

**TREMONTON CITY REQUEST FOR BIDS & STATEMENT OF QUALIFICATIONS
FOR**

**GENERAL LIABILITY, WORKERS COMPENSATION,
PROPERTY, AUTO & RELATED INSURANCE SERVICES**

February 8, 2010

Bids and Statements of Qualifications are due by:
Wednesday, February 24, 2010
5:00 p.m.

**AMENDMENT 1- GENERAL INFORMATION / EXPOSURE
INFORMATION & LOSS RUNS FOR LIABILITY AND WORKERS
COMPENSATION**

Included in this amendment is general information and exposure information associated with Liability and Workers Compensation including loss runs. Respondents must acknowledge receipt of the amendment in their submission.

2010 Liability Renewal Application

GENERAL AGENCY INFORMATION

Name of Agency	<u>Tremonton City Corporation</u>		
Mailing Address	<u>P.O. Box 100</u>	<u>Tremonton</u>	<u>84337</u>
	PO Box/Street	City	Zip
Physical Address	<u>102 South Tremont</u>	<u>Tremonton</u>	<u>84337</u>
	Street	City	Zip
Telephone/Fax	<u>435-257-9504</u>	<u>435-257-9513</u>	
	Telephone	Fax	
Type of Agency	<u>Municipal Government</u>		
Number of Officials	<u>6</u>	<u>8</u>	
	Elected	Appointed	
Completed by:	<u>Shawn Warnke</u>	<u>swarke@tremontoncity.com</u>	
	Name	Email Address	

COVERAGE NEEDED

General Liability	<input checked="" type="checkbox"/>	Automobile	<input checked="" type="checkbox"/>	Liability/Physical Damage Coverage
Sewer Backup	<input checked="" type="checkbox"/>			Number of Vehicles 53
Public Officials Errors & Omissions	<input checked="" type="checkbox"/>	Employment Practices	<input checked="" type="checkbox"/>	

April 2010-April 2011 BUDGET & OTHER AGENCY INFORMATION

Population					
(If County, City, or Town)					
	<u>6,789 (July 1st 2008 census estimate)</u>				
Number of Employees					
(Maximum Number During Policy Year)					
	<u>39</u>	<u>34</u>	<u>3</u>	<u>41</u>	<u>119</u>
	Full-Time	Part-Time	Volunteer	Total	
Annual Payroll					
(Fiscal Year)					
	<u>\$1,845,582.97</u>				
Total Operating Expenditures					
(Fiscal Year & Including Payroll)					
	<u>\$9,617,494.00</u>				
Less Capital Improvements					
(Purchases or Improvements of Property, Which are Bonded or Financed)					
	<u>\$1,861,322.60</u>				
Net Operating Expenditures					
(Total Operating – Less Capital Improvements)					
	<u>\$6,548,150.40</u>				

EXPOSURE INFORMATION

Law Enforcement Activities

	Yes	No	If Yes, Number
1. Does the agency employ officers with arresting powers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10 - Full time 2 - Reserve Officers
2. Does the agency employ reserve or volunteer officers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Does the agency operate or maintain a detention, jail, or any other correctional facility?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Does the agency operate a juvenile detention center?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a. What is the number of juveniles per detention center?	Center 1	Center 2	Center 3 Center 4

Fire & Emergency Services Activities

The Fire Department is cross trained in service activities

	Yes	No	If Yes, Number
1. Does the agency employ fire fighters?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	35 - City pays a nominal amount for fire fighters
2. Does the agency use volunteer fire fighters?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	35 - Respond to pagers and call outs
3. Does the agency employ wild-land fire fighters?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25
4. Does the agency employ emergency services personnel (e.g. EMT)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	33 - City pays a nominal amount - EMT respond to pages/call outs
5. Does the agency use volunteer emergency services personnel (e.g. EMT)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	33 - City pays a nominal amount - EMT responds to pages and call outs

Utilities

	Yes	No	If Yes, Number of Facilities	If Yes, Number Distributed To
1. Does the agency own or operate electrical power generation plants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2. Does the agency own or operate any electrical distribution facilities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3. Does the agency own or operate a sewage facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4. Does the agency own or operate a water treatment facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5. Does the agency own or operate a gas distribution facility?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

Medical Care Facilities

	Yes	No	If Yes, Number
1. Does the agency own or operate a hospital?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Does the agency own or operate any medical clinics?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Does the agency employ a physician?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Does the agency employ a psychologist?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Does the agency employ a paramedic?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Does the agency employ reserve or volunteer paramedics?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Does the agency employ a pharmacist?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. Does the agency employ medical examiners or coroners?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Does the agency own or operate a blood bank?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Does the agency own or operate a rehab or substance abuse center?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Does the agency employ a dentist?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. Does the agency employ a chiropractor?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Social Services Operations

	Yes	No	If Yes, Number
1. Does the agency employ a social worker?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Does the agency own or operate an adoption services operation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Does the agency own or operate a foster care operation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Does the agency own or operate an orphanage or children's group home?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Does the agency own or operate an adult shelter or adult group home?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Does the agency own or operate a day care facility?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Other Exposure Information

	Yes	No	If Yes, Number
1. Does the agency own or operate an airport?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Does the agency own or operate a transit/bus system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Does the agency own or operate a passenger train system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Does the agency own or operate a ski facility?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Does the agency own or lease watercraft?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a. If yes, please describe watercraft:			
6. Does the agency own or operate a carnival, festival, or rodeo?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1 - Tremonton City Days
a. If yes, please describe the event and/or property:			Around the 24th of July, we hold activities with booths, breakfast, games, entertainment & fireworks.
7. Does the agency own or operate camp grounds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. Does the agency own or operate a landfill?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Composting Operation
9. Does the agency utilize or contract fireworks at any events?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Our Fire Department purchases and sets off the fireworks. no contract, No contract.
10. Does the agency own or operate swimming pools or waterslides?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Does the agency own or engage in liquor sales?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. Does the agency employ or contract an architect?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If Contracted, Number
13. Does the agency employ or contract an engineer?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1 contracted engineer If Contracted, Number
14. Does the agency employ or contract a lawyer?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2 contracted lawyers If Contracted, Number
15. Does the agency own or operate any residential housing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
16. Does the agency own or operate a skateboard park or skating rink?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Does the agency own or operate a zoo?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
18. Does the agency own or operate an amusement park?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
19. Does the agency own or operate a stadium or other facility with bleachers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3 parks with 4 foot bleachers
20. Does the agency own or operate a dam, reservoir, or levee?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Other Exposure Information (Continued)

	Yes	No	If Yes, Number
21. Does the agency own or operate any port operations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
22. Does the agency use subcontractors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a. Does the agency require proof of coverage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Does the agency require a minimum limit of \$1 M?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Does the agency require additional insured status when appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
23. Does the agency own or operate a marina?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

24. Please note that the City owns a rail spu that services the City's Industrial Park.

Claims by Member

Member: Tremonton City, Loss Date: from 1/1/2007 through 2/5/2010, Month/Year: <=201002

Claim #	Loss Date	Claimant	Nature of Incident	Status	Liability Paid	Paid Legal	Expense Paid	Total Payments	Total Incurred
13 Files									
070429	08/14/07		Water (Culinary or Secondary)	Closed	\$2,611	\$0	\$1,632	\$4,242	\$4,242
070572	10/09/07		Vehicle Accident	Closed	\$3,324	\$0	\$944	\$4,268	\$4,268
070574	10/09/07		Vehicle Accident	Closed	\$0	\$0	\$64	\$64	\$64
070603	10/09/07		Vehicle Accident	Closed	\$0	\$0	\$110	\$110	\$110
080079	01/31/08		Vehicle Accident	Closed	\$0	\$0	\$222	\$222	\$222
080275	04/15/08		Waste Water	Closed	\$0	\$0	\$895	\$895	\$895
080316	05/15/08		Backup/Overflow/Leak	Closed	\$0	\$0	\$238	\$238	\$238
090155	03/15/09		Police Activities	Closed	\$5,000	\$0	\$1,257	\$6,257	\$6,257
090316	06/16/09		Waste Water	Closed	\$0	\$0	\$367	\$367	\$367
090402	10/06/08		Backup/Overflow/Leak	Open	\$0	\$0	\$1,457	\$1,457	\$3,000
090408	08/01/09		Vehicle Accident	Closed	\$0	\$0	\$682	\$682	\$682
100008	12/31/09		Inadequate Design/Maintenance	Open	\$0	\$0	\$0	\$0	\$1,400
100046	01/28/10		Vehicle Accident	Open	\$0	\$0	\$0	\$0	\$1,400
					\$10,934	\$0	\$7,866	\$18,801	\$23,144

