

Prairie State Insurance Cooperative (PSIC) New Berlin CUSD #16

Member Cost Comparison

Coverage Description	Additional Description	2021-2022	2022-2023	% Change
Variable Cost (PC/WC Combined)				
		То	tal Variable Costs %	53%
Variable Cost % above is your districts contribution into the programs Loss Fund. I future years.	Depending on program performance, those c	contributions can be returne	d in the form of Member Ed	uity or Surplus in

Total PSIC Program Costs (*)			
Property/Casualty Costs	\$112,828.08	\$128,396.03	14%
Worker's Compensation Costs	\$48,067.34	\$48,901.74	2%
Total PSIC Cost 2022-2023	\$160,895.42	\$177,297.77	10%

^(*) Subject to individual district property exposure, student exposure, auto exposure and payrolls, if applicable

Member Equity Summary

Total PSIC Net Position for Property Casualty is:

\$5,093,598

The net position is also known as the 'member equity' or 'surplus' of the program.

Total PSIC Net Position for Workers Compensation is:

\$9,555,483

The net position is also known as the 'member equity' or 'surplus' of the program.

In December of 2021, the PSIC Workers Compensation program returned \$1,634,098 to the participating members, in the form of a loyalty return, from the 2012/2013 & 2013/2014 policy years.

The net positions displayed above for both PSIC programs show potential future equity that your district may be entitled to receive in the form of a loyalty return.



Prairie State Insurance Cooperative (PSIC) New Berlin CUSD #16

Member Cost Comparison

Coverage Description	Additional Description	2021-2022	2022-2023	% Change
Fixed Costs:				
Package Policy	includes actuarial debit/credit	\$15,300.00	\$19,590.27	
Factage Folicy	in [] (1)	[0.0%]	[0.0%]	
Excess Property		\$14,076.81	\$16,434.15	
Boiler & Machinery		\$1,171.87	\$1,305.41	
Pollution Liability		\$1,388.60	\$1,582.11	
Excess Liability	(\$5,000,000 xs \$2,000,000)	\$3,356.96	\$4,046.73	
Student Accident - Mandatory	(\$25,000)	\$4,182.50	\$4,182.50	
Student Accident - Catastrophic	(\$6,000,000 xs \$25,000)	\$1,201.50	\$1,201.50	
Cyber Liability	(Expiring \$2,000,000) (Renewal \$2,000,000)	\$8,027.00	\$11,254.63	
Gallagher Crisis Protect		\$952.93	\$985.20	
Administration/Brokerage Service Fee		\$3,313.09	\$3,412.48	
Local Agents' Fee		\$3,313.09	\$3,412.48	
Claims Administration Fee		\$2,876.73	\$2,704.83	
Loss Control Fee		\$1,006.00	\$1,006.00	
Operating Expense Fee		N/A	N/A	
Total Fixed Cost		\$60,167.08	\$71,118.29	18%

Variable Costs:				
Less Find Deckers	includes actuarial debit/credit	\$52,661.00	\$57,277.74	
Loss Fund - Package	in [] (1)	[0.0%]	[0.0%]	
P&C Contribution on a Maximum Cost Basis		\$112,828.08	\$128,396.03	14%

Statistical Information				
Total Insured Values	includes APD	\$37,024,143	\$39,343,579	6%
Pre-K/Elementary/Junior Students		533	533	0%
High School Students		268	268	0%
Teachers		65	65	0%
All Other Vehicles		5	5	0%
Buses		17	17	0%
P&C Contribution on a Maximum Cos	et Basis:	\$112,828.08	\$128,396.03	14%

⁽¹⁾ Please note, the actuarial debit/credit system for the 2022/2023 renewal is based on 2021/2022 individual member annual contribution. This system is based on 5 years of incurred losses by member as well as 2022/2023 exposures by member.



