Indiana Insurance.
Member of Liberty Mutual Group

Loss History

Loss Valuation Date:05/09/2012
The policy information below has been updated within the past 30 days.

Account Summary

Indiana Regional Office

Insured: CENTRAL NINE CAREER CENTER
1999 U S 31 SOUTH
GREENWOOD, IN 46143-

Agency: CHARLES GREEN INS INC DBA ISU INS SVCS GREEN OWENS AGCY
1111 N MAIN ST
FRANKLIN, IN 461311242

Code: 0001810

Line Of Business	Prefix	Policy Number	Policy Term	Number of Claims	Net Paid Losses	Current Reserves	Paid + Reserves	Allocated Expenses	Total
Commercial Package	**CBP**	**9736919**	**06/14/2011 - 06/14/2012**	**1**	**$29,819**	**$0**	**$29,819**	**$0**	**$29,819**
Commercial Package	CBP	9736919	06/14/2011 - 06/14/2012	0	$0	$0	$0	$0	$0
Commercial Package	CBP	9736919	06/14/2011 - 06/14/2012	0	$0	$0	$0	$0	$0
Commercial Package	CBP	9736919	06/14/2011 - 06/14/2012	0	$0	$0	$0	$0	$0
TOTAL			**06/14/2011 - 06/14/2012**	**1**	**$29,819**	**$0**	**$29,819**	**$0**	**$29,819**
Commercial Package	**CBP**	**9736919**	**06/14/2010 - 06/14/2011**	**0**	**$0**	**$0**	**$0**	**$0**	**$0**
Commercial Package	CBP	9736919	06/14/2010 - 06/14/2011	1	$0	$0	$0	$0	$0
Commercial Package	CBP	9736919	06/14/2010 - 06/14/2011	1	$5,972	$0	$5,972	$520	$6,492
Commercial Package	CBP	9736919	06/14/2010 - 06/14/2011	0	$0	$0	$0	$0	$0
TOTAL			**06/14/2010 - 06/14/2011**	**2**	**$5,972**	**$0**	**$5,972**	**$520**	**$6,492**
Commercial Package	**CBP**	**9736919**	**06/14/2009 - 06/14/2010**	**0**	**$0**	**$0**	**$0**	**$0**	**$0**
Commercial Package	CBP	9736919	06/14/2009 - 06/14/2010	2	$7,621	$0	$7,621	$40,746	$48,367
Commercial Package	CBP	9736919	06/14/2009 - 06/14/2010	1	$7,688	$0	$7,688	$0	$7,688
Commercial Package	CBP	9736919	06/14/2009 - 06/14/2010	0	$0	$0	$0	$0	$0
TOTAL			**06/14/2009 - 06/14/2010**	**3**	**$15,309**	**$0**	**$15,309**	**$40,746**	**$56,055**
Commercial Package	**CBP**	**9736919**	**06/14/2008 - 06/14/2009**	**0**	**$0**	**$0**	**$0**	**$0**	**$0**
Commercial Package	CBP	9736919	06/14/2008 - 06/14/2009	2	$0	$0	$0	$0	$0
Commercial Package	CBP	9736919	06/14/2008 - 06/14/2009	0	$0	$0	$0	$0	$0
Commercial Package	CBP	9736919	06/14/2008 - 06/14/2009	0	$0	$0	$0	$0	$0
TOTAL			**06/14/2008 - 06/14/2009**	**2**	**$0**	**$0**	**$0**	**$0**	**$0**

This report is intended for informational purposes only, is subject to changes, and shall not be construed as an admission of liability. Reserve information is revealed only as a recognition of a potential exposure and does not necessarily represent the value of a claim or a decision that the claim should or will be paid.

Note: This report may not reflect recent claim payment transactions (up to 30 days) due to the bulk processing of multiple payments to like payees.

Indiana Insurance.
Member of Liberty Mutual Group

Loss History

Loss Valuation Date:05/09/2012
The policy information below has been updated within the past 30 days.

