



## Loss Summary

Name Insured: Intransit

Valuation Date: Wednesday, October 30, 2019, 4:53:30 PM

Customer Number:

General Agent: Risk Placement Services, Inc. dba Edwin M. Rollins Company

### 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
1/12/2011	1/12/2012	PIA06447901	1	\$0.00	\$3,084.43	\$0.00	\$0.00	\$0.00	\$0.00	\$3,084.43	\$3,084.43
Total			1	\$0.00	\$3,084.43	\$0.00	\$0.00	\$0.00	\$0.00	\$3,084.43	\$3,084.43

### 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
1/12/2011	1/12/2012	PIA06447901	2	\$0.00	\$5,500.00	\$0.00	\$80.00	\$0.00	\$0.00	\$5,580.00	\$5,580.00
Total			2	\$0.00	\$5,500.00	\$0.00	\$80.00	\$0.00	\$0.00	\$5,580.00	\$5,580.00

All Years / All Policies

Line of Business	Occurrences	Net Incurred	Total Reserve
Commercial Auto Liability	1	\$3,084.43	\$0.00
Commercial Auto Physical Damage	2	\$5,580.00	\$0.00
Total	3	\$8,664.43	\$0.00



# Loss Detail Report

## Commercial Auto Liability

**Name Insured:** Intransit

**Valuation Date:** Wednesday, October 30, 2019, 4:52:58 PM

**Policy Number:** PIA06447901

**General Agent:** Risk Placement Services, Inc. dba Edwin M. Rollins Company

**Policy Term:** 1/12/2011 - 1/12/2012

**Policy State:** VA

**Occurrence 1**      **Date of Loss:** 11/14/2011

**Insured Driver:** Tommy Kilgore

**Loss Location:** GREENCASTLE, PA

**Claim No:** L471174

**Reported:** 12/1/2011

**Days to Report:** 17

**Claimant Name:** JB HUNT TRANSPORT

**Status:** Closed

**Closed Date:** 12/13/2011

Description: *THE INSD BACKING INTO THE LOADING DOCK AND HIT THE CLMT VEH*

VIN: 4V4NC9GH87N482280

Coverage	Ind. Reserve	Ind. Paid	Exp. Reserve	Exp. Paid	Ded. Recovery	Other Recovery	Gross Incurred	Net Incurred
Vehicle	\$0.00	\$3,084.43	\$0.00	\$0.00	\$0.00	\$0.00	\$3,084.43	\$3,084.43
<b>Total</b>	<b>\$0.00</b>	<b>\$3,084.43</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$3,084.43</b>	<b>\$3,084.43</b>

Liability Loss Summary				1/12/2011 - 1/12/2012			Total Occurrences: 1	
Ind. Reserve	Ind. Paid	Exp. Reserve	Exp. Paid	Ded. Recovery	Other Recovery	Gross Incurred	Net Incurred	
\$0.00	\$3,084.43	\$0.00	\$0.00	\$0.00	\$0.00	\$3,084.43	\$3,084.43	

## Commercial Auto Physical Damage

**Name Insured:** Intransit

**Valuation Date:** Wednesday, October 30, 2019, 4:52:58 PM

**Policy Number:** PIA06447901

**General Agent:** Risk Placement Services, Inc. dba Edwin M. Rollins Company

**Policy Term:** 1/12/2011 - 1/12/2012

**Policy State:** VA

**Occurrence 1**      **Date of Loss:** 2/4/2011

**Insured Driver:** Howard Kilgore

**Loss Location:** DOSWELL, VA

**Claim No:** P049459

**Reported:** 3/7/2011

**Days to Report:** 31

**Claimant Name:** INT Logistics LLC

**Status:** Closed

**Closed Date:** 12/22/2011

Description: *INS TRAILER WAS STOLEN FROM TRUCK STOP*

VIN:

Coverage	Ind. Reserve	Ind. Paid	Exp. Reserve	Exp. Paid	Ded. Recovery	Other Recovery	Gross Incurred	Net Incurred
Vehicle	\$0.00	\$2,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,500.00	\$2,500.00
<b>Total</b>	<b>\$0.00</b>	<b>\$2,500.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$2,500.00</b>	<b>\$2,500.00</b>

**Occurrence 2**      **Date of Loss:** 5/14/2011

**Insured Driver:** Howard Kilgore

**Loss Location:** ASHLAND, VA

**Claim No:** P057723

**Reported:** 7/5/2011

**Days to Report:** 52

**Claimant Name:** INT Logistics LLC

**Status:** Closed

**Closed Date:** 9/1/2011

Description: *IV WAS STOLEN- IV WAS UNGATED TRUCKSTOP*

VIN:

Coverage	Ind. Reserve	Ind. Paid	Exp. Reserve	Exp. Paid	Ded. Recovery	Other Recovery	Gross Incurred	Net Incurred
Vehicle	\$0.00	\$3,000.00	\$0.00	\$80.00	\$0.00	\$0.00	\$3,080.00	\$3,080.00
<b>Total</b>	<b>\$0.00</b>	<b>\$3,000.00</b>	<b>\$0.00</b>	<b>\$80.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$3,080.00</b>	<b>\$3,080.00</b>

Phys Damage Loss Summary				1/12/2011 - 1/12/2012		Total Occurrences: 2		
Ind. Reserve	Ind. Paid	Exp. Reserve	Exp. Paid	Ded. Recovery	Other Recovery	Gross Incurred	Net Incurred	
\$0.00	\$5,500.00	\$0.00	\$80.00	\$0.00	\$0.00	\$5,580.00	\$5,580.00	

**Legend**

Ind. Reserve	Amount set aside as an estimate of future indemnity cost.
Ind. Paid	Amount already paid for the indemnity portion of a loss.
Exp. Reserve	Amount set aside as an estimate of future expenses to adjust the claim.
Exp. Paid	Amount already paid for expenses that are directly related to the claim.
Ded. Recovery	Amount received from insured to cover any deductible that applies to the claim.
Other Recovery	Amount received from sources other than the deductible to offset the cost of the claim such as salvage and subrogation payments.
Gross Incurred	Indemnity Reserve + Indemnity Paid + Expense Reserve + Expense Paid.
Net Incurred	Gross Incurred reduced by Ded Recovery and Other Recovery.



