Loss Run Summary



Data valued as of: 03/24/2025

1129793

| Pol Year | Status | Claim Count | Paid | Incurred | ed | | |
|--------------|--------|-------------|-------------|-------------|----|--|--|
| 2022 | Closed | 2 | \$97,204.50 | \$98,307.68 | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Overall Tota | als: | 2 | \$97,204.50 | \$98,307.68 | | | |

Run Date: 3/25/25

Zurich North America Customer Loss Runs Loss Detail



Run Date: 3/25/25

GATEWAY EXPRESS LLC

Policy Year *: 2022

AUTOMOBILE

Policy Number: TRK-1129793

| Claim # | Claimant | Loss Type | Date of Loss | Loss State | Status | Reported Date | Closed Date | Paid Indemnity BI/Med | Paid Indemnity PD/LT | Ind Reserve | Exp Paid | Exp Res | Total Paid | Incurred Total |
|--------------------|----------------------------|-------------------------|-----------------|---------------|--------|------------------|----------------|-----------------------------|----------------------------|----------------|----------|------------|-------------|-------------------|
| 1620187758 | Gateway Express LLC, | AUTO PHYSICAL DAMAGE | 11/14/2022 | WA | Closed | 01/06/2023 | 09/18/2023 | \$0.00 | \$11,338.00 | \$0.00 | \$430.50 | \$0.00 | \$11,768.50 | \$11,768.5 0 |
| Acc Description | Auto: insured | vehicle struck while | e parked | | | | | | | | | | | |
| 1720110665 | Gateway Express LLC, | AUTO PHYSICAL DAMAGE | 05/26/2022 | CO | Closed | 06/07/2022 | 01/13/2023 | \$0.00 | \$85,000.00 | \$0.00 | \$436.00 | \$0.00 | \$85,436.00 | \$86,539.1 8 |
| Acc Description | Auto: all othe | r collision loss not c | therwise listed | | | | | | | | | | | |
| | | | Coverage | Totals: | | 2 | | | | | | \$97, | 204.50 | \$98,307.68 |
| | | | Policy Yea | ar Total | s: | 2 | | | | | | \$97, | 204.50 | \$98,307.68 |
| | | | Overa | all Total | s: | 2 | | | | | | \$97, | 204.50 | \$98,307.68 |

| | Glossary of Terms | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| Claim Number: | A unique ten-digit number used to identify an accident, event, or occurrence. | | | | | | | | |
| Claimant: | Entity that files a claim against a policy. | | | | | | | | |
| Loss Type: | Claim Level Coverage further breaks down the Coverages. Example: Workers Compensation (WC) is a Coverage and the Claim Level Coverages for WC are Lost Time and Medical. Also known as Sub Coverage. | | | | | | | | |
| Coverage Type: | Line of Business. | | | | | | | | |
| Date of Loss: | Actual date the loss occurred for a claim. | | | | | | | | |
| Date valued as of: | The date that the data within the report is valued. | | | | | | | | |
| Acc Description: | Description of Loss. | | | | | | | | |
| Financials: | | | | | | | | | |
| Total Paid | Paid indemnity and expense. | | | | | | | | |
| Reserve: | Reserve indemnity and expense. | | | | | | | | |
| Indemnity Paid | BI/Med and PD/LT - No Expenses. | | | | | | | | |
| Expenses Paid | All Expenses for both Bi/Med and PD/LT | | | | | | | | |
| Indemnity Reserve BI/Med plus PD/LT - No Expenses | | | | | | | | | |
| Total Incurred | Paid + Reserves + Claim Recoveries. | | | | | | | | |
| Policy Symbol: | The two or three position character field used to identify the policy type or line of business. | | | | | | | | |
| Policy Number: | The seven-digit number assigned to identify the policy. | | | | | | | | |
| Policy Year: | The year a policy was effective. | | | | | | | | |
| Status: | This field indicates whether the claim is open or closed. | | | | | | | | |
| Customer Name: | Name of the Insured. | | | | | | | | |
| Date Closed: | Date the loss was closed. | | | | | | | | |
| Date Reported: | Date the loss was reported to Zurich or a cooperative partner. | | | | | | | | |
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