Prairie State Insurance Cooperative (PSIC) New Berlin CUSD #16

Member Cost Comparison

Coverage Description	Additional Description	2021-2022	2022-2023	% Change
Fixed Costs:				
Worker's Compensation Premium		\$3,161.00	\$4,013.58	
CRS Claims Administration Fee (WC)		\$2,454.68	\$2,630.14	
Administration/Brokerage Service Fee (WC)		\$2,089.33	\$2,152.01	
Local Agents' Fee (WC)		\$2,089.33	\$2,152.01	
Operating Expense Fee (WC)		N/A	N/A	
Loss Control Service Units		\$1,000.00	\$1,000.00	
Loss Control Service Unit Days		1 Day	1 Day	
Total Fixed Cost		\$10,794.34	\$11,947.74	11%

Variable Costs:				
Loss Fund - Workers' Compensation	Funded amount (89.7% for 2022) includes actuarial debit/credit in [\$37,273.00	\$36,954.00	
·	(1)	[0.0%]	[0.0%]	
Worker's Compensation Program Contribution		\$48,067.34	\$48,901.74	2%
Auditable Loss Fund (based on payrolls listed below)	This figure should be budgeted under your Tort Fund.	\$3,790.00	\$4,256.00	

Payroll Information			
Drivers	\$307,790	\$318,893	4%
Professional Employees	\$4,378,006	\$5,088,887	16%
Cafeteria	\$179,544	\$115,801	-36%
All Other (Maintenance)	\$347,429	\$378,743	9%
Total Payroll	\$5,212,770	\$5,902,324	13%
Experience Modification Factor (MOD)	0.61	0.61	
Modified Premium	\$31,377.29	\$32,916.89	
Worker's Compensation Program Contribution:	\$48,067.34	\$48,901.74	2%

⁽¹⁾ Please note, the actuarial debit/credit system for the 2022/2023 renewal is based on 2021/2022 individual member annual contribution. This system is based on 5 years of incurred losses by member as well as 2022/2023 exposures by member.

LOSS & CLAIM EXPER SCHOOL DISTRICT 016N All 21 12/31/21 002857

002857 PRAIRIE STATE INSURANCE COOPERA
TIVE RISX-FACS LOSS AND CLAIM EXPERIENCE - BASIS DATE BASIS 01-Jan-2022 14:39
AS OF 31Dec2021 PAGE 244

PYRAMID LEVEL : SCHOOL DISTRICT

PYRAMID UNIT : 016N NEW BERLIN CUSD #16

LOSS PROGRAM : ALL LOSS PROGRAMS

PERIOD : 21 01Jul2021 TO 01Jul2022

MONTH NUMBER : 00006

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REPORT DESCR : SUMMARY OF TOTAL EXPERIENCE AND TOTAL CLAIMS BY CLAIM PERIOD AND COVERAGE SUMMARY OF CURRENT MONTHS ACTIVITY ALSO

INCLUDED.

COVERAGE DESCRIPTION	CLOSED CLAIMS	OPEN CLAIMS	TOTAL CLAIMS	NET LOSS PAYMENTS	NET EXPENSE PAYMENTS	LOSS RESERVE	EXPENSE RESERVE	TOTAL EXPERIENCE
AP - AUTO PHYSICAL DAMAGE	1	0	1	904.42	20.50	.00	.00	924.92
TOTALS	1	0	1	904.42	20.50	.00	.00	924.92
AGGREGATE EXCESS SUMMARY				 Li	ESS LOSSES EXCE	SS OF SPECIFIC	RETENTION	.00
TOTAL PAYMENTS LESS PAYMENTS SUBJECT TO SPECIFIC	EXCESS	====	924.92	 Т(OTAL AGGREGATE	EXPERIENCE		924.92
TOTAL PAYMENTS SUBJECT TO AGGREGA	TE EXCESS	;	924.92	T	OTAL NON-SPECIF	CIC CLAIM RECOV	ERIES TO DATE	.00
	CURR	ENT PERI	OD ACTIV	TTY 01Dec2021	THRU 31Dec2021			
	ESERVE N	IET CHANG		*** PAYMENTS * NUMBER AMOUNT	** *** RECOVER NUMBER A	LIES *** ** A	DJUSTMENTS **	NET PAYMENT ACTIVITY

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LOSS & CLAIM EXPER SCHOOL DISTRICT 016N All 20 12/31/21 002857