## Loss Summary

Name Insured: INTRANSIT

Valuation Date: Wednesday, October 30, 2019, 4:51:44 PM

Customer Number:

General Agent: Risk Placement Services, Inc. dba Edwin M. Rollins Company

### 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
2/12/2014	2/12/2015	PIA07589801	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2/12/2015	2/12/2016	PIA07589802	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>			<b>1</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

### 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
2/12/2014	2/12/2015	PIA07589801	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2/12/2015	2/12/2016	PIA07589802	1	\$0.00	\$7,150.68	\$0.00	\$470.20	\$0.00	\$0.00	\$7,620.88	\$7,620.88
<b>Total</b>			<b>2</b>	<b>\$0.00</b>	<b>\$7,150.68</b>	<b>\$0.00</b>	<b>\$470.20</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$7,620.88</b>	<b>\$7,620.88</b>

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
2/12/2014	2/12/2015	PIA07589801	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2/12/2015	2/12/2016	PIA07589802	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	1	\$0.00	\$0.00
Commercial Auto Physical Damage	2	\$7,620.88	\$0.00
Motor Truck Cargo	0	\$0.00	\$0.00
Total	3	\$7,620.88	\$0.00



# Loss Detail Report

## Commercial Auto Liability

**Name Insured:** INTRANSIT

**Valuation Date:** Wednesday, October 30, 2019, 4:50:58 PM

**Policy Number:** PIA07589801

**General Agent:** Risk Placement Services, Inc. dba Edwin M. Rollins Company

**Policy Term:** 2/12/2014 - 2/12/2015

**Policy State:** VA

**Occurrence 1**      **Date of Loss:** 5/16/2014

**Insured Driver:** Howard Kilgore

**Loss Location:** ALLENTOWN, PA

**Claim No:** L489574

**Reported:** 5/27/2014

**Days to Report:** 10

**Claimant Name:** BRIAN TOY

**Status:** Closed

**Closed Date:** 8/19/2014

Description: I/V STRUCK IN CONSTRUCTION TRAFFIC WHEN C/V MERGED OVER AND STRUCK THE I/V'S RIGHT SIDE MIRROR AND KNOCKED IT OFF. C/V WAS PULLING A CAMPING TRAILER AND THIS IS WHAT STRUCK THE I/V

VIN: 4V4NC9GH07N481446

Coverage	Ind. Reserve	Ind. Paid	Exp. Reserve	Exp. Paid	Ded. Recovery	Other Recovery	Gross Incurred	Net Incurred
Vehicle	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Liability Loss Summary		2/12/2014 - 2/12/2015				Total Occurrences: 1		
Ind. Reserve	Ind. Paid	Exp. Reserve	Exp. Paid	Ded. Recovery	Other Recovery	Gross Incurred	Net Incurred	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	



# Commercial Auto Physical Damage

**Name Insured:** INTRANSIT

**Valuation Date:** Wednesday, October 30, 2019, 4:50:58 PM

**Policy Number:** PIA07589801

**General Agent:** Risk Placement Services, Inc. dba Edwin M. Rollins Company

**Policy Term:** 2/12/2014 - 2/12/2015

**Policy State:** VA

**Occurrence 1**

**Date of Loss:** 5/16/2014

**Insured Driver:** Howard Kilgore

**Loss Location:** ALLENTOWN, PA

**Claim No:** P067186

**Reported:** 5/27/2014

**Days to Report:** 10

**Claimant Name:** INT LOGISTICS LLC

**Status:** Closed

**Closed Date:** 5/28/2014

Description: I/V STRUCK IN CONSTRUCTION TRAFFIC WHEN C/V MERGED OVER AND STRUCK THE I/V'S RIGHT SIDE MIRROR AND KNOCKED IT OFF. C/V WAS PULLING A CAMPING TRAILER AND THIS IS WHAT STRUCK THE I/V

VIN:

Coverage	Ind. Reserve	Ind. Paid	Exp. Reserve	Exp. Paid	Ded. Recovery	Other Recovery	Gross Incurred	Net Incurred
Vehicle	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Phys Damage Loss Summary		2/12/2014 - 2/12/2015				Total Occurrences: 1		
Ind. Reserve	Ind. Paid	Exp. Reserve	Exp. Paid	Ded. Recovery	Other Recovery	Gross Incurred	Net Incurred	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

**Name Insured:** INTRANSIT

**Valuation Date:** Wednesday, October 30, 2019, 4:50:58 PM

**Policy Number:** PIA07589802

**General Agent:** Risk Placement Services, Inc. dba Edwin M. Rollins Company

**Policy Term:** 2/12/2015 - 2/12/2016

**Policy State:** VA

**Occurrence 1**

**Date of Loss:** 10/5/2015

**Insured Driver:** Howard Kilgore

**Loss Location:** Centerville, MD

**Claim No:** P070207

**Reported:** 10/6/2015

**Days to Report:** 1

**Claimant Name:** INT LOGISTICS LLC

**Status:** Closed

**Closed Date:** 10/26/2015

Description: *Insd collided with a deer. No injuries reported, No police*

VIN:

