

**Parameters Selected:**

Line of Business (Major):	Casualty
Policy Number:	ALL
Named Insured:	Mike's Filter and Supply, Inc.
Policy Start Date Range:	ALL
Policy End Date Range:	ALL
Profit Center:	ALL
Line of Business (Minor):	ALL
Claim Status:	ALL
Loss Start Date Range:	ALL
Loss End Date Range :	ALL
SAS / TPA:	ALL

**Note:**

- For Casualty, DBA and Workers Compensation reports, claims are sorted by Policy Year, Policy Number descending

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Loss Valuation Date: 1/21/2024

Line of Business (Major): Casualty - Automobile, General Liability, Excess

Profit Center(s): ALL

Named Insured	Policy Number	LOB	Effective Date	Expiration Date	Claim Count	Total Paid	Total Reserves	Total Incurred
Mike's Filter And Supply, Inc.	1000636667231	Com Auto	3/16/2023	3/16/2024	1	\$0	\$0	\$0
Mike's Filter And Supply, Inc.	1000337582231	GL	3/16/2023	3/16/2024	0	\$0	\$0	\$0
Mike's Filter And Supply, Inc.	1000067317231	GL	3/16/2023	3/16/2024	0	\$0	\$0	\$0
Mike's Filter And Supply, Inc.	1000636667221	Com Auto	3/16/2022	3/16/2023	4	\$41,940	\$205,301	\$244,555
Mike's Filter And Supply, Inc.	1000337582221	GL	3/16/2022	3/16/2023	0	\$0	\$0	\$0
Mike's Filter And Supply, Inc.	1000067317221	GL	3/16/2022	3/16/2023	0	\$0	\$0	\$0
Mike's Filter And Supply, Inc.	1000636667211	Com Auto	3/16/2021	3/16/2022	0	\$0	\$0	\$0
Mike's Filter And Supply, Inc.	1000337582211	GL	3/16/2021	3/16/2022	0	\$0	\$0	\$0
Mike's Filter And Supply, Inc.	1000067317211	GL	3/16/2021	3/16/2022	0	\$0	\$0	\$0
Mike's Filter And Supply, Inc.	1000636667201	Com Auto	3/16/2020	3/16/2021	1	\$32,683	\$0	\$15,518
Mike's Filter And Supply, Inc.	1000337582201	GL	3/16/2020	3/16/2021	0	\$0	\$0	\$0
Mike's Filter And Supply, Inc.	1000067317201	GL	3/16/2020	3/16/2021	0	\$0	\$0	\$0
Mike's Filter And Supply, Inc.	1000636667191	Com Auto	3/16/2019	3/16/2020	5	\$263,839	\$0	\$263,839
Mike's Filter And Supply, Inc.	1000337582191	GL	3/16/2019	3/16/2020	0	\$0	\$0	\$0
Mike's Filter And Supply, Inc.	1000067317191	GL	3/16/2019	3/16/2020	0	\$0	\$0	\$0
Totals					11	\$338,462	\$205,301	\$523,912

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<b>Policy Number:</b>	1000636667231	<b>Policy Year:</b>	2023	<b>Policy Effective Date:</b>	3/16/2023	<b>Policy Expiration Date:</b>	3/16/2024
Named Insured:	Mike's Filter And Supply, Inc.						
Claimant Name:	Kennith Spears						
Claim No.	4A2308GPC640001	Claim Feature ID:	001	Claim Manager:	Unknown	Claimant Status:	Closed
Line of Business:	Casualty	Claim Reported Date:	8/15/2023	Claimant Closed Date:	9/27/2023	Date of Loss:	8/8/2023
Incident Location:	New Orleans, LA	Litigation Status:		Loss State:	LA		
TPA Name:	Sedgwick Claims Management Services, Inc.			Nature of Injury:	Sideswiped Ov		
Loss Description:	not provided by reporter						