Account Summary

Indiana Regional Office

Insured: CENTRAL NINE CAREER CENTER
1999 U S 31 SOUTH
GREENWOOD, IN 46143-

Agency: CHARLES GREEN INS INC DBA ISU INS SVCS GREEN OWENS AGCY
1111 N MAIN ST
FRANKLIN, IN 461311242

Code: 0001810

Line Of Business	Prefix	Policy Number	Policy Term	Number of Claims	Net Paid Losses	Current Reserves	Paid + Reserves	Allocated Expenses	Total
Commercial Package	**CBP**	**9736919**	**06/14/2007 - 06/14/2008**	**1**	**$2,415**	**$0**	**$2,415**	**$0**	**$2,415**
Commercial Package	CBP	9736919	06/14/2007 - 06/14/2008	8	$656,175	$0	$656,175	$884	$657,058
Commercial Package	CBP	9736919	06/14/2007 - 06/14/2008	0	$0	$0	$0	$0	$0
Commercial Package	CBP	9736919	06/14/2007 - 06/14/2008	0	$0	$0	$0	$0	$0
TOTAL			**06/14/2007 - 06/14/2008**	**9**	**$658,590**	**$0**	**$658,590**	**$884**	**$659,474**
ALL YEARS				**17**	**$709,690**	**$0**	**$709,690**	**$42,149**	**$751,839**
Commercial Inland Marine	**IM**	**8611353**	**03/16/2010 - 06/16/2010**	**0**	**$0**	**$0**	**$0**	**$0**	**$0**
Commercial Inland Marine	**IM**	**8345317**	**09/22/2009 - 03/22/2010**	**0**	**$0**	**$0**	**$0**	**$0**	**$0**
			03/22/2009 - 09/22/2009	0	$0	$0	$0	$0	$0
Commercial Inland Marine	**IM**	**8611353**	**03/16/2009 - 03/16/2010**	**0**	**$0**	**$0**	**$0**	**$0**	**$0**
Commercial Inland Marine	**IM**	**8345317**	**09/22/2008 - 03/22/2009**	**0**	**$0**	**$0**	**$0**	**$0**	**$0**
Commercial Inland Marine	**IM**	**8302540**	**06/24/2008 - 08/24/2008**	**1**	**$7,142**	**$0**	**$7,142**	**$0**	**$7,142**
Commercial Inland Marine	**IM**	**8345317**	**03/22/2008 - 09/22/2008**	**0**	**$0**	**$0**	**$0**	**$0**	**$0**
Commercial Inland Marine	**IM**	**8302540**	**06/24/2007 - 06/24/2008**	**0**	**$0**	**$0**	**$0**	**$0**	**$0**
ALL YEARS				**1**	**$7,142**	**$0**	**$7,142**	**$0**	**$7,142**

This report is intended for informational purposes only, is subject to changes, and shall not be construed as an admission of liability. Reserve information is revealed only as a recognition of a potential exposure and does not necessarily represent the value of a claim or a decision that the claim should or will be paid.

Note: This report may not reflect recent claim payment transactions (up to 30 days) due to the bulk processing of multiple payments to like payees.

Indiana Insurance.
Member of Liberty Mutual Group

Loss History

Loss Valuation Date:05/09/2012
The policy information below has been updated within the past 30 days.

