Policy Number:WHI0100002862-00Name of Insured:ARAJ TRUCKING INCName of Agent:AMERIGO INSURANCE AGENCY

Carrier Name: Sutton Specialty Insurance Company



WHITEHILL AGENCY/BRAZOS SPECIALTY RISK

Policy Period: 01/18/2024 TO 01/18/2025

Claim #: Date Open: Description of Accident:	WHSU24120096 12/19/2024 Truck front tire blow out,		Date Clos	Date of Loss: 12/17/2024 Date Closed: IV lost control and unit flipped		ident State: im Status:	AR Old Claim#: Open Driver:		Unit Number:				
<u>Claimant</u>	Line/Cov	<u>St</u>	<u>Loss Paid</u>	<u>Med Paid</u>	<u>Exp Paid</u>	<u>Current</u> Loss Resv	<u>Current</u> Exp Resv	<u>Current</u> <u>Med Resv</u>	<u>Gross</u> Incurred	<u>Expense</u> Recover	<u>Deduct</u> <u>Recover</u>	<u>Salvage</u> Recover	<u>Subro</u> <u>Recover</u>
Group Total for Claim No: WHS	/ SU24120096		\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00

SUB TOTALS for Policy Period: 01/18/2024 TO 01/18/2025

	<u>Loss Paid</u>	<u>Med Paid</u>	<u>Exp Paid</u>	<u>Current</u> Loss Resv	<u>Current</u> Exp Resv	<u>Current</u> Med Resv	<u>Gross</u> Incurred	<u>Expense</u> Recover	<u>Deduct</u> Recover	<u>Salvage</u> Recover	<u>Subro</u> Recover
TOTALS IN PERIOD:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

NUMBER OF CLAIMS IN PERIOD: 1

GRAND TOTALS

	<u>Loss Paid</u>	<u>Med Paid</u>	<u>Exp Paid</u>	<u>Current</u> Loss Resv	<u>Current</u> Exp Resv	<u>Current</u> <u>Med Resv</u>	<u>Gross</u> Incurred	<u>Expense</u> <u>Recover</u>	<u>Deduct</u> <u>Recover</u>	<u>Salvage</u> Recover	<u>Subro</u> <u>Recover</u>
GRAND TOTALS:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

TOTAL NUMBER OF CLAIMS: 1