	Indemnity	Medical	Allocated Expenses	Recovery	Total Incurred
Paid	\$0	\$0	\$0	NA	\$0
Reserves	\$0	\$0	\$0	NA	\$0
Total	\$0	\$0	\$0	\$0	\$0

<b>Policy Number:</b>	1000337582231	<b>Policy Year:</b>	2023	<b>Policy Effective Date:</b>	3/16/2023	<b>Policy Expiration Date:</b>	3/16/2024
Named Insured:	Mike's Filter And Supply, Inc.						
Claimant Name:							
Claim No.		Claim Feature ID:		Claim Manager:		Claimant Status:	Unknown
Line of Business:	Casualty	Claim Reported Date:		Claimant Closed Date:		Date of Loss:	
Incident Location:		Litigation Status:		Loss State:			
TPA Name:				Nature of Injury:			
Loss Description:							

	Indemnity	Medical	Allocated Expenses	Recovery	Total Incurred
Paid	\$0	\$0	\$0	NA	\$0
Reserves	\$0	\$0	\$0	NA	\$0
Total	\$0	\$0	\$0	\$0	\$0

<b>Policy Number:</b>	1000067317231	<b>Policy Year:</b>	2023	<b>Policy Effective Date:</b>	3/16/2023	<b>Policy Expiration Date:</b>	3/16/2024
Named Insured:	Mike's Filter And Supply, Inc.						

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Claimant Name:  
Claim No. Claim Feature ID: Claim Manager: Claimant Status: Unknown  
Line of Business: Casualty Claim Reported Date: Claimant Closed Date:  
Incident Location: Litigation Status: Loss State:  
TPA Name: Nature of Injury:  
Loss Description:

	Indemnity	Medical	Allocated Expenses	Recovery	Total Incurred
Paid	\$0	\$0	\$0	NA	\$0
Reserves	\$0	\$0	\$0	NA	\$0
Total	\$0	\$0	\$0	\$0	\$0

**Policy Number:** 1000636667221 **Policy Year:** 2022 **Policy Effective Date:** 3/16/2022 **Policy Expiration Date:** 3/16/2023  
Named Insured: Mike's Filter And Supply, Inc.  
Claimant Name: Leslie Hebert  
Claim No. 4A2208G1TN60001 Claim Feature ID: 001 Claim Manager: Unknown Claimant Status: Closed  
Line of Business: Casualty Claim Reported Date: 8/15/2022 Claimant Closed Date: 10/23/2022 Date of Loss: 8/11/2022  
Incident Location: UNK, LA Litigation Status: Loss State: LA  
TPA Name: Sedgwick Claims Management Services, Inc. Nature of Injury: Rear-Ended Ov  
Loss Description: driver side rear door/ back fender

	Indemnity	Medical	Allocated Expenses	Recovery	Total Incurred
Paid	\$22,226	\$0	\$217	NA	\$19,757
Reserves	\$0	\$0	\$0	NA	\$0
Total	\$22,226	\$0	\$217	\$-2,686	\$19,757

**Policy Number:** 1000636667221 **Policy Year:** 2022 **Policy Effective Date:** 3/16/2022 **Policy Expiration Date:** 3/16/2023  
Named Insured: Mike's Filter And Supply, Inc.  
Claimant Name: Leslie Hebert  
Claim No. C266585251000102 Claim Feature ID: 002 Claim Manager: Nordo, Raymond Claimant Status: Open

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Line of Business:	Casualty	Claim Reported Date:	8/25/2022	Claimant Closed Date:	1/1/1900	Date of Loss:	8/11/2022
Incident Location:	UNK, LA	Litigation Status:		Loss State:	LA		
TPA Name:	Sedgwick Claims Management Services, Inc.			Nature of Injury:	Miscellaneous Collision		
Loss Description	IV was looking left to merge to outer lane when he felt he hit something which						

	Indemnity	Medical	Allocated Expenses	Recovery	Total Incurred
Paid	\$0	\$0	\$14,773	NA	\$14,773
Reserves	\$200,000	\$0	\$5,301	NA	\$205,301
Total	\$200,000	\$0	\$20,074	\$0	\$220,074