Coverage	Ind. Reserve	Ind. Paid	Exp. Reserve	Exp. Paid	Ded. Recovery	Other Recovery	Gross Incurred	Net Incurred
Vehicle	\$0.00	\$7,150.68	\$0.00	\$470.20	\$0.00	\$0.00	\$7,620.88	\$7,620.88
<b>Total</b>	<b>\$0.00</b>	<b>\$7,150.68</b>	<b>\$0.00</b>	<b>\$470.20</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$7,620.88</b>	<b>\$7,620.88</b>

Phys Damage Loss Summary		2/12/2015 - 2/12/2016				Total Occurrences: 1		
Ind. Reserve	Ind. Paid	Exp. Reserve	Exp. Paid	Ded. Recovery	Other Recovery	Gross Incurred	Net Incurred	
\$0.00	\$7,150.68	\$0.00	\$470.20	\$0.00	\$0.00	\$7,620.88	\$7,620.88	

#### Legend

Ind. Reserve	Amount set aside as an estimate of future indemnity cost.
Ind. Paid	Amount already paid for the indemnity portion of a loss.
Exp. Reserve	Amount set aside as an estimate of future expenses to adjust the claim.
Exp. Paid	Amount already paid for expenses that are directly related to the claim.
Ded. Recovery	Amount received from insured to cover any deductible that applies to the claim.
Other Recovery	Amount received from sources other than the deductible to offset the cost of the claim such as salvage and subrogation payments.
Gross Incurred	Indemnity Reserve + Indemnity Paid + Expense Reserve + Expense Paid.
Net Incurred	Gross Incurred reduced by Ded Recovery and Other Recovery.



E&S/Specialty Loss Run

Requested Date & Time: 01/20/2025 12:58:45 PM

Loss Run Report									
Policy Number:	XLSO123569		Agency Name:	PARTNERS SPECIALTY GROUP		Department:	0000A - BROKERAGE EXCESS		
Policy Term:	03/19/2021 - 03/19/2023		Agency Number:	10720		Company:	SCOTTSDALE INSURANCE COMPANY		
Insured:	TXI LOGISTICS								
Address:	2407 REMUDA DRIVE SHERMAN ,TX 75092								
Policy Number	Policy Term	Total Claims	Total Paid L&A LAE HTD		Total Incurred L&A LAE HTD				
XLSO123569	03/19/2022 - 03/19/2023	0	0		0				
TOTAL:		0	0		0				

Policy Number	Policy Effective	Policy Expiration	Total Claims	Open Claims	Paid Loss	Loss Reserve	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery	Total Incurred Net of Recovery	Refund
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All Claim data, including but not limited to notepad entries, displayed on the E&S / Specialty Portal are the sole property of E&S / Specialty. All data contained herein must be treated as confidential. Access to claim data through the E&S / Specialty Portal does not confer any rights in that data. Further, by accessing claim data in the Portal, the viewer expressly agrees to abide by and maintain the confidential and/or privileged status of data contained herein.

\* Access to information on a select group of sensitive claims and policies has been restricted at the request of Claim Management. If you have questions regarding a restricted claim or policy, please contact the Claim Division at 1-480-365-2809.



**Continental Trucking Association Inc**

721 N Fourth Street, Watertown, WI 53098

Phone: 920-261-1081

Fax: 920-261-1090

January 21, 2025

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RE: Insured Name: TXI LOGISTICS – INT LOGISTICS

RE: Policy Number: IM255137-1  
BA275000

To Whom It May Concern:

There have been paid losses during the period of 3/19/21-3/19/22

Date of loss: 3/2/22

Indemnity: \$10,767.53-CLOSED/APD



CLAIM NUMBER	Loss Date	Claim Report Date	Loss State	Open Date	Close Date	Claim Status	Loss Descriptio	Reserves	Paid	Recoveries	Incurred	LAE
NO LOSS LETTER												

Agency: 19022700

RELIANCE PARTNERS INC

Policy Branch: BRENTWOOD - 003

Named Insured: TXI LOGISTICS DBA INT LOGISTICS

Policy Number: 03-045590

Policy Prefix: 244645

Original Effective Date: 02/12/2024

Mailing Address: 27 OLD SELLERS WAY  
RICHMOND, VA 23227-1681

Policy Cancellation Date:

Policy Type: TAILORED PROTECTION POLICY

Term 02/12/2024 to 02/12/2025

No Claims Found for this Policy Term.

No Claims Found for this Policy Term.

Agency: 19022700  
RELIANCE PARTNERS INC  
Policy Branch: BRENTWOOD - 003  
Policy Number: 55-045590-00  
Policy Prefix: 242145  
Original Effective Date: 02/12/2024  
Policy Cancellation Date:  
Policy Type: COMMERCIAL UMBRELLA  
Term 02/12/2024 to 02/12/2025

No Claims Found for this Policy Term.

No Claims Found for this Policy Term.



