

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:			Claim Status:			Loss State:		Unit Number:		
Date Open:			Date Closed:						Driver:				
Accident Location:													
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</u>	<u>Current Exp</u>	<u>Current</u>	<u>Gross</u>	<u>Expense</u>	<u>Deduct</u>	<u>Salvage</u>	<u>Subro</u>
	/					Loss Resv	Resv	Med Resv	Incurred	Recovery	Recovery	Recovery	Recovery
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: 12/07/2023 to 12/07/2024

	<u>Loss Paid</u>	<u>Med Paid</u>	<u>Exp Paid</u>	<u>Current</u>	<u>Current Exp</u>	<u>Current</u>	<u>Gross</u>	<u>Expense</u>	<u>Deduct</u>	<u>Salvage</u>	<u>Subro</u>
				Loss Resv	Resv	Med Resv	Incurred	Recovery	Recovery	Recovery	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

	<u>Loss Paid</u>	<u>Med Paid</u>	<u>Exp Paid</u>	<u>Current</u>	<u>Current Exp</u>	<u>Current</u>	<u>Gross</u>	<u>Expense</u>	<u>Deduct</u>	<u>Salvage</u>	<u>Subro</u>
				Loss Resv	Resv	Med Resv	Incurred	Recovery	Recovery	Recovery	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