



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

			Effective	Expiration	Claim	Total	Total	Total
Named Insured	Policy Number	LOB	Date	Date	Count	Paid	Reserves	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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Policy Number:	1000636667231	Policy 2023 Year:		Policy Effective Date:	3/16/2023	Policy Expiration Date:	n 3/16/2024
Named Insured:	Mike's Filter And Supply	, Inc.					
Claimant Name:	Kennith Spears						
Claim No.	4A2308GPC640001	Claim Feature ID:	001	Claim Manag	er: Unknown	Claimar Status:	t Closed
Line of Business:	Casualty	Claim Reported Date:	8/15/2023	Claimant Clos Date:	sed 9/27/2023	B Date of	Loss: 8/8/2023
Incident Location:	New Orleans, LA	Litigation Status:		Loss State:	LA		
TPA Name: Loss Description	Sedgwick Claims Manag not provided by reporter	gement Services, Inc	.	Nature of Inju	ıry: Sideswipe	ed Ov	
	Indemnity	Medica	al	Allocated Expenses		Recovery	Total Incurred
Paid	\$0	\$0		\$0	NA		\$0
Reserves	\$0	\$0	70 1	\$0	NA		\$0
Total	\$0	\$0		\$0	\$0		\$0
Named Insured: Claimant Name: Claim No. Line of Business: Incident Location:	Mike's Filter And Supply Casualty	Claim Feature ID: Claim Reported Date: Litigation Status:		Claim Manag Claimant Clo Date: Loss State:	sed	Claimar Status: Date of	
TPA Name: Loss				Nature of Inju	ıry:		
Description							
	Indemnity	Medic	al	Allocated Expenses		Recovery	Total Incurred
Paid	\$0	\$0		\$0	NA		\$0
Reserves	\$0	\$0	7.	\$0	NA		\$0
Total	\$0	\$0		\$0	\$0		\$0
Policy Number: Named Insured:	1000067317231 Mike's Filter And Supply	Policy 2023 Year: , Inc.		Policy Effective Date:	3/16/2023	Policy Expiration Date:	on 3/16/2024

Run Date: 1/22/2024





Claimant Name: Claimant Claim No. Claim Claim Manager: Unknown Status: Feature ID: Date of Loss: Claimant Closed Line of Casualty Claim Reported Date: Business: Date: Litigation Loss State: Incident Status: Location: Nature of Injury: TPA Name: Loss Description Medical **Allocated** Recovery **Total** Indemnity Expenses Incurred \$0 Paid \$0 \$0 \$0 NA \$0 \$0 NA \$0 \$0 Reserves \$0 \$0 \$0 \$0 \$0 Total **Policy Expiration** 3/16/2023 **Policy Effective** 3/16/2022 **Policy** 1000636667221 **Policy** 2022 Date: Date: Number: Year: Named Mike's Filter And Supply, Inc. Insured: Claimant Leslie Hebert Name: Claim No. 4A2208G1TN60001 Claim 001 Claim Manager: Unknown Claimant Closed Feature ID: Status: Claim 8/15/2022 Claimant Closed 10/23/2022 Date of Loss: 8/11/2022 Line of Casualty Reported Date: Business: Date: UNK, LA Litigation Loss State: LA Incident Status: Location: TPA Name: Sedgwick Claims Management Services, Inc. Nature of Injury: Rear-Ended Ov driver side rear door/ back fender Loss Description Indemnity Medical **Allocated** Recovery **Total Expenses** Incurred \$19,757 \$22,226 \$0 \$217 NA Paid Reserves \$0 \$0 \$0 NA \$0 \$217 \$-2,686 \$19,757 \$22,226 \$0 Total **Policy Effective Policy Expiration Policy** 1000636667221 **Policy** 2022 3/16/2022 3/16/2023 Date: Date: Number: Year: Named Mike's Filter And Supply, Inc. Insured: Claimant Leslie Hebert Name: C266585251000102 002 Claim Manager: Nordo, Claimant Open Claim Claim No. Raymond Status Feature ID:

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8/25/2022 Line of Claimant Closed 1/1/1900 Date of Loss: 8/11/2022 Casualty Claim Reported Business: Date: Date: Loss State: Incident UNK, LA Litigation LA Status: Location: TPA Name: Sedgwick Claims Management Services, Inc. Nature of Injury: Miscellaneous Collision IV was looking left to merge to outer lane when he felt he hit something which Loss Description Indemnity Medical **Allocated** Recovery **Total Expenses** Incurred Paid \$0 \$0 \$14,773 NA \$14,773 \$205,301 \$200,000 \$0 \$5,301 NA Reserves \$200,000 \$20,074 \$0 \$220,074 \$0 Total

Policy 1000636667221 **Policy** 2022 **Policy Effective** 3/16/2022 **Policy Expiration** 3/16/2023 Date: Number: Year: Mike's Filter And Supply, Inc. Named Insured: Claimant Mike¿s Filter & Supply Name: 001 Claim Manager: Claimant Closed 4A2301YPV5N0001 Claim Claim No. Feature ID: Status: Casualty Claim 1/30/2023 Claimant Closed 2/2/2023 Date of Loss: 1/23/2023 Line of Reported Date: Business: Date: Incident St Charles, LA Litigation Loss State: LA Status: Location: TPA Name: Sedgwick Claims Management Services, Inc. Nature of Injury: Sideswiped Ov rear door on drivers side and bumper ripped off Loss Description Medical **Allocated** Recovery **Total** Indemnity **Expenses** Incurred NA \$0 \$0 \$0 \$0 Paid \$0 \$0 \$0 NA \$0 Reserves \$0 \$0 \$0 \$0 \$0 Total

Policy Number:	1000636667221	Policy 2022 Year:	Pol Dat			Policy Expiration Date:	3/16/2023
Named Insured:	Mike's Filter And Supply,	Inc.					
Claimant Name:	Mikes Filter and Supply In	nc					
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: Loss

Sedgwick Claims Management Services, Inc.

Damage to box of truck

Indemnity

Description

Paid

Total

Reserves

Medical \$0 \$0 \$0

Allocated

Nature of Injury:

Recovery Expenses \$0 NA \$0 NA \$0 \$0

Total Incurred \$4,725

\$0 \$4,725

Policy Number: 1000337582221

\$4,725

\$4,725

\$0

Policy Year:

2022

Policy Effective Date:

3/16/2022

Policy Expiration

Claimant

Status: Date of Loss:

Hit Stationary Object

3/16/2023

Unknown

Named Insured: Mike's Filter And Supply, Inc.

Claimant

Name:

Claim No.

Line of Business:

Incident

Location:

Casualty

\$0

\$0

\$0

Paid

Total

Reserves

Feature ID: Claim

> Reported Date:

Claim

Litigation

Status:

Claim Manager:

Claimant Closed

Date:

Loss State:

Nature of Injury:

TPA Name: Loss

Description

Medical

\$0 \$0 \$0

Allocated Expenses

\$0 \$0 \$0 Recovery

NA NA \$0

Total Incurred

\$0 \$0 \$0

Policy Number: 1000067317221

Mike's Filter And Supply, Inc.

Indemnity

Policy Year:

2022

Policy Effective Date:

3/16/2022

Policy Expiration

Claimant

Date of Loss:

Status:

3/16/2023

Unknown

Date:

Named Insured: Claimant

Name: Claim No.

Incident

Location:

Line of

Business:

Casualty

Claim

Feature ID: Claim Reported Date: Litigation Status:

Claim Manager:

Claimant Closed

Date:

Loss State:

Nature of Injury:

TPA Name:

Loss Description

> Indemnity Medical

Allocated **Expenses** Recovery

Total Incurred

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Incurred

\$0

\$0

\$0



Paid	\$0	\$0	\$0	NA	\$0
Reserves	\$0	\$0	\$0	NA	\$0
Total	\$0	\$0	\$0	\$0	\$0
Policy Number:	1000067317221	Policy 2022 Year:	Policy Effective 3/16/2	022 Policy Expira Date:	tion 3/16/2023
Named Insured: Claimant Name:	Mike's Filter And Suppl	y, Inc.			
Claim No.		Claim Feature ID:	Claim Manager:	Claim Statu	
Line of Business:	Casualty	Claim Reported Date:	Claimant Closed Date:	Date	of Loss:
Incident Location:		Litigation Status:	Loss State:		
TPA Name: Loss Description			Nature of Injury:		
	Indemnity	Medical	Allocated	Recovery	Total

