
AGGREGATE ACCOMMODATION FORM

Policyholder _____ Policy Number _____

Contract Basis _____ Effective Date _____ Expiration Date _____

A Total paid claims through ___/___/___ \$ _____

B. Min. Monthly Aggregate Attachment Point Through ___/___/___ \$ _____

C. Annual Aggregate Attachment Point (calculated) through ___/___/___ \$ _____

D. Enter the Greater of B or C. \$ _____

E. Less all Claim amounts Exceeding the Specific Attachment Point / Individual Claim Limit \$ _____

F. Less the sum of all Previous Aggregate Accommodations \$ _____

G. Less all claims paid outside of the Aggregate Excess Loss Coverage \$ _____

Total amount of accommodation requested \$ _____

INSTRUCTIONS FOR COMPLETING

To calculate the Minimum Monthly Aggregate Attachment Point, divide the Minimum Annual Aggregate Attachment Point by 12, then multiply by the # of months the Policy has been in effect. Enter this amount on line B. Your accommodation request will be line A less line D, less any amounts listed in lines E, F or G.

PLEASE READ BEFORE SIGNING

Aggregate Accommodation Requests must be received within 20 days following the end of the month for which the accommodation is requested.

The Policyholder must include the following supporting documentation: Paid Claims Analysis (showing the claimant name, date of service, type of service, amount charged and Payee amount and date of each payment) and Monthly Loss Summary Report (showing the Policyholder's monthly paid claims data and aggregate census information).

Authorized Signature _____ Title _____ Date _____

Claims Administrator _____ Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____