Account Summary

Indiana Regional Office

Insured: CENTRAL NINE CAREER CENTER
1999 U S 31 SOUTH
GREENWOOD, IN 46143-

Agency: CHARLES GREEN INS INC DBA ISU INS SVCS GREEN OWENS AGCY
1111 N MAIN ST
FRANKLIN, IN 461311242

Code: 0001810

Line Of Business	Prefix	Policy Number	Policy Term	Number of Claims	Net Paid Losses	Current Reserves	Paid + Reserves	Allocated Expenses	Total
Business Auto	**BA**	**9737119**	**06/14/2011 - 06/14/2012**	**1**	**$4,220**	**$0**	**$4,220**	**$0**	**$4,220**
			06/14/2010 - 06/14/2011	1	$1,204	$0	$1,204	$0	$1,204
			06/14/2009 - 06/14/2010	0	$0	$0	$0	$0	$0
			06/14/2008 - 06/14/2009	0	$0	$0	$0	$0	$0
			06/14/2007 - 06/14/2008	2	$1,653	$0	$1,653	$0	$1,653
ALL YEARS				**4**	**$7,077**	**$0**	**$7,077**	**$0**	**$7,077**
Workers Comp	**WC**	**9737419**	**06/14/2011 - 06/14/2012**	**2**	**$4,224**	**$226**	**$4,450**	**$493**	**$4,943**
			06/14/2010 - 06/14/2011	1	$164	$0	$164	$15	$179
			06/14/2009 - 06/14/2010	2	$3,210	$0	$3,210	$249	$3,458
			06/14/2008 - 06/14/2009	2	$608	$0	$608	$37	$645
			06/14/2007 - 06/14/2008	4	$1,711	$0	$1,711	$121	$1,832
ALL YEARS				**11**	**$9,917**	**$226**	**$10,143**	**$915**	**$11,058**
Commercial Umbrella	**CU**	**9737919**	**06/14/2011 - 06/14/2012**	**0**	**$0**	**$0**	**$0**	**$0**	**$0**
			06/14/2010 - 06/14/2011	0	$0	$0	$0	$0	$0
			06/14/2009 - 06/14/2010	0	$0	$0	$0	$0	$0
			06/14/2008 - 06/14/2009	0	$0	$0	$0	$0	$0
			06/14/2007 - 06/14/2008	0	$0	$0	$0	$0	$0
ALL YEARS				**0**	**$0**	**$0**	**$0**	**$0**	**$0**
CBP TOTAL				**17**	**$709,690**	**$0**	**$709,690**	**$42,149**	**$751,839**
IM TOTAL				**1**	**$7,142**	**$0**	**$7,142**	**$0**	**$7,142**
BA TOTAL				**4**	**$7,077**	**$0**	**$7,077**	**$0**	**$7,077**
WC TOTAL				**11**	**$9,917**	**$226**	**$10,143**	**$915**	**$11,058**
CU TOTAL				**0**	**$0**	**$0**	**$0**	**$0**	**$0**
GRAND TOTAL				**33**	**$733,826**	**$226**	**$734,052**	**$43,064**	**$777,116**

This report is intended for informational purposes only, is subject to changes, and shall not be construed as an admission of liability. Reserve information is revealed only as a recognition of a potential exposure and does not necessarily represent the value of a claim or a decision that the claim should or will be paid.

Note: This report may not reflect recent claim payment transactions (up to 30 days) due to the bulk processing of multiple payments to like payees.

Indiana Insurance.
Member of Liberty Mutual Group

Loss History

Loss Valuation Date:05/09/2012
The policy information below has been updated within the past 30 days.

Account Detail

Indiana Regional Office

Insured: CENTRAL NINE CAREER CENTER
1999 U S 31 SOUTH
GREENWOOD, IN 46143-

Agency: CHARLES GREEN INS INC DBA ISU INS SVCS GREEN OWENS AGCY
1111 N MAIN ST
FRANKLIN, IN 461311242

Code: 0001810

Claim Number	Loss Date	Date Received	Location/ Bldg/Veh Number	Actual Paid Losses	Recovery Amount	Net Paid Losses	Current Reserves	Paid + Reserves	Allocated Expenses	Total	Claim Status
Claimant Name or Coverage Type			Risk State	Description of Loss							

Policy Number: CBP 9736919 **Policy Term:** 06/14/2011 - 06/14/2012

604508710	06/20/2011	06/28/2011	1 / 1	$29,819	$0	$29,819	$0	$29,819	$0	$29,819	C
CENTRAL NINE CAREER CENTER				2001Y LIGHTNING HIT ALARM SYSTEM, ETC.HAIL DAMGE TO AC AND VENTS, WINDOWS BROKEN IN DOORS							
TOTAL				**$29,819**	**$0**	**$29,819**	**$0**	**$29,819**	**$0**	**$29,819**	

Policy Number: CBP 9736919 **Policy Term:** 06/14/2010 - 06/14/2011

704507710	05/25/2011	06/28/2011	1	$5,972	$0	$5,972	$0	$5,972	$520	$6,492	C
CENTRAL NINE CAREER CENTER				16 channel video server possible hit by lightning							
004086310	06/16/2010	06/25/2010	1 / 1	$0	$0	$0	$0	$0	$0	$0	C
JENNA HOUCHINS				CLAIMANT FELL TO THE GROUND INJURING KNEE.							
TOTAL				**$5,972**	**$0**	**$5,972**	**$0**	**$5,972**	**$520**	**$6,492**	