Agency: 19022700  
RELiance PARTNERS INC  
Policy Branch: BRENTWOOD - 003  
Named Insured: TXI LOGISTICS DBA IN LOGISTICS  
Policy Number: 55-045590-01  
Policy Prefix: 240245  
Original Effective Date: 02/12/2024  
Mailing Address: 27 OLD SELLERS WAY  
RICHMOND, VA 23227-1681  
Policy Cancellation Date:  
Policy Type: COMMERCIAL AUTO  
Term 02/12/2024 to 02/12/2025

Term 02/12/2024 to 02/12/2025						
Claim Number: 300-0598206-2024	Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount	Recovery Amount
08/05/2024	10/16/2024	Combined Liability: Property Damage - Vehicles and	\$775.50	\$0.00	\$0.00	\$3,475.15
Fault: At-Fault and Rated						
Description: IV TRACTOR TRAILER ROLLED INTO OV.						
Vehicle Description:						
Driver: ANTHONY MOORE						
Claim Number: 300-0360021-2024	Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount	Recovery Amount
05/22/2024	OPEN	Collision	\$0.00	\$862.37	\$0.00	\$5,937.63
Fault: At-Fault and Rated						
Description: IV hit a low hanging tree limb.						
Vehicle Description: 2022 NON OWNED TRAILER						
Driver:						
Total:						
\$775.50	\$862.37	\$0.00	\$9,412.78			

Totals for Policy 55-045590-01 from 02/12/2024 to 12/12/2024

Total number of claims for this requested report period: 2



INSURED NAME: TXI LOGISTICS DBA NT LOGISTICS  
VALUATION DATE: 01/26/2025

AUTO LIABILITY CARRIER: Indemnity Insurance Co of NA  
POLICY TERM: 03/19/2022-02/12/2024  
MAT1025-0090

PHYSICAL DAMAGE CARRIER: Metro National Insurance Co  
POLICY TERM: 08/01/2022-02/12/2024  
ICSJAD001

CARGO CARRIER: Ace American  
POLICY TERM: 03/19/2022-02/12/2024  
IMCH25-8063

GENERAL LIABILITY CARRIER: Indemnity Insurance Co of NA  
POLICY TERM: 03/19/2022-02/12/2024  
CGC03-7486193

Insured Name		TXI LOGISTICS DBA NT LOGISTICS		Report Date		Coverage Date		Assigned Description		Status Code		30 Day		Reference		Total Deductible		Total	
Covers Number		Loss Date		Report Date		Coverage Date		Assigned Description		Status Code		30 Day		Reference		Total Deductible		Total	
231180228179		10/22/2023		11/9/2023		ALY		MOHAVE, TXI LOGISTICS DBA NT LOGISTICS 3509264, V-A PT NOT PER EQUAL FROM RELIANCE, VITI IN MIDDLE LN MOVED TO RIGHT LA AND STRUCK W WITH HIS STEER THE LUG MPTS LIMITED DETAILS UNKNWN, TOW, HOFI AND PD.		F		MO		\$ -		\$ 8,323.15		\$ 8,323.15	
2311802281791		10/22/2023		11/9/2023		AP0		MOHAVE, TXI LOGISTICS DBA NT LOGISTICS 3509264, V-A PT NOT PER EQUAL FROM RELIANCE, VITI IN MIDDLE LN MOVED TO RIGHT LA AND STRUCK W WITH HIS STEER THE LUG MPTS LIMITED DETAILS UNKNWN, TOW, HOFI AND PD.		F		MO		\$ -		\$ 8,323.15		\$ 8,323.15	
2311802281792		10/22/2023		11/9/2023		AL		MOHAVE, TXI LOGISTICS DBA NT LOGISTICS 3509264, V-A PT NOT PER EQUAL FROM RELIANCE, VITI IN MIDDLE LN MOVED TO RIGHT LA AND STRUCK W WITH HIS STEER THE LUG MPTS LIMITED DETAILS UNKNWN, TOW, HOFI AND PD.		O		MO		\$ 41,478.00		\$ 48,800.00		\$ 5,121.00	
Grand Total														\$ 41,478.00		\$ 56,923.15		\$ 104,441.15	

# TXI Logistics/INT Logistics LLC

15015 PATRICK MEADOWS WAY  
MONTPELIER, VA, 23192  
+1 (540) 379-1465  
hkilgore1288@gmail.com

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**To:** Auto Owners Ins Co-(Virginia Office)

**Date:** Fri, 26 Sep, 2025

**Email:** forest.und@aoins.com

**Fax:**

**Subject:** REQUEST FOR LOSS HISTORY/LOSS RUNS

**Coverage** All Lines

**Type:**

**Policy #:** 55-045590-01

**Insured:** TXI Logistics/INT Logistics LLC

Dear: **Auto Owners Ins Co-(Virginia Office)**

On behalf of **TXI Logistics/INT Logistics LLC**, I hereby request a copy of the entire Loss History / a current Loss Run for policies listed above, and any for other policies that pertain to **TXI Logistics/INT Logistics LLC** for the following year/s: 02/12/2024- 02/12/2025.

Please send the requested information to my attention by fax at 501-325-3931 and by e-mail to hkilgore1288@gmail.com .

Please do not delay in forwarding the requested information.

Should you have any questions please contact me immediately at: **+1 (540) 379-1465**.