002857 PRAIRIE STATE INSURANCE COOPERA
TIVE RISX-FACS LOSS AND CLAIM EXPERIENCE - BASIS DATE BASIS 01-Jan-2022 14:39
AS OF 31Dec2021 PAGE 245

PYRAMID LEVEL : SCHOOL DISTRICT

PYRAMID UNIT : 016N NEW BERLIN CUSD #16

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NOTE: NET PAYMENTS = PAYMENTS MINUS NON-SPECIFIC EXCESS RECOVERIES PLUS ADJUSTMENTS

LOSS PROGRAM : ALL LOSS PROGRAMS

PERIOD : 20 01Jul2020 TO 01Jul2021

MONTH NUMBER : 00018

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REPORT DESCR : SUMMARY OF TOTAL EXPERIENCE AND TOTAL CLAIMS BY CLAIM PERIOD AND COVERAGE SUMMARY OF CURRENT MONTHS ACTIVITY ALSO

INCLUDED.

COVERAGE DESCRIPTION	CLOSED CLAIMS	OPEN CLAIMS	TOTAL CLAIMS	NET LOSS PAYMENTS	NET EXPENSE PAYMENTS	LOSS RESERVE	EXPENSE RESERVE	TOTAL EXPERIENCE
AP - AUTO PHYSICAL DAMAGE	1	0	1	5322.23	.00	.00	.00	5322.23
TOTALS	1	0	1	5322.23	.00	.00	.00	5322.23
AGGREGATE EXCESS SUMMARY				 L]	ESS LOSSES EXCE	SS OF SPECIFIC	RETENTION	.00
TOTAL PAYMENTS LESS PAYMENTS SUBJECT TO SPECIFIC	EXCESS	====	5322.23	 T(OTAL AGGREGATE 1	EXPERIENCE		5322.23
TOTAL PAYMENTS SUBJECT TO AGGREGA	TE EXCESS		5322.23	TO	OTAL NON-SPECIF	IC CLAIM RECOV	ERIES TO DATE	2500.00
	CURR	ENT PERI	OD ACTIV	VITY 01Dec2021	THRU 31Dec2021			
	ESERVE NUMBER	ET CHANG		*** PAYMENTS ** NUMBER AMOUNT	** *** RECOVER: NUMBER AI	IES *** ** A MOUNT NUMBE	 DJUSTMENTS ** R AMOUNT	NET PAYMENT ACTIVITY

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LOSS & CLAIM EXPER SCHOOL DISTRICT 016N All 19 12/31/21 002857

002857 PRAIRIE STATE INSURANCE COOPERA
TIVE RISX-FACS LOSS AND CLAIM EXPERIENCE - BASIS DATE BASIS 01-Jan-2022 14:39
AS OF 31Dec2021 PAGE 246

PYRAMID LEVEL : SCHOOL DISTRICT

PYRAMID UNIT : 016N NEW BERLIN CUSD #16

LOSS PROGRAM : ALL LOSS PROGRAMS

PERIOD : 19 01Jul2019 TO 01Jul2020

MONTH NUMBER : 00030

REPORT DESCR : SUMMARY OF TOTAL EXPERIENCE AND TOTAL CLAIMS BY CLAIM PERIOD AND COVERAGE SUMMARY OF CURRENT MONTHS ACTIVITY ALSO

INCLUDED.

INCLUDED.	CLOSED	OPEN	TOTAL	NET LOSS	NET EXPENSE	LOSS	EXPENSE	TOTAL		
COVERAGE DESCRIPTION	CLAIMS	CLAIMS	CLAIMS	PAYMENTS	PAYMENTS	RESERVE	RESERVE	EXPERIENCE		
AD - AUTO LIAB PROP DAMAGE RC - ALL RISK CONTENTS	1	0	1	1014.66	712.77	.00	.00	1727.43		
TOTALS	2	0	2	1014.66	712.77	.00	.00	1727.43		
AGGREGATE EXCESS SUMMARY				 Li	ESS LOSSES EXCES	SS OF SPECIFIC	RETENTION	.00		
TOTAL PAYMENTS LESS PAYMENTS SUBJECT TO SPECIFIC	EXCESS		1727.43	T(OTAL AGGREGATE I	EXPERIENCE		1727.43		
TOTAL PAYMENTS SUBJECT TO AGGREGAT	E EXCESS		1727.43	T(OTAL NON-SPECIF	C CLAIM RECOVE	ERIES TO DATE	.00		
CURRENT PERIOD ACTIVITY 01Dec2021 THRU 31Dec2021										
	SERVE N	ET CHANG TAL EXPE		*** PAYMENTS ** NUMBER AMOUNT	** *** RECOVERI	IES *** ** AI MOUNT NUMBER	JUSTMENTS ** R AMOUNT	NET PAYMENT ACTIVITY		