Policy Number: CBP 9736919 **Policy Term:** 06/14/2009 - 06/14/2010

504049430	02/11/2010	05/24/2010	1 / 1	$1,268	$0	$1,268	$0	$1,268	$0	$1,268	C
GEORGE KIRTS				CLAIMANT, GEORGE KIRTS, SLIPPED AND FELL ON ICY SIDEWALK.							
303783820	08/04/2009	09/08/2009	1	$7,688	$0	$7,688	$0	$7,688	$0	$7,688	C
CENTRAL NINE CAREER CENTER & CENTRAL NINE VOCATIONAL				LIGHTNIGN STRIKE DAMAGED SEVERAL LIGHTS AND ELECTRIC SIGN							
303720110	07/06/2009	07/07/2009	0	$2,852	$0	$2,852	$0	$2,852	$0	$2,852	O
TOMMY SICKELS				TOMMY SICKELS - SUIT ALLEGING DISCRIMINATION BASED ON AGE, GENDER, DISABILITY & RETALIATION							
303720110	07/06/2009	07/07/2009	0	$3,500	$0	$3,500	$0	$3,500	$40,746	$44,246	O
TOMMY SICKELS				TOMMY SICKELS - SUIT ALLEGING DISCRIMINATION BASED ON AGE, GENDER, DISABILITY & RETALIATION							
TOTAL				**$15,309**	**$0**	**$15,309**	**$0**	**$15,309**	**$40,746**	**$56,055**	

This report is intended for informational purposes only, is subject to changes, and shall not be construed as an admission of liability. Reserve information is revealed only as a recognition of a potential exposure and does not necessarily represent the value of a claim or a decision that the claim should or will be paid.

Note: This report may not reflect recent claim payment transactions (up to 30 days) due to the bulk processing of multiple payments to like payees.

Indiana Insurance.
Member of Liberty Mutual Group

Loss History

Loss Valuation Date:05/09/2012
The policy information below has been updated within the past 30 days.

Account Detail

Indiana Regional Office

Insured: CENTRAL NINE CAREER CENTER
1999 U S 31 SOUTH
GREENWOOD, IN 46143-

Agency: CHARLES GREEN INS INC DBA ISU INS SVCS GREEN OWENS AGCY
1111 N MAIN ST
FRANKLIN, IN 461311242

Code: 0001810

Policy Number: CBP 9736919 **Policy Term:** 06/14/2008 - 06/14/2009

Claim Number	Loss Date	Date Received	Location/ Bldg/Veh Number	Actual Paid Losses	Recovery Amount	Net Paid Losses	Current Reserves	Paid + Reserves	Allocated Expenses	Total	Claim Status
303539800	12/18/2008	12/18/2008	1 / 1	$0	$0	$0	$0	$0	$0	$0	C
VINCENT VAWTER				VINCENT VAWTER, PHOTOGRAPHER FELL BY OUTSIDE MAILBOX WHILE PHOTOGRAPHING CENTRAL NINE STUDENTS, COMPLAINS OF RIGHT SIDE							
603722500	09/15/2008	07/07/2009	0	$0	$0	$0	$0	$0	$0	$0	C
TOMMY SICKELS				DUPLICATE - REFER TO CLAIM #303720110							
TOTAL				**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	