<b>Policy Number:</b>	1000636667221	<b>Policy Year:</b>	2022	<b>Policy Effective Date:</b>	3/16/2022	<b>Policy Expiration Date:</b>	3/16/2023
Named Insured:	Mike's Filter And Supply, Inc.						
Claimant Name:	Mike's Filter & Supply						
Claim No.	4A2301YPV5N0001	Claim Feature ID:	001	Claim Manager:		Claimant Status:	Closed
Line of Business:	Casualty	Claim Reported Date:	1/30/2023	Claimant Closed Date:	2/2/2023	Date of Loss:	1/23/2023
Incident Location:	St Charles, LA	Litigation Status:		Loss State:	LA		
TPA Name:	Sedgwick Claims Management Services, Inc.			Nature of Injury:	Sideswiped Ov		
Loss Description	rear door on drivers side and bumper ripped off						

	Indemnity	Medical	Allocated Expenses	Recovery	Total Incurred
Paid	\$0	\$0	\$0	NA	\$0
Reserves	\$0	\$0	\$0	NA	\$0
Total	\$0	\$0	\$0	\$0	\$0

<b>Policy Number:</b>	1000636667221	<b>Policy Year:</b>	2022	<b>Policy Effective Date:</b>	3/16/2022	<b>Policy Expiration Date:</b>	3/16/2023
Named Insured:	Mike's Filter And Supply, Inc.						
Claimant Name:	Mikes Filter and Supply Inc						
Claim No.	4A2204M637G0001	Claim Feature ID:	001	Claim Manager:		Claimant Status:	Closed
Line of Business:	Casualty	Claim Reported Date:	4/20/2022	Claimant Closed Date:	9/28/2022	Date of Loss:	4/11/2022
Incident Location:	New Orleans, LA	Litigation Status:		Loss State:	LA		

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TPA Name: Sedgwick Claims Management Services, Inc.  
Loss Description: Damage to box of truck

Nature of Injury: Hit Stationary Object

	Indemnity	Medical	Allocated Expenses	Recovery	Total Incurred
Paid	\$4,725	\$0	\$0	NA	\$4,725
Reserves	\$0	\$0	\$0	NA	\$0
Total	\$4,725	\$0	\$0	\$0	\$4,725

**Policy Number:** 1000337582221 **Policy Year:** 2022 **Policy Effective Date:** 3/16/2022 **Policy Expiration Date:** 3/16/2023  
**Named Insured:** Mike's Filter And Supply, Inc.  
**Claim No.:** **Claim Feature ID:** **Claim Manager:** **Claimant Status:** Unknown  
**Line of Business:** Casualty **Claim Reported Date:** **Claimant Closed Date:**  
**Incident Location:** **Litigation Status:** **Loss State:**  
**TPA Name:** **Nature of Injury:**  
**Loss Description:**

	Indemnity	Medical	Allocated Expenses	Recovery	Total Incurred
Paid	\$0	\$0	\$0	NA	\$0
Reserves	\$0	\$0	\$0	NA	\$0
Total	\$0	\$0	\$0	\$0	\$0

**Policy Number:** 1000067317221 **Policy Year:** 2022 **Policy Effective Date:** 3/16/2022 **Policy Expiration Date:** 3/16/2023  
**Named Insured:** Mike's Filter And Supply, Inc.  
**Claim No.:** **Claim Feature ID:** **Claim Manager:** **Claimant Status:** Unknown  
**Line of Business:** Casualty **Claim Reported Date:** **Claimant Closed Date:**  
**Incident Location:** **Litigation Status:** **Loss State:**  
**TPA Name:** **Nature of Injury:**  
**Loss Description:**

Indemnity	Medical	Allocated Expenses	Recovery	Total Incurred
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Paid	\$0	\$0	\$0	NA	\$0
Reserves	\$0	\$0	\$0	NA	\$0
Total	\$0	\$0	\$0	\$0	\$0

