64.22	64.22	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	72.42	72.42	0.00
TOTALS:	136.64	136.64	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	



LOSS RUN REPORT Valuation Date: 1/7/2019

INSURED: D&D Services, Inc.

STATE: IL

LOCATION: 3550 College Ave, Alton, IL 62002

POLICY PERIOD: 8/1/2016-8/1/2017

POLICY #: DDWCT05892

CARRIER: Berkshire Hathaway Homestate Insurance Company

Claim Number: 55060468 Claim Type: Medical Only
 Claimant Name: Hawthorne, Kathleen M Claim Status: Closed
 Date of Incident: 12/30/2016 Date Closed: 4/25/2017
 Date of Birth: 1/8/1963 Date Reopened:
 Date of Hire: 8/19/2016 Occupation: LPN
 Date Reported: 12/30/2016 Class Code: 8835
 Body Part: Head Department 1:
 Cause of Injury: Fall, slip on same level Department 2:
 Nature of Injury: Laceration Claims Professional: Nathan Riebschlagel
 Jurisdiction: IL 800-362-3555
 Injury Detail: Employee was in a clients home in the kitchen when she tripped over the families dog and hit her head.

	Incurred	Paid	Outstanding
Medical:	2,674.16	2,674.16	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	6.86	6.86	0.00
TOTALS:	2,681.02	2,681.02	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	

Claim Number: 55060468 Claim Type: Medical Only
 Claimant Name: Dean, Kimberly Claim Status: Closed
 Date of Incident: 12/30/2016 Date Closed: 6/28/2017
 Date of Birth: 8/10/1971 Date Reopened:
 Date of Hire: 12/12/2016 Occupation: RN
 Date Reported: 1/2/2017 Class Code: 8835
 Body Part: Finger(s) Department 1:
 Cause of Injury: Puncture by needle Department 2:
 Nature of Injury: Exposure to blood or blood products Claims Professional: Nathan Riebschlagel
 Jurisdiction: IL 800-362-3555
 Injury Detail: Employee was stucked by a potentially used needle that was left out.

	Incurred	Paid	Outstanding
Medical:	732.11	732.11	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	33.83	33.83	0.00
TOTALS:	765.94	765.94	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	



LOSS RUN REPORT Valuation Date: 1/7/2019

INSURED: D&D Services, Inc.

STATE: IL

LOCATION: 945 SE 2nd St, Galva, IL 61434

POLICY PERIOD: 8/1/2016-8/1/2017

POLICY #: DDWCT05892

CARRIER: Berkshire Hathaway Homestate Insurance Company

Claim Number:	55068058	Claim Type:	Indemnity		
Claimant Name:	Gunn-Matsey, Veronica	Claim Status:	Closed		
Date of Incident:	6/29/2017	Date Closed:	1/7/2019		
Date of Birth:	11/4/1963	Date Reopened:			
Date of Hire:	8/17/2016	Occupation:	LICENSED PRACTICAL NURSE		
Date Reported:	7/24/2017	Class Code:	8835		
Body Part:	Shoulders, both	Department 1:			
Cause of Injury:	Strain injury by pushing/pulling	Department 2:			
Nature of Injury:	Pains, tightening, etc.	Claims Professional:	Andrea May 800-362-3555		
Jurisdiction:	IL				
Injury Detail:	The claimant alleges her bilateral shoulder pain was caused through pushing/pulling at work.				

	Incurred	Paid	Outstanding
Medical:	2,300.00	2,300.00	0.00
TD:	0.00	0.00	0.00
PD:	7,700.00	7,700.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	7,601.31	7,601.31	0.00
TOTALS:	17,601.31	17,601.31	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	

Claim Number:	55065502	Claim Type:	Indemnity		
Claimant Name:	Gonder, Lynn	Claim Status:	Closed		
Date of Incident:	5/16/2017	Date Closed:	3/20/2018		
Date of Birth:	4/12/1958	Date Reopened:			
Date of Hire:	8/9/2016	Occupation:	PRIVATE DUTY NURSE		
Date Reported:	5/17/2017	Class Code:	8835		
Body Part:	Multiple body parts	Department 1:			
Cause of Injury:	Strain injury by misc.	Department 2:			
Nature of Injury:	Strain	Claims Professional:	Zach Maloley 800-362-3555		
Jurisdiction:	IL				
Injury Detail:	The employee was seated in a rolling computer desk chair and was helping a child to shower in the home. Chair flipped. Landed on tile floor				

	Incurred	Paid	Outstanding
Medical:	5,738.78	5,738.78	0.00
TD:	5,590.15	5,590.15	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	1,711.43	1,711.43	0.00
TOTALS:	13,040.36	13,040.36	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	

Claim Number:	55059384	Claim Type:	Medical Only
Claimant Name:	Taylor, Debra	Claim Status:	Closed
Date of Incident:	11/24/2016	Date Closed:	1/16/2017
Date of Birth:	6/10/1954	Date Reopened:	
Date of Hire:	1/29/2016	Occupation:	NURSE
Date Reported:	11/25/2016	Class Code:	8835
Body Part:	Body System & Mult Body Systems	Department 1:	
Cause of Injury:	Allergies/Reactions	Department 2:	
Nature of Injury:	Allergies/Allergic Reactions	Claims Professional:	Zach Maloley 800-362-3555
Jurisdiction:	IL		
Injury Detail:	Ee states when she got to work she inhaled bleach that was used by the previous ee and had an allergic reaction.		