2010 Workers Compensation Application

GENERAL AGENCY INFORMATION

Name of Agency	Tremonton City		
Mailing Address	P.O. Box 100	Tremonton	84337
	PO Box/Street	City	Zip
Physical Address	102 S. Tremont Street	Tremonton	84337
	Street	City	Zip
Telephone/Fax	435-257-9504	435-257-9513	
	Telephone	Fax	
Type of Agency	Municipal Government	Population	6,789 - 03
		(If County, City, or Town)	<u>CENSUS ESTIMATES</u>
Number of Officials	6	8	
	Elected	Appointed	
Completed by:	Shawn Warnke, City Manager	swarnke@tremontoncny.com	
	Name	Email Address	

January 1st 2010 - June 30th 2011 (18 Month Policy) EMPLOYEE INFORMATION

Number of Employees				41 Fire Dept.
(Maximum Number During Policy Year)	39	34		
	Full-Time	Part-Time	Volunteer	Total
			2 PD Reserve	119
			3 Food Pantry	

Class Code	Class Code Description	Estimated Annual Payroll
8810	Clerical	\$ 726,946.52
9417	Municipal	\$1,923,458.27
7704	Fire	\$ 164,499.39
5509	Roads	\$ 202,447.56
Total Estimated Payroll for [Month] 2010-[Month] 2011		\$3,017,351.73

*Please only list the number (instead of payroll) of volunteer firefighters and paramedic/EMTs.

*Class code 8810—clerical employees—is only for those that don't leave the office. Public officials, those that are outside the office at times, should be placed in 9417—municipal.

EXPOSURE INFORMATION

Risk Management

		Yes	No	If Yes, Briefly Describe
1.	Does the agency have a formal safety program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.	If yes to question 1, Does the agency have a safety incentive program?	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Does the agency perform pre-employment physicals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4.	Does the agency document pre-existing injuries, handicaps, or diseases?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5.	Does the agency utilize a drug testing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6.	Does the agency provide light duty and return to work programs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	For Clerical positions. Public Works, Police, and Fire require full duty to work.
7.	Does the agency have formal procedures for handling of hazardous substances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8.	Does the agency have formal procedures for addressing a concentration of employees within a single building or location?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Would like some training

Other Operations

		Yes	No	If Yes, Briefly Describe
1.	Does the agency own, lease, or charter any aircraft or watercraft?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.	Does the agency have exposures to any occupational disease hazards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire and Police reponse are subject to exposure.
3.	Does the agency manufacture, store, or transport any flammables, explosives, gases, gasoline, or other caustic chemicals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pubic Works is subject to matter that comes down through the sewer.
4.	Does the agency utilize volunteer labor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Please supply data on last page.
5.	Does the agency utilize leased employees? If yes, please describe their duties, and attach lease agreement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Please provide information for this question in separate document (letterhead and signature).

Other Operations (continued)

	Yes	No	If Yes, Briefly Describe
7. Has the agency ever been cited for OSHA violations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. If the agency owns/operates a health-care facility, is the agency in compliance with the CDC's and OSHA's guidelines for control of infectious diseases? If yes, please supply a written confirmation of acknowledging compliance.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Please provide information for this question in separate document (letterhead and signature).
9. Does the agency provide any means of transportation for employees?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

VOLUNTEER INFORMATION

Volunteer Description	Number of Volunteers (Number at greatest period during the year)
Firefighters	36 Certified Firefighters
EMTs	33 Certified EMTs
Other Emergency Services (Storm watchers, floods, tornadoes, etc.)	36 Certified Hazmat
Public Officials	6
Search and Rescue	0
Certified Team Member	132 CERT Trained
Reserve Police	2 Reserve Officers
Librarians	0
Miscellaneous Projects	
Recreation (Referees, coaches, field/golf course maintenance, etc.)	59 at any given time for Recreation
Other <u>Food Pantry</u>	3
Other _____	
Of these volunteers, how many are under the age of 18 years old?	
Total Number of Volunteers (should match volunteer number on first page)	