Policy Number: CBP 9736919 **Policy Term:** 06/14/2007 - 06/14/2008

Claim Number	Loss Date	Date Received	Location/ Bldg/Veh Number	Actual Paid Losses	Recovery Amount	Net Paid Losses	Current Reserves	Paid + Reserves	Allocated Expenses	Total	Claim Status
203288930	03/01/2008	03/18/2008	1 / 1	$0	$0	$0	$0	$0	$0	$0	C
ANDREW HATTABAUGH				ANDREW HATTABAUGH, FELL OFF LADDER AND WEAS APP 6-8 FT OFF THE GROUND. IT WAS AN EXTEN LADDER.							
503251850	02/13/2008	02/13/2008	1 / 1	$625,000	$0	$625,000	$0	$625,000	$0	$625,000	C
BRETT BELL				STUDENT BRETT BELL WORKING ON BUS GARAGE FELL 13 FEET FROM TRUSSES/SCAFFOLDING, LANDING ON HIS HEAD.							
503251850	02/13/2008	02/13/2008	1 / 1	$0	$0	$0	$0	$0	$0	$0	C
AARON BELL				STUDENT BRETT BELL WORKING ON BUS GARAGE FELL 13 FEET FROM TRUSSES/SCAFFOLDING, LANDING ON HIS HEAD.							
603239060	01/17/2008	01/21/2008	1 / 1	$0	$0	$0	$0	$0	$0	$0	C
STEPHANIE AIKMAN				STEPHANIE AIKMAN, FELL ON ICE							
603217150	11/30/2007	12/20/2007	1 / 1	$30,000	$0	$30,000	$0	$30,000	$884	$30,884	C
ALEX COOPER				ALEX COOPER, FRACTURED ANKLE DURING PARTICIPATION IN SELF DEFENSE PRESENTATION.							
103181810	10/13/2007	11/01/2007	1 / 1	$0	$0	$0	$0	$0	$0	$0	C
VERONICA BALES				STUDENT DRIVING OWN CAR, FTY ROW AND PULLED INTO PATH OF CV							
203163360	10/08/2007	10/10/2007	1 / 1	$0	$0	$0	$0	$0	$0	$0	C
KATHRYN HAMILTON				TONYA HAMILTON, FELL OUT OF WHEELCHAIR							
903326520	08/14/2007	05/06/2008	0	$1,175	$0	$1,175	$0	$1,175	$0	$1,175	C
TOMMY SICKELS				TOMMY SICKELS, ALLEGEDLY DISCRIMINATED AGAINST DUE TO AGE AND SEX DATE OF LOSS: 04/10/08							

This report is intended for informational purposes only, is subject to changes, and shall not be construed as an admission of liability. Reserve information is revealed only as a recognition of a potential exposure and does not necessarily represent the value of a claim or a decision that the claim should or will be paid.

Note: This report may not reflect recent claim payment transactions (up to 30 days) due to the bulk processing of multiple payments to like payees.

Indiana Insurance.
Member of Liberty Mutual Group

Loss History

Loss Valuation Date:05/09/2012
The policy information below has been updated within the past 30 days.

Account Detail

Indiana Regional Office

Insured: CENTRAL NINE CAREER CENTER
1999 U S 31 SOUTH
GREENWOOD, IN 46143-

Agency: CHARLES GREEN INS INC DBA ISU INS SVCS GREEN OWENS AGCY
1111 N MAIN ST
FRANKLIN, IN 461311242

Code: 0001810

Claim Number	Loss Date	Date Received	Location/ Bldg/Veh Number	Actual Paid Losses	Recovery Amount	Net Paid Losses	Current Reserves	Paid + Reserves	Allocated Expenses	Total	Claim Status
Claimant Name or Coverage Type			**Risk State**	**Description of Loss**							
503131420	08/04/2007	08/22/2007	0	$2,415	$0	$2,415	$0	$2,415	$0	$2,415	C
CENTRAL NINE CAREER CENTER & CENTRAL NINE VOCATIONAL				LIGHTNING DAMAGE TO BUILDING D TO THE ALARM SYSTEM							
003150630	07/18/2007	09/21/2007	1 / 1	$0	$0	$0	$0	$0	$0	$0	C
INDIANAPOLIS UNKNOWN				DUANE DAVIS, TEACHER ACCUSED OF BATTERY OF STUDENT.							
TOTAL				**$658,590**	**$0**	**$658,590**	**$0**	**$658,590**	**$884**	**$659,474**	

Policy Number: IM 8611353 **Policy Term:** 03/16/2010 - 06/16/2010

TOTAL				**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	

Policy Number: IM 8345317 **Policy Term:** 09/22/2009 - 03/22/2010

TOTAL				**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	

Policy Number: IM 8345317 **Policy Term:** 03/22/2009 - 09/22/2009

TOTAL				**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	

Policy Number: IM 8611353 **Policy Term:** 03/16/2009 - 03/16/2010

TOTAL				**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	

Policy Number: IM 8345317 **Policy Term:** 09/22/2008 - 03/22/2009

TOTAL				**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	

Policy Number: IM 8302540 **Policy Term:** 06/24/2008 - 08/24/2008

This report is intended for informational purposes only, is subject to changes, and shall not be construed as an admission of liability. Reserve information is revealed only as a recognition of a potential exposure and does not necessarily represent the value of a claim or a decision that the claim should or will be paid.

Note: This report may not reflect recent claim payment transactions (up to 30 days) due to the bulk processing of multiple payments to like payees.

Indiana Insurance.
Member of Liberty Mutual Group

Loss History

Loss Valuation Date:05/09/2012
The policy information below has been updated within the past 30 days.