Thank you in advance,



**Howard Kilgore**  
**Owner**



# Document Audit Trail

**Status:** Completed

## Document Title:

auto-owners-ins-co-virginia-office\_txi-logisticsint-logistics-llc\_1758908167\_1153606

Document Id: 263734  
Document Pages: 1  
Document Created: 09/26/2025 09:36 AM PST  
Number of Signatures: 1  
Signature Requested: 09/26/2025 09:36 AM PST  
Originator/Sender: LRP, The Loss Run Pros  
Sender IP Address: 209.194.26.134

## Signer Events

Name: Howard Kilgore  
Email: hkilgore1288@gmail.com  
Insured Name: TXI Logistics/INT Logistics LLC  
Title: Owner

### Electronic Record and Signature Disclosure

Accepted/Verified: 09/29/2025 11:04 AM PST  
Signed: 09/29/2025 11:04 AM PST  
Signer IP Address: 73.152.91.102

# TXI Logistics/INT Logistics LLC

15015 PATRICK MEADOWS WAY  
MONTPELIER, VA, 23192  
+1 (540) 379-1465  
hkilgore1288@gmail.com

**To:** StarStone Specialty Ins Co-Core Specialty

**Date:** Fri, 26 Sep, 2025

**Email:** claims@corespecialty.com

**Fax:**

**Subject:** REQUEST FOR LOSS HISTORY/LOSS RUNS

**Coverage** All Lines

**Type:**

**Policy #:** AM37000379-00

**Insured:** TXI Logistics/INT Logistics LLC

Dear: **StarStone Specialty Ins Co-Core Specialty**

On behalf of **TXI Logistics/INT Logistics LLC**, I hereby request a copy of the entire Loss History / a current Loss Run for policies listed above, and any for other policies that pertain to **TXI Logistics/INT Logistics LLC** for the following year/s: 02/12/2025-current.

Please send the requested information to my attention by fax at 501-325-3931 and by e-mail to hkilgore1288@gmail.com .

Please do not delay in forwarding the requested information.

Should you have any questions please contact me immediately at: **+1 (540) 379-1465**.

Thank you in advance,



**Howard Kilgore**  
**Owner**



# Document Audit Trail

**Status:** Completed

## Document Title:

starstone-specialty-ins-co-core-specialty\_txi-logisticsint-logistics-llc\_1758908167\_1153605

Document Id: 263734  
Document Pages: 1  
Document Created: 09/26/2025 09:36 AM PST  
Number of Signatures: 1  
Signature Requested: 09/26/2025 09:36 AM PST  
Originator/Sender: LRP, The Loss Run Pros  
Sender IP Address: 209.194.26.134

## Signer Events

Name: Howard Kilgore  
Email: hkilgore1288@gmail.com  
Insured Name: TXI Logistics/INT Logistics LLC  
Title: Owner

### Electronic Record and Signature Disclosure

Accepted/Verified: 09/29/2025 11:04 AM PST  
Signed: 09/29/2025 11:04 AM PST  
Signer IP Address: 73.152.91.102

# TXI Logistics/INT Logistics LLC

15015 PATRICK MEADOWS WAY  
MONTPELIER, VA, 23192  
+1 (540) 379-1465  
hkilgore1288@gmail.com

---

**To:** United Specialty Insurance Company

**Date:** Fri, 26 Sep, 2025

**Email:** nta-lossruns@ntageneral.com

**Fax:**

**Subject:** REQUEST FOR LOSS HISTORY/LOSS RUNS

**Coverage** All Lines

**Type:**

**Policy #:** GWP70340 00

**Insured:** TXI Logistics/INT Logistics LLC

**Dear: United Specialty Insurance Company**

On behalf of **TXI Logistics/INT Logistics LLC**, I hereby request a copy of the entire Loss History / a current Loss Run for policies listed above, and any for other policies that pertain to **TXI Logistics/INT Logistics LLC** for the following year/s: 03/19/2021- 03/19/2022.

Please send the requested information to my attention by fax at 501-325-3931 and by e-mail to hkilgore1288@gmail.com .

Please do not delay in forwarding the requested information.

Should you have any questions please contact me immediately at: **+1 (540) 379-1465**.

Thank you in advance,



**Howard Kilgore**

**Owner**



# Document Audit Trail

**Status:** Completed

## Document Title:

united-specialty-insurance-company\_txi-logisticsint-logistics-llc\_1758908167\_1153608

Document Id: 263734  
Document Pages: 1  
Document Created: 09/26/2025 09:36 AM PST  
Number of Signatures: 1  
Signature Requested: 09/26/2025 09:36 AM PST  
Originator/Sender: LRP, The Loss Run Pros  
Sender IP Address: 209.194.26.134

## Signer Events

Name: Howard Kilgore  
Email: hkilgore1288@gmail.com  
Insured Name: TXI Logistics/INT Logistics LLC  
Title: Owner

### Electronic Record and Signature Disclosure

Accepted/Verified: 09/29/2025 11:04 AM PST  
Signed: 09/29/2025 11:04 AM PST  
Signer IP Address: 73.152.91.102



# TXI Logistics/INT Logistics LLC

15015 PATRICK MEADOWS WAY  
MONTPELIER, VA, 23192  
+1 (540) 379-1465  
hkilgore1288@gmail.com

---

**To:** Indemnity Ins Co Of North Amer -Mohave Polices

**Date:** Fri, 26 Sep, 2025

**Email:** lossruns@mohaveinsco.com

**Fax:**

**Subject:** REQUEST FOR LOSS HISTORY/LOSS RUNS

**Coverage** All Lines

**Type:**

**Policy #:** MMT H25549090

**Insured:** TXI Logistics/INT Logistics LLC

Dear: **Indemnity Ins Co Of North Amer -Mohave Polices**

On behalf of **TXI Logistics/INT Logistics LLC**, I hereby request a copy of the entire Loss History / a current Loss Run for policies listed above, and any for other policies that pertain to **TXI Logistics/INT Logistics LLC** for the following year/s: 03/19/2022- 02/12/2024.