Detail Loss Report

Losses From 01/01/2007 To 02/05/2010

Claimant	Risk State	File Prefix	Claim #	Accident Date	Notice Date	Close Date	Claim	Medical	Expense	Total
IE WAS BITTEN BY A DOG. BACK OF KNEE AND CALF MUSCLE.	UT	CM	A7P4689	Status: Closed	07/18/2008	INC	\$0.00	\$0.00	\$0.00	\$0.00
				08/04/2008	PD	\$0.00	\$0.00	\$0.00	\$0.00	
				09/19/2008	O/S	\$0.00	\$0.00	\$0.00	\$0.00	
IW HIT PINKY FINGER OF LEFT HAND WITH SLEDGE HAMMER WHILE BENDING A PIECE OF STEEL.	UT	CM	A5V1854	Status: Closed	11/26/2008	INC	\$0.00	\$552.00	\$26.00	\$578.00
				12/02/2008	PD	\$0.00	\$551.85	\$25.63	\$577.48	
				04/17/2009	O/S	\$0.00	\$0.00	\$0.00	\$0.00	
IW GOT FOREIGN OBJECT IN EYE-WHILE GRINDING IN STEEL FORK TRUCK BED W/ METAL GRINDER.	UT	CM	CCT4489	Status: Closed	02/05/2007	INC	\$0.00	\$267.00	\$0.00	\$267.00
				02/06/2007	PD	\$0.00	\$266.95	\$0.00	\$266.95	
				06/16/2007	O/S	\$0.00	\$0.00	\$0.00	\$0.00	
IE WAS LIFTING WATER COOLER AND CUT HIS RIGHT FINGER ON A PIECE OF METAL.	UT	CM	A4I0740	Status: Closed	05/04/2009	INC	\$0.00	\$152.00	\$18.00	\$170.00
				05/05/2009	PD	\$0.00	\$152.11	\$17.50	\$169.61	
				10/21/2009	O/S	\$0.00	\$0.00	\$0.00	\$0.00	
IW WHEN STEPPING OFF LADDER A STICK ON THE GROUND SCRAPPED HER LEFT LEG.	UT	CM	CCT8300	Status: Closed	04/09/2007	INC	\$0.00	\$0.00	\$0.00	\$0.00
				04/16/2007	PD	\$0.00	\$0.00	\$0.00	\$0.00	
				07/17/2007	O/S	\$0.00	\$0.00	\$0.00	\$0.00	
EE WAS CLIMBING THROUGH A BARBED WIRE FENCE AT A COMPOST PILE AND CAUGHT HER LEG ON THE BARBED WIRE. 1.5CM SUPERFICIAL LACERATION R THIGH.	UT	CM	CAU1348	Status: Closed	05/31/2007	INC	\$0.00	\$207.00	\$34.00	\$241.00
				06/11/2007	PD	\$0.00	\$207.30	\$33.96	\$241.26	
				02/13/2008	O/S	\$0.00	\$0.00	\$0.00	\$0.00	
IW WAS PLOWING SNOW AND HIT A SEWER MANHOLE LID CAUSING IW NECK TO BE JARRED	UT	CM	CCT5977	Status: Closed	02/27/2007	INC	\$0.00	\$822.00	\$119.00	\$941.00
				03/02/2007	PD	\$0.00	\$822.27	\$118.70	\$940.97	
				06/28/2007	O/S	\$0.00	\$0.00	\$0.00	\$0.00	

