ONE80 INTERMEDIARIES
Vista Underwriting

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 l Vista Underwriting, Rose Tree Corporate Center, Building II, Suite 4050,

1400 N. Providence Road, Media, PA 19063, ATTN: Claims Department