Policy Number: AA333333333333-00

Name of Insured: SENSIBLE

Name of Agent:

Carrier Name: Sutton Specialty Insurance Company



Policy Period: 01/20/2022 TO 01/20/2023

Claim #: XXXX44444444 Date of Loss: 02/07/2022 Accident State: KY Old Unit Number: UNK

 Date Open:
 03/16/2022
 Date Closed:
 Claim Status:
 Open
 Driver:
 UNK UNK

Description of Accident: IV struck the top of the building at a gas station. No injuries,

| <u>Claimant</u> | Line/Cov | <u>St</u> | Loss Paid | Med Paid | Exp Paid | Current Loss Resv | Current Exp Resv | <u>Current</u> <u>Med Resv</u> | Gross Incurred | Expense Recover | <u>Deduct</u> <u>Recover</u> | <u>Salvage</u> <u>Recover</u> | <u>Subro</u> <u>Recover</u> |
|---|---------------------|-----------|------------------|------------------|----------------------|--------------------------|----------------------|-----------------------------------|--------------------------|--------------------|---------------------------------|----------------------------------|--------------------------------|
| GAS STATION Group Total for Claim No: XXXX44 | 19.4/33 14444444 | 0 | \$0.00 \$0.00 | \$0.00 \$0.00 | \$245.00 \$245.00 | \$5,000.00 \$5,000.00 | \$500.00 \$500.00 | \$0.00 \$0.00 | \$5,745.00 \$5,745.00 | \$0.00 \$0.00 | \$0.00 \$0.00 | \$0.00 \$0.00 | \$0.00 \$0.00 |

Claim #: XXXX55555555 Date of Loss: 03/09/2022 Accident State: GA Old Unit Number:

 Date Open:
 03/22/2022
 Date Closed:
 Claim Status:
 Open
 Driver:

 Description of Accident:
 CV stopped at red light when IV made a left turn, causing the wheels of the trailer to run over the claimant's trailer.

Claimant Line/Cov St Loss Paid Med Paid Exp Paid Current Current Current Gross Expense **Deduct** Salvage Subro Loss Resv Exp Resv Med Resv Incurred Recover Recover Recover Recover \$5,000.00 \$500.00 \$0.00 O \$0.00 \$0.00 \$245.00 \$0.00 \$5,745.00 \$0.00 \$0.00 \$0.00 19.4/33 \$0.00 \$0.00 \$245.00 \$5,000.00 \$500.00 \$0.00 \$5,745.00 \$0.00 \$0.00 \$0.00 \$0.00 Group Total for Claim No: XXXX55555555

Claim #: DDDD33333333 Date of Loss: 03/10/2022 Accident State: MO Old Unit Number:

Date Open: 03/22/2022 Date Closed: Claim Status: Open Driver:

Description of Accident: OV lost control on icy roadway forcing IV into ditch.

| | <u>Claimant</u> | Line/Cov | <u>St</u> | Loss Paid | Med Paid | Exp Paid | Current Loss Resv | Current Exp Resv | Current Med Resv | Gross Incurred | Expense Recover | <u>Deduct</u> <u>Recover</u> | Salvage Recover | <u>Subro</u> <u>Recover</u> | |
|--|-----------------|----------|-----------|-----------|------------|----------|----------------------|---------------------|---------------------|-------------------|--------------------|---------------------------------|--------------------|--------------------------------|---|
| | WA | 19.4/33 | О | \$0.00 | \$0.00 | \$245.00 | \$5,000.00 | \$500.00 | \$0.00 | \$5,745.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | l |
| Group Total for Claim No: DDDD33333333 | | \$0.00 | \$0.00 | \$245.00 | \$5,000.00 | \$500.00 | \$0.00 | \$5,745.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | ١ | | |

SUB TOTALS for Policy Period: 01/20/2022 TO 01/20/2023

Loss Paid Med Paid Exp Paid Current Current Current Gross Expense **Deduct** Salvage Subro Loss Resv Exp Resv Med Resv Recover Recover Incurred Recover Recover \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$735.00 \$15,000.00 \$1,500.00 \$0.00 \$17,235.00 \$0.00 TOTALS IN PERIOD:

NUMBER OF CLAIMS IN PERIOD: 3

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Policy Number: AA33333333333-01

Name of Insured: SENSIBLE

Name of Agent:

Carrier Name: Sutton Specialty Insurance Company



LOSS RUN BY POLICY

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Policy Number: AA333333333333-02

Name of Insured:

SENSIBLE

Name of Agent:

Carrier Name: Sutton Specialty Insurance Company



Policy Period: 09/09/9999 TO 09/09/9999

| Claim #: CCCC4444444 | 14 | Date of | Loss: 03/1 | 03/14/2022 Accident State: | | FL Old | | Unit Number: 0000 | | | | |
|---|---|---------------------------------------|---------------------------------------|-----------------------------------|---|--|---|---|--|---------------------------------|--------------------|--------------------------------|
| Date Open: | 03/22/2022 | Date Cl | osed: | Clai | im Status: | Open Driver: | | | | | | |
| Description of Accident: IV was passing OV in the parking lot going to the loading dock on the east side of the building. As IV passed he side swiped OV front. OV was unoccupied OV was properly parked in | | | | | | | | | | | | |
| <u>Claimant</u> | a parking spot and l <u>Line/Cov</u> | backed in. The driver of St Loss Paid | f the OV was locat <u>Med Paid</u> | ed for this report. T Exp Paid | There were no repor <u>Current</u> <u>Loss Resv</u> | ted injuries and bo <u>Current</u> <u>Exp Resv</u> | th vehicles were rer <u>Current</u> <u>Med Resv</u> | noved by the drive <u>Gross</u> <u>Incurred</u> | rs. It was further <u>Expense</u> <u>Recover</u> | <u>Deduct</u> <u>Recover</u> | Salvage Recover | <u>Subro</u> <u>Recover</u> |
| VA | 19.4/33 | O \$0.00 | \$0.00 | \$245.00 | \$5,000.00 | \$255.00 | \$0.00 | \$5,500.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Group Total for Claim No: CCCC44 | 144444 | \$0.00 | \$0.00 | \$245.00 | \$5,000.00 | \$255.00 | \$0.00 | \$5,500.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

SUB TOTALS for Policy Period: 09/09/9999 TO 09/09/9999

| | Loss Paid | Med Paid | Exp Paid | Current | Current | Current | Gross | Expense | Deduct | Salvage | <u>Subro</u> |
|-------------------|-----------|----------|----------|----------------|----------|----------|-----------------|---------|---------------|---------|--------------|
| | | | | Loss Resv | Exp Resv | Med Resv | Incurred | Recover | Recover | Recover | Recover |
| TOTALS IN PERIOD: | \$0.00 | \$0.00 | \$245.00 | \$5,000.00 | \$255.00 | \$0.00 | \$5,500.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

NUMBER OF CLAIMS IN PERIOD: 1

GRAND TOTALS

| | Loss Paid | Med Paid | Exp Paid | Current | Current | Current | Gross | Expense | Deduct | Salvage | Subro |
|---------------|-----------|----------|----------|-------------|------------|----------------|-----------------|----------------|---------------|---------|---------|
| | | | | Loss Resv | Exp Resv | Med Resv | Incurred | Recover | Recover | Recover | Recover |
| GRAND TOTALS: | \$0.00 | \$0.00 | \$980.00 | \$20,000.00 | \$1,755.00 | \$0.00 | \$22,735.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

TOTAL NUMBER OF CLAIMS: 4

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