

Aggregate Excess Loss Claim Form

Date: _____ Aggregate Accommodation # _____ Year End Filing

Contractholder: _____ Contract Period: _____

Carrier Name: _____ Contract No.: _____

Aggregate Basis: _____ Min Attach. Point: _____

Aggregate Factors: Single: \$ _____ Family: \$ _____ Composite: \$ _____

Total Claims Paid in Contract period: \$ _____

Claims in Excess of the Specific: - \$ _____

Claims NOT Eligible to the Aggregate: - \$ _____

Net Eligible Claims Paid YTD: = \$ _____

Less Attachment Point:

Attachment point is greater of:

- a) YTD amount based on Census
 - b) Minimum Attachment Point
- \$ _____

Claims Exceed Attachment Point: = \$ _____

Less Previously Filed Amounts: - \$ _____

Amount Requested: \$ _____

Completed by (signature): _____ Date: _____

Administrator Name: _____ Phone: _____

SEND AGGREGATE EXCESS LOSS CLAIM FORM to:

If you are e-mailing your submission, please send to: claims@vistaunderwriting.com

If you are mailing a hard copy of your submission, please send to the following:

One80 Intermediaries I Vista Underwriting, Rose Tree Corporate Center, Building II, Suite 4050,
1400 N. Providence Road, Media, PA 19063, ATTN: Claims Department

"Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20."