Account Detail

Indiana Regional Office

Insured: CENTRAL NINE CAREER CENTER
1999 U S 31 SOUTH
GREENWOOD, IN 46143-

Agency: CHARLES GREEN INS INC DBA ISU INS SVCS GREEN OWENS AGCY
1111 N MAIN ST
FRANKLIN, IN 461311242

Code: 0001810

Claim Number	Loss Date	Date Received	Location/ Bldg/Veh Number	Actual Paid Losses	Recovery Amount	Net Paid Losses	Current Reserves	Paid + Reserves	Allocated Expenses	Total	Claim Status
Claimant Name or Coverage Type			Risk State	Description of Loss							
803692570	07/01/2008	06/12/2009	1	$7,142	$0	$7,142	$0	$7,142	$0	$7,142	C
CENTRAL NINE CAREER CENTER				INSURED REPORTS BLISTERING/BUBBLES ON NEWLY INSTALLED FLOORING.							
TOTAL				**$7,142**	**$0**	**$7,142**	**$0**	**$7,142**	**$0**	**$7,142**	

Policy Number: IM 8345317 **Policy Term:** 03/22/2008 - 09/22/2008

TOTAL				**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	

Policy Number: IM 8302540 **Policy Term:** 06/24/2007 - 06/24/2008

TOTAL				**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	

Policy Number: BA 9737119 **Policy Term:** 06/14/2011 - 06/14/2012

204752700	02/16/2012	02/17/2012	1 / 16	$1,355	$0	$1,355	$0	$1,355	$0	$1,355	C
DAVID ROHL				ID: MALCOLM STALCUP DOB: 3-18-52 VIN: 074359				INSD'S TRAILER STRUCK PARKED CV (ROHL)			
204752700	02/16/2012	02/17/2012	1 / 16	$2,865	$0	$2,865	$0	$2,865	$0	$2,865	C
CENTRAL NINE CAREER CENTER				ID: MALCOLM STALCUP DOB: 3-18-52 VIN: 074359				INSD'S TRAILER STRUCK PARKED CV (ROHL)			
TOTAL				**$4,220**	**$0**	**$4,220**	**$0**	**$4,220**	**$0**	**$4,220**	

Policy Number: BA 9737119 **Policy Term:** 06/14/2010 - 06/14/2011

904272020	12/17/2010	12/17/2010	1 / 11	$0	$0	$0	$0	$0	$0	$0	C
CENTRAL NINE CAREER CENTER				ID:STEPHEN HAGAN...DOB:6/6/54...VIN:106466				IV-MINI BUS HIT CLMT'S PARKED & UNNOCUPIED VEHICLE			
904272020	12/17/2010	12/17/2010	1 / 11	$1,204	$0	$1,204	$0	$1,204	$0	$1,204	C
LESLEY YERIAN				ID:STEPHEN HAGAN...DOB:6/6/54...VIN:106466				IV-MINI BUS HIT CLMT'S PARKED & UNNOCUPIED VEHICLE			
TOTAL				**$1,204**	**$0**	**$1,204**	**$0**	**$1,204**	**$0**	**$1,204**	

This report is intended for informational purposes only, is subject to changes, and shall not be construed as an admission of liability. Reserve information is revealed only as a recognition of a potential exposure and does not necessarily represent the value of a claim or a decision that the claim should or will be paid.

Note: This report may not reflect recent claim payment transactions (up to 30 days) due to the bulk processing of multiple payments to like payees.

Indiana Insurance.
Member of Liberty Mutual Group

Loss History

Loss Valuation Date:05/09/2012
The policy information below has been updated within the past 30 days.

Account Detail

Indiana Regional Office

Insured: CENTRAL NINE CAREER CENTER
1999 U S 31 SOUTH
GREENWOOD, IN 46143-

Agency: CHARLES GREEN INS INC DBA ISU INS SVCS GREEN OWENS AGCY
1111 N MAIN ST
FRANKLIN, IN 461311242

Code: 0001810

Claim Number	Loss Date	Date Received	Location/ Bldg/Veh Number	Actual Paid Losses	Recovery Amount	Net Paid Losses	Current Reserves	Paid + Reserves	Allocated Expenses	Total	Claim Status
Claimant Name or Coverage Type			Risk State	Description of Loss							

