

Policy Number: MIT-RENND2000036-439
Name of Insured: FREEWAY TRANSPORTATION GROUP LLC
Name of Agent: Cornerstone Insurance Services Inc
Carrier Name: Trisura Specialty Insurance Company



LOSS RUN BY POLICY

Policy Period: 12/02/2021 to 03/02/2022

Claim #:			Date of Loss:				Loss State:				Unit Number:				
Date Open:			Date Closed:		Claim Status:		Driver:								
Accident Location:			Loss Description:												
Claimant	Line/Cov	St	Loss Paid	Med Paid	Exp Paid	Current Loss Resv	Current Exp Resv	Current Med Resv	Gross Incurred	Expense Recovery	Deduct Recovery	Salvage Recovery	Subro Recovery		
	/		\$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		

SUB TOTALS for Policy Period: 12/02/2021 to 03/02/2022

	Loss Paid	Med Paid	Exp Paid	Current Loss Resv	Current Exp Resv	Current Med Resv	Gross Incurred	Expense Recovery	Deduct Recovery	Salvage Recovery	Subro Recovery
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

	Loss Paid	Med Paid	Exp Paid	Current Loss Resv	Current Exp Resv	Current Med Resv	Gross Incurred	Expense Recovery	Deduct Recovery	Salvage Recovery	Subro Recovery
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