Please send the requested information to my attention by fax at 501-325-3931 and by e-mail to hkilgore1288@gmail.com .

Please do not delay in forwarding the requested information.

Should you have any questions please contact me immediately at: **+1 (540) 379-1465**.

Thank you in advance,



**Howard Kilgore**

**Owner**



# Document Audit Trail

**Status:** Completed

## Document Title:

indemnity-ins-co-of-north-amer-mohave-polices\_txi-logisticsint-logistics-llc\_1758908167\_1153607

Document Id: 263734  
Document Pages: 1  
Document Created: 09/26/2025 09:36 AM PST  
Number of Signatures: 1  
Signature Requested: 09/26/2025 09:36 AM PST  
Originator/Sender: LRP, The Loss Run Pros  
Sender IP Address: 209.194.26.134

## Signer Events

Name: Howard Kilgore  
Email: hkilgore1288@gmail.com  
Insured Name: TXI Logistics/INT Logistics LLC  
Title: Owner

### Electronic Record and Signature Disclosure

Accepted/Verified: 09/29/2025 11:04 AM PST  
Signed: 09/29/2025 11:04 AM PST  
Signer IP Address: 73.152.91.102

**TXI Logistics DBA INT Logistics LLC**  
 Insured Number: AM37000379  
 Policy Summary and Claim Listing as of 09/29/2025

**Policy Summary**

<b>Policy #:</b> AM37000379	<b>Loss Payments to Date:</b> \$2,187 <b>Outstanding Losses to Date:</b> \$11,010
<b>Policy Term:</b> 02/12/2025 - 02/12/2026	<b>Total Incurred to Date:</b> \$13,197
<b>Producer:</b> Amwins Transportation Underwriters	<b>Total Expected Loss Payments:</b> For each open claim listed, the outstanding loss reserve represents our most current estimate of the range of future additional loss payments. These estimates do not, however, include any adjustments for future development of each open claim. The report also does not include reserves for claims that have occurred but have not yet been reported.
<b># Claims:</b> 2	

**Claim Listing**

Claim	Loss Date	Lag Days	Loss City, St	Driver	Accident Description	Status	Rec Only	Coverage	# Clmts	Payments to Date	Outstanding Loss Reserve
1929560	04/17/25 16:35	11	Bridgeville, DE	MOORE, ANTHONY	IV Went/Merged Left And Hi	Open	N	Liability	2	2,187	4,260
1929560	04/17/25 16:35	11	Bridgeville, DE	MOORE, ANTHONY	IV Went/Merged Left And Hi	Open	N	Phys Dam	1	0	6,750

**StarStone National Insurance Company**  
 201 E. 5th Street Suite 1200  
 Cincinnati, OH 45202

PAGE: 1

Name Of Insured: TXI LOGISTICS  
Policy Number: GWP70340 00  
Auto Liability: YES

Effective/Expiration Date: 03/19/2021 / 03/19/2022  
Deductible Amount: 0.00  
Cargo: NO

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

**rages :**

STO&REC	= Storage&Recovery
RIGGERS	= Riggers
PR/Reef	= Primary/Reefer
TI	= Trailer Interchange
DEB REM	= Debris Removal
ERNDD FRGT	= Earned Freight
UNATTD TR	= Unattended Truck
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

Run Date: 01/23/25  
Time: 10:43:48

PAGE: 1

NTA General Insurance Agency  
Carrier: UNITED SPECIALTY INSURANCE CO  
Inception Through: 03/19/2022 (Expiration Date)

Name Of Insured: TXI LOGISTICS  
Policy Number: GWP70340 00  
Auto Liability: YES

Physical Damage: NO

Effective/Expiration Date: 03/19/2021 / 03/19/2022  
Deductible Amount: 0.00  
Cargo: NO

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				
TOTAL LATE REPORTED CLAIMS--:	000				
TOTAL CLAIMS DRIVER STATUS REPORTED--:	000		UNREPORTED--: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

## E&S/Specialty Loss Run

Requested Date & Time: 01/20/2025 12:58:45 PM

Loss Run Report					
Policy Number:	XLS0123569	Agency Name:	PARTNERS SPECIALTY GROUP	Department:	0000A - BROKERAGE EXCESS
Policy Term:	03/19/2022 - 03/19/2023	Agency Number:	10720	Company:	SCOTTSDALE INSURANCE COMPANY
Insured:	TXI LOGISTICS				
Address:	2407 REMUDA DRIVE				
	SHERMAN ,TX 75092				

Policy Number	Policy Term	Total Claims	Total Paid L&ALAE HTD	Total Incurred L&ALAE HTD
XLS0123569	03/19/2022 - 03/19/2023	0	0	0
TOTAL:		0	0	0

Policy Number	Policy Effective	Policy Expiration	Total Claims	Open Claims	Paid Loss	Loss Reserve	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery	Total Incurred Net of Recovery	Refund
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All Claim data, including but not limited to notepad entries, displayed on the E&S / Specialty Portal are the sole property of E&S / Specialty. All data contained herein must be treated as confidential. Access to claim data through the E&S / Specialty Portal does not confer any rights in that data. Further, by accessing claim data in the Portal, the viewer expressly agrees to abide by and maintain the confidential and/or privileged status of data contained herein.

\*Access to information on a select group of sensitive claims and policies has been restricted at the request of Claim Management. If you have questions regarding a restricted claim or policy, please contact the Claim Division at 1-480-365-2809.