**Policy Number:** 1000067317221      **Policy Year:** 2022      **Policy Effective Date:** 3/16/2022      **Policy Expiration Date:** 3/16/2023  
**Named Insured:** Mike's Filter And Supply, Inc.  
**Claimant Name:**  
**Claim No.:**      **Claim Feature ID:**      **Claim Manager:**      **Claimant Status:** Unknown  
**Line of Business:** Casualty      **Claim Reported Date:**      **Claimant Closed Date:**  
**Incident Location:**      **Litigation Status:**      **Loss State:**  
**TPA Name:**      **Nature of Injury:**  
**Loss Description:**

	Indemnity	Medical	Allocated Expenses	Recovery	Total Incurred
Paid	\$0	\$0	\$0	NA	\$0
Reserves	\$0	\$0	\$0	NA	\$0
Total	\$0	\$0	\$0	\$0	\$0

**Policy Number:** 1000636667211      **Policy Year:** 2021      **Policy Effective Date:** 3/16/2021      **Policy Expiration Date:** 3/16/2022  
**Named Insured:** Mike's Filter And Supply, Inc.  
**Claimant Name:**  
**Claim No.:**      **Claim Feature ID:**      **Claim Manager:**      **Claimant Status:** Unknown  
**Line of Business:** Casualty      **Claim Reported Date:**      **Claimant Closed Date:**  
**Incident Location:**      **Litigation Status:**      **Loss State:**  
**TPA Name:**      **Nature of Injury:**  
**Loss Description:**

	Indemnity	Medical	Allocated Expenses	Recovery	Total Incurred
Paid	\$0	\$0	\$0	NA	\$0
Reserves	\$0	\$0	\$0	NA	\$0
Total	\$0	\$0	\$0	\$0	\$0

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<b>Policy Number:</b>	1000636667211	<b>Policy Year:</b>	2021	<b>Policy Effective Date:</b>	3/16/2021	<b>Policy Expiration Date:</b>	3/16/2022
Named Insured:	Mike's Filter And Supply, Inc.						
Claimant Name:							
Claim No.		Claim Feature ID:		Claim Manager:		Claimant Status:	Unknown
Line of Business:	Casualty	Claim Reported Date:		Claimant Closed Date:		Date of Loss:	
Incident Location:		Litigation Status:		Loss State:			
TPA Name:				Nature of Injury:			
Loss Description							

	Indemnity	Medical	Allocated Expenses	Recovery	Total Incurred
Paid	\$0	\$0	\$0	NA	\$0
Reserves	\$0	\$0	\$0	NA	\$0
Total	\$0	\$0	\$0	\$0	\$0

<b>Policy Number:</b>	1000337582211	<b>Policy Year:</b>	2021	<b>Policy Effective Date:</b>	3/16/2021	<b>Policy Expiration Date:</b>	3/16/2022
Named Insured:	Mike's Filter And Supply, Inc.						
Claimant Name:							
Claim No.		Claim Feature ID:		Claim Manager:		Claimant Status:	Unknown
Line of Business:	Casualty	Claim Reported Date:		Claimant Closed Date:		Date of Loss:	
Incident Location:		Litigation Status:		Loss State:			
TPA Name:				Nature of Injury:			
Loss Description							

	Indemnity	Medical	Allocated Expenses	Recovery	Total Incurred
Paid	\$0	\$0	\$0	NA	\$0
Reserves	\$0	\$0	\$0	NA	\$0
Total	\$0	\$0	\$0	\$0	\$0

<b>Policy Number:</b>	1000067317211	<b>Policy Year:</b>	2021	<b>Policy Effective Date:</b>	3/16/2021	<b>Policy Expiration Date:</b>	3/16/2022
Named Insured:	Mike's Filter And Supply, Inc.						

