

Policy Number: MIT-UKNAP2300164-0157
Name of Insured: TLJ LOGISTICS LLC
Name of Agent: Usher Risk Management Group LLC
Carrier Name: Trisura Specialty Insurance Company



LOSS RUN BY POLICY

Policy Period: 12/07/2023 to 12/07/2024

Claim #:			Date of Loss:				Loss State:				Unit Number:								
Date Open:			Date Closed:		Claim Status:		Driver:												
Accident Location:			Loss Description:																
Claim Type:			Loss Description:																
<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</u>	<u>Current Med Resv</u>	<u>Gross Incurred</u>	<u>Expense Recovery</u>	<u>Deduct Recovery</u>	<u>Salvage Recovery</u>	<u>Subro Recovery</u>						
	/		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
Group Total for Claim No:			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00					

SUB TOTALS for Policy Period: 12/07/2023 to 12/07/2024

	<u>Loss Paid</u>	<u>Med Paid</u>	<u>Exp Paid</u>	<u>Current Loss Resv</u>	<u>Current Exp</u>	<u>Current Med Resv</u>	<u>Gross Incurred</u>	<u>Expense Recovery</u>	<u>Deduct Recovery</u>	<u>Salvage Recovery</u>	<u>Subro Recovery</u>
TOTALS IN PERIOD:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

NUMBER OF CLAIMS IN PERIOD: 0

GRAND TOTALS

	<u>Loss Paid</u>	<u>Med Paid</u>	<u>Exp Paid</u>	<u>Current Loss Resv</u>	<u>Current Exp</u>	<u>Current Med Resv</u>	<u>Gross Incurred</u>	<u>Expense Recovery</u>	<u>Deduct Recovery</u>	<u>Salvage Recovery</u>	<u>Subro Recovery</u>
GRAND TOTALS:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

TOTAL NUMBER OF CLAIMS: 0