Sports and Entertainment Program

Program Experience for GLS Associates Inc.

This report includes the following policies:

Coverage	Insurer	Policy Number	Effective	Expiration
BusAuto	Nova Casualty Company - AC	WSI-AU-10000013-01	01/27/2019	1/27/2020
CommPkge	PA Manufacturers Assn Insurance Company	822501-11-32-43-0	01/27/2025	1/27/2026
CommPkge	PA Manufacturers Assn Insurance Company	822401-11-32-43-0	01/27/2024	1/27/2025
CommPkge	PA Manufacturers Assn Insurance Company	822301-11-32-43-0	01/27/2023	1/27/2024
CommPkge	PA Manufacturers Assn Insurance Company	822201-11-32-43-0	01/27/2022	1/27/2023
CommPkge	PA Manufacturers Assn Insurance Company	822101-11-32-43-0	01/27/2021	1/27/2022
CommPkge	Pennsylvania Manufacturers Indemnity Company	PKG 822001-11-32-43-0	01/27/2020	1/27/2021
CommPkge		822001-11-32-43-0	01/27/2020	1/27/2021
CommPkge	Nova Casualty Company - AC	WSI-ML-10000121-01	01/27/2019	1/27/2020
XLIB	PA Manufacturers Assn Insurance Company	652501-11-32-43-0	01/27/2025	1/27/2026
XLIB	PA Manufacturers Assn Insurance Company	652401-11-32-43-0	01/27/2024	1/27/2025
XLIB	PA Manufacturers Assn Insurance Company	652301-11-32-43-0	01/27/2023	1/27/2024
XLIB	PA Manufacturers Assn Insurance Company	652201-11-32-43-0	01/27/2022	1/27/2023
XLIB	PA Manufacturers Assn Insurance Company	652101-11-32-43-0	01/27/2021	1/27/2022
XLIB	PA Manufacturers Assn Insurance Company	UM 652001-11-32-43-0	01/27/2020	1/27/2021
XLIB		652001-11-32-43-0	01/27/2020	1/27/2021
XLIB	Nova Casualty Company - AC	WSI-UM-10000029-01	01/27/2019	1/27/2020

Policy Number	Carrier	Valuation	Effective	Expiration
WSI-AU-10000013-01	Nova Casualty Company - AC	11/30/2025	01/27/2019	1/27/2020

Claim Number	Claimant	Loss Date	Status	Date Clsd		Paid Loss	Paid Exp	Res Loss	Res Exp	Total
					Ins	0.00	0.00	0.00	0.00	
					UW	0.00	0.00	0.00	0.00	0.00
					Total	0.00	0.00	0.00	0.00	

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Policy Total	**Ins**	0.00	0.00	0.00	0.00	
WSI-AU-10000013-01	**UW**	0.00	0.00	0.00	0.00	0.00
01/27/2019 to 01/27/2020	**Total**	0.00	0.00	0.00	0.00	

Package Experience for GLS Associates

Policy Number	Carrier	Valuation	Effective	Expiration
822501-11-32-43-0	PA Manufacturers Assn Insurance Company	11/30/2025	01/27/2025	1/27/2026

Claim Number	Claimant	Loss Date	Status	Date Clsd		Paid Loss	Paid Exp	Res Loss	Res Exp	Total
ICE042087	Monagle	2/2/2025	Closed	4/23/2025	Ins	0.00	0.00	0.00	0.00	0.00
					UW	0.00	0.00	0.00	0.00	
					Total	0.00	0.00	0.00	0.00	

Description Slip and fall on bleachers
Loc City, ST Haverhill, MA **Claim Type:** GL-Bodily Injury

Claim Number	Claimant	Loss Date	Status	Date Clsd		Paid Loss	Paid Exp	Res Loss	Res Exp	Total
ICE042087	Monagle	2/2/2025	Closed	4/23/2025	Ins	0.00	0.00	0.00	0.00	0.00
					UW	0.00	0.00	0.00	0.00	
					Total	0.00	0.00	0.00	0.00	

Description Slip and fall on bleachers
Loc City, ST Haverhill, MA **Claim Type:** GL-Bodily Injury

