

Policy Number: WHI01000003960-00
Name of Insured: SHAHEEN TRANSPORT LLC
Name of Agent: AMERIGO INSURANCE AGENCY
Carrier Name: Sutton Specialty Insurance Company



LOSS RUN BY POLICY

Policy Period: 08/04/2024 TO 08/04/2025

Claim #:	WHSU24080109	Date of Loss:	08/18/2024	Accident State:	CA	Old Claim #:		Unit #:	0				
Date Open:	08/20/2024	Date Closed:	01/23/2025	Claim Status:	Closed	Insured:	SHAHEEN TRANSPORT LLC	Driver:	UNK UNK				
Description of Accident:	UNKNOWN.												
Claimant	Line/Cov	St	Loss Paid	Med Paid	Exp Paid	Current Loss Resv	Current Exp Resv	Current Med Resv	Gross Incurred	Other Recover	Deduct Recover	Salvage Recover	Subro Recover
LOPEZ GABRIEL	19.4/33	C	\$0.00	\$0.00	\$471.50	\$0.00	\$0.00	\$0.00	\$471.50	\$0.00	\$0.00	\$0.00	\$0.00
Group Total for Claim No: WHSU24080109			\$0.00	\$0.00	\$471.50	\$0.00	\$0.00	\$0.00	\$471.50	\$0.00	\$0.00	\$0.00	\$0.00

Claim #:	WHSU24090026	Date of Loss:	08/28/2024	Accident State:	CA	Old Claim #:		Unit #:	21				
Date Open:	09/06/2024	Date Closed:	01/23/2025	Claim Status:	Closed	Insured:	SHAHEEN TRANSPORT, LLC	Driver:	SINGH BALJINDER				
Description of Accident:	IV making right turn, struck cv												
Claimant	Line/Cov	St	Loss Paid	Med Paid	Exp Paid	Current Loss Resv	Current Exp Resv	Current Med Resv	Gross Incurred	Other Recover	Deduct Recover	Salvage Recover	Subro Recover
FRANC MEWSZEL WILLIAM	19.4/33	C	\$0.00	\$0.00	\$496.80	\$0.00	\$0.00	\$0.00	\$496.80	\$0.00	\$0.00	\$0.00	\$0.00
Group Total for Claim No: WHSU24090026			\$0.00	\$0.00	\$496.80	\$0.00	\$0.00	\$0.00	\$496.80	\$0.00	\$0.00	\$0.00	\$0.00

Claim #:	WHSU24120095	Date of Loss:	12/17/2024	Accident State:	CA	Old Claim #:		Unit #:	UNK				
Date Open:	12/19/2024	Date Closed:	01/23/2025	Claim Status:	Closed	Insured:	SHAHEEN TRANSPORT, LLC	Driver:	AYOUBI MOHAMMAD ASEF				
Description of Accident:	OV hit parked IV												
Claimant	Line/Cov	St	Loss Paid	Med Paid	Exp Paid	Current Loss Resv	Current Exp Resv	Current Med Resv	Gross Incurred	Other Recover	Deduct Recover	Salvage Recover	Subro Recover
MULLINS PAUL	19.4/33	C	\$0.00	\$0.00	\$471.50	\$0.00	\$0.00	\$0.00	\$471.50	\$0.00	\$0.00	\$0.00	\$0.00
Group Total for Claim No: WHSU24120095			\$0.00	\$0.00	\$471.50	\$0.00	\$0.00	\$0.00	\$471.50	\$0.00	\$0.00	\$0.00	\$0.00

SUB TOTALS for Policy Period: 08/04/2024 TO 08/04/2025

	Loss Paid	Med Paid	Exp Paid	Current Loss Resv	Current Exp Resv	Current Med Resv	Gross Incurred	Other Recover	Deduct Recover	Salvage Recover	Subro Recover
TOTALS IN PERIOD:	\$0.00	\$0.00	\$1,439.80	\$0.00	\$0.00	\$0.00	\$1,439.80	\$0.00	\$0.00	\$0.00	\$0.00

NUMBER OF CLAIMS IN PERIOD: 3

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WHITEHILL AGENCY/BRAZOS SPECIALTY RISK

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>Other Recover</u>	<u>Deduct Recover</u>	<u>Salvage Recover</u>	<u>Subro Recover</u>
GRAND TOTALS:	\$0.00	\$0.00	\$1,439.80	\$0.00	\$0.00	\$0.00	\$1,439.80	\$0.00	\$0.00	\$0.00	\$0.00

TOTAL NUMBER OF CLAIMS: 3