

Loss Run For Policy Number TRIPX-CP-000000116-01



Activity Period: 6/30/2025 and 6/30/2025

Loss Dates: 1/1/1900 and 12/31/2050

Policy Holder: [AMCAL Transportation Inc DBA AMCAL Transportation](#)

Policy Number: [TRIPX-CP-000000116-01 \(Obsidian-TUMI Transportation\Obsidian Specialty In\)](#)

Claim #	Claimant	State	Status	Medical (Total to date)		Indemnity (Total to date)		Expense (Total to date)		Total (Total to date)		
OB250127-001	Malhotra, Himanshu	CA	Closed	Paid	Incurred	Paid	Incurred	Paid	Incurred	Recoveries	Paid	Incurred
				\$0.00	\$0.00	\$11,266.40	\$11,266.40	\$13.00	\$13.00	\$0.00	\$11,279.40	\$11,279.40
Report Date	Policy Dates	Loss Date	Close Date	Claim Type AUTO-Auto Property Damage					Activity In Period		\$0.00	
	8/31/2024-8/30/2025	3/12/2025	6/25/2025								\$0.00	

Driver Name: Kulwant Singh, Khera Description: ID Khera Kulwant Singh. OV was behind IV in far left lane. IV was in the far right lane when he suddenly made a U-turn in the middle of the road. And hit the OV hard on the passenger side, damaging his whole vehicle.

Total for TRIPX-CP-000000116-01

Claim Counts		In Period		Medical (Total to date)		Indemnity (Total to date)		Expense (Total to date)		Total (Total to date)		
Open	Total	Paid	Incurred	Paid	Incurred	Paid	Incurred	Paid	Incurred	Recoveries	Paid	Incurred
0	1	\$0.00	\$0.00	\$0.00	\$0.00	\$11,266.40	\$11,266.40	\$13.00	\$13.00	\$0.00	\$11,279.40	\$11,279.40

Total for AMCAL Transportation Inc DBA AMCAL Transportation

Claim Counts		In Period		Medical (Total to date)		Indemnity (Total to date)		Expense (Total to date)		Total (Total to date)		
Open	Total	Paid	Incurred	Paid	Incurred	Paid	Incurred	Paid	Incurred	Recoveries	Paid	Incurred
0	1	\$0.00	\$0.00	\$0.00	\$0.00	\$11,266.40	\$11,266.40	\$13.00	\$13.00	\$0.00	\$11,279.40	\$11,279.40

Loss Run For Policy Number TRIPX-CP-000000116-01

Activity Period: 6/30/2025 and 6/30/2025

Loss Dates: 1/1/1900 and 12/31/2050




Grand Total

	Claim Count		Lit	Activity Period		Totals on Loss Dates through 12/31/2050 as of 6/30/2025				
	Open	Total		Paid	Incurred	Paid	Reserves	Incurred	Recoveries	Net Incurred
Auto	0	1	0	\$0.00	\$0.00	\$11,279.40	\$0.00	\$11,279.40	\$0.00	\$11,279.40
Grand Total	0	1	0	\$0.00	\$0.00	\$11,279.40	\$0.00	\$11,279.40	\$0.00	\$11,279.40

Drivers

First Name	Last Name	CDL#	STATE LICENSE	DOB	CLASS A DRIVING EXPERIENCE	HIRE DATE	NOTES
GURTEJ	DHALIWAL	C5315429	CA	10/15/1959	21+years	8/31/2010	
DARSHAN	SANDHU	D2602989	CA	10/11/1968	21+years	8/31/2016	
RAJIQBAL	NATT	A8855395	CA	1/15/1964	10years	9/18/2019	
GURINDER	SINGH	B4897001	CA	1/6/1972	11+years	9/20/2019	
RAJ	SINGH	B9047988	CA	12/2/1971	11+years	9/17/2021	
KULWANT SINGH	KHERA	B4407620	CA	11/8/1958	11+years	2/25/2019	OWNER OPERATOR
HARBHAJAN SINGH	DHILLON	D5616146	CA	5/26/1973	20+ years	12/2/2024	
TAJINDER	SINGH	Y7530416	CA	7/4/1984	2+years	1/13/2025	

I hereby confirm that this is the current list of drivers scheduled or to be scheduled on my policy. Furthermore, it is affirmed that based on our internal employment and driving records, each driver meets the driving criteria and underwriting guidelines of the policy. Failing to maintain criteria throughout the policy term will result in denial of claims. All drivers will be reported prior to hiring for operations.

