Policy Number: 1BWHCA1901289126-00

Name of Insured: PERFORMANCE CARRIER INC

Name of Agent: LINKS IINSURANCE SERVICES INC

Carrier Name: Accredited Surety and Casualty Company Inc.



LOSS RUN BY POLICY

WHITEHILL AGENCY/BRAZOS SPECIALTY RISK

Policy Period: 04/14/2023 TO 04/14/2024

Claim #: WHAC24020056 Date of Loss: 01/10/2024 Accident State: IA Old Claim#: Unit Number: 10

Date Open: 02/14/2024 Date Closed: 03/01/2024 Claim Status: Closed Driver: LEE WALKER DE ANDREW

Description of Accident: cv re iv

Claimant Line/Cov Loss Paid Med Paid Exp Paid Current Current Current Gross **Expense Deduct** Salvage Subro St Loss Resv Exp Resv Med Resv Incurred Recover Recover Recover Recover \$0.00 \$0.00 TA COMBINE LLC 19.4/110 C \$0.00 Group Total for Claim No: WHAC24020056

Claim #: WHAC24030130 Date of Loss: 03/23/2024 Accident State: MO Old Claim#: Unit Number: 4

Date Open: 03/28/2024 Date Closed: 04/18/2024 Claim Status: Closed Driver: WAYNE HUNTER BILLY

Description of Accident: IV hit mirror of OV truck at the truckstop.

Claimant Line/Cov Loss Paid Med Paid Exp Paid Current Gross **Deduct** Salvage Current Current Expense Subro Loss Resv Exp Resv Med Resv Recover Recover Recover Incurred Recover PRIME INC \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 C 19.4/110 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Group Total for Claim No: WHAC24030130

Claim #: WHAC24030131 Date of Loss: 03/18/2024 Accident State: CA Old Claim#: Unit Number: 7

Date Open: 03/28/2024 Date Closed: 02/05/2025 Claim Status: Closed Driver: GONZALEZ MARTINEZ JUAN CARLOS

Description of Accident: IV driver hit the fence at the receiver.

Claimant Line/Cov Loss Paid **Med Paid** Exp Paid Current Current Current Gross **Deduct** Salvage Subro St Expense Loss Resv Exp Resv Med Resv Incurred Recover Recover Recover Recover 2459-TRACTOR SUPPLY \$4,943.90 \$0.00 \$312.50 \$0.00 \$0.00 \$0.00 \$5,256.40 \$0.00 \$0.00 \$0.00 C \$0.00 19.4/110 Group Total for Claim No: WHAC24030131 \$4,943.90 \$0.00 \$312.50 \$0.00 \$0.00 \$0.00 \$5,256.40 \$0.00 \$0.00 \$0.00 \$0.00

Claim #: WHAC24080089 Date of Loss: 11/29/2023 Accident State: CA Old Claim#: Unit Number: NOT PROVIDED

Date Open: 08/16/2024 Date Closed: Claim Status: Open Driver: DILIG GERARDO RAVAGO

Description of Accident: IV HIT STOP SIGN AND CROSS WALK POLE (SUBRO CLAIM)

Line/Cov **Med Paid** Claimant St Loss Paid Exp Paid Current Current Current Gross Expense **Deduct** Salvage Subro Med Resv Loss Resv Exp Resv Incurred Recover Recover Recover Recover PLAN JPA CITY OF BENICIA 19.4/110 R \$0.00 \$0.00 \$383.00 \$15,500.00 \$0.00 \$0.00 \$15,883.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$383.00 \$15,500.00 \$0.00 \$0.00 \$15,883.00 \$0.00 \$0.00 \$0.00 \$0.00 Group Total for Claim No: WHAC24080089

1BWHCA1901289126-00 **Policy Number:**

Name of Insured: PERFORMANCE CARRIER INC

LINKS INSURANCE SERVICES INC

Name of Agent: **Carrier Name:**

Accredited Surety and Casualty Company Inc.



LOSS RUN BY POLICY

WHITEHILL AGENCY/BRAZOS SPECIALTY RISK

SUB TOTALS for Policy Period: 04/14/2023 TO 04/14/2024

	Loss Paid	Med Paid	Exp Paid	Current Loss Resv	Current Exp Resv	Current Med Resv	Gross Incurred	Expense Recover	Deduct Recover	Salvage Recover	<u>Subro</u> <u>Recover</u>
TOTALS IN PERIOD:	\$4,943.90	\$0.00	\$695.50	\$15,500.00	\$0.00	\$0.00	\$21,139.40	\$0.00	\$0.00	\$0.00	\$0.00

NUMBER OF CLAIMS IN PERIOD: 4

GRAND TOTALS

	Loss Paid	Med Paid	Exp Paid	Current Loss Resv	Current Exp Resv	Current Med Resv	Gross Incurred	Expense Recover	Deduct Recover	Salvage Recover	<u>Subro</u> <u>Recover</u>
GRAND TOTALS:	\$4,943.90	\$0.00	\$695.50	\$15,500.00	\$0.00	\$0.00	\$21,139.40	\$0.00	\$0.00	\$0.00	\$0.00

TOTAL NUMBER OF CLAIMS: 4

Run Date: 18.03.2025 16:57:39 Page 2 of 2 Claims Activity as of 03/17/2025