

Policy Number: 1BWHCA1901521301-00
Name of Insured: AMMY TRANS 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: 07/22/2024 TO 07/22/2025

Claim #:	WHAC24100007	Date of Loss:	09/30/2024	Accident State:	CA	Old Claim#:		Unit Number:	1				
Date Open:	10/01/2024	Date Closed:	10/14/2024	Claim Status:	Closed	Driver:	SINGH AMRITPAL						
Description of Accident:	OV HIT IV AT TRAFFIC STOP.												
<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>
UNK UNK	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: WHAC24100007			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

SUB TOTALS for Policy Period: 07/22/2024 TO 07/22/2025

	<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:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

NUMBER OF CLAIMS IN PERIOD: 1

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:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

TOTAL NUMBER OF CLAIMS: 1



As of Date
06/19/2025
Run Date + Time
Jun 19, 2025 03:16PM EDT
These loss runs only include losses reported 06/01/25 and later.

Loss Run Report

Policy Information										
Policy Number	Carrier Name	Broker Name	Insured Name	Original Risk Inception Date	Original Risk Expiry Date	Policy Region	Indemnity Total Incurred	Expense Total Incurred	Total Recovered	Policy Total Incurred
18WHCA1901521301-00	Accredited Insurance	Whitehill Agency / Brazos Specialty Risk, Inc	AMMY TRANS INC	07/22/2024	07/22/2025	N/A	\$0.00	\$0.00	\$0.00	\$0.00

Claims Information
There are no claims for this policy period.