	Incurred	Paid	Outstanding
Medical:	0.00	0.00	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	0.00	0.00	0.00
TOTALS:	0.00	0.00	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	

Claim Number:	55055526	Claim Type:	Indemnity
Claimant Name:	Sells, Jennifer	Claim Status:	Closed
Date of Incident:	8/3/2016	Date Closed:	10/20/2017
Date of Birth:	1/27/1981	Date Reopened:	
Date of Hire:	9/1/2015	Occupation:	NURSE
Date Reported:	8/8/2016	Class Code:	8835
Body Part:	Shoulder, left	Department 1:	
Cause of Injury:	Strain injury by lifting	Department 2:	
Nature of Injury:	Strain	Claims Professional:	Ryan Fee 800-362-3555
Jurisdiction:	IL		
Injury Detail:	Ee was repositioning a child on their percussion vest when she felt a twinge in her left shoulder		

	Incurred	Paid	Outstanding
Medical:	2,366.69	2,366.69	0.00
TD:	2,157.56	2,157.56	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	75.84	75.84	0.00
TOTALS:	4,600.09	4,600.09	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	



LOSS RUN REPORT Valuation Date: 1/7/2019

INSURED: D&D Services, Inc.

STATE: OK

LOCATION: 12331 E 60th Street, Tulsa, OK 74146

POLICY PERIOD: 8/1/2016-8/1/2017

POLICY #: DDWCT05892

CARRIER: Berkshire Hathaway Homestate Insurance Company

Claim Number:	55066481	Claim Type:	Medical Only
Claimant Name:	Hammons, Felicia	Claim Status:	Closed
Date of Incident:	6/4/2017	Date Closed:	7/21/2017
Date of Birth:	9/24/1958	Date Reopened:	
Date of Hire:	12/16/2011	Occupation:	RN
Date Reported:	6/13/2017	Class Code:	8835
Body Part:	Arm, lower left	Department 1:	
Cause of Injury:	Bite-Human	Department 2:	
Nature of Injury:	Bite, human	Claims Professional:	Antonio Perez 800-362-3555
Jurisdiction:	OK		

Medical:	Incurred	401.25	Paid	401.25	Outstanding	0.00
TD:		0.00		0.00		0.00
PD:		0.00		0.00		0.00
Voc Rehab:		0.00		0.00		0.00
Expense:		32.95		32.95		0.00
TOTALS:		434.20		434.20		0.00
Deductible Reimbursements:				0.00		0.00
Third Party Recoveries:				0.00		0.00

Injury Detail: The claimant was combing the knots out of a client's hair when she hit a tangle which prompted the client to bit her on the right forearm.

Claim Number:	55064487	Claim Type:	Medical Only
Claimant Name:	Mears, Rachel	Claim Status:	Closed
Date of Incident:	4/12/2017	Date Closed:	8/3/2017
Date of Birth:	12/18/1970	Date Reopened:	
Date of Hire:	1/5/2012	Occupation:	REGIONAL RESPIRATORY THERAPIST Director
Date Reported:	4/21/2017	Class Code:	8835
Body Part:	Back, lower	Department 1:	
Cause of Injury:	Strain injury by lifting	Department 2:	
Nature of Injury:	Strain	Claims Professional:	Antonio Perez 800-362-3555
Jurisdiction:	OK		

Medical:	Incurred	2,176.49	Paid	2,176.49	Outstanding	0.00
TD:		0.00		0.00		0.00
PD:		0.00		0.00		0.00
Voc Rehab:		0.00		0.00		0.00
Expense:		114.54		114.54		0.00
TOTALS:		2,291.03		2,291.03		0.00
Deductible Reimbursements:				0.00		0.00
Third Party Recoveries:				0.00		0.00

Injury Detail: the claimant was setting a ventilator at a patient's home when she picked up the ventilator battery and injured her back.



Claim Number:	55059209	Claim Type:	Medical Only
Claimant Name:	Williams, Kathy	Claim Status:	Closed
Date of Incident:	11/9/2016	Date Closed:	6/26/2017
Date of Birth:	4/4/1958	Date Reopened:	
Date of Hire:	10/5/2015	Occupation:	RN
Date Reported:	11/18/2016	Class Code:	8835
Body Part:	Chest ribs sternum, soft tissue	Department 1:	
Cause of Injury:	Strain injury by lifting	Department 2:	
Nature of Injury:	Pains, tightening, etc.	Claims Professional:	Michael Huscher 800-362-3555
Jurisdiction:	OK		
Injury Detail:	The claimant transferred a patient from bed to chair, causing pain in her chest wall.		

	Incurred	Paid	Outstanding
Medical:	4,151.20	4,151.20	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	315.98	315.98	0.00
TOTALS:	4,467.18	4,467.18	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	

Claim Number:	55057981	Claim Type:	Indemnity
Claimant Name:	Fish, Jennie Lee	Claim Status:	Closed
Date of Incident:	10/13/2016	Date Closed:	1/7/2019
Date of Birth:	12/27/1982	Date Reopened:	
Date of Hire:	11/2/2015	Occupation:	LPN
Date Reported:	10/13/2016	Class Code:	8835
Body Part:	Shoulder, right	Department 1:	
Cause of Injury:	Strain injury by lifting	Department 2:	
Nature of Injury:	Strain	Claims Professional:	Jordan Hopper 800-362-3555
Jurisdiction:	OK		
Injury Detail:	Claimant was transferring a patient from the chair to the tub when she felt pain in her right shoulder.		