SignaturePrint Namex 

KAMR DHALIWAL

Date 7/10/25

Vehicles

Year	Make	VIN#	Market Value As Per Last Year Policy	Ownership	Loss Payee	NOTES
2015	VOLVO	4V4NC9DG7FN921401	\$40,000.00	SEND REGISTRATION CARD		
2013	VOLVO	4V4NC9EHXDN145057	\$40,000.00	SEND REGISTRATION CARD		
2015	FREIGHTLINER	3AKJGLD57FSGS1556		SEND REGISTRATION CARD		
2013	VOLVO	4V4NC9EH4DN145054	\$40,000.00	SEND REGISTRATION CARD		
2020	FREIGHTLINER	3AKJHHDR2LSKZ7437	\$80,000.00	SEND REGISTRATION CARD	VFS US LLC & Assigns c/o PO Box 25916 Overland Park, KS 66225	
2020	FREIGHTLINER	3AKJHHDR8LSKN1501	\$80,000.00	SEND REGISTRATION CARD	VFS US LLC & Assigns c/o PO Box 25916 Overland Park, KS 66225	
2017	FREIGHTLINER	3AKJGLDR5H5HJ4730	\$50,000.00	SEND REGISTRATION CARD	REGIONS BANK P.O. Box 202122 Florence, SC 29502	
2015	VOLVO	4V4NC9DG2FN921421	\$20,000.00	SEND REGISTRATION CARD		
	TRAILER-INTERCHANGE		\$50,000.00			
Total Units	9		\$400,000.00			

This is to affirm that all vehicles scheduled on the policy are accurate for the year, make, complete vin numbers, loss payee and ownership. All vehicles will be reported to the policy prior to operations. Failure to report vehicle or failure to provide accurate information on vehicles will result in denial of claims.

Signature

Print Name

X 

RAMON DHALIVAL

Date 7/10/25

Loss Run For Policy Number TRIPX-CP-000000116-00



Activity Period: 6/30/2025 and 6/30/2025

Loss Dates: 1/1/1900 and 12/31/2050

Policy Holder: [AMCAL Transportation Inc DBA AMCAL Transportation](#)

Policy Number: [TRIPX-CP-000000116-00 \(Obsidian-TUMI Transportation\Obsidian Specialty In\)](#)

Claim #	Claimant	State	Status	Medical (Total to date)		Indemnity (Total to date)		Expense (Total to date)		Total (Total to date)		
				Paid	Incurred	Paid	Incurred	Paid	Incurred	Recoveries	Paid	Incurred
OB249373-001-001	Delivery, Beezee	CA	Closed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Report Date	Policy Dates	Loss Date	Close Date	Claim Type AUTO-Auto Property Damage					Activity In Period		\$0.00	\$0.00
	8/31/2023-8/30/2024	6/7/2024	11/1/2024									

Driver Name: Sandhu, Darshan Description: ID Darshan Singh Sandhu, rear-ended claimant's vehicle. PD Claimant- Beezee Delivery. BI Claimant - Mohit Verma.

Claim #	Claimant	State	Status	Medical (Total to date)		Indemnity (Total to date)		Expense (Total to date)		Total (Total to date)		
				Paid	Incurred	Paid	Incurred	Paid	Incurred	Recoveries	Paid	Incurred
OB249373-002-002	Verma, Mohit	CA	Closed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Report Date	Policy Dates	Loss Date	Close Date	Claim Type AUTO-Auto Bodily Injury					Activity In Period		\$0.00	\$0.00
	8/31/2023-8/30/2024	6/7/2024	8/13/2024									

Driver Name: Sandhu, Darshan Description: ID Darshan Singh Sandhu, rear-ended claimant's vehicle. PD Claimant- Beezee Delivery. BI Claimant - Mohit Verma.