Detail Loss Report

Losses From 01/01/2007 To 02/05/2010

Claimant	Risk State	File Prefix	Claim #	Accident Date	Notice Date	Close Date	Claim	Medical	Expense	Total
IW TRYING TO GET LEASH ON STRAY DOG, AND WAS BITTEN ON RT MIDDLE FINGER	UT	CM	A4J6458	Status: Closed	07/31/2009	INC	\$0.00	\$1,034.00	\$17.00	\$1,051.00
					08/03/2009	PD	\$0.00	\$1,034.14	\$16.65	\$1,050.79
					09/03/2009	O/S	\$0.00	\$0.00	\$0.00	\$0.00
IW WAS OPENING A REAR DOOR ON SHELTER TRUCK WHEN SOMETHING STRUCK THE IW'S LEFT EYE.	UT	CM	CAU9590	Status: Closed	11/05/2007	INC	\$0.00	\$140.00	\$5.00	\$145.00
					11/06/2007	PD	\$0.00	\$139.96	\$4.61	\$144.57
					09/26/2008	O/S	\$0.00	\$0.00	\$0.00	\$0.00
HE HAS BEEN MOVING BOXES DUE TO A OFFICE MOVE & PAIN TO RT UPPER ARM & SHOULDER, SWOLLEN & CANT LIFT ARM - ROTOR CUP TENDONITIS	UT	CM	A7P3538	Status: Closed	05/02/2008	INC	\$0.00	\$1,967.00	\$296.00	\$2,263.00
					07/17/2008	PD	\$0.00	\$1,967.05	\$296.17	\$2,263.22
					12/16/2008	O/S	\$0.00	\$0.00	\$0.00	\$0.00
IW WAS PULLING MESTA BANDING SLIP AND POPPED SHOULDER	UT	CM	CAU6701	Status: Closed	09/10/2007	INC	\$0.00	\$0.00	\$0.00	\$0.00
					09/12/2007	PD	\$0.00	\$0.00	\$0.00	\$0.00
					12/12/2007	O/S	\$0.00	\$0.00	\$0.00	\$0.00
WENT TO TURN AROUND AND ROLLED MY ANKLE OFF OF THE SIDEWALK	UT	CM	A9E2123	Status: Closed	11/24/2007	INC	\$0.00	\$450.00	\$30.00	\$480.00
					12/26/2007	PD	\$0.00	\$450.05	\$29.66	\$479.71
					04/30/2008	O/S	\$0.00	\$0.00	\$0.00	\$0.00
WAS TAKING A BLOOD PRESSURE CUFF OFF A PATIENT WHEN HER DOG BIT ME R HAND.	UT	CM	A9E2122	Status: Closed	12/02/2007	INC	\$0.00	\$155.00	\$2.00	\$157.00
					12/26/2007	PD	\$0.00	\$154.53	\$2.20	\$156.73
					03/26/2008	O/S	\$0.00	\$0.00	\$0.00	\$0.00
IW WAS CUTTING DOWN A TREE BRANCH AND IT FELT HITTING HIM IN THE HEAD AND RIGHT SHOULDER. IW SUFFERED A OPEN WOUND IN SCALP.	UT	CM	A7P8296	Status: Closed	09/25/2008	INC	\$0.00	\$521.00	\$101.00	\$622.00
					09/30/2008	PD	\$0.00	\$520.56	\$100.69	\$621.25
					07/11/2009	O/S	\$0.00	\$0.00	\$0.00	\$0.00

UTAH LOCAL GOVERNMENTS TRUST

Tremonton City

Loss Run 1/1/2007-2/5/2010

Detail Loss Report

Losses From 01/01/2007 To 02/05/2010

Claimant	Risk State	File Prefix	Claim #	Accident Date Notice Date Close Date	Status	Claim	Medical	Expense	Total	
A SMALL PIECE OF CEMENT HIT IW IN RT/EYE WHILE IW WAS JACK HAMMERING CEMENT CAUSING BLURRED VISION	UT	CM	A7P9926	10/27/2008	INC	\$0.00	\$50.00	\$0.00	\$50.00	
				10/28/2008	PD	\$0.00	\$50.13	\$0.00	\$50.13	
				03/13/2009	O/S	\$0.00	\$0.00	\$0.00	\$0.00	
IW WAS WALKING DOWN STAIRS AND HURT HIS FOOT AFTER IT GOT CAUGHT IN THE BACK OF THE STAIR	UT	CM	CCT7565	03/22/2007	INC	\$0.00	\$0.00	\$0.00	\$0.00	
				04/02/2007	PD	\$0.00	\$0.00	\$0.00	\$0.00	
				07/03/2007	O/S	\$0.00	\$0.00	\$0.00	\$0.00	
IW WAS CARRYING AN EMPTY FILE CABINET - DRAWER SHIFTED AND WAS CUT (UNKNOWN WHAT PART OF BODY WAS CUT)	UT	CM	CCT8299	04/16/2007	INC	\$0.00	\$1,350.00	\$114.00	\$1,464.00	
				04/16/2007	PD	\$0.00	\$1,350.06	\$113.96	\$1,464.02	
				10/05/2007	O/S	\$0.00	\$0.00	\$0.00	\$0.00	
Report Grand Totals						INC	\$0.00	\$7,667.00	\$762.00	\$8,429.00
						PD	\$0.00	\$7,666.96	\$759.73	\$8,426.69
						O/S	\$0.00	\$0.00	\$0.00	
Claim Count: 17										

Detail Loss Report

Losses From 01/01/2007 To 02/05/2010

Report Parameters

Report ID Name: Detail Loss Report

Report Name: Detail Loss Report

Accident Date Range: 01/01/2007 To 02/05/2010

History Date:

Alias: UTAH.GOV

SORTS

Sort Name:	Sort Label:	Subtotal	Page Break	Page Return	Grand Total:
1.					Y
2.					
3.					
4.					
5.					

Limiting Statements

ULGTACCT CODE Equal To 14260

Large Loss Limit: Highest Option selected: N Highest Number: Rank By Highest Field: