

DONEGAL

Statement of Losses

Type of policy: Commercial Package

CPM 0006461

ARNOLD'S AUTO CENTER LLC

EATON & BERUBE INS AGY

Policy Period: 10/22/2024 10/22/2025

CLAIM:

Loss Date:	NONE	Reported Date:	NONE				
Claimant Name:	NONE	Coverage:					
Cause of Loss:	NONE	Status:	NONE				
Description:	NONE						
Coverage Location:	(NONE) NONE						
Claim Class Code(s):	N/A						
				Remaining Reserve	Losses Paid	Expenses	Recoveries
				\$0.00	\$0.00	\$0.00	\$0.00
				Policy Period Total:	\$0.00	\$0.00	\$0.00

Policy Period: 10/22/2023 10/22/2024

CLAIM:

Loss Date:	NONE	Reported Date:	NONE				
Claimant Name:	NONE	Coverage:					
Cause of Loss:	NONE	Status:	NONE				
Description:	NONE						
Coverage Location:	(NONE) NONE						
Claim Class Code(s):	N/A						
				Remaining Reserve	Losses Paid	Expenses	Recoveries
				\$0.00	\$0.00	\$0.00	\$0.00
				Policy Period Total:	\$0.00	\$0.00	\$0.00

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Type of policy: Commercial Package

CPM 0006461

ARNOLD'S AUTO CENTER LLC

EATON & BERUBE INS AGY

Policy Period: 10/22/2022 10/22/2023

CLAIM:

Loss Date:	NONE	Reported Date:	NONE														
Claimant Name:	NONE	Coverage:															
Cause of Loss:	NONE	Status:	NONE														
Description:	NONE																
Coverage Location:	(NONE) NONE																
Claim Class Code(s):	N/A																
				Remaining Reserve	Losses Paid	Expenses	Recoveries										
				\$0.00	\$0.00	\$0.00	\$0.00										
Policy Period Total:				\$0.00	\$0.00	\$0.00	\$0.00										

Policy Period: 10/22/2021 10/22/2022

CLAIM:

Loss Date:	NONE	Reported Date:	NONE														
Claimant Name:	NONE	Coverage:															
Cause of Loss:	NONE	Status:	NONE														
Description:	NONE																
Coverage Location:	(NONE) NONE																
Claim Class Code(s):	N/A																
				Remaining Reserve	Losses Paid	Expenses	Recoveries										
				\$0.00	\$0.00	\$0.00	\$0.00										
Policy Period Total:				\$0.00	\$0.00	\$0.00	\$0.00										

Policy Period: 10/22/2020 10/22/2021

CLAIM:

Loss Date:	NONE	Reported Date:	NONE				
Claimant Name:	NONE	Coverage:					
Cause of Loss:	NONE	Status:	NONE				
Description:	NONE						
Coverage Location:	(NONE) NONE						
Claim Class Code(s):	N/A						
				Remaining Reserve	Losses Paid	Expenses	Recoveries
				\$0.00	\$0.00	\$0.00	\$0.00
Policy Period Total:				\$0.00	\$0.00	\$0.00	\$0.00

	Remaining Reserve	Losses Paid	Expenses	Recoveries	Net Total Incurred
Policy Total:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00