Claim #	Claimant	State	Status	Medical (Total to date)		Indemnity (Total to date)		Expense (Total to date)		Total (Total to date)		
				Paid	Incurred	Paid	Incurred	Paid	Incurred	Recoveries	Paid	Incurred
OB249373-001-003	AMCAL Transportation Inc DB	CA	Closed	\$0.00	\$0.00	\$27,154.69	\$27,154.69	\$1,279.60	\$1,279.60	\$0.00	\$28,434.29	\$28,434.29
Report Date	Policy Dates	Loss Date	Close Date	Claim Type AUTO-Auto Collision					Activity In Period		\$0.00	\$0.00
	8/31/2023-8/30/2024	6/7/2024	11/5/2024									

Driver Name: Sandhu, Darshan Description: ID Darshan Singh Sandhu, rear-ended claimant's vehicle. PD Claimant- Beezee Delivery. BI Claimant - Mohit Verma.

Total for TRIPX-CP-000000116-00

Claim Counts		In Period		Medical (Total to date)		Indemnity (Total to date)		Expense (Total to date)		Total (Total to date)		
Open	Total	Paid	Incurred	Paid	Incurred	Paid	Incurred	Paid	Incurred	Recoveries	Paid	Incurred
0	3	\$0.00	\$0.00	\$0.00	\$0.00	\$27,154.69	\$27,154.69	\$1,279.60	\$1,279.60	\$0.00	\$28,434.29	\$28,434.29

Total for AMCAL Transportation Inc DBA AMCAL Transportation

Claim Counts		In Period		Medical (Total to date)		Indemnity (Total to date)		Expense (Total to date)		Total (Total to date)		
Open	Total	Paid	Incurred	Paid	Incurred	Paid	Incurred	Paid	Incurred	Recoveries	Paid	Incurred
0	3	\$0.00	\$0.00	\$0.00	\$0.00	\$27,154.69	\$27,154.69	\$1,279.60	\$1,279.60	\$0.00	\$28,434.29	\$28,434.29

Loss Run For Policy Number TRIPX-CP-000000116-00

Activity Period: 6/30/2025 and 6/30/2025

Loss Dates: 1/1/1900 and 12/31/2050



Grand Total

	Claim Count		Lit	Activity Period		Totals on Loss Dates through 12/31/2050 as of 6/30/2025				
	Open	Total		Paid	Incurred	Paid	Reserves	Incurred	Recoveries	Net Incurred
Auto	0	3	0	\$0.00	\$0.00	\$28,434.29	\$0.00	\$28,434.29	\$0.00	\$28,434.29
Grand Total	0	3	0	\$0.00	\$0.00	\$28,434.29	\$0.00	\$28,434.29	\$0.00	\$28,434.29



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/15/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Biba Insurance Services 17908 Murphy Pkwy Lathrop, CA 95330 License #: 0F71937	CONTACT NAME: Myles Weigel	FAX (A/C, No): (209)858-9650	
	PHONE (A/C, No, Ext): (209)858-9656	E-MAIL ADDRESS: mweigel@bibains.com	
INSURED AMCAL TRANSPORTATION INC DBA AMCAL TRANSPORTATION 1791 NEPTUNE DRIVE SUITE A2 San Leandro, CA 94577	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Obsidian Specialty Insurance Company		16871
	INSURER B: Hudson Insurance Company		25054
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES**CERTIFICATE NUMBER: 00000139-4339902****REVISION NUMBER: 23**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			TRIPX-CP-000000116-01	08/31/2024	08/31/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000	
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			TRIPX-CP-000000116-01	08/31/2024	08/31/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
B	Cargo			IMD 11443-01-10008-01	08/31/2024	08/31/2025	Ded \$1000	\$100,000
A	Physical Damage			TRIPX-CP-000000116-01	08/31/2024	08/31/2025	Ded \$1000	ACV

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Trucking for Hire**TRAILER-INTERCHANGE: \$50,000.00****Towing & Storage Limit: \$20k - Debris Removal Limit: \$25k - Earned Freight Limit: \$10k.****2015 VOLVO VNL, 10.8L 4V4NC9DG7FN921401****2013 VOLVO VNL, 12.8L 4V4NC9EHXDN145057****2015 FREIGHTLINER Cascadia 125, 14.8L 3AKJGLD57FSGS1556****(continued on ACORD 101 Additional Remarks Schedule)****CERTIFICATE HOLDER****CANCELLATION****Evidence of Insurance**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

