

Report Request Form

Johns Eastern Company, Inc.

Please complete this form as thoroughly as possible in the areas that pertain to your request.

A Johns Eastern employee will evaluate your request and contact you with any questions, a time estimate of completion, or costs, if any. * - indicates required field

****Please attach a previous report sample or similar report you have received in the past, if available.****

*Request Date: _____ *Due Date: _____

*Valuation (as of) Date: _____

*Requester Name/Client: _____ *Phone: _____

Please indicate if this is a one-time request or a recurring request:

One-time request

Recurring - *please indicate frequency needed:* weekly monthly quarterly annually

Request Description

Please provide a concise narrative of the report needed:

Report Parameters

*Lines of Business:

All lines Work Comp Non-Work Comp

Specific Claim Type(s) (specify (AL, GL, PD, APD, E&O, WC-Medical, WC-Indemnity):

*Type of report:

Loss Run (summary or detail loss data)

Check Register (payment detail)

Other (specify): _____

Level of Detail/Specifics:

Summary Detail (one-line detail pdf, fewer fields in Excel)

Full Detail (four line PDF or more detail fields in Excel)

Summary Totals Only (no claim details)

Open Only (all claims if not checked)

Loss Date Range (if applicable): " _____ - _____"

Preferred Format Excel PDF

****Please attach a previous report sample or similar report you have received in the past, if available.****

Once completed, save the form, click on this link to email to us: _____