

Policy Number: 1BWHCA1901463275-00  
Name of Insured: GREENWAY TRANSPORT INC  
Name of Agent: AMERIGO INSURANCE AGENCY  
Carrier Name: Accredited Surety and Casualty Company Inc.



LOSS RUN BY POLICY

“These loss runs only include losses reported PRIOR to 06-01-2025”

WHITEHILL AGENCY/BRAZOS SPECIALTY RISK  
Policy Period: 12/15/2023 TO 12/15/2024

Claim #:	WHAC24080116	Date of Loss:	07/29/2024	Accident State:	TX	Old Claim#:		Unit Number:	2				
Date Open:	08/22/2024	Date Closed:		Claim Status:	Open	Driver:	PEREZ SANTIAGO						
Description of Accident:	OV DRIVER WAS UNDER INFLUENCE OF ALCOHOL AND ENTER INTO IV LANE.												
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
SHIMEK RONALD LEO	19.4/110	O	\$0.00	\$0.00	\$160.46	\$13,289.35	\$339.54	\$0.00	\$13,789.35	\$0.00	\$0.00	\$0.00	\$0.00
SHIMEK RONALD LEO	19.4/BODILY	O	\$0.00	\$0.00	\$2,527.83	\$986,710.65	\$17,472.17	\$0.00	\$1,006,710.65	\$0.00	\$0.00	\$0.00	\$0.00
Group Total for Claim No: WHAC24080116			\$0.00	\$0.00	\$2,688.29	\$1,000,000.00	\$17,811.71	\$0.00	\$1,020,500.00	\$0.00	\$0.00	\$0.00	\$0.00

SUB TOTALS for Policy Period: 12/15/2023 TO 12/15/2024

	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
TOTALS IN PERIOD:	\$0.00	\$0.00	\$2,688.29	\$1,000,000.00	\$17,811.71	\$0.00	\$1,020,500.00	\$0.00	\$0.00	\$0.00	\$0.00
NUMBER OF CLAIMS IN PERIOD: 1											

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	Subro Recover
GRAND TOTALS:	\$0.00	\$0.00	\$2,688.29	\$1,000,000.00	\$17,811.71	\$0.00	\$1,020,500.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL NUMBER OF CLAIMS: 1											