(MJW)

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**ADDITIONAL REMARKS SCHEDULE**Page 2 of _____

AGENCY Biba Insurance Services		NAMED INSURED AMCAL TRANSPORTATION INC DBA AMCAL TRANSPORTATION
POLICY NUMBER N/A		
CARRIER Multiple Carriers	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

(continued from Description of Operations)
2013 VOLVO VNL, 12.8L 4V4NC9EH4DN145054
2020 FREIGHTLINER Cascadia 126" sleeper cab, 3AKJHHDR2LSKZ7437
2020 FREIGHTLINER Cascadia 126" sleeper cab, 3AKJHHDR8LSKN1501
2017 FREIGHTLINER Cascadia 125" sleeper cab, 3AKJGLDR5HSHJ4730 - A-05/21/2024
2015 Volvo VNL, 10.8L 4V4NC9DG2FN921421

NTA General Insurance Agency
Carrier: UNITED SPECIALTY INSURANCE CO

Name Of Insured: AMCAL TRANSPORTATION INC
Policy Number: GXQAPD11021
Auto Liability: NO

Effective/Expiration Date: 08/31/2020 / 08/31/2021
Deductible Amount: 2,500.00
Cargo: NO

Physical Damage: YES

Our records indicate that as of run date there have not been any claims against the above insured

=====															
GRAND TOTALS-:					TOTAL LOSS PAID			TOTAL RESERVED			RECOVERED			INCURRED	
-----										-----					
TOTAL CLAIMS-: 000					0.00			0.00			0.00			0.00	
TOTAL OPEN CLAIMS -: 000				CLOSED CLAIMS-:000											
TOTAL LATE REPORTED CLAIMS-: 000															
TOTAL CLAIMS VEHICLE STATUS REPORTED-: 000				UNREPORTED-:000											

Coverages:

MTC-STO&REC = Storage&Recovery
MTC-RIGGERS = Riggers
MTC-PR/Reef = Primary/Reefer
MTC-TI = Trailer Interchange
MTC-DEB REM = Debris Removal
MTC-ERND FRGT = Earned Freight
MTC-UNATTD TR = Unattended Truck
MTC-CONT TRAN = Contingent Transit

Liab PD = Liability Property Damage
Comp = Comprehensive
COMP/COLL TOW = COMP/COLL TOWING
COMP/COLL NOWN = COMP/COLL NON OWNED
COMP/COLL PR = COMP/COLL PRIMARY
Reef-BD = Reefer Breakdown
Liab UM = Liability Uninsured Motorist
Liab BI = Liability Bodily Injury

Coll = Collision
Cargo = Cargo
Spec Per = Specific Perils
Liab PIP = Liability PIP
Adj Exp = Adjuster Expense
Lgl Exp = Legal Expense
Gen Liab = General Liability
Other Exp = Other Expense

LOSS RUN - BATCH

This Loss Run was generated: 7/1/2025 4:12 AM Eastern Time Zone

This report is intended for information purposes only and is subject to changes. Northland Insurance Company does not warrant the accuracy or completeness of the information contained in this loss report.

Policy No.	Policy Period	Cancel Date	Insured Name	Company
WN337670	8/31/2022 - 8/31/2023		AMCAL TRANSPORTATION INC DBA A	Northland Insurance Company
WN316170	8/31/2021 - 8/31/2022		AMCAL TRANSPORTATION INC DBA A	Northland Insurance Company
Total # of Losses for Run: 5				