Claim Number	Claimant	Loss Date	Status	Date Clsd		Paid Loss	Paid Exp	Res Loss	Res Exp	Total
					Ins	0.00	0.00	0.00	0.00	0.00
					UW	0.00	0.00	0.00	0.00	
					Total	0.00	0.00	0.00	0.00	

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Policy Total		Paid Loss	Paid Exp	Res Loss	Res Exp	Total
822501-11-32-43-0	Ins	0.00	0.00	0.00	0.00	0.00
01/27/2025 to 01/27/2026	UW	0.00	0.00	0.00	0.00	
	Total	0.00	0.00	0.00	0.00	

Package Experience for GLS Associates

Policy Number	Carrier	Valuation	Effective	Expiration
822401-11-32-43-0	PA Manufacturers Assn Insurance Company	11/30/2025	01/27/2024	1/27/2025

Claim Number	Claimant	Loss Date	Status	Date Clsd		Paid Loss	Paid Exp	Res Loss	Res Exp	Total
ICE042007	Barone	12/7/2024	Investigation Attorney		Ins	0.00	0.00	0.00	0.00	11,500.00
					UW	0.00	725.00	7,500.00	3,275.00	
					Total	0.00	725.00	7,500.00	3,275.00	

Description Trip and fall on metal plate lifted up due to ice buildup
Loc City, ST Haverhill, MA **Claim Type:** GL-Bodily Injury

Claim Number	Claimant	Loss Date	Status	Date Clsd		Paid Loss	Paid Exp	Res Loss	Res Exp	Total
					Ins	0.00	0.00	0.00	0.00	0.00
					UW	0.00	0.00	0.00	0.00	
					Total	0.00	0.00	0.00	0.00	

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Policy Total		Paid Loss	Paid Exp	Res Loss	Res Exp	Total
822401-11-32-43-0	Ins	0.00	0.00	0.00	0.00	11,500.00
	UW	0.00	725.00	7,500.00	3,275.00	
01/27/2024 to 01/27/2025	Total	0.00	725.00	7,500.00	3,275.00	

Package Experience for GLS Associates Inc.

Policy Number	Carrier	Valuation	Effective	Expiration
822301-11-32-43-0	PA Manufacturers Assn Insurance Company	11/30/2025	01/27/2023	1/27/2024

Claim Number	Claimant	Loss Date	Status	Date Clsd		Paid Loss	Paid Exp	Res Loss	Res Exp	Total
					Ins	0.00	0.00	0.00	0.00	
					UW	0.00	0.00	0.00	0.00	0.00
					Total	0.00	0.00	0.00	0.00	

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Policy Total	**Ins**	0.00	0.00	0.00	0.00	
822301-11-32-43-0	**UW**	0.00	0.00	0.00	0.00	0.00
01/27/2023 to 01/27/2024	**Total**	0.00	0.00	0.00	0.00	

Package Experience for GLS Associates

Policy Number	Carrier	Valuation	Effective	Expiration
822201-11-32-43-0	PA Manufacturers Assn Insurance Company	11/30/2025	01/27/2022	1/27/2023

Claim Number	Claimant	Loss Date	Status	Date Clsd		Paid Loss	Paid Exp	Res Loss	Res Exp	Total
ICE040757	Gallo	1/1/2023	Closed	11/9/2025	Ins	0.00	0.00	0.00	0.00	869,189.02
					UW	800,000.00	69,189.02	0.00	0.00	
					Total	800,000.00	69,189.02	0.00	0.00	

Description Slip and fall on stairs due to water
Loc City, ST Haverhill, MA **Claim Type:** GL-Bodily Injury

Claim Number	Claimant	Loss Date	Status	Date Clsd		Paid Loss	Paid Exp	Res Loss	Res Exp	Total
					Ins	0.00	0.00	0.00	0.00	0.00
					UW	0.00	0.00	0.00	0.00	
					Total	0.00	0.00	0.00	0.00	

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Policy Total		Paid Loss	Paid Exp	Res Loss	Res Exp	Total
822201-11-32-43-0	Ins	0.00	0.00	0.00	0.00	869,189.02
01/27/2022 to 01/27/2023	UW	800,000.00	69,189.02	0.00	0.00	
	Total	800,000.00	69,189.02	0.00	0.00	

