



# Loss Summary

Name Insured: Majic Co LLC

Valuation Date: Friday, January 10, 2025, 4:27:15 PM

Customer Number: 1212032171

General Agent: Risk Placement Services Inc

## Commercial Auto Liability

| Effective Date | Expiration Date | Policy Number  | Occurrences | Indemnity Reserve | Indemnity Paid | Expense Reserve | Expense Paid | Deductible Recovery | Other Recovery | Gross Incurred | Net Incurred |
|----------------|-----------------|----------------|-------------|-------------------|----------------|-----------------|--------------|---------------------|----------------|----------------|--------------|
| 2/14/2024      | 2/14/2025       | CT4744723027-1 | 0           | \$0.00            | \$0.00         | \$0.00          | \$0.00       | \$0.00              | \$0.00         | \$0.00         | \$0.00       |
| Total          |                 |                | 0           | \$0.00            | \$0.00         | \$0.00          | \$0.00       | \$0.00              | \$0.00         | \$0.00         | \$0.00       |

## Commercial Auto Physical Damage

| Effective Date | Expiration Date | Policy Number  | Occurrences | Indemnity Reserve | Indemnity Paid | Expense Reserve | Expense Paid | Deductible Recovery | Other Recovery | Gross Incurred | Net Incurred |
|----------------|-----------------|----------------|-------------|-------------------|----------------|-----------------|--------------|---------------------|----------------|----------------|--------------|
| 2/14/2024      | 2/14/2025       | CT4744723027-1 | 0           | \$0.00            | \$0.00         | \$0.00          | \$0.00       | \$0.00              | \$0.00         | \$0.00         | \$0.00       |
| Total          |                 |                | 0           | \$0.00            | \$0.00         | \$0.00          | \$0.00       | \$0.00              | \$0.00         | \$0.00         | \$0.00       |

## Motor Truck Cargo

| Effective Date | Expiration Date | Policy Number  | Occurrences | Indemnity Reserve | Indemnity Paid | Expense Reserve | Expense Paid | Deductible Recovery | Other Recovery | Gross Incurred | Net Incurred |
|----------------|-----------------|----------------|-------------|-------------------|----------------|-----------------|--------------|---------------------|----------------|----------------|--------------|
| 2/14/2024      | 2/14/2025       | CT4744723027-1 | 0           | \$0.00            | \$0.00         | \$0.00          | \$0.00       | \$0.00              | \$0.00         | \$0.00         | \$0.00       |
| Total          |                 |                | 0           | \$0.00            | \$0.00         | \$0.00          | \$0.00       | \$0.00              | \$0.00         | \$0.00         | \$0.00       |

## Commercial Auto General Liability

| Effective Date | Expiration Date | Policy Number  | Occurrences | Indemnity Reserve | Indemnity Paid | Expense Reserve | Expense Paid | Deductible Recovery | Other Recovery | Gross Incurred | Net Incurred |
|----------------|-----------------|----------------|-------------|-------------------|----------------|-----------------|--------------|---------------------|----------------|----------------|--------------|
| 2/14/2024      | 2/14/2025       | CT4744723027-1 | 0           | \$0.00            | \$0.00         | \$0.00          | \$0.00       | \$0.00              | \$0.00         | \$0.00         | \$0.00       |
| Total          |                 |                | 0           | \$0.00            | \$0.00         | \$0.00          | \$0.00       | \$0.00              | \$0.00         | \$0.00         | \$0.00       |

## All Years / All Policies

| Line of Business                  | Occurrences | Net Incurred | Total Reserve |
|-----------------------------------|-------------|--------------|---------------|
| Commercial Auto Liability         | 0           | \$0.00       | \$0.00        |
| Commercial Auto Physical Damage   | 0           | \$0.00       | \$0.00        |
| Motor Truck Cargo                 | 0           | \$0.00       | \$0.00        |
| Commercial Auto General Liability | 0           | \$0.00       | \$0.00        |
| Total                             | 0           | \$0.00       | \$0.00        |



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/26/2024

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).

|  |  |  |  |
|--|--|--|--|
| <b>PRODUCER</b><br>Peak Insurance, Inc.<br>1003 Broad Street<br>Selma AL 36701 |  | <b>CONTACT NAME:</b> Becky Cruz<br><b>PHONE (A/C, No, Ext):</b> 334-407-7088<br><b>E-MAIL ADDRESS:</b> bcruz@peakinsurance.com<br><b>FAX (A/C, No):</b> 205-776-7860 |  |
|  |  | <b>INSURER(S) AFFORDING COVERAGE</b>   |  |
|  |  | <b>INSURER A:</b> Canal Insurance Company  |  |
|  |  | <b>INSURER B:</b>  |  |
|  |  | <b>INSURER C:</b>  |  |
|  |  | <b>INSURER D:</b>  |  |
|  |  | <b>INSURER E:</b>  |  |
|  |  | <b>INSURER F:</b>  |  |

**COVERAGES** **CERTIFICATE NUMBER:** 1578475589 **REVISION NUMBER:**

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"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | CT4744723027  | 2/14/2024               | 2/14/2025               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| A        | <input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                           |           |          | CT4744723027  | 2/14/2024               | 2/14/2025               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
|          | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$  |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                       |           |          |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
| A        | Motor Truck Cargo   |           |          | CT4744723027  | 2/14/2024               | 2/14/2025               | \$2,500 deductible 100,000   |

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

**CERTIFICATE HOLDER****CANCELLATION**

Majic Co LLC

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

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## Loss Run (Page 1)

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Policy Number: CW1EII-172214-01  
Insured Name: MAJIC CO LLC

08/07/2022  
08/07/2023

| Grand Total | Expense Paid | Reserves | Total |
|-------------|--------------|----------|-------|
| TOTAL       | 0.00         | 0.00     | 0.00  |