



# Daily Loss Run Report

Data As of: January 12, 2025

Claimant	Claim LOB	Claim Number	Accident Date	Reported Date	Close Date	Status	Coverage Desc	Total	Total Incurred less Deductible	Loss / Ind	Medical	Expense	Deductible Recovery	Salvage / Subrogation Recovery
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<b>Insured Name: CONCORD EXPRESS LLC</b>														
<b>Policy Year: 2021</b>														
<b>LOB: AL - Auto Liability</b>														
<b>Policy Number: RT-HSIC-CA-0000239-00 Policy Term: 2021-02-13 - 2022-02-13 Producer: Risk Placement Services</b>														
<b>Accident State: CA</b>														
Gerry Golliday	AL	GC020767	2021-10-31	2021-11-12	2021-11-17	C	AL	Inc:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Driver Name: Manuel Ramirez-Cervantes								PD:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Accident Description: IV started to back up and made contact with CV.								O/S:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Subtotals For Accident State: CA</b>								Inc:	<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>Total Claim Count: 1</b>								PD:	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
								O/S:	<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>Accident State: OH</b>														
Lamontaye Oygon	AL	GC020511	2021-10-16	2021-10-22	2022-02-17	C	AL	Inc:	\$19,221.84	\$19,221.84	\$18,259.46	\$0.00	\$962.38	\$0.00
Driver Name: Mamadou Diop								PD:	\$19,221.84	\$19,221.84	\$18,259.46	\$0.00	\$962.38	\$0.00
Accident Description: IV failed to stop at a light and struck CV								O/S:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Subtotals For Accident State: OH</b>								Inc:	<b>\$19,221.84</b>	<b>\$19,221.84</b>	<b>\$18,259.46</b>	<b>\$0.00</b>	<b>\$962.38</b>	<b>\$0.00</b>
<b>Total Claim Count: 1</b>								PD:	<b>\$19,221.84</b>	<b>\$19,221.84</b>	<b>\$18,259.46</b>	<b>\$0.00</b>	<b>\$962.38</b>	<b>\$0.00</b>
								O/S:	<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>Subtotals For Policy Number: RT-HSIC-CA-0000239-00</b>								Inc:	<b>\$19,221.84</b>	<b>\$19,221.84</b>	<b>\$18,259.46</b>	<b>\$0.00</b>	<b>\$962.38</b>	<b>\$0.00</b>
<b>Total Claim Count: 2</b>								PD:	<b>\$19,221.84</b>	<b>\$19,221.84</b>	<b>\$18,259.46</b>	<b>\$0.00</b>	<b>\$962.38</b>	<b>\$0.00</b>
								O/S:	<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>Subtotals For LOB: AL</b>								Inc:	<b>\$19,221.84</b>	<b>\$19,221.84</b>	<b>\$18,259.46</b>	<b>\$0.00</b>	<b>\$962.38</b>	<b>\$0.00</b>
<b>Total Claim Count: 2</b>								PD:	<b>\$19,221.84</b>	<b>\$19,221.84</b>	<b>\$18,259.46</b>	<b>\$0.00</b>	<b>\$962.38</b>	<b>\$0.00</b>
								O/S:	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

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<b>Insured Name: CONCORD EXPRESS LLC</b>														
<b>Subtotals for Policy Year: 2021</b>							Inc:	\$19,221.84	\$19,221.84	\$18,259.46	\$0.00	\$962.38	\$0.00	\$0.00
<b>Total Claim Count: 2</b>							PD:	\$19,221.84		\$18,259.46	\$0.00	\$962.38		
							O/S:	\$0.00		\$0.00	\$0.00	\$0.00		
<b>Subtotals for Insured: CONCORD EXPRESS LLC</b>														
<b>Total Claim Count: 2</b>							Inc:	\$19,221.84	\$19,221.84	\$18,259.46	\$0.00	\$962.38	\$0.00	\$0.00
							PD:	\$19,221.84		\$18,259.46	\$0.00	\$962.38		
							O/S:	\$0.00		\$0.00	\$0.00	\$0.00		

## -IMPORTANT NOTICE

THE INFORMATION CONTAINED HEREIN IS PROVIDED "AS IS" AND HAS NOT BEEN AUDITED OR REVIEWED. WE MAKE NO REPRESENTATION AS TO THE ACCURACY OF THIS INFORMATION. THIS INFORMATION IS NOT INTENDED TO AND SHOULD NOT BE RELIED ON TO COMPLY WITH ANY STATUTE, REGULATION OR OTHER LEGAL OR REGULATORY REQUIREMENT. WE RESERVE THE RIGHT IN OUR DISCRETION TO WITHHOLD CERTAIN LOSS INFORMATION.

BY RECEIVING THIS INFORMATION, RECIPIENT ACKNOWLEDGES AND AGREES THAT: 1. WE ARE PROVIDING THIS INFORMATION BASED ON RECIPIENT'S EXPRESS REPRESENTATION THAT RECIPIENT IS REQUESTING SUCH INFORMATION OF BEHALF OF AND/OR WITH THE CONSENT OF RECIPIENT'S CUSTOMER; 2. RECIPIENT WILL USE THIS INFORMATION ONLY FOR ITS OWN INTERNAL PURPOSES OR FOR SUCH PURPOSES AUTHORIZED BY RECIPIENT'S CUSTOMER; 3. SUCH INFORMATION IS CONFIDENTIAL AND PROPRIETARY AND MAY BE SUBJECT TO PRIVACY LAWS, REGULATIONS OR OTHER LEGAL REQUIREMENT; 4. RECIPIENT AGREES TO PROTECT AND SAFEGUARD THE INFORMATION FROM UNAUTHORIZED USE OR DISCLOSURE.

FOR QUESTIONS REGARDING THE CONTENT OF THIS LOSS RUN REPORT, PLEASE CONTACT THE INSURANCE COMPANY.

\*FOR D&O CLAIMS, THE TOTAL INCURRED LISTED EQUALS PAID LOSS PLUS PAID EXPENSE MINUS ANY RECOVERY