Loss Run	# Losses	Company	Effective	Cancel Date	Insured Name
WN337670	3	Northland Insurance Company	8/31/2022		AMCAL TRANSPORTATION INC DBA A
Claim # F3F7245	Date of Loss 5/7/2023	Date Reported 5/8/2023	Cause of Loss STRUCK BY OTHER VEHICLE OR OTHER FA	Driver, Age GURINDER SINGH, 51	
Location I-80 EB VALLEJO, CA 94590 ALAMEDA		Details Enol w/attachment. Per insd, his driver was in the right/truck lane. Once past the toll plaza, the driver of the car quickly cut into the right lane at a high speed, hitting his truck's front left wheel. The car then rolled over.			
Claimant Loss Transaction Summary					
001	AMCAL TRANSPORTATION INC DBA A		Loss Reserve: \$ 0.00	Loss Paid: \$ 0.00	
	COMMERCIAL AUTO PHYSICAL DAMAGE		Expense Reserve: \$ 0.00	Expense Paid: \$ 0.00	
	COLL - \$1000 DED		Total Reserve: \$ 0.00	Total Paid: \$ 0.00	
	COLLISION/ALL LOSSES		Total Recovered: \$ 0.00	Total Incurred: \$ 0.00	
Examiner: Jordan Buth		651-310-6152			
002	BURKS, SYLVIA		Loss Reserve: \$ 0.00	Loss Paid: \$ 0.00	
	COMMERCIAL AUTO LIABILITY		Expense Reserve: \$ 0.00	Expense Paid: \$ 0.00	
	C.S.L. LIABILITY (B.I. & P.D)		Total Reserve: \$ 0.00	Total Paid: \$ 0.00	
	PROPERTY DAMAGE		Total Recovered: \$ 0.00	Total Incurred: \$ 0.00	
Examiner: Jacob Brown		651-310-2002			
003	BURKS, SYLVIA		Loss Reserve: \$ 0.00	Loss Paid: \$ 0.00	
	COMMERCIAL AUTO LIABILITY		Expense Reserve: \$ 0.00	Expense Paid: \$ 0.00	
	C.S.L. LIABILITY (B.I. & P.D)		Total Reserve: \$ 0.00	Total Paid: \$ 0.00	
	BODILY INJURY		Total Recovered: \$ 0.00	Total Incurred: \$ 0.00	
Examiner: Jacob Brown		651-310-2002			
Loss Summary 21 WN337670-0003 Occurrence is Closed					
Loss Paid \$ 0.00		Expenses Paid \$ 0.00	Reserve \$ 0.00	Recovery \$ 0.00	Total Incurred \$ 0.00
Claim # F3F4955	Date of Loss 3/3/2023	Date Reported 3/8/2023	Cause of Loss LANE CHANGE/PASSING/MERGING	Driver, Age GURDEEP SINGH, 35	
Location HWY 180 WB MERGE ONTO HWY 880 OAKLAND, CA 94501 Alameda		Details Insured merged into passenger vehicle			
Claimant Loss Transaction Summary					
001	AMCAL TRANSPORTATION INC DBA A		No reserves established or No activity to date.		
002	PROCIDA, GEORGE		Loss Reserve: \$ 0.00	Loss Paid: \$ 23,946.31	
	COMMERCIAL AUTO LIABILITY		Expense Reserve: \$ 0.00	Expense Paid: \$ 0.00	
	C.S.L. LIABILITY (B.I. & P.D)		Total Reserve: \$ 0.00	Total Paid: \$ 23,946.31	
	PROPERTY DAMAGE		Total Recovered: \$ 0.00	Total Incurred: \$ 23,946.31	
Examiner: Danitra Nodland		651-310-2188			
Loss Summary 21 WN337670-0002 Occurrence is Closed					
Loss Paid \$ 23,946.31		Expenses Paid \$ 0.00	Reserve \$ 0.00	Recovery \$ 0.00	Total Incurred \$ 23,946.31
Claim # F3F1965	Date of Loss 12/7/2022	Date Reported 12/20/2022	Cause of Loss STRUCK BY OTHER VEHICLE OR OTHER FA	Driver, Age KULWANT SINGH KHERA, 64	
Location HWY 24 STOCKTON, CA SAN JOAQUIN		Details INSD was maintaining his lane. OVD merged in front and clipped INSD right front fender. No injuries.			
Claimant Loss Transaction Summary					
001	AMCAL TRANSPORTATION INC DBA A		No reserves established or No activity to date.		
002	SOLANO, MARIO		Loss Reserve: \$ 0.00	Loss Paid: \$ 0.00	
	COMMERCIAL AUTO LIABILITY		Expense Reserve: \$ 0.00	Expense Paid: \$ 0.00	
	C.S.L. LIABILITY (B.I. & P.D)		Total Reserve: \$ 0.00	Total Paid: \$ 0.00	
	PROPERTY DAMAGE		Total Recovered: \$ 0.00	Total Incurred: \$ 0.00	
Examiner: Thomas Borsch		651-310-2106			

