Request for Reimbursement - Specific Claim (Expenses pro-rated)

Insured/Employer: ____

Claimant(s): ______________________ Your Claim No.: ________________

Date of Occurrence: ____________________ Safety National Claim No.: ____________

Reimbursement of Indemnity and Medical Payments

Indemnity Paid to Date:	$______________________
Medical Paid to Date:	$______________________
Total Gross Indemnity and Medical Paid to Date:	$______________________
Minus SIF/Subrogation/Other Recoveries:	$______________________
Minus Penalties/Interest/Other Exclusions:	$______________________
Total Net Amount Paid to Date:	$______________________ (1)
Minus Self Insured Retention	$______________________
Amount Paid in Excess of Self-Insured Retention:	$______________________ (2)
Minus Prior Safety Reimbursements:	$______________________
Total Indemnity and Medical Requested:	$______________________(a)

Reimbursement of Allocated Expenses

Allocated expenses, which include legal fees, are not reimbursed in the same manner as indemnity and medical payments. Per the contract, expenses are reimbursed on a pro rata basis at the conclusion of the claim.

Safety National's share is computed using the following formula:

(2) Amount Paid in Excess of S.I.R. / (1)Total Net Amount Paid to Date X Allocated Expenses = Safety National's share

($) / ($) X ($) = ($) (b)

Total Amount Requested: (a) + (b) = ______________ Final Reimbursement Yes ______ No ________

- Payment summary and detail printout by reserve category must be attached to process reimbursement.
- Attach approved settlement documents if request covers settlement (one time only).

Sworn Statement in Proof of Loss

The undersigned, as the designated representative for the above Named Insured, states that the above figures are true and correct. Any statements attached hereto are made part of this instrument.

By:______________________________________ Date: ______________________

Name: ______________________________________

Company: ______________________________________

Address: ______________________________________

City/State/Zip: ______________________________________

Email: ______________________________________

Phone Number: ______________________________________

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