	Incurred	Paid	Outstanding
Medical:	28,982.35	28,982.35	0.00
TD:	18,863.18	18,863.18	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	863.53	863.53	0.00
TOTALS:	48,709.06	48,709.06	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	



LOSS RUN REPORT Valuation Date: 1/7/2019

INSURED: D&D Services, Inc.

STATE: OK

LOCATION: 7100 BROADWAY EXT., OKLAHOMA CITY, OK 73116

POLICY PERIOD: 8/1/2016-8/1/2017

POLICY #: DDWCT05892

CARRIER: Berkshire Hathaway Homestate Insurance Company

Claim Number:	55066337	Claim Type:	Indemnity
Claimant Name:	Willis, Mary	Claim Status:	Closed
Date of Incident:	5/30/2017	Date Closed:	8/21/2017
Date of Birth:	10/31/1984	Date Reopened:	
Date of Hire:	3/21/2017	Occupation:	Unknown
Date Reported:	6/8/2017	Class Code:	8835
Body Part:	Multiple body parts	Department 1:	
Cause of Injury:	Strain injury by lifting	Department 2:	
Nature of Injury:	Multiple Physical Injuries Only	Claims Professional:	Jordan Hopper 800-362-3555
Jurisdiction:	OK		

Deductible Reimbursements:			0.00
Third Party Recoveries:			0.00

Injury Detail: The employee was performing a 1-person transfer of a patient from wheel chair to a medical bed. She describes feeling a pull in her right groin.

Claim Number:	55063927	Claim Type:	Medical Only
Claimant Name:	Dailey, Jacqueline	Claim Status:	Closed
Date of Incident:	3/6/2017	Date Closed:	6/29/2017
Date of Birth:	4/7/1969	Date Reopened:	
Date of Hire:	7/30/2009	Occupation:	
Date Reported:	4/6/2017	Class Code:	8835
Body Part:	Knee, left	Department 1:	
Cause of Injury:	Strain injury by misc.	Department 2:	
Nature of Injury:	Unknown	Claims Professional:	Jordan Hopper 800-362-3555
Jurisdiction:	OK		

Deductible Reimbursements:			0.00
Third Party Recoveries:			0.00

Injury Detail: The employee was climbing a 3 step ladder to put a box on the top shelf. She reported that she felt a pop in the back of the left knee.

	Incurred	Paid	Outstanding
Medical:	0.00	0.00	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	2.95	2.95	0.00
TOTALS:	2.95	2.95	0.00



LOSS RUN REPORT Valuation Date: 1/7/2019

INSURED: D&D SERVICES INC.

STATE: IL

LOCATION: No Location Specified

POLICY PERIOD: 8/1/2015-8/1/2016

POLICY #: DDWC602674

CARRIER: Berkshire Hathaway Homestate Insurance Company

Claim Number:	55043781	Claim Type:	Medical Only
Claimant Name:	Ostuni, Veronica	Claim Status:	Closed
Date of Incident:	10/5/2015	Date Closed:	4/18/2017
Date of Birth:	8/22/1964	Date Reopened:	
Date of Hire:	9/18/2015	Occupation:	Admin Staff
Date Reported:	10/5/2015	Class Code:	8810
Body Part:	Whole Body	Department 1:	
Cause of Injury:	Allergies/Reactions	Department 2:	
Nature of Injury:	Dermatitis, rash, boils, cysts	Claims Professional:	Caitlin Yount 800-362-3555
Jurisdiction:	IL		

Injury Detail: Claimant states she was performing normal job duties when she began to experience burring and itching to the entire body after heat was turned on in the building.

	Incurred	Paid	Outstanding
Medical:	130.22	130.22	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	6.50	6.50	0.00
TOTALS:	136.72	136.72	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	



LOSS RUN REPORT Valuation Date: 1/7/2019

INSURED: D&D SERVICES INC.

STATE: IL

LOCATION: 300 MAIN STREET, Galva, IL 61434

POLICY PERIOD: 8/1/2015-8/1/2016
 POLICY #: DDWC602674

CARRIER: Berkshire Hathaway Homestate Insurance Company

Claim Number:	55049089	Claim Type:	Medical Only
Claimant Name:	Millman, Julie	Claim Status:	Closed
Date of Incident:	2/15/2016	Date Closed:	6/23/2016
Date of Birth:	4/15/1971	Date Reopened:	
Date of Hire:	3/6/2013	Occupation:	Social Worker
Date Reported:	2/18/2016	Class Code:	8835
Body Part:	Shoulder, right	Department 1:	
Cause of Injury:	Fall, slip on same level	Department 2:	
Nature of Injury:	Strain	Claims Professional:	Michael Huscher 800-362-3555
Jurisdiction:	IL		

Injury Detail: The claimant was walking up to a patient's home when she slipped and fell on the patient's icy driveway, causing pain in her right shoulder.

	Incurred	Paid	Outstanding
Medical:	1,873.34	1,873.34	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	363.02	363.02	0.00
TOTALS:	2,236.36	2,236.36	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	

Claim Number:	55050266	Claim Type:	Indemnity
Claimant Name:	Pruitt, Denita Y	Claim Status:	Closed
Date of Incident:	1/8/2016	Date Closed:	7/18/2016
Date of Birth:	12/4/1959	Date Reopened:	
Date of Hire:	8/17/2015	Occupation:	LPN
Date Reported:	3/18/2016	Class Code:	8835
Body Part:	Ankle, right	Department 1:	
Cause of Injury:	Twisting	Department 2:	
Nature of Injury:	Sprain	Claims Professional:	Caitlin Yount 800-362-3555
Jurisdiction:	IL		

Injury Detail: Claimant stepped off the porch and slipped on fresh snow/ice rolling her right ankle.

