



Aggregate Excess Loss Claim Form Weekly or Monthly Accommodation

<input type="checkbox"/> Weekly Aggregate Accommodation #	<input type="checkbox"/> Aggregate Monthly Accommodation #
Contractholder:	Policy/Treaty Contract Period:
Carrier Name:	Policy/Treaty Contract No:
Aggregate Basis:	Min. Attach. Point: \$

The following items are required when filing for weekly or monthly aggregate accommodation:

- A detailed paid claim report (subtotaled by each claimant). Report must include check number and check dates.
- A census Report (through the week/month in which you are filing).
- Voids/Refund Report (if not included in the paid report).
- Overpayment Report
- Subrogation Report
- Premium must be current through the month of request

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:	-	\$ _____

SEND AGGREGATE EXCESS LOSS CLAIM FORM TO:

Via Email claims@creativeuw.com or **Via Mail**
Creative Risk Underwriters, LLC
1343 Canton Road, Suite B-1
Marietta, GA 30066

Signed:	Date:
Administrator Name:	Phone: