

**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	St	Loss Paid	Med Paid	Exp Paid	Current Loss Resv	Current Exp Resv	Current Med Resv	Gross Incurred	Expense Recover	Deduct Recover	Salvage Recover	Subro Recover
TA COMBINE LLC	19.4/110	C	\$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: WHAC24020056			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

<b>Claim #:</b>	WHAC24030130	<b>Date of Loss:</b>	03/23/2024	<b>Accident State:</b>	MO	<b>Old Claim#:</b>		<b>Unit Number:</b>	4				
<b>Date Open:</b>	03/28/2024	<b>Date Closed:</b>	04/18/2024	<b>Claim Status:</b>	Closed	<b>Driver:</b>	WAYNE HUNTER BILLY						
<b>Description of Accident:</b>	IV hit mirror of OV truck at the truckstop.												
<u><b>Claimant</b></u>	<u><b>Line/Cov</b></u>	<u><b>St</b></u>	<u><b>Loss Paid</b></u>	<u><b>Med Paid</b></u>	<u><b>Exp Paid</b></u>	<u><b>Current Loss Resv</b></u>	<u><b>Current Exp Resv</b></u>	<u><b>Current Med Resv</b></u>	<u><b>Gross Incurred</b></u>	<u><b>Expense Recover</b></u>	<u><b>Deduct Recover</b></u>	<u><b>Salvage Recover</b></u>	<u><b>Subro Recover</b></u>
PRIME INC	19.4/110	C	\$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: <b>WHAC24030130</b>			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

<b>Claim #:</b>	WHAC24030131	<b>Date of Loss:</b>	03/18/2024	<b>Accident State:</b>	CA	<b>Old Claim#:</b>		<b>Unit Number:</b>	7				
<b>Date Open:</b>	03/28/2024	<b>Date Closed:</b>	02/05/2025	<b>Claim Status:</b>	Closed	<b>Driver:</b>	GONZALEZ MARTINEZ JUAN CARLOS						
<b>Description of Accident:</b>	IV driver hit the fence at the receiver.												
<u><b>Claimant</b></u>	<u><b>Line/Cov</b></u>	<u><b>St</b></u>	<u><b>Loss Paid</b></u>	<u><b>Med Paid</b></u>	<u><b>Exp Paid</b></u>	<u><b>Current Loss Resv</b></u>	<u><b>Current Exp Resv</b></u>	<u><b>Current Med Resv</b></u>	<u><b>Gross Incurred</b></u>	<u><b>Expense Recover</b></u>	<u><b>Deduct Recover</b></u>	<u><b>Salvage Recover</b></u>	<u><b>Subro Recover</b></u>
2459-TRACTOR SUPPLY	19.4/110	C	\$4,943.90	\$0.00	\$312.50	\$0.00	\$0.00	\$0.00	\$5,256.40	\$0.00	\$0.00	\$0.00	\$0.00
Group Total for Claim No: <b>WHAC24030131</b>			\$4,943.90	\$0.00	\$312.50	\$0.00	\$0.00	\$0.00	\$5,256.40	\$0.00	\$0.00	\$0.00	\$0.00

<b>Claim #:</b>	WHAC24080089	<b>Date of Loss:</b>	11/29/2023	<b>Accident State:</b>	CA	<b>Old Claim#:</b>		<b>Unit Number:</b>	NOT PROVIDED				
<b>Date Open:</b>	08/16/2024	<b>Date Closed:</b>		<b>Claim Status:</b>	Open	<b>Driver:</b>	DILIG GERARDO RAVAGO						
<b>Description of Accident:</b>	IV HIT STOP SIGN AND CROSS WALK POLE (SUBRO CLAIM)												
<u>Claimant</u>	<u>Line/Cov</u>	<u>St</u>	<u>Loss Paid</u>	<u>Med Paid</u>	<u>Exp Paid</u>	<u>Current Loss Resv</u>	<u>Current Exp Resv</u>	<u>Current Med Resv</u>	<u>Gross Incurred</u>	<u>Expense Recover</u>	<u>Deduct Recover</u>	<u>Salvage Recover</u>	<u>Subro Recover</u>
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
Group Total for Claim No: <b>WHAC24080089</b>			\$0.00	\$0.00	\$383.00	\$15,500.00	\$0.00	\$0.00	\$15,883.00	\$0.00	\$0.00	\$0.00	\$0.00

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LOSS RUN BY POLICY

WHITEHILL AGENCY/BRAZOS SPECIALTY RISK

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

	<u>Loss Paid</u>	<u>Med Paid</u>	<u>Exp Paid</u>	<u>Current Loss Resv</u>	<u>Current Exp Resv</u>	<u>Current Med Resv</u>	<u>Gross Incurred</u>	<u>Expense Recover</u>	<u>Deduct Recover</u>	<u>Salvage Recover</u>	<u>Subro 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

	<u>Loss Paid</u>	<u>Med Paid</u>	<u>Exp Paid</u>	<u>Current Loss Resv</u>	<u>Current Exp Resv</u>	<u>Current Med Resv</u>	<u>Gross Incurred</u>	<u>Expense Recover</u>	<u>Deduct Recover</u>	<u>Salvage Recover</u>	<u>Subro 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										