	Incurred	Paid	Outstanding
Medical:	0.00	0.00	0.00
TD:	0.00	0.00	0.00
PD:	4,785.05	4,785.05	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	60.94	60.94	0.00
TOTALS:	4,845.99	4,845.99	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	

Claim Number:	55045876	Claim Type:	Indemnity
Claimant Name:	Sauer, Amber	Claim Status:	Closed
Date of Incident:	11/23/2015	Date Closed:	6/9/2016
Date of Birth:	10/20/1976	Date Reopened:	
Date of Hire:	11/4/2014	Occupation:	LPN FIELD NURSE
Date Reported:	11/25/2015	Class Code:	8835
Body Part:	Back, lower	Department 1:	
Cause of Injury:	Strain injury by lifting	Department 2:	
Nature of Injury:	Strain	Claims Professional:	Andrea May 800-362-3555
Jurisdiction:	IL		
Injury Detail:	Claimant picked up a patient from the floor to put her in a chair, and claimant heard a pop in her lower back.		

	Incurred	Paid	Outstanding
Medical:	3,984.42	3,984.42	0.00
TD:	1,287.19	1,287.19	0.00
PD:	5,000.00	5,000.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	2,136.42	2,136.42	0.00
TOTALS:	12,408.03	12,408.03	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	

Claim Number:	55043847	Claim Type:	Medical Only
Claimant Name:	Domaine, Virginia	Claim Status:	Closed
Date of Incident:	10/2/2015	Date Closed:	1/11/2016
Date of Birth:	7/19/1968	Date Reopened:	
Date of Hire:	5/14/2014	Occupation:	CNA
Date Reported:	10/6/2015	Class Code:	8835
Body Part:	Multiple upper extremities	Department 1:	
Cause of Injury:	Fall, slip misc.	Department 2:	
Nature of Injury:	Specific Trauma	Claims Professional:	Starlight Fonseca 800-362-3555
Jurisdiction:	IL		
Injury Detail:	While stepping over a dog gate, the claimant tripped and landed on the floor injuring her left arm and shoulder.		

	Incurred	Paid	Outstanding
Medical:	437.29	437.29	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	65.25	65.25	0.00
TOTALS:	502.54	502.54	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	



LOSS RUN REPORT Valuation Date: 1/7/2019

INSURED: D&D SERVICES INC.

STATE: IL

LOCATION: 945 SE 2nd St, Galva, IL 61434

POLICY PERIOD: 8/1/2015-8/1/2016

POLICY #: DDWC602674

CARRIER: Berkshire Hathaway Homestate Insurance Company

Claim Number:	55056014	Claim Type:	Indemnity
Claimant Name:	King, Yvetta L	Claim Status:	Closed
Date of Incident:	7/28/2016	Date Closed:	9/21/2017
Date of Birth:	4/21/1970	Date Reopened:	
Date of Hire:	8/25/2012	Occupation:	NURSE
Date Reported:	8/19/2016	Class Code:	8835
Body Part:	Knee, right	Department 1:	
Cause of Injury:	Strain injury by lifting	Department 2:	
Nature of Injury:	Strain	Claims Professional:	Andrea May 800-362-3555
Jurisdiction:	IL		
Injury Detail:	The claimant was carrying a patient and felt pain in her right knee.		

	Incurred	Paid	Outstanding
Medical:	26,061.08	26,061.08	0.00
TD:	12,335.13	12,335.13	0.00
PD:	17,280.00	17,280.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	13,089.26	13,089.26	0.00
TOTALS:	68,765.47	68,765.47	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	



LOSS RUN REPORT Valuation Date: 1/7/2019

INSURED: D&D SERVICES INC.

STATE: OK

LOCATION: 12331 E 60TH STREET, TULSA, OK 74146

POLICY PERIOD: 8/1/2015-8/1/2016

POLICY #: DDWC602674

CARRIER: Berkshire Hathaway Homestate Insurance Company

Claim Number: 55050940
 Claimant Name: Murphy, Christine
 Date of Incident: 4/5/2016
 Date of Birth: 6/28/1961
 Date of Hire: 2/13/1998
 Date Reported: 4/6/2016
 Body Part: Knee, left
 Cause of Injury: Fall, slip from liquid/grease
 Nature of Injury: Fracture
 Jurisdiction: OK
 Injury Detail: Slipped on urine on the floor and fell.

	Incurring	Paid	Outstanding
Medical:	28,749.14	28,749.14	0.00
TD:	23,589.77	23,589.77	0.00
PD:	6,217.75	6,217.75	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	3,908.94	3,908.94	0.00
TOTALS:	62,465.60	62,465.60	0.00
Deductible Reimbursements:		0.00	0.00
Third Party Recoveries:		0.00	0.00

Claim Number: 55050926
 Claimant Name: Wolf, Leah J
 Date of Incident: 4/4/2016
 Date of Birth: 4/4/1949
 Date of Hire: 8/25/2009
 Date Reported: 4/6/2016
 Body Part: Back, lower
 Cause of Injury: Strain injury by lifting
 Nature of Injury: Sprain
 Jurisdiction: OK
 Injury Detail: Claimant was carrying the patient from the living room to the bedroom when she felt lower back pain.

	Incurring	Paid	Outstanding
Medical:	1,282.43	1,282.43	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	86.27	86.27	0.00
TOTALS:	1,368.70	1,368.70	0.00
Deductible Reimbursements:		0.00	0.00
Third Party Recoveries:		0.00	0.00

Claim Number:	55050430	Claim Type:	Medical Only
Claimant Name:	Day, Amanda	Claim Status:	Closed
Date of Incident:	3/17/2016	Date Closed:	6/1/2016
Date of Birth:	2/28/1975	Date Reopened:	
Date of Hire:	3/3/2016	Occupation:	LPN
Date Reported:	3/23/2016	Class Code:	8835
Body Part:	Back, lower	Department 1:	
Cause of Injury:	Strain injury by lifting	Department 2:	
Nature of Injury:	Strain	Claims Professional:	Starlight Fonseca 800-362-3555
Jurisdiction:	OK		
Injury Detail:	Claimant was lifting patient and performing patient care throughout out the day.		

	Incurred	Paid	Outstanding
Medical:	234.97	234.97	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	15.56	15.56	0.00
TOTALS:	250.53	250.53	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	

Claim Number:	55044024	Claim Type:	Medical Only
Claimant Name:	Ross, Chelsea	Claim Status:	Closed
Date of Incident:	10/7/2015	Date Closed:	12/17/2015
Date of Birth:	3/13/1986	Date Reopened:	
Date of Hire:	8/28/2015	Occupation:	RN
Date Reported:	10/12/2015	Class Code:	8835
Body Part:	Shoulder, left	Department 1:	
Cause of Injury:	Struck by Fellow Worker, Patient or Other Person	Department 2:	
Nature of Injury:	Strain	Claims Professional:	Starlight Fonseca 800-362-3555
Jurisdiction:	OK		
Injury Detail:	Claimant was bathing a patient when the patient turned toward her, pulling her left shoulder and causing pain.		

	Incurred	Paid	Outstanding
Medical:	280.15	280.15	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	23.66	23.66	0.00
TOTALS:	303.81	303.81	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	



LOSS RUN REPORT Valuation Date: 1/7/2019

INSURED: D&D SERVICES INC.

STATE: OK

LOCATION: 7100 BROADWAY EXT., OKLAHOMA CITY, OK 73116

POLICY PERIOD: 8/1/2015-8/1/2016

POLICY #: DDWCG602674

CARRIER: Berkshire Hathaway Homestate Insurance Company

Claim Number: 55042568 Claim Type: Medical Only
 Claimant Name: Loftis, Lacy R Claim Status: Closed
 Date of Incident: 8/17/2015 Date Closed: 7/29/2016
 Date of Birth: 5/15/1991 Date Reopened:
 Date of Hire: 10/1/2013 Occupation: NURSE
 Date Reported: 9/2/2015 Class Code: 8835
 Body Part: Finger, single left hand Department 1:
 Cause of Injury: Puncture by needle Department 2:
 Nature of Injury: Exposure to blood or blood products Claims Professional: Michael Huscher
 Jurisdiction: OK 800-362-3555
 Injury Detail: The claimant was setting an IV when she accidentally stuck herself with a needle.

	Incurred	Paid	Outstanding
Medical:	355.00	355.00	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	87.48	87.48	0.00
TOTALS:	442.48	442.48	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	



LOSS RUN REPORT Valuation Date: 1/7/2019

INSURED: D&D SERVICES INC.

STATE: IL

LOCATION: 150 WEST SOUTH ST., KEWANEE, IL 61443

POLICY PERIOD: 8/1/2014-8/1/2015

POLICY #: OKW001351

CARRIER: Berkshire Hathaway Homestate Insurance Company

Claim Number:	55036690	Claim Type:	Medical Only	Incurring	Paid	Outstanding	
Claimant Name:	Boardman, Ty	Claim Status:	Closed	Medical:	1,050.64	1,050.64	0.00
Date of Incident:	3/30/2015	Date Closed:	12/17/2015	TD:	0.00	0.00	0.00
Date of Birth:	10/31/1978	Date Reopened:		PD:	0.00	0.00	0.00
Date of Hire:	11/5/2013	Occupation:	DME Technician	Voc Rehab:	0.00	0.00	0.00
Date Reported:	4/3/2015	Class Code:	8835	Expense:	5.93	5.93	0.00
Body Part:	Shoulder, right	Department 1:		TOTALS:	1,056.57	1,056.57	0.00
Cause of Injury:	Strain injury by lifting	Department 2:		Deductible Reimbursements:	0.00	0.00	
Nature of Injury:	Pains, tightening, etc.	Claims Professional:	Starlight Fonseca 800-362-3555	Third Party Recoveries:	0.00	0.00	
Jurisdiction:	IL						

Injury Detail: Claimant felt sharp pain in right shoulder when lifting a mattress overhead to a co-worker that was situated in the upper rafters of the warehouse. Claimant aggravated the injury by working with injury for 3 weeks.