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Claimant Name:		Claim Feature ID:	Claim Manager:	Claimant Status:	Unknown
Claim No.		Claim Reported Date:	Claimant Closed Date:	Date of Loss:	
Line of Business:	Casualty	Litigation Status:	Loss State:		
Incident Location:			Nature of Injury:		
TPA Name:					
Loss Description					

	Indemnity	Medical	Allocated Expenses	Recovery	Total Incurred
Paid	\$0	\$0	\$0	NA	\$0
Reserves	\$0	\$0	\$0	NA	\$0
Total	\$0	\$0	\$0	\$0	\$0

<b>Policy Number:</b>	1000636667201	<b>Policy Year:</b>	2020	<b>Policy Effective Date:</b>	3/16/2020	<b>Policy Expiration Date:</b>	3/16/2021
Named Insured:	Mike's Filter And Supply, Inc.						
Claimant Name:	Mike's Filter and SupplyInc						
Claim No.	7080861	Claim Feature ID:	001	Claim Manager:	Unknown	Claimant Status:	Closed
Line of Business:	Casualty	Claim Reported Date:	6/24/2020	Claimant Closed Date:	2/9/2021	Date of Loss:	6/23/2020
Incident Location:	Labourche, LA	Litigation Status:		Loss State:	LA		
TPA Name:	Sedgwick Claims Management Services, Inc.			Nature of Injury:	Hit By Foreign Object		
Loss Description	ROOF OF VEHICLE						

	Indemnity	Medical	Allocated Expenses	Recovery	Total Incurred
Paid	\$29,339	\$0	\$3,345	NA	\$15,518
Reserves	\$0	\$0	\$0	NA	\$0
Total	\$29,339	\$0	\$3,345	\$-17,165	\$15,518

<b>Policy Number:</b>	1000337582201	<b>Policy Year:</b>	2020	<b>Policy Effective Date:</b>	3/16/2020	<b>Policy Expiration Date:</b>	3/16/2021
Named Insured:	Mike's Filter And Supply, Inc.						
Claimant Name:							
Claim No.		Claim Feature ID:		Claim Manager:		Claimant Status:	Unknown

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Line of Business:	Casualty	Claim Reported Date:	Claimant Closed Date:	Date of Loss:
Incident Location:		Litigation Status:	Loss State:	
TPA Name:		Nature of Injury:		
Loss Description				

  

	Indemnity	Medical	Allocated Expenses	Recovery	Total Incurred
Paid	\$0	\$0	\$0	NA	\$0
Reserves	\$0	\$0	\$0	NA	\$0
Total	\$0	\$0	\$0	\$0	\$0

<b>Policy Number:</b>	10000673172201	<b>Policy Year:</b>	2020	<b>Policy Effective Date:</b>	3/16/2020	<b>Policy Expiration Date:</b>	3/16/2021
Named Insured:	Mike's Filter And Supply, Inc.						
Claimant Name:							
Claim No.		Claim Feature ID:		Claim Manager:		Claimant Status:	Unknown
Line of Business:	Casualty	Claim Reported Date:		Claimant Closed Date:		Date of Loss:	
Incident Location:		Litigation Status:		Loss State:			
TPA Name:		Nature of Injury:					
Loss Description							

  

	Indemnity	Medical	Allocated Expenses	Recovery	Total Incurred
Paid	\$0	\$0	\$0	NA	\$0
Reserves	\$0	\$0	\$0	NA	\$0
Total	\$0	\$0	\$0	\$0	\$0

<b>Policy Number:</b>	1000636671991	<b>Policy Year:</b>	2019	<b>Policy Effective Date:</b>	3/16/2019	<b>Policy Expiration Date:</b>	3/16/2020
Named Insured:	Mike's Filter And Supply, Inc.						
Claimant Name:	Tina Lucas						
Claim No.	6853552	Claim Feature ID:	001	Claim Manager:	Unknown	Claimant Status:	Closed
Line of Business:	Casualty	Claim Reported Date:	4/9/2019	Claimant Closed Date:	11/25/2019	Date of Loss:	4/4/2019
Incident Location:	Gadsden, AL	Litigation Status:		Loss State:	AL		

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TPA Name: Sedgwick Claims Management Services, Inc.  
Loss Description: Insured rear ended stopped Claimant.

