Production Code: AF15011
Agency Name: Arthur J. Gallagher Risk Management Services LLC - Fort Wayne
Account Number: A010127079, AF6156829
Account Name: HI JILL'S HOUSE LLC
Policyholder Name: HI JILL'S HOUSE LLC
Policy Number: 100079435, 6156829

Policy Period: 12/27/2024 To 12/27/2025

Department:
Emp Location: 751 E TAMARACK TRAIL,BLOOMINGTON,IN,47408
Claim Number: AFC230840738
Claim Type Name: Incident
Claimant Name: Baker, Lucila
Claim Handler: Jessica Dent
Accident Date: 7/26/2025
Detailed Injury Type: Contusion
Date Reported: 7/28/2025
Claim Status: Closed
Date Closed: 9/19/2025
Primary Insured: HI JILL'S HOUSE LLC
Reported to Employer: 7/26/2025
Accident Location: 751 E TAMARACK TRAIL BLOOMINGTON, IN 47408
Litigation: N

	Paid	Reserves	Incurred
Medical Losses:	$0.00	$0.00	$0.00
Indemnity Losses:	$0.00	$0.00	$0.00
Legal Expenses:	$0.00	$0.00	$0.00
Other Expenses:	$0.00	$0.00	$0.00
Net:	$0.00	$0.00	$0.00

Injured worker states she was helping a resident shower, but resident pushed IW and she fell on the corner of a chair injuring her tailbone and R hand.

Department:
Emp Location: 751 E TAMARACK TRAIL,BLOOMINGTON,IN,47408
Claim Number: AFC230829007
Claim Type Name: Medical
Claimant Name: Lyons, Abigail
Claim Handler: Daniel Normandin
Accident Date: 6/12/2025
Detailed Injury Type: Sprain
Date Reported: 6/12/2025
Claim Status: Closed
Date Closed: 8/6/2025
Primary Insured: HI JILL'S HOUSE LLC
Reported to Employer: 6/12/2025
Accident Location: 751 E TAMARACK TRAIL BLOOMINGTON, IN 47408
Litigation: N

	Paid	Reserves	Incurred
Medical Losses:	$4,436.50	$0.00	$4,436.50
Indemnity Losses:	$0.00	$0.00	$0.00
Legal Expenses:	$0.00	$0.00	$0.00
Other Expenses:	$0.00	$0.00	$0.00
Net:	$4,436.50	$0.00	$4,436.50

Injured worker states coming down the stairs lost footing twisted foot, thinks broke her ankle.

Policy Period Summary: 12/27/2024 To 12/27/2025

	Open	Closed	ReOpen		Paid	Reserves	Incurred
				Medical Losses:	$4,436.50	$0.00	$4,436.50
Medical Claims:	0	1	0	**Indemnity Losses:**	$0.00	$0.00	$0.00
Indemnity Claims:	0	0	0	**Legal Expenses:**	$0.00	$0.00	$0.00
Total Claims:	0	1	0	**Other Expenses:**	$0.00	$0.00	$0.00
				Net:	$4,436.50	$0.00	$4,436.50

Total Claims:	1	**Incident-Only Claims:**	1	**Litigation:**	0

Policy Period: 12/27/2023 To 12/27/2024

No claims reported for this policy period

Policy Period: 12/27/2022 To 12/27/2023

No claims reported for this policy period

Policy Period: 12/27/2021 To 12/27/2022

No claims reported for this policy period

Policy Period: 12/27/2020 To 12/27/2021

Department:		**Emp Location:**	751 E TAMARACK TRAIL,BLOOMINGTON,IN,47408-9999				
Claim Number:	AFC230370006	**Claim Type Name:**	Medical		**Paid**	**Reserves**	**Incurred**
Claimant Name:	Brown, Brittany N	**Claim Handler:**	Rachael Wakley	**Medical Losses:**	$402.90	$0.00	$402.90
Accident Date:	12/28/2020	**Detailed Injury Type:**	Strain	**Indemnity Losses:**	$0.00	$0.00	$0.00
Date Reported:	12/31/2020	**Claim Status:**	Closed	**Legal Expenses:**	$0.00	$0.00	$0.00
Date Closed:	4/29/2021	**Primary Insured:**	HI JILL'S HOUSE LLC	**Other Expenses:**	$0.00	$0.00	$0.00
Reported to Employer:	12/28/2020	**Accident Location:**	751 E TAMARACK TRAIL BLOOMINGTON, IN 47408-9999	**Net:**	$402.90	$0.00	$402.90
Litigation:	N						

IW states lower back strain after her and a nurse were assisting resident back to room when resident got weak legged and pulled on iw causing the back pain.

Policy Period Summary: 12/27/2020 To 12/27/2021

					Paid	Reserves	Incurred
				Medical Losses:	$402.90	$0.00	$402.90
	Open	**Closed**	**ReOpen**	**Indemnity Losses:**	$0.00	$0.00	$0.00
Medical Claims:	0	1	0	**Legal Expenses:**	$0.00	$0.00	$0.00
Indemnity Claims:	0	0	0	**Other Expenses:**	$0.00	$0.00	$0.00
Total Claims:	0	1	0	**Net:**	$402.90	$0.00	$402.90

Total Claims:	1	**Incident-Only Claims:**	0	**Litigation:**	0

Overall Summary

	Open	Closed	ReOpen		Paid	Reserves	Incurred
				Medical Losses:	$4,839.40	$0.00	$4,839.40
				Indemnity Losses:	$0.00	$0.00	$0.00
Medical Claims:	0	2	0	**Legal Expenses:**	$0.00	$0.00	$0.00
Indemnity Claims:	0	0	0	**Other Expenses:**	$0.00	$0.00	$0.00
Total Claims:	0	2	0	**Net:**	$4,839.40	$0.00	$4,839.40

Total Claims: 2 **Incident-Only Claims:** 1

Losses By Policy Year

Account Name: HI JILL'S HOUSE LLC

Policy Number: 100079435, 6156829

Policy Period: 12/27/2020 To 12/27/2025

Policy Period	Carrier	Indemnity Claims	Medical Claims	Incident Claims	Incurred Indemnity Losses	Incurred Medical Losses	Incurred Legal Expenses	Incurred Other Expenses	Total Incurred
12/27/2024 To 12/27/2025	AFGIC	0	1	1	$0.00	$4,436.50	$0.00	$0.00	$4,436.50
12/27/2023 To 12/27/2024	AFGIC	0	0	0	$0.00	$0.00	$0.00	$0.00	$0.00
12/27/2022 To 12/27/2023	AFGIC	0	0	0	$0.00	$0.00	$0.00	$0.00	$0.00
12/27/2021 To 12/27/2022	AFGIC	0	0	0	$0.00	$0.00	$0.00	$0.00	$0.00
12/27/2020 To 12/27/2021	AFGIC	0	1	0	$0.00	$402.90	$0.00	$0.00	$402.90
Net:		**0**	**2**	**1**	**$0.00**	**$4,839.40**	**$0.00**	**$0.00**	**$4,839.40**

*Any premiums displayed for policies effective prior to 1/5/22 are based on premium calculation as of 12/15/2024.