

# Aggregate Accommodation Form

## Reference

Policyholder

Policy number

Contract basis

Effective date

Expiration date

A. Total paid claims through

\$

B. Minimum annual 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 and / or individual claim limit

\$

F. Less the sum of all prior 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 number of months the Policy has been in effect. Enter this amount on line B. The 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 code

Phone

Fax