Nature of Injury: Rear-Ended Ov

	Indemnity	Medical	Allocated Expenses	Recovery	Total Incurred
Paid	\$8,475	\$0	\$164	NA	\$8,639
Reserves	\$0	\$0	\$0	NA	\$0
Total	\$8,475	\$0	\$164	\$0	\$8,639

Policy Number: 10006386671991 Policy Year: 2019 Policy Effective Date: 3/16/2019 Policy Expiration Date: 3/16/2020  
Named Insured: Mike's Filter And Supply, Inc.  
Claimant Name: Richard Lopez  
Claim No. 6888841 Claim Feature ID: 001 Claim Manager: Claimant Status: Closed  
Line of Business: Casualty Claim Reported Date: 7/29/2019 Claimant Closed Date: 9/3/2019 Date of Loss: 6/12/2019  
Incident Location: Raceland, LA Litigation Status: Loss State: LA  
TPA Name: Sedgwick Claims Management Services, Inc. Nature of Injury: Sideswiped Ov  
Loss Description: IVD was coming to the intersection of Hwy 90 East and Hwy 182 when OV passed thr

	Indemnity	Medical	Allocated Expenses	Recovery	Total Incurred
Paid	\$0	\$0	\$9	NA	\$9
Reserves	\$0	\$0	\$0	NA	\$0
Total	\$0	\$0	\$9	\$0	\$9

Policy Number: 10006386671991 Policy Year: 2019 Policy Effective Date: 3/16/2019 Policy Expiration Date: 3/16/2020  
Named Insured: Mike's Filter And Supply, Inc.  
Claimant Name: Mike's Filter and SupplyInc  
Claim No. 6876023 Claim Feature ID: 001 Claim Manager: Claimant Status: Closed  
Line of Business: Casualty Claim Reported Date: 6/17/2019 Claimant Closed Date: 11/8/2019 Date of Loss: 6/12/2019  
Incident Location: Unknown, LA Litigation Status: Loss State: LA  
TPA Name: Sedgwick Claims Management Services, Inc. Nature of Injury: Intersection Accident (Not-At-Fault)  
Loss Description: IVD was coming to the intersection of Hwy 90 East and Hwy 182 when OV passed thr

Indemnity	Medical	Allocated Expenses	Recovery	Total Incurred
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Paid	\$71,666	\$0	\$1,458	NA	\$73,124
Reserves	\$0	\$0	\$0	NA	\$0
Total	\$71,666	\$0	\$1,458	\$0	\$73,124

**Policy Number:** 1000638667191 **Policy Year:** 2019 **Policy Effective Date:** 3/16/2019 **Policy Expiration Date:** 3/16/2020  
**Named Insured:** Mike's Filter And Supply, Inc.  
**Claimant Name:** Jeanne Stricklin  
**Claim No.:** 7041634 **Claim Feature ID:** 001 **Claim Manager:** **Claimant Status:** Notice  
**Line of Business:** Casualty **Claim Reported Date:** 1/22/2020 **Claimant Closed Date:** 1/1/1900 **Date of Loss:** 1/16/2020  
**Incident Location:** Unknown, TX **Litigation Status:** **Loss State:** TX  
**TPA Name:** Sedgwick Claims Management Services, Inc. **Nature of Injury:** Rear-Ended By Ov  
**Loss Description:** IV Driver reports it was raining and water covered windshield. OV Driver braked

	Indemnity	Medical	Allocated Expenses	Recovery	Total Incurred
Paid	\$0	\$0	\$0	NA	\$0
Reserves	\$0	\$0	\$0	NA	\$0
Total	\$0	\$0	\$0	\$0	\$0

**Policy Number:** 1000638667191 **Policy Year:** 2019 **Policy Effective Date:** 3/16/2019 **Policy Expiration Date:** 3/16/2020  
**Named Insured:** Mike's Filter And Supply, Inc.  
**Claimant Name:** Jaeson Lucas-Williams  
**Claim No.:** 6855290 **Claim Feature ID:** 001 **Claim Manager:** Jones, Erica.L **Claimant Status:** Closed  
**Line of Business:** Casualty **Claim Reported Date:** 4/9/2019 **Claimant Closed Date:** 2/27/2023 **Date of Loss:** 4/4/2019  
**Incident Location:** Gadsden, AL **Litigation Status:** **Loss State:** AL  
**TPA Name:** Sedgwick Claims Management Services, Inc. **Nature of Injury:** Sideswiped Ov  
**Loss Description:** Insured rear ended stopped Claimant.

