



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



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

-IMPORTANT NOTICE

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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