***Continental Trucking Association Inc***

721 N Fourth Street, Watertown, WI 53098

Phone: 920-261-1081

Fax: 920-261-1090

January 21, 2025

---

RE: Insured Name: TXI LOGISTICS – INT LOGISTICS

RE: Policy Number: IM255137-1  
BA275000

To Whom It May Concern:

There have been paid losses during the period of 3/19/21-3/19/22

Date of loss: 3/2/22

Indemnity: \$10,767.53-CLOSED/APD



CLAIM NUMBER	Loss Date	Claim Report Date	Loss State	Open Date	Close Date	Claim Status	Loss Descriptive	Reserves	Paid	Recoveries	Incurred	LAE
NO LOSS LETTER												



**Agency:** 19022700

RELIANCE PARTNERS INC

**Policy Branch:** BRENTWOOD - 003

**Named Insured:** TXI LOGISTICS DBA INT LOGISTICS

**Policy Number:** 03-045590

**Policy Prefix:** 244645

**Mailing Address:** 27 OLD SELLERS WAY

**Original Effective Date:** 02/12/2024

RICHMOND, VA 23227-1681

**Policy Cancellation Date:**

**Policy Type:** TAILORED PROTECTION POLICY

<b>Term</b> 02/12/2024 to 02/12/2025
<b>No Claims Found for this Policy Term.</b>

**No Claims Found for this Policy Term.**

**Agency:** 19022700

RELIANCE PARTNERS INC

**Policy Branch:** BRENTWOOD - 003

**Named Insured:** TXI LOGISTICS  
DBA INT LOGISTICS

**Policy Number:** 55-045590-00

**Policy Prefix:** 242145

**Original Effective Date:** 02/12/2024

**Mailing Address:** 27 OLD SELLERS WAY  
RICHMOND, VA 23227-1681

**Policy Cancellation Date:**

**Policy Type:** COMMERCIAL UMBRELLA

<b>Term</b> 02/12/2024 to 02/12/2025
No Claims Found for this Policy Term.

**No Claims Found for this Policy Term.**



Policy Loss History Report

Date: January 20, 2025

Agency: 19022700  
RELIANCE PARTNERS INC

Policy Branch: BRENTWOOD - 003

Policy Number: 55-045590-01

Policy Prefix: 240245

Original Effective Date: 02/12/2024

Policy Cancellation Date:

Policy Type: COMMERCIAL AUTO

Named Insured: TXI LOGISTICS DBA IN LOGISTICS

Mailing Address: 27 OLD SELLERS WAY  
RICHMOND, VA 23227-1681

Term 02/12/2024 to 02/12/2025							
Claim Number: 300-0598206-2024				Policy Term: 02/12/2024 to 02/12/2025			
Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount	Recovery Amount	Paid Amount *	
08/05/2024	10/16/2024	Combined Liability: Property Damage - Vehicles and	\$775.50		\$0.00	\$3,475.15	
Fault:		At-Fault and Rated					
Description:		IV TRACTOR TRAILER ROLLED INTO OV.					
Vehicle Description:							
Driver:		ANTHONY MOORE					
Claim Number: 300-0360021-2024				Policy Term: 02/12/2024 to 02/12/2025			
Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount	Recovery Amount	Paid Amount *	
05/22/2024	OPEN	Collision	\$0.00	\$862.37	\$0.00	\$5,937.63	
Fault:		At-Fault and Rated					
Description:		IV hit a low hanging tree limb.					
Vehicle Description:		2022 NON OWNED TRAILER					
Driver:							
Total:			\$775.50	\$862.37	\$0.00	\$9,412.78	

Totals for Policy 55-045590-01 from 02/12/2024 to 12/12/2024

\$775.50\$862.37\$0.00\$9,412.78

Total number of claims for this requested report period: 2

[illegible]



NTA General Insurance Agency  
Carrier: UNITED SPECIALTY INSURANCE CO

Name Of Insured: TXI LOGISTICS  
Policy Number: GWP70340 00  
Auto Liability: YES

Effective/Expiration Date: 03/19/2021 / 03/19/2022  
Deductible Amount: 0.00  
Physical Damage: NO  
Cargo: NO

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

D TOTALS:-		TOTAL LOSS PAID	TOTAL RESERVED	RECOVERED	INCURRED
L CLAIMS:-	000				
L OPEN CLAIMS -: 000	CLOSED CLAIMS:-:000	0.00	0.00	0.00	0.00
L LATE REPORTED CLAIMS:-	000				
L CLAIMS DRIVER STATUS REPORTED:-	000	UNREPORTED:-:000			
L CLAIMS VEHICLE STATUS REPORTED:-	000	UNREPORTED:-:000			
rages:					
STO&REC	= Storage&Recovery	Liab PD	= Liability Property Damage	Coll	= Collision
RIGGERS	= Riggers	Comp	= Comprehensive	Cargo	= Cargo
PR/Reef	= Primary/Reefer	COMP/COIL TOW	= COMP/COIL TOWING	Spec Per	= Specific Perils
TI	= Trailer Interchange	COMP/COIL NOWN	= COMP/COIL NON OWNED	Liab PIP	= Liability PIP
DEB REM	= Debris Removal	COMP/COIL PR	= COMP/COIL PRIMARY	Adj Exp	= Adjuster Expense
ERN&D FRGT	= Earned Freight	Reef-BD	= Reefer Breakdown	Lgl Exp	= Legal Expense
UNATTD TR	= Unattended Truck	Liab UM	= Liability Uninsured Motorist	Gen Liab	= General Liability
CONT TRAN	= Contingent Transit	Liab BI	= Liability Bodily Injury	Other Exp	= Other Expense