	Indemnity	Medical	Allocated Expenses	Recovery	Total Incurred
Paid	\$70,000	\$0	\$112,066	NA	\$182,066
Reserves	\$0	\$0	\$0	NA	\$0
Total	\$70,000	\$0	\$112,066	\$0	\$182,066

Certain claim information may not be available in this report, since data availability can vary based on the insurance program or benefit state (due to regulatory considerations). Some of the content contained in this report is subject to confidentiality laws and may be privileged. This report is intended for review and use by authorized representatives of the insured or other parties authorized by the insured. If you are not the intended recipient, you are hereby notified that any disclosure, copy or distribution of this information is strictly prohibited, as is the taking of any action by you in reliance on its contents. If you received this communication in error, please notify the sender immediately.

<b>Policy Number:</b>	10003375821991	<b>Policy Year:</b>	2019	<b>Policy Effective Date:</b>	3/16/2019	<b>Policy Expiration Date:</b>	3/16/2020
Named Insured: Mike's Filter And Supply, Inc.							
Claimant Name:		Claim Feature ID:		Claim Manager:		Claimant Status: Unknown	
Claim No.:		Claim Reported Date:		Claimant Closed Date:		Date of Loss:	
Line of Business: Casualty		Litigation Status:		Loss State:			
Incident Location:				Nature of Injury:			
TPA Name:							
Loss Description:							

  

	Indemnity	Medical	Allocated Expenses	Recovery	Total Incurred
Paid	\$0	\$0	\$0	NA	\$0
Reserves	\$0	\$0	\$0	NA	\$0
Total	\$0	\$0	\$0	\$0	\$0

<b>Policy Number:</b>	100006873771991	<b>Policy Year:</b>	2019	<b>Policy Effective Date:</b>	3/16/2019	<b>Policy Expiration Date:</b>	3/16/2020
Named Insured: Mike's Filter And Supply, Inc.							
Claimant Name:		Claim Feature ID:		Claim Manager:		Claimant Status: Unknown	
Claim No.:		Claim Reported Date:		Claimant Closed Date:		Date of Loss:	
Line of Business: Casualty		Litigation Status:		Loss State:			
Incident Location:				Nature of Injury:			
TPA Name:							
Loss Description:							

  

	Indemnity	Medical	Allocated Expenses	Recovery	Total Incurred
Paid	\$0	\$0	\$0	NA	\$0
Reserves	\$0	\$0	\$0	NA	\$0
Total	\$0	\$0	\$0	\$0	\$0

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**C&F CONNECT**  
MARKETPLACE

**Producer Information**

CRC - HOUSTON  
10375 Richmond Ave, Suite 500  
Houston, TX 770420000

**Environmental Follow Form Excess**

**Insured Name:** MIKE'S FILTER AND SUPPLY INC

**Policy Number:** EFX110248 3/16/2018 - 3/16/2019

**Note:** Total incurred loss includes ALAE minus Subro Recovery.

There are no claims for this policy.



**C&F CONNECT**  
MARKETPLACE

**Producer Information**

CRC - HOUSTON  
10375 Richmond Ave, Suite 500  
Houston, TX 770420000

**Environmental Package with CGL**

**Insured Name:** MIKE'S FILTER AND SUPPLY INC

**Policy Number:** EPK121752 3/16/2018 - 3/16/2019

**Note: Total incurred loss includes ALAE minus Subro Recovery.**  
There are no claims for this policy.