

E&S/Specialty Loss Run

Requested Date & Time: 09/10/2024 09:48:02 AM

Loss Run Report													
Policy Number:	LTI0018735	Agency Name:	RPS ROLLINS	Department:	00004 - TRANSPORTATION								
Policy Term:	11/2/2022 - 11/2/2023	Agency Number:	32017	Company:	SCOTTSDALE INDEMNITY COMPANY								
Insured:	DERRICK W CLARK												
Address:	207 ALDERIEAF COURT MCDONOUGH , GA 30252												
Policy Number	Policy Term	Total Claims	Total Paid L&ALAE HTD	Total Incurred L&ALAE HTD									
LTI0017949	11/02/2021 - 11/02/2022	0	0	0	0								
LTI0018735	11/02/2022 - 11/02/2023	0	0	0	0								
TOTAL:		0	0	0	0								
Policy Number	Policy Effective	Policy Expiration	Total Claims	Open Claims	Paid Loss	Loss Reserve	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery	Total Incurred Net of Recovery	Refund

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*Access to information on a select group of sensitive claims and policies has been restricted at the request of Claim Management. If you have questions regarding a restricted claim or policy, please contact the Claim Division at 1-480-365-2809.



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Claim Number	Loss Incurred Date	Report Date	Close Date / Reopen Date	Loss Location	Claimant	Covg Type	Record Type (Incident, WRO, Claim)	Claim Status	Loss Desc.	Paid Loss	Loss Reserves	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery/Refund	Total Incurred Net of Recovery	Total Incurred excluding Recovery						
										Paid Loss	Loss Reserves	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery / Refund	Total Incurred Net of Recovery	Total Incurred excluding Recovery						
										Total: Open	0	0	0	0	0	0	0	0						
										Total: Closed	0	0	0	0	0	0	0	0						
										Total: Reopened	0	0	0	0	0	0	0	0						
										Grand Total	0	0	0	0	0	0	0	0						
Insured: DERRICK W CLARK																								

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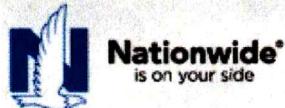
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	MCDONOUGH , GA 30252				

Coverage Type	Paid Loss	Loss Reserve	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery
	0	0	0	0	0	0	0

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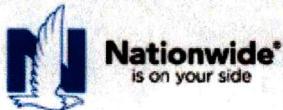
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Claim No	Trans Type	Recovery Category	Amount		

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Claim No	Reported Dt	Policy No	Description	Claimant Flag	First Name	Last Name	Veh Year	Veh Make	Veh Model
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