**Agency:** 19022700

RELIANCE PARTNERS INC

**Policy Branch:** BRENTWOOD - 003

**Named Insured:** TXI LOGISTICS DBA INT LOGISTICS

**Policy Number:** 03-045590

**Policy Prefix:** 244645

**Mailing Address:** 27 OLD SELLERS WAY

**Original Effective Date:** 02/12/2024

RICHMOND, VA 23227-1681

**Policy Cancellation Date:**

**Policy Type:** TAILORED PROTECTION POLICY

**Term** 02/12/2024 to 02/12/2025

**No Claims Found for this Policy Term.**

**No Claims Found for this Policy Term.**

**Agency:** 19022700

RELIANCE PARTNERS INC

**Policy Branch:** BRENTWOOD - 003

**Named Insured:** TXI LOGISTICS  
DBA INT LOGISTICS

**Policy Number:** 55-045590-00

**Policy Prefix:** 242145

**Original Effective Date:** 02/12/2024

**Mailing Address:** 27 OLD SELLERS WAY  
RICHMOND, VA 23227-1681

**Policy Cancellation Date:**

**Policy Type:** COMMERCIAL UMBRELLA

<b>Term</b> 02/12/2024 to 02/12/2025
<b>No Claims Found for this Policy Term.</b>

**No Claims Found for this Policy Term.**



Agency: 19022700

RELIANCE PARTNERS INC

Policy Branch: BRENTWOOD - 003

Named Insured: TXI LOGISTICS DBA IN LOGISTICS

Policy Number: 55-045590-01

Policy Prefix: 240245

Original Effective Date: 02/12/2024

Mailing Address: 27 OLD SELLERS WAY  
RICHMOND, VA 23227-1681

Policy Cancellation Date:

Policy Type: COMMERCIAL AUTO

Term: 02/12/2024 to 02/12/2025						
Claim Number: 300-0598206-2024				Policy Term: 02/12/2024 to 02/12/2025		
Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount	Recovery Amount	Paid Amount *
08/05/2024	10/16/2024	Combined Liability: Property Damage - Vehicles and	\$775.50		\$0.00	\$3,475.15
Fault: At-Fault and Rated						
Description: IV TRACTOR TRAILER ROLLED INTO OV.						
Vehicle Description:						
Driver: ANTHONY MOORE						
Claim Number: 300-0360021-2024				Policy Term: 02/12/2024 to 02/12/2025		
Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount	Recovery Amount	Paid Amount *
05/22/2024	OPEN	Collision	\$0.00	\$862.37	\$0.00	\$5,937.63
Fault: At-Fault and Rated						
Description: IV hit a low hanging tree limb.						
Vehicle Description: 2022 NON OWNED TRAILER						
Driver:						
Total:			\$775.50	\$862.37	\$0.00	\$9,412.78

Totals for Policy 55-045590-01 from 02/12/2024 to 12/12/2024

\$775.50 \$862.37 \$0.00 \$9,412.78

Total number of claims for this requested report period: 2



INSURED NAME: TXI LOGISTICS DBA INT LOGISTICS

VALUATION DATE: 01/02/2025

AUTO LIABILITY CARRIER: Intermid Insurance Co of NA

POLICY TERM: 03/19/2022-02/12/2024

PHYSICAL DAMAGE CARRIER: Metco National Insurance Co

POLICY TERM: 08/01/2022-02/12/2024

CARGO CARRIER: Auto American

POLICY TERM: 03/19/2022-02/12/2024

GENERAL LIABILITY CARRIER: Intermid Insurance Co of NA

POLICY TERM: 03/19/2022-02/12/2024

Insured Name: TXI LOGISTICS DBA INT LOGISTICS

Claim Number	Loss Date	Effective Date	Accident Description	Vehicle Class	Rate	Per Loss	Total Insured	Per
23119022375	10/06/2023	11/6/2023	MOHAVE TXI LOGISTICS DBA INT LOGISTICS 3850264 VAPTRAT PCK EMAL FROM RELANCE VTT IN VEHICLE IN MOVED TO RIGHT LA AND STRUCK V2 WITH PIR STEER PELLUS NITS, LIMITED DETAILS, UNIN INJ, TOW HUNT AND PD	F	MO	\$ -	\$ 8,292.15	\$ 8,292.15
23119022376	10/06/2023	11/6/2023	MOHAVE TXI LOGISTICS DBA INT LOGISTICS 3850264 VAPTRAT PCK EMAL FROM RELANCE VAPTRAT PCK EMAL FROM RELANCE VTT IN VEHICLE IN MOVED TO RIGHT LA AND STRUCK V2 WITH PIR STEER PELLUS NITS, LIMITED DETAILS, UNIN INJ, TOW HUNT AND PD	F	MO	\$ -	\$ -	\$ -
23119022377	10/06/2023	11/6/2023	MOHAVE TXI LOGISTICS DBA INT LOGISTICS 3850264 VAPTRAT PCK EMAL FROM RELANCE VTT IN VEHICLE IN MOVED TO RIGHT LA AND STRUCK V2 WITH PIR STEER PELLUS NITS, LIMITED DETAILS, UNIN INJ, TOW HUNT AND PD	O	MO	\$ -	\$ -	\$ -
Grand Total						\$ -	\$ 8,292.15	\$ 8,292.15