Policy Number: BA 9737119 **Policy Term:** 06/14/2009 - 06/14/2010

TOTAL				**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	

Policy Number: BA 9737119 **Policy Term:** 06/14/2008 - 06/14/2009

TOTAL				**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	

Policy Number: BA 9737119 **Policy Term:** 06/14/2007 - 06/14/2008

403240190	01/09/2008	02/06/2008	1 / 4	$1,653	$0	$1,653	$0	$1,653	$0	$1,653	C
TOMMY SICKELS			INSURED DRIVER BACKING UP TO LOAD EQUIPMENT AND HIT PARKED TEACHE R S VEHICLE.								
703173950	10/13/2007	10/24/2007	0	$0	$0	$0	$0	$0	$0	$0	C
VERONICA BALES			TIFFANY FERRELL A FIRE RESCUE STUDENT INVOLVED IN A CARE ACCIDENT								
TOTAL				**$1,653**	**$0**	**$1,653**	**$0**	**$1,653**	**$0**	**$1,653**	

Policy Number: WC 9737419 **Policy Term:** 06/14/2011 - 06/14/2012

004732470	01/25/2012	02/02/2012	13 / 868	$383	$0	$383	$0	$383	$177	$560	C
WILLIAM CLARK			CLARK,WILLIAM-SMASHED UNK THUMB MOVING OIL DRAINER AND TOP SECTION DROPPED ON THUMB								
204727690	01/23/2012	01/24/2012	13 / 868	$3,841	$0	$3,841	$226	$4,067	$316	$4,383	O
JAMES PHILLIPS			Phillips, James was hastily cutting metal and did not use proper safety precautions when he smashed his right hand middl								
TOTAL				**$4,224**	**$0**	**$4,224**	**$226**	**$4,450**	**$493**	**$4,943**	

Policy Number: WC 9737419 **Policy Term:** 06/14/2010 - 06/14/2011

604230180	11/04/2010	11/15/2010	13 / 868	$164	$0	$164	$0	$164	$15	$179	C
MICHAEL C PAPROCKI			Paprocki, Michael sustained injury to his mouth/upper lip when he was punched by a student.								

This report is intended for informational purposes only, is subject to changes, and shall not be construed as an admission of liability. Reserve information is revealed only as a recognition of a potential exposure and does not necessarily represent the value of a claim or a decision that the claim should or will be paid.

Note: This report may not reflect recent claim payment transactions (up to 30 days) due to the bulk processing of multiple payments to like payees.

Indiana Insurance.
Member of Liberty Mutual Group

Loss History

Loss Valuation Date:05/09/2012
The policy information below has been updated within the past 30 days.

Account Detail

Indiana Regional Office

Insured: CENTRAL NINE CAREER CENTER
1999 U S 31 SOUTH
GREENWOOD, IN 46143-

Agency: CHARLES GREEN INS INC DBA ISU INS SVCS GREEN OWENS AGCY
1111 N MAIN ST
FRANKLIN, IN 461311242

Code: 0001810

Claim Number	Loss Date	Date Received	Location/ Bldg/Veh Number	Actual Paid Losses	Recovery Amount	Net Paid Losses	Current Reserves	Paid + Reserves	Allocated Expenses	Total	Claim Status
Claimant Name or Coverage Type			**Risk State**	**Description of Loss**							
TOTAL				**$164**	**$0**	**$164**	**$0**	**$164**	**$15**	**$179**	

Policy Number: WC 9737419 **Policy Term:** 06/14/2009 - 06/14/2010

503863190	11/12/2009	12/07/2009	13 / 101	$2,940	$0	$2,940	$0	$2,940	$231	$3,171	C
LINDA M PHILLIPS				PHILLIPS, LINDA SLAMMED INTO A BUS WHILE TWO STUDENTS FOUGHT INJURING HAND AND BACK							
703813900	10/01/2009	10/06/2009	13 / 101	$270	$0	$270	$0	$270	$18	$287	C
JOSHUA SCHUBERT				SCHUBERT, JOSH - UNK FINGER CONTUSTION							
TOTAL				**$3,210**	**$0**	**$3,210**	**$0**	**$3,210**	**$249**	**$3,458**	