LOSS & CLAIM EXPER SCHOOL DISTRICT 016N All 18 12/31/21 002857

002857 PRAIRIE STATE INSURANCE COOPERA RSQ71R01 RISX-FACS LOSS AND CLAIM EXPERIENCE - BASIS DATE BASIS 01-Jan-2022 14:39 AS OF 31Dec2021 PAGE 247

PYRAMID LEVEL : SCHOOL DISTRICT

PYRAMID UNIT : 016N NEW BERLIN CUSD #16

LOSS PROGRAM : ALL LOSS PROGRAMS

PERIOD : 18 01Jul2018 TO 01Jul2019

MONTH NUMBER : 00042

REPORT DESCR : SUMMARY OF TOTAL EXPERIENCE AND TOTAL CLAIMS BY CLAIM PERIOD AND COVERAGE SUMMARY OF CURRENT MONTHS ACTIVITY ALSO

INCLUDED.								
COVERAGE DESCRIPTION	CLOSED CLAIMS	OPEN CLAIMS	TOTAL CLAIMS	NET LOSS PAYMENTS	NET EXPENSE PAYMENTS	LOSS RESERVE	EXPENSE RESERVE	TOTAL EXPERIENCE
AD - AUTO LIAB PROP DAMAGE	2	0	2	2828.30	38.00	.00	.00	2866.30
RB - ALL RISK BUILDINGS	1	0	1	172206.00	.00	.00	.00	172206.00
	=====	=====	=====	========	========	========	========	========
TOTALS	3	0	3	175034.30	38.00	.00	.00	175072.30
AGGREGATE EXCESS SUMMARY				L	ESS LOSSES EXCE	SS OF SPECIFIC	RETENTION	.00
TOTAL PAYMENTS LESS PAYMENTS SUBJECT TO SPECIFIC	EXCESS	17	5072.30	Т	OTAL AGGREGATE	EXPERIENCE	•	175072.30
TOTAL PAYMENTS SUBJECT TO AGGREGAT	TE EVOECO	17	5072.30					
TOTAL FAIMENTS SUBJECT TO AGGREGA.	IE EACESS	17	3072.30	Т	OTAL NON-SPECIF	IC CLAIM RECOV	YERIES TO DATE	1000.00
	CURR	ENT PERI	OD ACTIVI	TY 01Dec2021	THRU 31Dec2021			
NUMBER NUMBER NUMBER RI	ESERVE N	ET CHANG	E IN *	** PAYMENTS *	** *** RECOVER	IES *** ** A	DJUSTMENTS **	NET PAYMENT

OPENED VOIDED REOPND CLOSED CHANGES TOTAL EXPERIENCE NUMBER AMOUNT NUMBER AMOUNT NUMBER AMOUNT ACTIVITY

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LOSS & CLAIM EXPER SCHOOL DISTRICT 016N All 17 12/31/21 002857

002857 PRAIRIE STATE INSURANCE COOPERA RSQ71R01 RISX-FACS LOSS AND CLAIM EXPERIENCE - BASIS DATE BASIS 01-Jan-2022 14:39 AS OF 31Dec2021 PAGE 248

PYRAMID LEVEL : SCHOOL DISTRICT

PYRAMID UNIT : 016N NEW BERLIN CUSD #16

LOSS PROGRAM : ALL LOSS PROGRAMS

: 17 01Jul2017 TO 01Jul2018

MONTH NUMBER : 00054

REPORT DESCR : SUMMARY OF TOTAL EXPERIENCE AND TOTAL CLAIMS BY CLAIM PERIOD AND COVERAGE SUMMARY OF CURRENT MONTHS ACTIVITY ALSO

INCLUDED. COVERAGE DESCRIPTION	CLOSED CLAIMS	OPEN CLAIMS	TOTAL CLAIMS	NET LOSS PAYMENTS	NET EXPENSE PAYMENTS	LOSS RESERVE	EXPENSE RESERVE	TOTAL EXPERIENCE
AD - AUTO LIAB PROP DAMAGE	1	0	1	3065.83	.00	.00	.00	3065.83
TOTALS	1	0	1	3065.83	.00	.00	.00	3065.83
AGGREGATE EXCESS SUMMARY				L	ESS LOSSES EXCE	SS OF SPECIFIC	C RETENTION	.00
TOTAL PAYMENTS LESS PAYMENTS SUBJECT TO SPECIFIC	EXCESS		3065.83	T	OTAL AGGREGATE	EXPERIENCE		3065.83
TOTAL PAYMENTS SUBJECT TO AGGREGA	3065.83	T	OTAL NON-SPECIF	IC CLAIM RECO	VERIES TO DATE	.00		

CURRENT PERIOD ACTIVITY -- 01Dec2021 THRU 31Dec2021

______ NUMBER NUMBER NUMBER RESERVE NET CHANGE IN *** PAYMENTS *** RECOVERIES *** ** ADJUSTMENTS ** NET PAYMENT OPENED VOIDED REOPND CLOSED CHANGES TOTAL EXPERIENCE NUMBER AMOUNT NUMBER AMOUNT NUMBER AMOUNT ACTIVITY

LOSS & CLAIM EXPER SCHOOL DISTRICT 016N All 16 12/31/21 002857

002857 PRAIRIE STATE INSURANCE COOPERA
TIVE RISX-FACS LOSS AND CLAIM EXPERIENCE - BASIS DATE BASIS 01-Jan-2022 14:39
AS OF 31Dec2021 PAGE 249

PYRAMID LEVEL : SCHOOL DISTRICT

PYRAMID UNIT : 016N NEW BERLIN CUSD #16

LOSS PROGRAM : ALL LOSS PROGRAMS

PERIOD : 16 01Jul2016 TO 01Jul2017

MONTH NUMBER : 00066

REPORT DESCR : SUMMARY OF TOTAL EXPERIENCE AND TOTAL CLAIMS BY CLAIM PERIOD AND COVERAGE SUMMARY OF CURRENT MONTHS ACTIVITY ALSO

INCLUDED.

INCLUDED.								
9017771 GT	CLOSED	OPEN	TOTAL	NET LOSS	NET EXPENSE	LOSS	EXPENSE	TOTAL
COVERAGE DESCRIPTION	CLAIMS	CLAIMS	CLAIMS	PAYMENTS	PAYMENTS	RESERVE	RESERVE	EXPERIENCE
AD - AUTO LIAB PROP DAMAGE	3	0	3	5963.13	85.00	.00	.00	6048.13
AP - AUTO PHYSICAL DAMAGE	1	0	1	2217.16	.00	.00	.00	2217.16
	=====	=====	=====	========	========	========	========	=========
TOTALS	4	0	4	8180.29	85.00	.00	.00	8265.29
AGGREGATE EXCESS SUMMARY				L	ESS LOSSES EXCES	SS OF SPECIFIC	RETENTION	.00
TOTAL PAYMENTS LESS PAYMENTS SUBJECT TO SPECIFIC	EXCESS		8265.29	Т	OTAL AGGREGATE I	EXPERIENCE	•	8265.29
TOTAL PAYMENTS SUBJECT TO AGGREGA	ייד דערדפס		8265.29					
TOTAL TATMENTO DODUCCT TO ACCRECA	TH ENCEDE	,	0203.23	Т	OTAL NON-SPECIF	IC CLAIM RECOV	TERIES TO DATE	.00
	CURR	ENT PERI	OD ACTIVI	TY 01Dec2021	THRU 31Dec2021			
NUMBER NUMBER NUMBER R	ESERVE N	ET CHANG	E IN *	 ** PAYMENTS *	** *** RECOVER	ES *** ** A	DJUSTMENTS **	NET PAYMENT

PRAIRIE STATE INSURANCE **COOPERATIVE**

alued as	s of 12/31/202	21								D	OI GE 7-1-16
					Paid	Recoveries			Gross		Incurred
					This Period	This Period	Outstanding	Paid	Incurred	Recovery	Net Recovery
ember Na	me: New Berlin	Commun	ity Unit School District	#16							
Period (P	olicy Period): 07	7/01/2019	- 06/30/2020								
KLESPITZ,	NANCY	Location:	New Berlin Community Unit School District #16	Medical	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
Claim Number:	0017-20-00193	Cause:	Struck or Injured By - Fellow Worker, Patient, or Other Person	Indemnity	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
Loss Date:	1/13/2020	Body Part:	Elbow	Expense	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
Status:	Closed	Nature:	Puncture	Legal Expense	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
Type:	Medical Only			PPI	0.00	0.00	0.00	0.00	0.00	0.00	0.0
Loss Description:	Unbuckling a seat ee	belt for a st	tudent when the student bit	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
Totals for 0	7/01/2019 - 06/30/	2020 - 1 Cla	aim	Medical	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
				Indemnity	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
				Expense	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
				Legal Expense	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
				PPI	0.00	0.00	0.00	0.00	0.00	0.00	0.0
				Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0



3/29/2022 5:51:08 AM Page 632 of 1222

PRAIRIE STATE INSURANCE COOPERATIVE

Valued as of 12/31/2021

DOI GE 7-1-16

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					Paid	Recoveries			Gross		Incurred	
					This Period	This Period	Outstanding	Paid	Incurred	Recovery	Net Recovery	
eriod (Pe	olicy Period): 07/	01/2020	- 06/30/2021									
KUNZ, AMB	<u>ER</u>	Location:	New Berlin Community Unit School District #16	Medical	\$0.00	\$0.00	\$1,000.00	\$0.00	\$1,000.00	\$0.00	\$1,000	
Claim Number:	4021060325F0001	Cause:	Strain Or Injury By NOC	Indemnity	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$	
Loss Date:	5/3/2021	Body Part:	Multiple Trunk	Expense	\$8.00	\$0.00	\$97.00	\$153.00	\$250.00	\$0.00	\$25	
Status:	Open	Nature:	Strain or Tear	Legal Expense	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$	
Туре:	Medical Only			PPI	0.00	0.00	0.00	0.00	0.00	0.00		
Loss Description:	Employee was start collapse. She fell st		own on the chair when it	Total	\$8.00	\$0.00	\$1,097.00	\$153.00	\$1,250.00	\$0.00	\$1,25	
KAUFFMAN	, KATHRYN	Location:	New Berlin Community Unit School District #16	Medical	\$0.00	\$0.00	\$750.00	\$0.00	\$750.00	\$0.00	\$75	
Claim Number:	40210605CDB0001	Cause:	Other, Miscellaneous NOC	Indemnity	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$	
Loss Date:	5/14/2021	Body Part:	Finger(s)	Expense	\$8.00	\$0.00	\$22.00	\$153.00	\$175.00	\$0.00	\$17	
Status:	Open	Nature:	All Other Specific Injuries, NOC	Legal Expense	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Гуре:	Medical Only			PPI	0.00	0.00	0.00	0.00	0.00	0.00		
Loss Description:	The employee was PE class when she		dge ball with her 6th grade	Total	\$8.00	\$0.00	\$772.00	\$153.00	\$925.00	\$0.00	\$92	
COX, KARA		Location:	New Berlin Community Unit School District #16	Medical	\$0.00	\$0.00	\$750.00	\$0.00	\$750.00	\$0.00	\$75	
Claim Number:	402106057360001	Cause:	Fall, Slip, or Trip NOC	Indemnity	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$	
_oss Date:	5/18/2021	Body Part:	Foot	Expense	\$8.00	\$0.00	\$22.00	\$153.00	\$175.00	\$0.00	\$17	
Status:	Open	Nature:	All Other Specific Injuries, NOC	Legal Expense	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	9	
Туре:	Medical Only			PPI	0.00	0.00	0.00	0.00	0.00	0.00		
Loss Description:	The employe was p when she tripped ov		geball with with students	Total	\$8.00	\$0.00	\$772.00	\$153.00	\$925.00	\$0.00	\$92	
tals for 0	7/01/2020 - 06/30/20)21 - 3 Cla	aims	Medical	\$0.00	\$0.00	\$2,500.00	\$0.00	\$2,500.00	\$0.00	\$2,50	
				Indemnity	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	;	
				Expense	\$24.00	\$0.00	\$141.00	\$459.00	\$600.00	\$0.00	\$60	
				Legal Expense	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	;	
				PPI	0.00	0.00	0.00	0.00	0.00	0.00		
				Total	\$24.00	\$0.00	\$2,641.00	\$459.00	\$3,100.00	\$0.00	\$3,10	



3/29/2022 5:51:08 AM Page 633 of 1222

PRAIRIE STATE INSURANCE COOPERATIVE

Valued as of 12/31/2021

DOI GE 7-1-16

ucu a	3 01 12/31/20												
					Paid	Recoveries			Gross		Incurred		
					This Period	This Period	Outstanding	Paid	Incurred	Recovery	Net Recovery		
eriod (P	olicy Period): 0	7/01/2021	- 06/30/2022										
BEHL, SHE	RRY V	Location:	New Berlin Community Unit School District #16	Medical	\$0.00	\$0.00	\$750.00	\$0.00	\$750.00	\$0.00	\$75		
laim lumber:	552392	Cause:	Cut, Puncture, or Scrape - Object Being Handled	Indemnity	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$		
oss Date:	9/20/2021	Body Part:	Arm	Expense	\$0.00	\$0.00	\$75.00	\$0.00	\$75.00	\$0.00	\$		
atus:	Open	Nature:	Laceration	Legal Expense	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
ype:	Medical Only			PPI	0.00	0.00	0.00	0.00	0.00	0.00			
oss escription:	MILK CRATE SL THE EMPLOYEE		CART AND SLID DOWN	Total	\$0.00	\$0.00	\$825.00	\$0.00	\$825.00	\$0.00	\$83		
AWDY, CA	ARRIE J	Location:	New Berlin Community Unit School District #16	Medical	\$0.00	\$0.00	\$750.00	\$0.00	\$750.00	\$0.00	\$7		
laim lumber:	552696	Cause:	Fall, Slip, or Trip - Liquid or Grease	Indemnity	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
oss Date:	10/20/2021	Body Part:	Neck	Expense	\$0.00	\$0.00	\$75.00	\$0.00	\$75.00	\$0.00	\$		
tatus:	Open	Nature:	Strain or Tear	Legal Expense	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
ype:	Medical Only			PPI	0.00	0.00	0.00	0.00	0.00	0.00			
oss escription:	SLIPPED ON WA	ATER ON TH	E FLOOR	Total	\$0.00	\$0.00	\$825.00	\$0.00	\$825.00	\$0.00	\$8		
als for 0	7/01/2021 - 06/30	/2022 - 2 Cla	aims	Medical	\$0.00	\$0.00	\$1,500.00	\$0.00	\$1,500.00	\$0.00	\$1,5		
				Indemnity	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
				Expense	\$0.00	\$0.00	\$150.00	\$0.00	\$150.00	\$0.00	\$1		
				Legal Expense	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
				PPI	0.00	0.00	0.00	0.00	0.00	0.00			
				Total	\$0.00	\$0.00	\$1,650.00	\$0.00	\$1,650.00	\$0.00	\$1,6		
s for Ne v	w Berlin Commu	nity Unit Sc	hool District #16 - 6 Claims	Medical	\$0.00	\$0.00	\$4,000.00	\$0.00	\$4,000.00	\$0.00	\$4,0		
				Indemnity	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
				Expense	\$24.00	\$0.00	\$291.00	\$459.00	\$750.00	\$0.00	\$7		
				Legal Expense	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
				PPI	0.00	0.00	0.00	0.00	0.00	0.00			
				Total	\$24.00	\$0.00	\$4,291.00	\$459.00	\$4,750.00	\$0.00	\$4,7		



3/29/2022 5:51:08 AM Page 634 of 1222