Expenses

Allocated

Expenses

\$0

\$0

\$0

NA

NA

\$0

Recovery

NA

NA

\$0

\$0

\$0

\$0

\$0

\$0

\$0

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

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Medical

\$0

\$0

\$0

Run Date:1/22/2024 Loss Valuation Date: 1/21/2024

\$0

\$0

\$0

Indemnity

\$0

\$0

\$0

Paid

Total

Reserves

Paid

Total

Reserves

Total

Incurred

\$0

\$0

\$0



Policy Number:	1000636667211	Policy 2021 Year:	Policy Effective 3/16/202 Date:	Policy Expiration	n 3/16/2022
Named Insured: Claimant Name:	Mike's Filter And Supply	Inc.			
Claim No.		Claim Feature ID:	Claim Manager:	Claiman Status:	t Unknown
Line of Business:	Casualty	Claim Reported Date:	Claimant Closed Date: Loss State:	Date of	Loss:
Incident Location:		Litigation Status:	Luss 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: Named Insured: Claimant Name: Claim No. Line of Business: Incident Location: TPA Name:	1000337582211 Mike's Filter And Supply Casualty	Policy 2021 Year: , Inc. Claim Feature ID: Claim Reported Date: Litigation Status:	Claim Manager: Claimant Closed Date: Loss State: Nature of Injury:	Policy Expiration Date: Claimar Status: Date of	nt Unknown
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: Named Insured:	1000067317211 Mike's Filter And Supply	Policy 2021 Year: , Inc.	Policy Effective 3/16/202 Date:	Policy Expiration Date:	n 3/16/2022





Claimant Name: Claimant Claim Claim Manager: Unknown Claim No. Status: Feature ID: Claim Claimant Closed Date of Loss: Casualty Line of Reported Date: Business: Date: Litigation Loss State: Incident Status: Location: Nature of Injury: TPA Name: Loss Description Indemnity Medical **Allocated** Recovery **Total** Incurred **Expenses** \$0 \$0 NA \$0 Paid \$0 \$0 \$0 NA \$0 \$0 Reserves \$0 \$0 \$0 \$0 Total \$0 **Policy Expiration** 1000636667201 **Policy** 2020 **Policy Effective** 3/16/2020 3/16/2021 **Policy** Year: Date: **Number:** Mike's Filter And Supply, Inc. Named Insured: Claimant Mike's Filter and SupplyInc Name: Claimant Closed Claim 001 Claim Manager: Unknown Claim No. 7080861 Feature ID: Status: 6/24/2020 Claimant Closed 2/9/2021 Date of Loss: 6/23/2020 Claim I ine of Casualty Reported Date: Business: Date: Litigation Loss State: LA Incident Labourche, LA Status: Location: Hit By Foreign Object Sedgwick Claims Management Services, Inc. Nature of Injury: TPA Name: **ROOF OF VEHICLE** Loss Description Allocated Recovery **Total** Medical Indemnity Incurred **Expenses** \$29,339 \$0 \$3,345 NA \$15,518 Paid \$0 \$0 NA \$0 \$0 Reserves \$-17,165 \$15,518 \$29,339 \$0 \$3,345 Total Policy 2020 **Policy Effective** 3/16/2020 **Policy Expiration** 3/16/2021 1000337582201 **Policy** Date: Date: Year: Number: Mike's Filter And Supply, Inc. Named Insured: Claimant Name: Unknown Claim Manager: Claimant Claim No. Claim Feature ID: Status:

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Claimant Closed Date of Loss: Claim Line of Casualty Reported Date: Business: Date: Loss State: Litigation Incident Location: Status: Nature of Injury: TPA Name: Loss Description Méelitical **AMbrasseld** Recovery Tōtaal Indemnitiyy Incourredd Expenses \$0 Paid \$0 \$0 \$0 NA \$0 \$0 \$0 \$0 NA Reserves \$0 \$0 \$0 \$0 \$0 Total Potitigy Problemy Experience 3816622021 1000066733722011 **Plotility** 20000 Probibgy Effectivee 33166220220 Date: Yéaar: Datée: Named Mike's Filter And Supply, Inc. Insured: Claimant Name: Claim No. Claim Claim Manager: Claimant Unknown Status: Feature ID: Claimant Closed Date of Loss: Line of Casualty Claim Business: Reported Date: Date: Loss State: Incident Litigation Status: Location: TPA Name: Nature of Injury: Loss Description Méditaal Alliboatéeld Recovery Töbáál Indeennitity Exxidenses I micciureeld NA \$0 \$0 Paid \$0 \$0 Reserves \$0 \$0 \$0 NA \$0 \$0 \$0 \$0 \$0 Total \$0 Płodikisy Probibay Effectivee 38166220099 Protiticy/Expirication 3816620200 100063866677991 22099 **Probibigy** Mahée: Daáse: Named Mike's Filter And Supply, Inc. Insured: Claimant Tina Lucas Name: Claim Manager: Claimant Closed 6853552 Claim 001 Unknown Claim No. Feature ID: Status: Claim 4/9/2019 Claimant Closed 11/25/2019 Date of Loss: 4/4/2019 Line of Casualty Date: Reported Business: Date: Incident Gadsden, AL Litigation Loss State: AL Status: Location:

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TPA Name: Loss

Sedgwick Claims Management Services, Inc.

Insured rear ended stopped Claimant.

Description

Nature of Injury:

Rear-Ended Ov

Indeennitity \$8,475 Paid \$0 Reserves Total \$8,475

Meelikaal \$0 \$0 \$0

Alliboatteld Exxidensess \$164 \$0 \$164

NA NA \$0

Recovery

Incourreed \$8,639 \$0 \$8,639

Total

Protitigy Num

10006366677991

Probibay 22099 Yéazr:

Płotikigy Efféctive

32166220199

Proticy/Exophiation

38166220200

Named Insured: Mike's Filter And Supply, Inc.

Claimant

Richard Lopez

Name:

Claim No. 6888841 Claim

001

Claim Manager:

Claimant Status:

Closed

Line of

Casualty

Feature ID: Claim

7/29/2019

Claimant Closed

Business:

Reported Date:

Date:

9/3/2019

Date of Loss:

6/12/2019

Incident Location:

Raceland, LA

Litigation Status:

Loss State:

TPA Name:

Sedgwick Claims Management Services, Inc.

Nature of Injury:

Sideswiped Ov

LA

IVD was coming to the intersection of Hwy 90 East and Hwy 182 when OV passed thr Loss

Description

Indeennitity Paid \$0 \$0 Reserves Total \$0

Meelikaal \$0 \$0 \$0

Exceptsess \$9 \$0 \$9

Recovery NA NA \$0

Totabi Incomreed \$9 \$0 \$9

Ploditigy

100063666671991

Podilitry Yéas:

220199

001

Probibly/Effectivee Date:

32166220099 Prodicty/Expirication Daddo:

38166220220

Named Insured: Mike's Filter And Supply, Inc.

Claimant Name: Claim No. Mike's Filter and SupplyInc

6876023

Claim Feature ID: Claim Manager:

Closed

I ine of

Casualty

Claim

6/17/2019 Claimant Closed

11/8/2019

IA

Status: Date of Loss: 6/12/2019

Business:

Unknown, LA

Reported Date: Litigation

Status:

Loss State:

Date:

Claimant

Incident Location:

Sedgwick Claims Management Services, Inc.

TPA Name: Loss

Nature of Injury:

Intersection Accident (Not-At-Fault)

Description

IVD was coming to the intersection of Hwy 90 East and Hwy 182 when OV passed thr

Indeennitity

Méditiaal

AAliboateeki **Expensess**

Recovery

Total

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Run Date:1/22/2024 Loss Valuation Date: 1/21/2024 Page 11 of 14