Package Experience for GLS Associates

Policy Number	Carrier	Valuation	Effective	Expiration
822101-11-32-43-0	PA Manufacturers Assn Insurance Company	11/30/2025	01/27/2021	1/27/2022

Claim Number	Claimant	Loss Date	Status	Date Clsd		Paid Loss	Paid Exp	Res Loss	Res Exp	Total
ICE042187	LaFlam	2/27/2021	Suit Filed		Ins	0.00	0.00	0.00	0.00	50,000.00
					UW	0.00	0.00	35,000.00	15,000.00	
					Total	0.00	0.00	35,000.00	15,000.00	

Description Slip and fall in parking area on snow/ice. Alleged poor lighting.
Loc City, ST Haverhill, MA **Claim Type:** GL-Bodily Injury

Claim Number	Claimant	Loss Date	Status	Date Clsd		Paid Loss	Paid Exp	Res Loss	Res Exp	Total
ICE040022	Flynn	1/31/2021	Closed	10/29/2021	Ins	0.00	0.00	0.00	0.00	1,376.20
					UW	0.00	1,376.20	0.00	0.00	
					Total	0.00	1,376.20	0.00	0.00	

Description Slip and fall on stairs
Loc City, ST Haverhill, MA **Claim Type:** GL-Bodily Injury

Claim Number	Claimant	Loss Date	Status	Date Clsd		Paid Loss	Paid Exp	Res Loss	Res Exp	Total
					Ins	0.00	0.00	0.00	0.00	0.00
					UW	0.00	0.00	0.00	0.00	
					Total	0.00	0.00	0.00	0.00	

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Policy Total		Paid Loss	Paid Exp	Res Loss	Res Exp	Total
822101-11-32-43-0	Ins	0.00	0.00	0.00	0.00	51,376.20
	UW	0.00	1,376.20	35,000.00	15,000.00	
01/27/2021 to 01/27/2022	Total	0.00	1,376.20	35,000.00	15,000.00	

Package Experience for GLS Associates

Policy Number	Carrier	Valuation	Effective	Expiration
822001-11-32-43-0		11/30/2025	01/27/2020	1/27/2021

Claim Number	Claimant	Loss Date	Status	Date Clsd		Paid Loss	Paid Exp	Res Loss	Res Exp	Total
ICE039699	GLS Associates, Inc.	3/13/2020	Closed	7/30/2020	Ins	0.00	0.00	0.00	0.00	0.00
					UW	0.00	0.00	0.00	0.00	
					Total	0.00	0.00	0.00	0.00	

Description COVID-19 Business Income Loss
Loc City, ST Haverhill, MA **Claim Type:** Business Interruption

Claim Number	Claimant	Loss Date	Status	Date Clsd		Paid Loss	Paid Exp	Res Loss	Res Exp	Total
ICE039699	Frost Realty Associates	3/13/2020	Closed	7/30/2020	Ins	0.00	0.00	0.00	0.00	0.00
					UW	0.00	0.00	0.00	0.00	
					Total	0.00	0.00	0.00	0.00	

Description COVID-19 Business Income Loss
Loc City, ST Haverhill, MA **Claim Type:** Business Interruption

Claim Number	Claimant	Loss Date	Status	Date Clsd		Paid Loss	Paid Exp	Res Loss	Res Exp	Total
ICE039699	Frost Realty Associates II	3/13/2020	Closed	7/30/2020	Ins	0.00	0.00	0.00	0.00	0.00
					UW	0.00	0.00	0.00	0.00	
					Total	0.00	0.00	0.00	0.00	

Description COVID-19 Business Income Loss
Loc City, ST Haverhill, MA **Claim Type:** Business Interruption

Claim Number	Claimant	Loss Date	Status	Date Clsd		Paid Loss	Paid Exp	Res Loss	Res Exp	Total
ICE039699	Frost Realty Associates III	3/13/2020	Closed	7/30/2020	Ins	0.00	0.00	0.00	0.00	0.00
					UW	0.00	0.00	0.00	0.00	
					Total	0.00	0.00	0.00	0.00	

Description COVID-19 Business Income Loss
Loc City, ST Haverhill, MA **Claim Type:** Business Interruption

Claim Number	Claimant	Loss Date	Status	Date Clsd		Paid Loss	Paid Exp	Res Loss	Res Exp	Total
ICE039699	Frost Realty Associates IV	3/13/2020	Closed	7/30/2020	Ins	0.00	0.00	0.00	0.00	0.00
					UW	0.00	0.00	0.00	0.00	
					Total	0.00	0.00	0.00	0.00	

Description COVID-19 Business Income Loss
Loc City, ST Haverhill, MA **Claim Type:** Business Interruption

Claim Number	Claimant	Loss Date	Status	Date Clsd		Paid Loss	Paid Exp	Res Loss	Res Exp	Total
					Ins	0.00	0.00	0.00	0.00	
					UW	0.00	0.00	0.00	0.00	0.00
					Total	0.00	0.00	0.00	0.00	

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		Paid Loss	Paid Exp	Res Loss	Res Exp	Total
Policy Total	**Ins**	0.00	0.00	0.00	0.00	
822001-11-32-43-0	**UW**	0.00	0.00	0.00	0.00	0.00
01/27/2020 to 01/27/2021	**Total**	0.00	0.00	0.00	0.00	

Policy Number	Carrier	Valuation	Effective	Expiration
PKG 822001-11-32-43-0	Pennsylvania Manufacturers Indemnity Company	11/30/2025	01/27/2020	1/27/2021

Claim Number	Claimant	Loss Date	Status	Date Clsd		Paid Loss	Paid Exp	Res Loss	Res Exp	Total
					Ins	0.00	0.00	0.00	0.00	
					UW	0.00	0.00	0.00	0.00	0.00
					Total	0.00	0.00	0.00	0.00	

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Policy Total	**Ins**	0.00	0.00	0.00	0.00	
PKG 822001-11-32-43-0	**UW**	0.00	0.00	0.00	0.00	0.00
01/27/2020 to 01/27/2021	**Total**	0.00	0.00	0.00	0.00	

Policy Number	Carrier	Valuation	Effective	Expiration
WSI-ML-10000121-01	Nova Casualty Company - AC	11/30/2025	01/27/2019	1/27/2020

Claim Number	Claimant	Loss Date	Status	Date Clsd		Paid Loss	Paid Exp	Res Loss	Res Exp	Total
					Ins	0.00	0.00	0.00	0.00	
					UW	0.00	0.00	0.00	0.00	0.00
					Total	0.00	0.00	0.00	0.00	

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Policy Total	**Ins**	0.00	0.00	0.00	0.00	
WSI-ML-10000121-01	**UW**	0.00	0.00	0.00	0.00	0.00
01/27/2019 to 01/27/2020	**Total**	0.00	0.00	0.00	0.00	

Excess Experience for GLS Associates Inc.

Policy Number	Carrier	Valuation	Effective	Expiration
652501-11-32-43-0	PA Manufacturers Assn Insurance Company	11/30/2025	01/27/2025	1/27/2026

Claim Number	Claimant	Loss Date	Status	Date Clsd		Paid Loss	Paid Exp	Res Loss	Res Exp	Total
					Ins					
					UW					
					Total					

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Policy Total	**Ins**	0.00	0.00	0.00		
652501-11-32-43-0	**UW**	0.00	0.00	0.00		0.00
01/27/2025 to 01/27/2026	**Total**	0.00	0.00	0.00	0.00	

Excess Experience for GLS Associates Inc.

Policy Number	Carrier	Valuation	Effective	Expiration
652401-11-32-43-0	PA Manufacturers Assn Insurance Company	11/30/2025	01/27/2024	1/27/2025

Claim Number	Claimant	Loss Date	Status	Date Clsd		Paid Loss	Paid Exp	Res Loss	Res Exp	Total
					Ins					
					UW					
					Total					

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Policy Total	**Ins**	0.00	0.00	0.00		
652401-11-32-43-0	**UW**	0.00	0.00	0.00		0.00
01/27/2024 to 01/27/2025	**Total**	0.00	0.00	0.00	0.00	

Excess Experience for GLS Associates Inc.