Claim Number:	55028828	Claim Type:	Indemnity	Incurring	Paid	Outstanding	
Claimant Name:	Coughlin, Kathleen	Claim Status:	Closed	Medical:	8,712.23	8,712.23	0.00
Date of Incident:	8/13/2014	Date Closed:	5/5/2015	TD:	361.08	361.08	0.00
Date of Birth:	1/13/1963	Date Reopened:		PD:	0.00	0.00	0.00
Date of Hire:	2/7/2013	Occupation:	FIELD STAFF REGISTERED NURSE	Voc Rehab:	0.00	0.00	0.00
Date Reported:	8/14/2014	Class Code:	8835	Expense:	46.03	46.03	0.00
Body Part:	Fingers, multiple right hand	Department 1:		TOTALS:	9,119.34	9,119.34	0.00
Cause of Injury:	Crushed between machinery	Department 2:		Deductible Reimbursements:	0.00	0.00	
Nature of Injury:	Multiple injuries	Claims Professional:	Jamie Frost Spellman 800-362-3555	Third Party Recoveries:	0.00	0.00	
Jurisdiction:	IL						
Injury Detail:	Employee was assisting a patient out of van via automatic lift. Lift was turned on without warning and employee's right hand was smashed.						



LOSS RUN REPORT Valuation Date: 1/7/2019

INSURED: D&D SERVICES INC.

STATE: IL

LOCATION: 300 MAIN STREET, GALVA, IL 61434

POLICY PERIOD: 8/1/2014-8/1/2015

POLICY #: OKW001351

CARRIER: Berkshire Hathaway Homestate Insurance Company

Claim Number:	55039030	Claim Type:	Medical Only
Claimant Name:	Devalkenaere, Annette	Claim Status:	Closed
Date of Incident:	5/8/2015	Date Closed:	12/10/2015
Date of Birth:	12/17/1958	Date Reopened:	
Date of Hire:	1/12/2015	Occupation:	LPN
Date Reported:	6/9/2015	Class Code:	8835
Body Part:	Back, lower or center unknown	Department 1:	
Cause of Injury:	Fall, slip from liquid/grease	Department 2:	
Nature of Injury:	Pains, tightening, etc.	Claims Professional:	Antonio Perez 800-362-3555
Jurisdiction:	IL		
Injury Detail:	Fell on wet stairs exiting the patient's home.		

	Incurred	Paid	Outstanding
Medical:	447.10	447.10	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	16.33	16.33	0.00
TOTALS:	463.43	463.43	0.00
Deductible Reimbursements:		0.00	0.00
Third Party Recoveries:		0.00	0.00



LOSS RUN REPORT Valuation Date: 1/7/2019

INSURED: D&D SERVICES INC.

STATE: OK

LOCATION: 12331 E 60TH STREET, TULSA, OK 74146

POLICY PERIOD: 8/1/2014-8/1/2015

POLICY #: OKW001351

CARRIER: Berkshire Hathaway Homestate Insurance Company

Claim Number: 55038040
 Claimant Name: Thesenvitz, Janet
 Date of Incident: 5/12/2015
 Date of Birth: 11/10/1972
 Date of Hire: 4/23/2015
 Date Reported: 5/12/2015
 Body Part: Multiple upper extremities
 Cause of Injury: Fall, slip misc.
 Nature of Injury: Multiple Injuries
 Jurisdiction: OK
 Injury Detail: The claimant was working in a client's home when she tripped over a child gate and fell face-first into a chair, causing injury to the left wrist and left eye.

	Incurred	Paid	Outstanding
Medical:	4,274.41	4,274.41	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	111.68	111.68	0.00
TOTALS:	4,386.09	4,386.09	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	

Claim Number: 55036734
 Claimant Name: Knapp, Amanda
 Date of Incident: 4/3/2015
 Date of Birth: 6/4/1976
 Date of Hire: 12/7/2011
 Date Reported: 4/6/2015
 Body Part: Low back (lumbar/lumbo-sacral)
 Cause of Injury: Strain injury by misc.
 Nature of Injury: Strain
 Jurisdiction: OK
 Injury Detail: Nurse on the floor with patient, stood up & felt pain to lower back.

	Incurred	Paid	Outstanding
Medical:	248.10	248.10	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	38.83	38.83	0.00
TOTALS:	286.93	286.93	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	

Claim Number:	55034064	Claim Type:	Medical Only
Claimant Name:	Ply, Dee Ann	Claim Status:	Closed
Date of Incident:	1/24/2015	Date Closed:	4/2/2015
Date of Birth:	6/4/1968	Date Reopened:	
Date of Hire:	1/20/2015	Occupation:	LPN
Date Reported:	1/26/2015	Class Code:	8835
Body Part:	Back, lower	Department 1:	
Cause of Injury:	Strain injury by reaching	Department 2:	
Nature of Injury:	Strain	Claims Professional:	Starlight Fonseca 800-362-3555
Jurisdiction:	OK		
Injury Detail:	Claimant was putting an infant patient back in his crib. The crib rails wouldn't come down, so she had to reach over them, causing her to strain her back.		

	Incurred	Paid	Outstanding
Medical:	556.37	556.37	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	16.26	16.26	0.00
TOTALS:	572.63	572.63	0.00
Deductible Reimbursements:		0.00	0.00
Third Party Recoveries:		0.00	0.00

Claim Number:	55034513	Claim Type:	Indemnity
Claimant Name:	Wood, Pamela	Claim Status:	Closed
Date of Incident:	1/14/2015	Date Closed:	10/13/2015
Date of Birth:	10/11/1959	Date Reopened:	
Date of Hire:	7/23/2014	Occupation:	LPN
Date Reported:	2/5/2015	Class Code:	8835
Body Part:	Back, lower	Department 1:	
Cause of Injury:	Strain injury by misc.	Department 2:	
Nature of Injury:	Strain	Claims Professional:	Jordan Hopper 800-362-3555
Jurisdiction:	OK		
Injury Detail:	Pam called the office on 1/18/2015 to report she injured her back but stated she did not know how and it was not work related.		