Loss Summary 21 WN337670-0001			Occurrence is Closed		
Loss Paid \$ 0.00		Expenses Paid \$ 0.00	Reserve \$ 0.00	Recovery \$ 0.00	Total Incurred \$ 0.00
Policy Summary # of Losses: 3 WN337670 Policy Period: 8/31/2022-8/31/2023			Insured Name AMCAL TRANSPORTATION INC DBA A		Cancel Date
Policy Totals	Losses Paid \$ 23,946.31	Expenses Paid \$ 0.00	Reserves \$ 0.00	Recoveries \$ 0.00	Total Incurred \$ 23,946.31

Loss Run	# Losses	Company		Effective	Cancel Date	Insured Name
WN316170	2	Northland Insurance Company		8/31/2021		AMCAL TRANSPORTATION INC DBA A
Claim # F3E5344	Date of Loss 7/6/2022	Date Reported 7/6/2022	Cause of Loss LANE CHANGE/PASSING/MERGING		Driver, Age VARINDER SINGH, 41	
Location DAVIS STREET SAN LEANDRO, CA 94577 Alameda			Details iv lane changed and hit ov. no injuries. insd address provided as: 1791 neptu ne ste b san leandro ca 94577			
Claimant Loss Transaction Summary						
001	AMCAL TRANSPORTATION INC DBA A			No reserves established or No activity to date.		
002	EJIGUE, ETAFERAHU			Loss Reserve: \$ 0.00	Loss Paid: \$ 0.00	
COMMERCIAL AUTO LIABILITY C.S.L. LIABILITY (B.I. & P.D) PROPERTY DAMAGE Examiner: Jason Schultz				Expense Reserve: \$ 0.00	Expense Paid: \$ 0.00	
				Total Reserve: \$ 0.00	Total Paid: \$ 0.00	
				Total Recovered: \$ 0.00	Total Incurred: \$ 0.00	
651-310-2096						

Loss Summary 21 WN316170-0002			Occurrence is Closed		
Loss Paid \$ 0.00		Expenses Paid \$ 0.00	Reserve \$ 0.00	Recovery \$ 0.00	Total Incurred \$ 0.00
Claim # F3D6693	Date of Loss 10/6/2021	Date Reported 11/16/2021	Cause of Loss STRUCK BY OTHER VEHICLE OR OTHER FA		Driver, Age RAJIQBAL NATT, 57
Location 1717 MIDDLE HARBOR ROAD OAKLAND, CA 94607 Alameda		Details FAX W/ACORD: OV STRUCK PARKED/OCCUPIED IV TRACTOR. NO WITNESSES. NO INJURIES. LOSS LOCATION: OAKLAND INTERNATIONAL CONTAINER TERMINAL.			
Claimant Loss Transaction Summary					
001	AMCAL TRANSPORTATION INC DBA A		Loss Reserve: \$ 0.00		Loss Paid: \$ 2,513.18
	COMMERCIAL AUTO PHYSICAL DAMAGE		Expense Reserve: \$ 0.00		Expense Paid: \$ 0.00
	COLL - \$1000 DED		Total Reserve: \$ 0.00		Total Paid: \$ 2,513.18
	COLLISION/ALL LOSSES		Total Recovered: \$ 2,513.18		Total Incurred: \$ 0.00
Examiner: Michelle Schnicke		651-310-6646			
002	SSA MARINE		Loss Reserve: \$ 0.00		Loss Paid: \$ 0.00
	COMMERCIAL AUTO LIABILITY		Expense Reserve: \$ 0.00		Expense Paid: \$ 0.00
	C.S.L. LIABILITY (B.I. & P.D)		Total Reserve: \$ 0.00		Total Paid: \$ 0.00
	PROPERTY DAMAGE		Total Recovered: \$ 0.00		Total Incurred: \$ 0.00
Examiner: Michelle Schnicke		651-310-6646			
001	AMCAL TRANSPORTATION INC DBA A		No reserves established or No activity to date.		

