

Aggregate Excess Loss Claim Form

Date: Aggregate Accommodation #			Year End Filing
Contractholder: Carrier Name: Aggregate Basis:		Contract No.:	
Aggregate Factors: • Single: \$		\$	∘ Composite: \$
Total Claims Paid in Contract period: Claims in Excess of the Specific: Claims NOT Eligible to the Aggregate: Net Eligible Claims Paid YTD:	- <u>\$</u> - <u>\$</u>		
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):			
Administrator Name:			

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

Fraud Compliance Notice: "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."

"California Residents: for your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison." Per California Insurance Code Section 1871.2