

ATTACHMENT II

PROPERTY INSURANCE LOSS SUMMARY

**VALUED AS OF MARCH 4, 2017
JEFFERSON COUNTY PUBLIC SCHOOLS**

LOUISVILLE, KENTUCKY



Detail Loss Report Losses From: 07/01/2011 To 07/01/2017

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
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Insured Name: JEFFERSON COUNTY BOARD OF
 Policy Number: 8788X225
 Policy Year: 2011
 Policy Eff Date: 07/01/2011
 Line of Insurance: P - PROPERTY

068	FR	ESP3977	11/28/2011	01/03/2012			C				
							Inc:	\$0.00	\$0.00	\$0.00	\$0.00
							Pd:	\$0.00	\$0.00	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
068	FR	ESP3980	12/21/2011	01/03/2012			C				
							Inc:	\$0.00	\$0.00	\$0.00	\$0.00
							Pd:	\$0.00	\$0.00	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
068	FR	ESP3981	12/21/2011	01/03/2012			C				
							Inc:	\$0.00	\$0.00	\$0.00	\$0.00
							Pd:	\$0.00	\$0.00	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
068	FR	ESP3982	12/14/2011	01/03/2012			C				
							Inc:	\$0.00	\$0.00	\$0.00	\$0.00
							Pd:	\$0.00	\$0.00	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
JEFFERSON COUNTY BOARD O	068	FR	ENY5720	07/11/2011	07/14/2011	09/01/2011	C				
WIND DAMAGE TO SCHOOL							Inc:	\$0.00	\$0.00	\$0.00	\$0.00
							Pd:	\$0.00	\$0.00	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
JEFFERSON COUNTY BOARD O	877	FR	ESM8813	04/28/2012	05/02/2012	10/29/2012	C				
INS SUFFERED PROPERTY DANAGE RESULTING FROM HAIL STORM. AT THIS TIME, THERE IS KNOWN DREG TO BUAEA AT THE BILITOEEM RD COMPOUND AND BAA TO AN UNDETERMINED NUMBER OF ACHOOL ROOFA.***** SEVERITY CHECK LIST*****							Inc:	\$836,156.00	\$831,620.00	\$0.00	\$4,536.00
							Pd:	\$836,155.68	\$831,619.58	\$0.00	\$4,536.10
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
OF JEFFERSON COUNTY BOARD	068	FR	ESP0983	12/04/2011	12/05/2011	01/19/2012	C				
THEFT OF COPPER ROOF FLASHING - CAUSING 19 LEAKS IN ROOF OF SCHOOL *****URGENT RSPONSE***** WATER DAMAGE TO INTERIOR OF BUILDING							Inc:	\$66,117.00	\$65,043.00	\$0.00	\$1,074.00
							Pd:	\$66,117.51	\$65,043.06	\$0.00	\$1,074.45
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00

Detail Loss Report

Losses From: 07/01/2011 To 07/01/2017

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense	
Insured Name: JEFFERSON COUNTY BOARD OF												
Policy Number: 8788X225												
Policy Year: 2011												
Policy Eff Date: 07/01/2011												
Line of Insurance: P - PROPERTY												
Subtotals for Line of Insurance : P												
Total Claim Count: 7							Inc:	\$902,273.00	\$896,663.00	\$0.00	\$5,610.00	
							Pd:	\$902,273.19	\$896,662.64	\$0.00	\$5,610.55	
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00	
Subtotals for Policy Eff Date : 07/01/2011												
Total Claim Count: 7							Inc:	\$902,273.00	\$896,663.00	\$0.00	\$5,610.00	
							Pd:	\$902,273.19	\$896,662.64	\$0.00	\$5,610.55	
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00	
Subtotals for Policy Year : 2011												
Total Claim Count: 7							Inc:	\$902,273.00	\$896,663.00	\$0.00	\$5,610.00	
							Pd:	\$902,273.19	\$896,662.64	\$0.00	\$5,610.55	
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00	
Policy Year: 2012												
Policy Eff Date: 07/01/2012												
Line of Insurance: P - PROPERTY												
/JEFFERSON COUNTY BOARD O	877	FR	EVB6164	10/27/2012	11/14/2012	04/25/2013	C					
INSURED HAD A ELECTRICAL FIRE AT WESTERN MIDDLE SCHOOL								Inc:	\$275,742.00	\$269,460.00	\$0.00	\$6,282.00
								Pd:	\$275,742.21	\$269,460.16	\$0.00	\$6,282.05
								O/S:	\$0.00	\$0.00	\$0.00	\$0.00
Subtotals for Line of Insurance : P												
Total Claim Count: 1							Inc:	\$275,742.00	\$269,460.00	\$0.00	\$6,282.00	
							Pd:	\$275,742.21	\$269,460.16	\$0.00	\$6,282.05	
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00	

Detail Loss Report

Losses From: 07/01/2011 To 07/01/2017

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
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Insured Name: JEFFERSON COUNTY BOARD OF

Policy Number: 8788X225

Policy Year: 2012

Policy Eff Date: 07/01/2012

Subtotals for Policy Eff Date : 07/01/2012

Total Claim Count: 1

Inc:	\$275,742.00	\$269,460.00	\$0.00	\$6,282.00
Pd:	\$275,742.21	\$269,460.16	\$0.00	\$6,282.05
O/S:	\$0.00	\$0.00	\$0.00	\$0.00

Subtotals for Policy Year : 2012

Total Claim Count: 1

Inc:	\$275,742.00	\$269,460.00	\$0.00	\$6,282.00
Pd:	\$275,742.21	\$269,460.16	\$0.00	\$6,282.05
O/S:	\$0.00	\$0.00	\$0.00	\$0.00

Policy Year: 2013

Policy Eff Date: 07/01/2013

Line of Insurance: P - PROPERTY

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense	
/JEFFERSON COUNTY BOARD O 068	FR		EXK5330	07/06/2013	07/07/2013	03/12/2014	C					
FIRE BROKE OUT IN PARKING LOT OUTSIDE OF THE STRUCTURE WHICH IS UNDER MAJOR RENOVATION INCLUDING NEW CONSTRUCTION, A FIRE BROKE OUT IN AREA WHERE STORAGE OF BUILDING ROOFING/INSULATIONS MATERIALS IN ADDITION THERE ARE NO FEWER 2 TRAIL								Inc:	\$5,198.00	\$4,185.00	\$0.00	\$1,013.00
								Pd:	\$5,197.26	\$4,184.76	\$0.00	\$1,012.50
								O/S:	\$0.00	\$0.00	\$0.00	\$0.00
/JEFFERSON COUNTY BOARD O 068	FR		EYQ0559	08/31/2013	09/04/2013	09/05/2013	C					
THE SCHOOL IS UNDERGOING SONIE MINOR RENOVATION & EXPANDING. A RAIN STORM HIT CAUSING WATER TO ENTER THROUGH THE ADDITION CONSTRUCTION ENTRANCE AND INTO THE EXISTING STRUCTURE.								Inc:	\$0.00	\$0.00	\$0.00	\$0.00
								Pd:	\$0.00	\$0.00	\$0.00	\$0.00
								O/S:	\$0.00	\$0.00	\$0.00	\$0.00
/JEFFERSON COUNTY BOARD O 068	FR		EYQ7726	11/28/2013	12/02/2013	03/26/2015	C					
PIPE BURST RESULTING IN WATER DAMAGE TO PROPERTY/WELLINGTON ELEMENTARY								Inc:	\$36,194.00	\$34,125.00	\$0.00	\$2,069.00
								Pd:	\$36,193.54	\$34,124.89	\$0.00	\$2,068.65
								O/S:	\$0.00	\$0.00	\$0.00	\$0.00
/JEFFERSON COUNTY BOARD O 068	FR		EZK8650	01/07/2014	01/09/2014	02/06/2015	C					
SPRINKLE BURST IN THE CLOTHES CLOSET CENTRAL STADIUM								Inc:	\$27,092.00	\$27,017.00	\$0.00	\$75.00
								Pd:	\$27,092.15	\$27,017.15	\$0.00	\$75.00
								O/S:	\$0.00	\$0.00	\$0.00	\$0.00



Detail Loss Report

Losses From: 07/01/2011 To 07/01/2017

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense	
Insured Name: JEFFERSON COUNTY BOARD OF												
Policy Number: 8788X225												
Policy Year: 2013												
Policy Eff Date: 07/01/2013												
Line of Insurance: P - PROPERTY												
/JEFFERSON COUNTY BOARD O 068	FR		EZQ3574	02/05/2014	02/06/2014	04/16/2014	C					
ROOF IS LEAKING BELIEVED TO BE DUE TO THE WEIGHT OF ICE*****SEVERITY CHECK LIST***** BUILDING AND EXTERIOR DAMAGES:								Inc:	\$31,882.00	\$30,175.00	\$0.00	\$1,707.00
								Pd:	\$31,881.66	\$30,174.66	\$0.00	\$1,707.00
								O/S:	\$0.00	\$0.00	\$0.00	\$0.00
Subtotals for Line of Insurance : P								Inc:	\$100,366.00	\$95,502.00	\$0.00	\$4,864.00
Total Claim Count: 5								Pd:	\$100,364.61	\$95,501.46	\$0.00	\$4,863.15
								O/S:	\$1.39	\$0.00	\$0.00	\$0.00
Subtotals for Policy Eff Date : 07/01/2013												
Total Claim Count: 5								Inc:	\$100,366.00	\$95,502.00	\$0.00	\$4,864.00
								Pd:	\$100,364.61	\$95,501.46	\$0.00	\$4,863.15
								O/S:	\$1.39	\$0.00	\$0.00	\$0.00
Subtotals for Policy Year : 2013												
Total Claim Count: 5								Inc:	\$100,366.00	\$95,502.00	\$0.00	\$4,864.00
								Pd:	\$100,364.61	\$95,501.46	\$0.00	\$4,863.15
								O/S:	\$1.39	\$0.00	\$0.00	\$0.00
Policy Year: 2014												
Policy Eff Date: 07/01/2014												
Line of Insurance: P - PROPERTY												
/JEFFERSON COUNTY BOARD O 877	FR		E1E3675	07/13/2014	07/14/2014	12/22/2015	C					
MANUAL HIGH SCHOOL'S BLDG WAS STRUCK BY LIGHTNING. DMG IS TO THE UPPER PART OF THE FACADE OF THE BLDG & CONCRETE HAS BEEN SHATTERED & SCATTERED ON THE GROUND.*****SEVERITY CHECK LIST*****								Inc:	\$413,128.00	\$394,404.00	\$0.00	\$18,724.00
								Pd:	\$413,127.79	\$394,404.01	\$0.00	\$18,723.78
								O/S:	\$0.00	\$0.00	\$0.00	\$0.00
/JEFFERSON COUNTY BOARD O 068	FR		E2S4512	02/22/2015	02/24/2015	04/09/2015	C					
LASSITER MIDDLE SCHOOL SPRINKLER PIPE BURST								Inc:	\$0.00	\$0.00	\$0.00	\$0.00
								Pd:	\$0.00	\$0.00	\$0.00	\$0.00
								O/S:	\$0.00	\$0.00	\$0.00	\$0.00

Detail Loss Report

Losses From: 07/01/2011 To 07/01/2017

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense	
Insured Name: JEFFERSON COUNTY BOARD OF												
Policy Number: 8788X225												
Policy Year: 2014												
Policy Eff Date: 07/01/2014												
Line of Insurance: P - PROPERTY												
Subtotals for Line of Insurance : P												
Total Claim Count: 2								Inc:	\$413,128.00	\$394,404.00	\$0.00	\$18,724.00
								Pd:	\$413,127.79	\$394,404.01	\$0.00	\$18,723.78
								O/S:	\$0.00	\$0.00	\$0.00	\$0.00
Subtotals for Policy Eff Date : 07/01/2014												
Total Claim Count: 2								Inc:	\$413,128.00	\$394,404.00	\$0.00	\$18,724.00
								Pd:	\$413,127.79	\$394,404.01	\$0.00	\$18,723.78
								O/S:	\$0.00	\$0.00	\$0.00	\$0.00
Subtotals for Policy Year : 2014												
Total Claim Count: 2								Inc:	\$413,128.00	\$394,404.00	\$0.00	\$18,724.00
								Pd:	\$413,127.79	\$394,404.01	\$0.00	\$18,723.78
								O/S:	\$0.00	\$0.00	\$0.00	\$0.00
Policy Year: 2015												
Policy Eff Date: 07/01/2015												
Line of Insurance: P - PROPERTY												
/JEFFERSON COUNTY BOARD O	068	FR	E6K6352	04/02/2016	04/08/2016	04/22/2016	C					
WIND DAMAGE TO ROOF AT NUTRITION CENTER -360 FARMINGTON AVE								Inc:	\$0.00	\$0.00	\$0.00	\$0.00
								Pd:	\$0.00	\$0.00	\$0.00	\$0.00
								O/S:	\$0.00	\$0.00	\$0.00	\$0.00
Subtotals for Line of Insurance : P												
Total Claim Count: 1								Inc:	\$0.00	\$0.00	\$0.00	\$0.00
								Pd:	\$0.00	\$0.00	\$0.00	\$0.00
								O/S:	\$0.00	\$0.00	\$0.00	\$0.00

JEFFERSON COUNTY BOARD
SAI Number(s): 1086K0157



Detail Loss Report

Losses From: 07/01/2011 To 07/01/2017

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense	
Insured Name: JEFFERSON COUNTY BOARD OF												
Policy Number: 8788X225												
Policy Year: 2015												
Policy Eff Date: 07/01/2015												
Subtotals for Policy Eff Date : 07/01/2015												
Total Claim Count: 1							Inc:	\$0.00	\$0.00	\$0.00	\$0.00	
							Pd:	\$0.00	\$0.00	\$0.00	\$0.00	
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00	
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Subtotals for Policy Year : 2015												
Total Claim Count: 1							Inc:	\$0.00	\$0.00	\$0.00	\$0.00	
							Pd:	\$0.00	\$0.00	\$0.00	\$0.00	
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00	
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Policy Year: 2016												
Policy Eff Date: 07/01/2016												
Line of Insurance: AL - AUTOMOBILE												
	031	AB	E6R2804	09/20/2016	12/07/2016		C					
							Inc:	\$0.00	\$0.00	\$0.00	\$0.00	
							Pd:	\$0.00	\$0.00	\$0.00	\$0.00	
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00	
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Subtotals for Line of Insurance : AL												
Total Claim Count: 1							Inc:	\$0.00	\$0.00	\$0.00	\$0.00	
							Pd:	\$0.00	\$0.00	\$0.00	\$0.00	
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00	
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Line of Insurance: P - PROPERTY												
/JEFFERSON COUNTY BOARD O	068	FR	E7D6062	08/14/2016	08/15/2016	02/24/2017	C					
PIPE BURST ON SECOND FLOOR SOME TIME IN THE MID EVENING, CAUSING BUILDING AND BPP DAMAGE TO THE CEILING AND CONTENTS OF THE FIRST FLOOR.								Inc:	\$88,056.00	\$84,586.00	\$0.00	\$3,470.00
								Pd:	\$88,056.91	\$84,586.46	\$0.00	\$3,470.45
								O/S:	\$0.00	\$0.00	\$0.00	\$0.00
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Subtotals for Line of Insurance : P												
Total Claim Count: 1							Inc:	\$88,056.00	\$84,586.00	\$0.00	\$3,470.00	
							Pd:	\$88,056.91	\$84,586.46	\$0.00	\$3,470.45	
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00	



Detail Loss Report Losses From: 07/01/2011 To 07/01/2017

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
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Insured Name: JEFFERSON COUNTY BOARD OF
 Policy Number: 8788X225
 Policy Year: 2016
 Policy Eff Date: 07/01/2016
 Subtotals for Policy Eff Date : 07/01/2016

Total Claim Count: 2	Inc:	\$88,056.00	\$84,586.00	\$0.00	\$3,470.00
	Pd:	\$88,056.91	\$84,586.46	\$0.00	\$3,470.45
	O/S:	\$0.00	\$0.00	\$0.00	\$0.00

Subtotals for Policy Year : 2016
 Total Claim Count: 2

Inc:	\$88,056.00	\$84,586.00	\$0.00	\$3,470.00
Pd:	\$88,056.91	\$84,586.46	\$0.00	\$3,470.45
O/S:	\$0.00	\$0.00	\$0.00	\$0.00

Subtotals for Policy Number : 8788X225
 Total Claim Count: 18

Inc:	\$1,779,565.00	\$1,740,615.00	\$0.00	\$38,950.00
Pd:	\$1,779,564.71	\$1,740,614.73	\$0.00	\$38,949.98
O/S:	\$0.00	\$0.00	\$0.00	\$0.00

Subtotals for Insured Name : JEFFERSON COUNTY BOARD OF
 Total Claim Count: 18

Inc:	\$1,779,565.00	\$1,740,615.00	\$0.00	\$38,950.00
Pd:	\$1,779,564.71	\$1,740,614.73	\$0.00	\$38,949.98
O/S:	\$0.00	\$0.00	\$0.00	\$0.00

Report Grand Totals

Total Claim Count: 18	Inc:	\$1,779,565.00	\$1,740,615.00	\$0.00	\$38,950.00
	Pd:	\$1,779,564.71	\$1,740,614.73	\$0.00	\$38,949.98
	O/S:	\$0.00	\$0.00	\$0.00	\$0.00



Detail Loss Report

Losses From: 07/01/2011 To 07/01/2017

Report Parameters

Report Name: Detail Loss
Losses From: 07/01/2011 To 07/01/2017

SAI Number(s): 1086K0157

Sorts

<u>Sort Name</u>	<u>Sort Label</u>	<u>Subtotal</u>	<u>Page Break</u>
1. Insured Name	Insured Name	Y	N
2. Policy Number	Policy Number	Y	N
3. Policy Year	Policy Year	Y	N
4. Policy Eff Date	Policy Eff Date	Y	N
5. Line of Insurance	Line of Insurance	Y	N

Limiting Statements

Large Loss Limiting

Drill Down Limiting Criteria