

Policy Number: WGT [REDACTED]  
 Name of Insured: [REDACTED] LLC  
 Name of Agent: [REDACTED] LLC  
 Carrier Name: Knight Specialty Insurance Company



# LOSS RUN BY POLICY

Policy Period: 01/15/2019 TO 01/15/2020

Claim #:	WT [REDACTED]	Date of Loss:	01/03/2020	Accident State:	TX	Old	Unit Number:
Date Open:	04/20/2020	Date Closed:	04/30/2020	Claim Status:	Closed	Driver:	[REDACTED]
Description of Accident:	insd collided with guardrail						

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
[REDACTED] DEPARTMENT [REDACTED]	19.4/PD	C	\$5,527.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,527.24	\$0.00	\$0.00	\$0.00	\$0.00
Group Total for Claim No: WT [REDACTED]			\$5,527.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,527.24	\$0.00	\$0.00	\$0.00	\$0.00

SUB TOTALS for Policy Period: 01/15/2019 TO 01/15/2020

	<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:	\$5,527.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,527.24	\$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:	\$5,527.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,527.24	\$0.00	\$0.00	\$0.00	\$0.00

TOTAL NUMBER OF CLAIMS: 1

Policy Number: WGT [REDACTED]  
 Name of Insured: [REDACTED] LLC  
 Name of Agent: [REDACTED] MANAGEMENT  
 Carrier Name: Knight Specialty Insurance Company



## LOSS RUN BY POLICY

Policy Period: 01/15/2020 TO 01/15/2021

Claim #:	WT	Date of Loss:	08/25/2020	Accident State:	WA	Old		Unit Number:	1				
Date Open:	09/10/2020	Date Closed:		Claim Status:	Open	Driver:							
Description of Accident:	IV rear ended OV												
<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>
D	19.4/PD	R	\$0.00	\$0.00	\$26.00	\$3,000.00	\$1,000.00	\$0.00	\$4,026.00	\$0.00	\$0.00	\$0.00	\$0.00
D	19.4/BI	O	\$0.00	\$0.00	\$271.95	\$10,000.00	\$1,228.05	\$0.00	\$11,500.00	\$0.00	\$0.00	\$0.00	\$0.00
Group Total for Claim No: WT			\$0.00	\$0.00	\$297.95	\$13,000.00	\$2,228.05	\$0.00	\$15,526.00	\$0.00	\$0.00	\$0.00	\$0.00

Claim #:	WT [REDACTED]	Date of Loss:	01/15/2021	Accident State:	TX	Old	[REDACTED]	Unit Number:	19				
Date Open:	01/22/2021	Date Closed:	09/08/2021	Claim Status:	Closed	Driver:	[REDACTED]						
Description of Accident:	intersectin loss, insured cited for running red light, IVD disputing red light.												
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
WILL [REDACTED]	19.4/PD	C	\$22,285.51	\$0.00	\$984.30	\$0.00	\$0.00	\$0.00	\$23,269.81	\$0.00	\$0.00	\$0.00	\$0.00
LO [REDACTED]	19.4/PD	C	\$7,514.52	\$0.00	\$340.00	\$0.00	\$0.00	\$0.00	\$7,854.52	\$0.00	\$0.00	\$0.00	\$0.00
WILL [REDACTED]	19.4/BI	C	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MO [REDACTED]	19.4/BI	C	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
LC [REDACTED]	19.4/BI	C	\$2,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Group Total for Claim No: WT [REDACTED]			\$31,800.03	\$0.00	\$1,324.30	\$0.00	\$0.00	\$0.00	\$33,124.33	\$0.00	\$0.00	\$0.00	\$0.00

SUB TOTALS for Policy Period: 01/15/2020 TO 01/15/2021

	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:	\$31,800.03	\$0.00	\$1,622.25	\$13,000.00	\$2,228.05	\$0.00	\$48,650.33	\$0.00	\$0.00	\$0.00	\$0.00

NUMBER OF CLAIMS IN PERIOD: 2

**Policy Number:** WG [REDACTED]  
**Name of Insured:** [REDACTED] LLC  
**Name of Agent:** [REDACTED] INSURANCE SERVICES [REDACTED]  
**Carrier Name:** Knight Specialty Insurance Company



## LOSS RUN BY POLICY

### 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:	\$31,800.03	\$0.00	\$1,622.25	\$13,000.00	\$2,228.05	\$0.00	\$48,650.33	\$0.00	\$0.00	\$0.00	\$0.00

TOTAL NUMBER OF CLAIMS: 2