	Incurred	Paid	Outstanding
Medical:	1,712.04	1,712.04	0.00
TD:	1,163.58	1,163.58	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	19.14	19.14	0.00
TOTALS:	2,894.76	2,894.76	0.00
Deductible Reimbursements:		0.00	0.00
Third Party Recoveries:		0.00	0.00

Claim Number:	55032965	Claim Type:	Medical Only
Claimant Name:	Fondren, Melissa	Claim Status:	Closed
Date of Incident:	12/18/2014	Date Closed:	6/3/2016
Date of Birth:	11/12/1976	Date Reopened:	
Date of Hire:	5/8/2012	Occupation:	LPN
Date Reported:	12/19/2014	Class Code:	8835
Body Part:	Back, lower	Department 1:	
Cause of Injury:	Strain injury by lifting	Department 2:	
Nature of Injury:	All other (not disease or curmm. inj)	Claims Professional:	Michael Huscher 800-362-3555
Jurisdiction:	OK		
Injury Detail:	Claimant was participating in 2 person lift and the 2nd person got caught up in the wheel chair causing claimant to handle majority of weight.		

	Incurred	Paid	Outstanding
Medical:	1,110.00	1,110.00	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	45.67	45.67	0.00
TOTALS:	1,155.67	1,155.67	0.00
Deductible Reimbursements:		0.00	0.00
Third Party Recoveries:		0.00	0.00

Claim Number:	55030743	Claim Type:	Medical Only
Claimant Name:	Fish, Leanna	Claim Status:	Closed
Date of Incident:	10/7/2014	Date Closed:	8/5/2015
Date of Birth:	11/10/1955	Date Reopened:	
Date of Hire:	9/17/2014	Occupation:	RN
Date Reported:	10/10/2014	Class Code:	8835
Body Part:	Low back (lumbar/lumbo-sacral)	Department 1:	
Cause of Injury:	Slip, did not fall	Department 2:	
Nature of Injury:	Strain	Claims Professional:	Parker Young 800-362-3555
Jurisdiction:	OK		
Injury Detail:	Claimant was doing a 2-man lift to move a patient from the couch to floor and felt a pain in her back.		

	Incurred	Paid	Outstanding
Medical:	443.85	443.85	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	39.96	39.96	0.00
TOTALS:	483.81	483.81	0.00
Deductible Reimbursements:		0.00	0.00
Third Party Recoveries:		0.00	0.00

Claim Number:	55030169	Claim Type:	Medical Only
Claimant Name:	Miller, Sally E	Claim Status:	Closed
Date of Incident:	9/18/2014	Date Closed:	2/1/2017
Date of Birth:	9/27/1970	Date Reopened:	
Date of Hire:	1/2/2014	Occupation:	Registered Nurse
Date Reported:	9/23/2014	Class Code:	8835
Body Part:	Back, lower	Department 1:	
Cause of Injury:	Back injury by lifting	Department 2:	
Nature of Injury:	Strain	Claims Professional:	Nathan Riebschlagler 800-362-3555
Jurisdiction:	OK		
Injury Detail:	Claimant was changing a patient's brief when she felt a pop in her lower back and felt her back go numb.		

	Incurred	Paid	Outstanding
Medical:	3,476.59	3,476.59	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	68.08	68.08	0.00
TOTALS:	3,544.67	3,544.67	0.00
Deductible Reimbursements:		0.00	0.00
Third Party Recoveries:		0.00	0.00

Claim Number:	55029889	Claim Type:	Medical Only
Claimant Name:	Francis, Sheila E	Claim Status:	Closed
Date of Incident:	9/12/2014	Date Closed:	9/2/2015
Date of Birth:	12/7/1966	Date Reopened:	
Date of Hire:	4/7/2008	Occupation:	AUTHORIZATION COORDINATOR
Date Reported:	9/15/2014	Class Code:	8835
Body Part:	Knee, right	Department 1:	
Cause of Injury:	Fall, slip from liquid/grease	Department 2:	
Nature of Injury:	Contusion	Claims Professional:	Starlight Fonseca 800-362-3555
Jurisdiction:	OK		
Injury Detail:	Claimant was returning from opening the gate for the trash guy when she slipped and fell on the tile due to her wet shoes.		

	Incurred	Paid	Outstanding
Medical:	2,423.34	2,423.34	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	84.71	84.71	0.00
TOTALS:	2,508.05	2,508.05	0.00
Deductible Reimbursements:		0.00	0.00
Third Party Recoveries:		0.00	0.00



Claim Number:	55028911	Claim Type:	Medical Only
Claimant Name:	Robbins, Mary D	Claim Status:	Closed
Date of Incident:	8/5/2014	Date Closed:	10/9/2014
Date of Birth:	8/23/1948	Date Reopened:	
Date of Hire:	12/2/2013	Occupation:	LICENSED PRACTICAL NURSE
Date Reported:	8/15/2014	Class Code:	8835
Body Part:	Arm, upper, both	Department 1:	
Cause of Injury:	Struck by Fellow Worker, Patient or Other Person	Department 2:	
Nature of Injury:	Contusion	Claims Professional:	Parker Young 800-362-3555
Jurisdiction:	OK		
Injury Detail:	Claimant was attempting to assist a pediatric patient back into the home after being outside. Patient became combative and pinched bilateral upper extremities.		