Policy Number	Carrier	Valuation	Effective	Expiration
652301-11-32-43-0	PA Manufacturers Assn Insurance Company	11/30/2025	01/27/2023	1/27/2024

Claim Number	Claimant	Loss Date	Status	Date Clsd		Paid Loss	Paid Exp	Res Loss	Res Exp	Total
					Ins					
					UW					
					Total					

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Policy Total	**Ins**	0.00	0.00	0.00		
652301-11-32-43-0	**UW**	0.00	0.00	0.00		0.00
01/27/2023 to 01/27/2024	**Total**	0.00	0.00	0.00	0.00	

Excess Experience for GLS Associates Inc.

Policy Number	Carrier	Valuation	Effective	Expiration
652201-11-32-43-0	PA Manufacturers Assn Insurance Company	11/30/2025	01/27/2022	1/27/2023

Claim Number	Claimant	Loss Date	Status	Date Clsd		Paid Loss	Paid Exp	Res Loss	Res Exp	Total
ICE042496	Gallo - EXCESS	1/1/2023	Closed	10/23/2025	Ins	0.00	0.00	0.00	0.00	0.00
					UW	0.00	0.00	0.00	0.00	
					Total	0.00	0.00	0.00	0.00	

Description Slip and fall on stairs due to water
Loc City, ST Haverhill, MA **Claim Type:** GL-Bodily Injury

Policy Total	Ins	0.00	0.00	0.00	0.00	0.00
652201-11-32-43-0	UW	0.00	0.00	0.00	0.00	
01/27/2022 to 01/27/2023	Total	0.00	0.00	0.00	0.00	

Excess Experience for GLS Associates Inc.

Policy Number	Carrier	Valuation	Effective	Expiration
652101-11-32-43-0	PA Manufacturers Assn Insurance Company	11/30/2025	01/27/2021	1/27/2022

Claim Number	Claimant	Loss Date	Status	Date Clsd		Paid Loss	Paid Exp	Res Loss	Res Exp	Total
					Ins					
					UW					
					Total					

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Policy Total	**Ins**	0.00	0.00	0.00		
652101-11-32-43-0	**UW**	0.00	0.00	0.00		0.00
01/27/2021 to 01/27/2022	**Total**	0.00	0.00	0.00	0.00	

Policy Number	Carrier	Valuation	Effective	Expiration
652001-11-32-43-0		11/30/2025	01/27/2020	1/27/2021

Claim Number	Claimant	Loss Date	Status	Date Clsd		Paid Loss	Paid Exp	Res Loss	Res Exp	Total
					Ins					
					UW					
					Total					

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Policy Total	**Ins**	0.00	0.00	0.00		
652001-11-32-43-0	**UW**	0.00	0.00	0.00		0.00
01/27/2020 to 01/27/2021	**Total**	0.00	0.00	0.00	0.00	

Policy Number	Carrier	Valuation	Effective	Expiration
UM 652001-11-32-43-0	PA Manufacturers Assn Insurance Company	11/30/2025	01/27/2020	1/27/2021

Claim Number	Claimant	Loss Date	Status	Date Clsd		Paid Loss	Paid Exp	Res Loss	Res Exp	Total
					Ins					
					UW					
					Total					

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Policy Total	**Ins**	0.00	0.00	0.00		
UM 652001-11-32-43-0	**UW**	0.00	0.00	0.00		0.00
01/27/2020 to 01/27/2021	**Total**	0.00	0.00	0.00	0.00	

Excess Experience for GLS Associates Inc.

Policy Number	Carrier	Valuation	Effective	Expiration
WSI-UM-10000029-01	Nova Casualty Company - AC	11/30/2025	01/27/2019	1/27/2020

Claim Number	Claimant	Loss Date	Status	Date Clsd		Paid Loss	Paid Exp	Res Loss	Res Exp	Total
					Ins					
					UW					
					Total					

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Policy Total	**Ins**	0.00	0.00	0.00		
WSI-UM-10000029-01	**UW**	0.00	0.00	0.00		0.00
01/27/2019 to 01/27/2020	**Total**	0.00	0.00	0.00	0.00	