Prepared: 01/17/2025

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Claim Loss Run

Administrator ld:* Claim ld:* Claim Type ld:*

Date Occurrence: 1900-01-01..2025-01-17 Curr Start/Loss End: 1900-01-01..2025-01-17 Client Policy No: IMMTCP-19-0000321-00 Claim Status: * Groups: Sort On: Show:

Client Id **Date Occurrence**

Policy Start: 5

Policy End:

Recovery

Claim No Claimant Cause of Loss Description

Client File No Adjuster Sex DOB SSN

Insured Name

Loss Date Date Received

Status Policy Lost Days

Part of Body Paid Nature of Injury This Cause of InjuryPeriod

Paid To Date

Open Reserve

Total Incurred

No Results Found Using The Specified Criteria.

All Claims Bucket Totals

| Claim No | Client File No | Adjuster | Loss Date | Status | Part of Body Paid | Paid | | | |
|---------------|----------------|----------|---------------|-----------|-----------------------|------|---------|----------|----------|
| Claimant | Sex DOB | SSN | Date Received | Policy | Nature of Injury This | To | Open | | Total |
| Cause of Loss | | | | Lost Days | Cause of InjuryPeriod | Date | Reserve | Recovery | Incurred |
| Description | Insured Name | | | | | | | | |

All Claims Totals

Claim No Claimant Cause of Loss Description Client File No Adjuster Sex DOB SSN

Insured Name

ster Loss Date
Date Received

ate Statu eceived Polic

Status Policy Lost Days Part of Body Paid Nature of Injury This Cause of InjuryPeriod Paid To Date

Open Reserve

Recovery

Total Incurred



01/17/2025

POLICY/UMR NO: IMMTCP-19-0000321-00

INSURED NAME: Har Express Inc

To Whom It May Concern,

This letter is to confirm that Davies Group has no open or closed claims for the above policy/UMR number. As such, there is no loss run associated with this policy/UMR.

Sincerely,

Claims Department AUSlossruns@us.davies-group.com