Policy Number: WC 9737419 **Policy Term:** 06/14/2008 - 06/14/2009

803491380	10/30/2008	11/11/2008	13 / 868	$465	$0	$465	$0	$465	$28	$493	C
JOHN STRADER				STRADER, JOHN SPRAINED LT ANKLE IN PKG LOT OF SCHOOL.							
003487870	10/28/2008	10/30/2008	13 / 868	$143	$0	$143	$0	$143	$9	$152	C
WILLIAM CLARK				CLARK, WILLIAM RT ARM/HAND/FINGERS							
TOTAL				**$608**	**$0**	**$608**	**$0**	**$608**	**$37**	**$645**	

Policy Number: WC 9737419 **Policy Term:** 06/14/2007 - 06/14/2008

603265570	02/27/2008	02/27/2008	13 / 868	$0	$0	$0	$0	$0	$0	$0	C
MARY MILLER				MARY MILLER WAS ENTERING BUDG WHEN WIND CAUGHT DOOR CAUSING HER TO BE THROWN AGAINST WALL RESULTING IN BUMP TO RT SIDE O							
303268410	02/20/2008	02/20/2008	13 / 101	$1,024	$0	$1,024	$0	$1,024	$67	$1,091	C
JOHN D SHOWALTER				JOHN SHOWALTER WAS DRIVING SNOW PLOW TRUCK IN PARKING LOT AND HIT MAN HOLE COVER CAUSING STEERING WHEEL TO JAM INJURING							
303229490	01/10/2008	01/11/2008	13 / 101	$430	$0	$430	$0	$430	$32	$462	C
JOSHUA SCHUBERT				JOSHUA SCHUBERT, CULINARY INSTR/CLEANING FOOD SLICER DEMONSTRATING SAFETY MEASURES TO STUDENTS, LACERATED RIGHT 1ST & 2N							

This report is intended for informational purposes only, is subject to changes, and shall not be construed as an admission of liability. Reserve information is revealed only as a recognition of a potential exposure and does not necessarily represent the value of a claim or a decision that the claim should or will be paid.

Note: This report may not reflect recent claim payment transactions (up to 30 days) due to the bulk processing of multiple payments to like payees.

Indiana Insurance.
Member of Liberty Mutual Group

Loss History

Loss Valuation Date:05/09/2012
The policy information below has been updated within the past 30 days.

Account Detail

Indiana Regional Office

Insured: CENTRAL NINE CAREER CENTER
1999 U S 31 SOUTH
GREENWOOD, IN 46143-

Agency: CHARLES GREEN INS INC DBA ISU INS SVCS GREEN OWENS AGCY
1111 N MAIN ST
FRANKLIN, IN 461311242

Code: 0001810

Claim Number	Loss Date	Date Received	Location/ Bldg/Veh Number	Actual Paid Losses	Recovery Amount	Net Paid Losses	Current Reserves	Paid + Reserves	Allocated Expenses	Total	Claim Status
Claimant Name or Coverage Type			Risk State	Description of Loss							
703091970	06/27/2007	07/03/2007	13 / 101	$257	$0	$257	$0	$257	$22	$279	C
KATHY D COOK				KATHY COOK, MAINT/CART MOVED OUT FROM CABINET, HEAD & LEFT SHOULDER							
TOTAL				**$1,711**	**$0**	**$1,711**	**$0**	**$1,711**	**$121**	**$1,832**	

Policy Number: CU 9737919 **Policy Term:** 06/14/2011 - 06/14/2012

TOTAL	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	

Policy Number: CU 9737919 **Policy Term:** 06/14/2010 - 06/14/2011

TOTAL	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	

Policy Number: CU 9737919 **Policy Term:** 06/14/2009 - 06/14/2010

TOTAL	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	

Policy Number: CU 9737919 **Policy Term:** 06/14/2008 - 06/14/2009

TOTAL	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	

Policy Number: CU 9737919 **Policy Term:** 06/14/2007 - 06/14/2008

TOTAL	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	

GRAND TOTAL	**$733,826**	**$0**	**$733,826**	**$226**	**$734,052**	**$43,064**	**$777,116**	

This report is intended for informational purposes only, is subject to changes, and shall not be construed as an admission of liability. Reserve information is revealed only as a recognition of a potential exposure and does not necessarily represent the value of a claim or a decision that the claim should or will be paid.

Note: This report may not reflect recent claim payment transactions (up to 30 days) due to the bulk processing of multiple payments to like payees.