

Loss Run Report

Valuation Date: 2024-11-17
Company: Berkshire Hathaway Direct Insurance Company
Policy Number: CP140172170P2020
Policy Period: 2020.12.15-2021.12.15
Named Insured: Safe Go Deliveries Llc
Address: 2060 Quincy Ave
Sacramento, CA 95822-5204



Business Liability

Claim Information	Payments			Total Recovery	Total Incurred
Claim Number	Indemnity	Expense	Total Paid		
No Claims Found					
Business Liability Total:	\$ -	\$ -	\$ -	\$ -	\$ -

Commercial Property

Claim Information	Payments			Total Recovery	Total Incurred
Claim Number	Indemnity	Expense	Total Paid		
No Claims Found					
Commercial Property Total:	\$ -	\$ -	\$ -	\$ -	\$ -

Workers Compensation

Claim Information	Payments			Total Recovery	Total Incurred
Claim Number	Indemnity	Medical	Expense		
No Claims Found					
Workers Compensation Total:	\$ -	\$ -	\$ -	\$ -	\$ -

Commercial Auto

Claim Information	Payments			Total Recovery	Total Incurred
Claim Number	Indemnity	Expense	Total Paid		
No Claims Found					
Commercial Auto Total:	\$ -	\$ -	\$ -	\$ -	\$ -

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Claim Number	Indemnity	Medical	Expense		
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Commercial Auto

Claim Information	Payments			Total Recovery	Total Incurred
Claim Number	Indemnity	Expense	Total Paid		
1 claim(s) found. See Commercial Auto page(s) for details.					
Commercial Auto Total:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

CP140172170P2020 - Commercial Auto

Claim Number	Coverage	Adjuster	Incident Date	Incident Description	Claim Status	Paid Loss	Paid ALAE	Total Recovery
TH2209004695	Collision		2022-09-19	Insured said a section of the interstate blocked off and taking traffic off of the interstate and t	Closed	0.00	0.00	0.00

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Commercial Property Total:	\$ -	\$ -	\$ -	\$ -	\$ -

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Claim Information	Payments			Total Recovery	Total Incurred
Claim Number	Indemnity	Medical	Expense		
No Claims Found					
Workers Compensation Total:	\$ -	\$ -	\$ -	\$ -	\$ -

Commercial Auto

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Commercial Auto Total:	\$ -	\$ -	\$ -	\$ -	\$ -

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Claim Number	Indemnity	Expense	Total Paid		
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Claim Number	Indemnity	Expense	Total Paid		
No Claims Found					
Commercial Property Total:	\$ -	\$ -	\$ -	\$ -	\$ -

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Claim Information	Payments			Total Recovery	Total Incurred
Claim Number	Indemnity	Medical	Expense		
No Claims Found					
Workers Compensation Total:	\$ -	\$ -	\$ -	\$ -	\$ -

Commercial Auto

Claim Information	Payments			Total Recovery	Total Incurred
Claim Number	Indemnity	Expense	Total Paid		
No Claims Found					
Commercial Auto Total:	\$ -	\$ -	\$ -	\$ -	\$ -