EXCESS CLAIM DIGES 04/19/2004

Insured:

GAF CORPORATION

Claimant:

Rhodes Marcia

Claim No:

169-151612-1

CLAIM INFORMATION:

Create Date:

03/31/2004

Receipt Date:

03/30/2004

Date of Loss: Major Class:

01/09/2002 356

Cause Code:

RE Rear-Ended Claimant

Detrimental:

UN Unknown Part of Body:

SD Spinal Cord PC Paralysis Cumulative Injury

Injury Code: Claim State:

MA

Claim Made Date:

Claim Reported Date:

N/A

Underlying Carrier:

03/30/2004

POLICY INFORMATION:

Policy Number:

3574068

Producer: Division:

STEWART SMITH EAST, INC. 030

\$0

Effective Date: **Expiration Date:** 11/01/1998 11/01/2002

Issuing Co:

165

Per Occurrence Limit: Aggregate Limit:

\$0

Policy Type: Follow Form?:

O

A/S Co:

29

SIR/Deductible: Attachment Point: \$0

Standard/Manuscript:

Underlying Aggregate Exhausted?:

LITIGATION INFORMATION:

In Suit?:

N

1st Notice Suit?

Date Insured Served: Mediation Date:

Trial Date:

HANDLING INFORMATION:

Technician:

Maturine

Martin

Segmentation Result:

Exposure 2

Supervisor:

Mastronardo

Richard

Handling Office:

461

FINANCIAL SUMMARY:

REDACTED

DESCRIPTION OF LOSS:

Claimant's vehicle was rear-ended by our insured's leased vehicle.