



Kismet Risk Management Associates
Aggregate Excess Activity Summary

(Submit monthly to Kismet Risk Management Associates)
E-mail: potentials@kismetrisk.com

Insured: _____

Policy Period: _____ Basis: _____ Specific Deductible: \$ _____

Administrator: _____

Coverage(s): Medical: Dental: _____ Vision: _____ Rx Card: _____

Other: _____

Minimum Aggregate Retention: \$ _____

Aggregate Retention Factors: Single¹: \$ _____ Family²: \$ _____ Composite³: \$ _____ Other: \$ _____

Census X Factors							Loss Fund		Total Paid Claims	
Month	Single Census	Single ¹	Family Census	Family ²	Total Census	Composite ³	Month	Accumulative ^B	Month	Accumulative ^A
						\$				\$
						\$				\$
						\$				\$
						\$				\$
						\$				\$
						\$				\$
						\$				\$
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						\$				\$
						\$				\$
						\$				\$
						\$				\$

Aggregate Claim Calculation

Paid Claims Year-to-Date^A: \$ _____

Specific Excess Claims: (_____)

Net Claims: \$ _____

Aggregate Deductible^B: (_____)

Aggregate Excess: \$ _____

Signed: _____ Title: _____ Date: _____

Phone #: _____ Fax#: _____ Email: _____