\$0	\$0	NA	\$0
\$0	\$1,458	\$0	\$73,124

Piotitigy Numbber:	10006386677991	Protitiony 2009 Yéaar:	5 July 2 5	Poblicy/Effective Table:	3216220099 Protition	gy Ezopixiaálóo n e:	3216620220
Named Insured:	Mike's Filter And Suppl	y, Inc.					
Claimant Name:	Jeanne Stricklin						
Claim No.	7041634	Claim Feature ID:	001	Claim Manag	er:	Claimant Status:	Notice
Line of Business:	Casualty	Claim Reported Date:	1/22/2020	Claimant Clos Date:	sed 1/1/1900	Date of Loss:	1/16/2020
Incident Location:	Unknown, TX	Litigation Status:		Loss State:	TX		
TPA Name:	Sedgwick Claims Mana	gement Services, In	C.	Nature of Inju	ıry: Rear-Ended By	Ov	
Loss Description	IV Driver reports it was	raining and water co	overed windsh	nield. OV Driver bra	iked		
	Indemnitiyy	Mědů	iaal	AAllboattek Expenses		ееуу	Tōóaal Imccureeld
Paid	\$0	\$0		\$0	NA	\$0	
Reserves	\$0	\$0	(c) 10 =	\$0	NA	\$0	
Total	\$0	\$0		\$0	\$0	\$0	

Poblicy	10006386677991	Probility 220199		33		/Expiriation	3816622220
Numbleer: Named Insured:	Mike's Filter And Supply,	Yéar: Inc.		laáse:	Daáte:		
Claimant Name:	Jaeson Lucas-Williams						
Claim No.	6855290	Claim Feature ID:	001	Claim Manage	er: Jones, Erica.L	Claimant Status:	Closed
Line of Business:	Casualty	Claim Reported Date:	4/9/2019	Claimant Clos Date:	sed 2/27/2023	Date of Loss:	4/4/2019
Incident Location:	Gadsden, AL	Litigation Status:		Loss State:	AL		
TPA Name: Loss Description	Sedgwick Claims Manag Insured rear ended stopp		C.	Nature of Inju	ry: Sideswiped Ov		
	Indemnitiyy	Měelőó	eàl	Aliboatéelo		Fyy	Tötáh! Incorredd
Paid	\$70,000	\$0	. 1	\$112,066	NA	\$18	2,066
Reserves	\$0	\$0		\$0	NA	\$0	

\$112,066

\$0

\$0

Run Date:1/22/2024

Total

Loss Valuation Date: 1/21/2024

\$70,000

\$182,066





Numbleer: Named Insured: Claimant	100033758221991 Mike's Filter And Supply,	Protitisgy 220199 Yéaar: Inc.	Protitisy/Efféctivee 381662200 Datée:	199 Proditigy/Exophiaaldoon Daase:	381662DQDO
Name:					
Claim No.		Claim Feature ID:	Claim Manager:	Claimant Status:	Unknown
Line of Business:	Casualty	Claim Reported Date:	Claimant Closed Date:	Date of Los	s:
Incident Location:		Litigation Status:	Loss State:		
TPA Name:			Nature of Injury:		
Loss Description					
	l holdennitýy	Měddicaki	AAllbootteld Higgsesses	Recovery	Tōóáál Inccurecid
Paid	\$0	\$0	\$0	NA \$	
Reserves	\$0	\$0	\$0	NA \$	0
Total	\$0	\$0	\$0	\$0 \$	0
Numbber: Named Insured: Claimant Name:	10000673377991 Mike's Filter And Supply,		Protilisy/Effectivee 33166220	Dadde:	381662 2022 0
Claim No. Line of	Casualty	Claim Feature ID: Claim	Claim Manager: Claimant Closed	Claimant Status: Date of Los	Unknown
Business:	Casualty	Reported Date:	Date:	Date of Los	J.
Incident Location:		Litigation Status:	Loss State:		
TPA Name: Loss Description			Nature of Injury:		
	Imaldennitity	Mēciātaāl	Allómaáéeld Excesses	Recoveryy	Tōćáál Imccureeki
Paid	\$0	\$0	\$0	NA \$	
Reserves	\$0	\$0	\$0	NA \$	0
Total	\$0	\$0	\$0	\$0 \$	0

Run Date:1/22/2024





Run Date:1/22/2024



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.

Valuation Date: 1/5/2024



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.

Valuation Date: 1/5/2024