	Incurred	Paid	Outstanding
Medical:	232.95	232.95	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	8.47	8.47	0.00
TOTALS:	241.42	241.42	0.00
Deductible Reimbursements:		0.00	
Third Party Recoveries:		0.00	



LOSS RUN REPORT Valuation Date: 1/7/2019

INSURED: D&D SERVICES INC.

STATE: OK

LOCATION: 7100 BROADWAY EXT., OKLAHOMA CITY, OK 73116

POLICY PERIOD: 8/1/2014-8/1/2015

POLICY #: OKW001351

CARRIER: Berkshire Hathaway Homestate Insurance Company

Claim Number:	55042306	Claim Type:	Medical Only
Claimant Name:	Ray, Melissa	Claim Status:	Closed
Date of Incident:	7/31/2015	Date Closed:	4/18/2016
Date of Birth:	8/22/1971	Date Reopened:	
Date of Hire:	7/13/2015	Occupation:	NURSE
Date Reported:	8/28/2015	Class Code:	8835
Body Part:	Back, center	Department 1:	
Cause of Injury:	Strain injury by lifting	Department 2:	
Nature of Injury:	Pains, tightening, etc.	Claims Professional:	Joe Gold 800-362-3555
Jurisdiction:	OK		
Injury Detail:	Claimant was lifting a patient to bring her to the changing area when she felt pain in her middle back.		

	Incurred	Paid	Outstanding
Medical:	189.70	189.70	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	450.05	450.05	0.00
TOTALS:	639.75	639.75	0.00
Deductible Reimbursements:		0.00	0.00
Third Party Recoveries:		0.00	0.00

Claim Number:	55032948	Claim Type:	Medical Only
Claimant Name:	Routh, Janelle	Claim Status:	Closed
Date of Incident:	12/17/2014	Date Closed:	3/24/2015
Date of Birth:	11/19/1985	Date Reopened:	
Date of Hire:	12/31/2013	Occupation:	PRIVATE DUTY FIELD NURSE
Date Reported:	12/19/2014	Class Code:	8835
Body Part:	Lower leg	Department 1:	
Cause of Injury:	Cut, puncture, scrape glass	Department 2:	
Nature of Injury:	Laceration	Claims Professional:	Michael Huscher 800-362-3555
Jurisdiction:	OK		
Injury Detail:	Nurse was at patient's bedside. She bumped into plastic cart and a glass jar from on top of the cart fell, broken glass cut nurse's leg.		

	Incurred	Paid	Outstanding
Medical:	248.75	248.75	0.00
TD:	0.00	0.00	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	15.83	15.83	0.00
TOTALS:	264.58	264.58	0.00
Deductible Reimbursements:		0.00	0.00
Third Party Recoveries:		0.00	0.00



Claim Number:	55032030	Claim Type:	Indemnity
Claimant Name:	Ulrich, Christine	Claim Status:	Closed
Date of Incident:	11/18/2014	Date Closed:	5/3/2018
Date of Birth:	1/5/1981	Date Reopened:	
Date of Hire:	7/23/2014	Occupation:	PRIVATE DUTY FIELD NURSE
Date Reported:	11/18/2014	Class Code:	8835
Body Part:	Multiple body parts	Department 1:	
Cause of Injury:	Fall, slip on same level	Department 2:	
Nature of Injury:	Pains, tightening, etc.	Claims Professional:	Jordan Hopper 800-362-3555
Jurisdiction:	OK		

Injury Detail: Claimant was leaning over a couch to plug in a pulse oximeter when her foot slipped causing her to fall but she attempted to use her arm to brace herself causing immediate pain and cracking.

	Incurred	Paid	Outstanding
Medical:	23,683.89	23,683.89	0.00
TD:	1,531.40	1,531.40	0.00
PD:	16,957.50	16,957.50	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	15,856.01	15,856.01	0.00
TOTALS:	58,028.80	58,028.80	0.00
Deductible Reimbursements:		0.00	0.00
Third Party Recoveries:		0.00	0.00

Claim Number:	55031410	Claim Type:	Indemnity
Claimant Name:	Want, Cheynea	Claim Status:	Closed
Date of Incident:	10/30/2014	Date Closed:	1/13/2015
Date of Birth:	1/23/1992	Date Reopened:	
Date of Hire:	10/14/2014	Occupation:	FIELD NURSE
Date Reported:	10/30/2014	Class Code:	8835
Body Part:	Back, lower	Department 1:	
Cause of Injury:	Strain injury by reaching	Department 2:	
Nature of Injury:	Pains, tightening, etc.	Claims Professional:	Parker Young 800-362-3555
Jurisdiction:	OK		

Injury Detail: Employee was changing a patient's diaper. Employee bent over and then when she straightened her back out, she felt pain in her lower back.

	Incurred	Paid	Outstanding
Medical:	250.89	250.89	0.00
TD:	72.27	72.27	0.00
PD:	0.00	0.00	0.00
Voc Rehab:	0.00	0.00	0.00
Expense:	12.93	12.93	0.00
TOTALS:	336.09	336.09	0.00
Deductible Reimbursements:		0.00	0.00
Third Party Recoveries:		0.00	0.00