Loss Summary 21 WN316170-0001			Occurrence is Closed		
Loss Paid \$ 2,513.18		Expenses Paid \$ 0.00	Reserve \$ 0.00	Recovery \$ 2,513.18	Total Incurred \$ 0.00
Policy Summary # of Losses: 2 WN316170 Policy Period: 8/31/2021-8/31/2022			Insured Name AMCAL TRANSPORTATION INC DBA A		Cancel Date
Policy Totals	Losses Paid \$ 2,513.18	Expenses Paid \$ 0.00	Reserves \$ 0.00	Recoveries \$ 2,513.18	Total Incurred \$ 0.00

Summary for All Policies	Losses Paid \$ 26,459.49	Expenses Paid \$ 0.00	Reserves \$ 0.00	Recoveries \$ 2,513.18	Total Incurred \$ 23,946.31
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Risk Manager



Policy Loss Analysis By Policy For All Locations

Insured: AMCAL TRANSPORTATION INC dba AMCAL
TRANSPORTATION

Loss Period: 08/31/2023 to 07/01/2024

Line(s) of Business: < All >

Producer: 1203150

Policy: 7900377510000

Valuation: 06/30/2025

Claim Status: Open and Closed

Incidents: Include

SIC Code: 4213 000

Policy Term: 08/31/2023 - 08/31/2024

NO CLAIMS ON FILE

Policy Loss Analysis By Policy
For All Locations



Insured: AMCAL TRANSPORTATION INC dba AMCAL
TRANSPORTATION
Loss Period: 08/31/2023 to 07/01/2024
Line(s) of Business: < All >
Producer: 1203150

Valuation: 06/30/2025
Claim Status: Open and Closed
Incidents: Include

	Total Claims	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/ Salvage \$	Total \$	Ded Amt Rcvd\$
Grand Total:	0	0	0	0	0	0	0	0	0

The information provided in this report is proprietary and confidential. No further disclosure of this information may be made except to authorized representatives of the policyholder. Intact makes no representation or warranty with respect to the information contained herein.



Detail Loss Report

Losses From: 06/30/2020 To 06/30/2025

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
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No losses were found based on report selection criteria



Detail Loss Report

Losses From: 06/30/2020 To 06/30/2025

Report Parameters

Losses From: 06/30/2020 To 06/30/2025

SAI Number(s): 9758MA159

Group By				
<u>Group By Name</u>		<u>Group By Label</u>	<u>Subtotal</u>	<u>Page Break</u>
1.	Policy Year	Policy Year	Y	N
2.	Line of Insurance	Line of Insurance	Y	N

Filters

Large Loss Filter

Drill Down Filters

This report may include reserve information for open claims. Reserves are estimates intended to reflect potential claim outcomes based on information known to The Hartford at the time the reserve is established. Reserves are subject to change, and may not be relied upon as a guarantee of payment by The Hartford. This data is current as of the date indicated on the report.

 Print

 Download CSV

Losses are net of deductible recoveries.

Printing Tip: Set your page orientation to landscape for best results.

Name	Amcal Transportation Inc	Report	06/30/2020 to 06/29/2025	Date Produced:	06/30/2025
Insured:	DbA A San Leandro , Ca	Period:			
Policy:	083MS AE5444 08/31/2022	LOB:		Valued as of:	06/30/2025
	- 08/31/2022				
Producer:	Amwins Insurance	Producer	553266	Producing	Chicago
	Brokerage Llc Chicago , Il	Code:		Regional:	

INLAND MARINE	Policy:	83MS AE5444	Policy Term:	08/31/2021 - 08/31/2022
No Claims for this policy				
INLAND MARINE	Policy:	83MS AE5444	Policy Term:	08/31/2022 - 08/31/2022
No Claims for this policy				

United Specialty Insurance Company**AMCAL TRANSPORTATION INC DBA: AMCAL TRANSPORTATION**

Prepared on: 6/30/2025 Valued as of: 5/31/2025

Policy Number	Effective Date	Expiration Date	Open Claims	Total Claims	Total Paid	Total Reserve	Total Incurred
KYL-0001615-00	8/31/2020	8/31/2021	0	0	\$0.00	\$0.00	\$0.00

NO CLAIMS REPORTED

Grand Totals