BEACON RISK STRATEGIES
MONTHLY AGGREGATE REPORTING FORM

POLICY NUMBER: _____ **FOR:** [ ] (MONTH / YR)

INSURED: _____

POLICY PERIOD: _____

MIN ATTACHMENT PT _____

MONTHLY AGGREGATE FACTOR: COMPOSITE: _____ SINGLE: _____ FAMILY: _____

ADMINISTRATOR: _____

PHONE: _____

MONTH AND YEAR	EES: SINGLE UNITS	EES: FAMILY UNITS	MONTHLY AGGREGATE ATTACHMENT POINT (3)	YTD AGGREGATE ATTACHMENT POINT (4)	GROSS MONTHLY PAID CLAIMS (5)	YTD GROSS PAID CLAIMS (6)	OUT-OF-CONTRACT PAYMENTS (7)	ADJUSTMENTS (VOID OR RETURNED CHECKS) (8)	EXCESS SPECIFIC CLAIMS PAID AND PENDING (9)	ADJUSTED MONTHLY PAID CLAIMS (10)
Totals:										

Total Monthly Paid Claims (From Column #6)=	
Less: Out-Of-Contract Payments (From Column #7) = Less: Adjustments (From Column #8) = Less: Excess Specific Claims (From Column #9) = Less: Aggregate Attachment Point =	
Paid Claims Exceed Aggregate Retention Amount by:	

Completed By: _____

Signature: _____

Date: _____

Mail To: Beacon Risk Strategies
180 Nickerson St, Suite 304
Seattle, WA 98109
Phone: 888-452-0093
email: claims@beaconrisk.com
Fax: 603-590-8371

Current as of: 4-Jan