

BCO		Adjuster				***									
Claim		Supervisor					***								
	Plant / Div Location Cd					***									
Sub Ltr	Occurrence ID	Proc AIM	Event Date	Made Date	Report Date	Close Date	Reopen Date	State	Desc	Claimant	Sts	Gross Paid Loss	Gross Paid Expense	Gross Outstanding	Gross Incurred Loss
												\$0	\$0	\$0	\$0
											btotal	\$0	\$0	\$0	\$0



## **Loss Run Report**

Policy Number	F15053008	Policy Term	5/21/2020 - 5/21/2021
Insured Name	AWB TRANSPORT INC	-	
Division	W - Westchester Specialty	PAC	TOC - Truckers
Master/Subsidiary Producer	Z04276 - NATIONAL TRANSPORTATION	МСС	0081193 - Commercial Specialty

BCO		Adjuster													
Claim		Super	visor			***									
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												\$0	\$0	\$0	\$0
											btotal	\$0	\$0	\$0	\$0
									Grand	Total	\$0	\$0	\$0	\$0	