

Coverage/Loss History Report

KBOISEN/CTCM391R Page: 1
Printed: 10:03 AM 6/09/2025

Customer Number: 1551732
Insured: ECHOLS, CHRISTOPHER
PET FOUNTAIN XTREME CO
Address 1414 EDGEWATER RD
CROWN POINT IN, 463078255
Agency: Owner Operator Services, Inc.
PO Box 1000
Grain Valley, MO 64029

COVERAGE HISTORY 06/09/2022 - 06/09/2025

Policy #	Named Insured
CUL109060 PL199534985	CHRISTOPHER ECHOLS PET FOUNTAIN XTREME CO

Coverage	Policy Number	Eff Date	Thru Date
PHYS DAMAGE	CUL109060	01/16/2025	07/15/2025
NON TRUCKING	CUL109060	01/16/2025	01/21/2025
PRIMARY LIAB	PL199534985	02/03/2025	07/15/2025
CARGO	PL199534985	02/03/2025	07/15/2025
UNINS/UNDRIN	CUL109060	01/16/2025	01/21/2025
UNINS/UNDRIN	PL199534985	02/03/2025	07/15/2025

LOSS HISTORY 06/09/2022 - 06/09/2025

Loss date	Claim#	Coverage	Amount Paid	Reserve	Status
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NO LOSSES TO REPORT

*Notes... _____

