



Claim Experience Summary All Locations

Policy: ZL1923 - AQUINO & MANSUR LLC

Agency: EATON & BERUBE INSURANCE AGENCY L

Current Policy Expiration
10-18-25

Valuation Date
09-08-25

Experience Period
10-18-21 to 08-28-25

Line of Business	Period	Number of Claims	Amount Paid to Date	Reserves	Total Incurred
TOTALS BY YEAR	10-18-21 - 10-18-22	0	\$0.00	\$0.00	\$0.00
	10-18-22 - 10-18-23	0	\$0.00	\$0.00	\$0.00
	10-18-23 - 10-18-24	0	\$0.00	\$0.00	\$0.00
	10-18-24 - 08-28-25	4	\$18,916.99	\$60,000.00	\$78,916.99
	Grand Totals	4	\$18,916.99	\$60,000.00	\$78,916.99
COMMERCIAL AUTO	10-18-21 - 10-18-22	<i>No Coverage</i>			
	10-18-22 - 10-18-23	0	\$0.00	\$0.00	\$0.00
	10-18-23 - 10-18-24	0	\$0.00	\$0.00	\$0.00
	10-18-24 - 08-28-25	4	\$18,916.99	\$60,000.00	\$78,916.99
	Total	4	\$18,916.99	\$60,000.00	\$78,916.99
GENERAL LIABILITY	10-18-21 to 08-28-25	0	\$0.00	\$0.00	\$0.00
	Total	0	\$0.00	\$0.00	\$0.00
<i>No claims for selected experience period.</i>					
INLAND MARINE	10-18-21 to 08-28-25	0	\$0.00	\$0.00	\$0.00
	Total	0	\$0.00	\$0.00	\$0.00
<i>No claims for selected experience period.</i>					
TOTALS BY YEAR	10-18-21 - 10-18-22	0	\$0.00	\$0.00	\$0.00
	10-18-22 - 10-18-23	0	\$0.00	\$0.00	\$0.00
	10-18-23 - 10-18-24	0	\$0.00	\$0.00	\$0.00
	10-18-24 - 08-28-25	4	\$18,916.99	\$60,000.00	\$78,916.99
	Grand Totals	4	\$18,916.99	\$60,000.00	\$78,916.99



COMMERCIAL AUTO NO LOCATION CODE

Policy: ZL1923 - AQUINO & MANSUR LLC

Agency: EATON & BERUBE INSURANCE AGENCY L

Current Policy

Expiration	Valuation Date	Experience Period	Num. Claims	Amt. Paid to Date	Reserves	Total Incurred
10-18-25	09-08-25	10-18-21 to 08-28-25	4	\$18,916.99	\$60,000.00	\$78,916.99

Loss Date / Rcv'd Date	Name of Driver / Sex / Age	Claimant / Insured Vehicle / Auto Incident Type	Location or Address / City and State	Claim No. / Status / Rep	Payment Type	Amt. Paid to Date	Reserves	Total Incurred
03-28-25 03-28-25	CORREA, MARCOS H / 27	XHAFERI, ERMIR 2016 VOLVO VN VNL Passing/Sideswipe/Lane Change	I-76 EB YOUNGSTOWN, OH	SW1119 Closed JOHNSON, ALYSSA K	LIABILITY	9,341.55	0.00	9,341.55
OV IN RIGHT LANE, IV IN LEFT LANE. WHEN THE IVD MOVED OVER TO THE RIGHT LANE, AN ITEM ON THE FLAT BED FELL OFF AND DAMAGED THE OV.					Total	9,341.55	0.00	9,341.55
03-30-25 04-02-25	BORBA POLONIATO, GABRIEL M / 41	FURRH, CALEB 2024 FREIGHTLINER CASCADIA 126 Insured Rear-Ended Claimant	I-70 RIFLE, CO	SW2259 Open RADLEY, GREGG M	LIABILITY	9,575.44	50,000.00	59,575.44
IV SWERVED TO AVOID SLOWING TRAFFIC AND STRUCK CV					Total	9,575.44	50,000.00	59,575.44
08-02-25 08-05-25	DA SILVA VILIMAITIS, BRUNO / 25	ROBERTSON, KRISTINA 2025 FREIGHTLINER CASCADIA 126 Insured Rear-Ended Claimant	I70 WEST INDIANAPOLIS, IN	TA2789 Open LECKIE, MITCHELL	PHYSICAL DAMAGE LIABILITY	0.00 0.00	0.00 5,000.00	0.00 5,000.00
IV REAR ENDED CV					Total	0.00	5,000.00	5,000.00
08-04-25 08-12-25	LOURENCO, RIVOLLI MARCELO	JENNINGS, DENNIS 2016 VOLVO	133 CEDAR ST FORISTELL, MO	TA5901 Open BIRCHBAUER, LOGAN V	LIABILITY	0.00	5,000.00	5,000.00
IV DAMAGED CONCRETE EMBANKMENT					Total	0.00	5,000.00	5,000.00



GENERAL LIABILITY
NO LOCATION CODE

Policy: ZL1923 - AQUINO & MANSUR LLC

Agency: EATON & BERUBE INSURANCE AGENCY L

Current Policy

Expiration	Valuation Date	Experience Period	Num. Claims	Amt. Paid to Date	Reserves	Total Incurred
10-18-25	09-08-25	10-18-21 to 08-28-25	0	\$0.00	\$0.00	\$0.00

Loss Date / Rcv'd Date	Claimant / Sex / Age	Damage or Injury	Location or Address / City and State	Claim No. / Status / Rep	Payment Type	Amt. Paid to Date	Reserves	Total Incurred
---------------------------	-------------------------	------------------	---	-----------------------------	-----------------	----------------------	----------	----------------

No claims available from selected Experience Period.



**INLAND MARINE
NO LOCATION CODE**

Policy: ZL1923 - AQUINO & MANSUR LLC

Agency: EATON & BERUBE INSURANCE AGENCY L

Current Policy

Expiration	Valuation Date	Experience Period	Num. Claims	Amt. Paid to Date	Reserves	Total Incurred
10-18-25	09-08-25	10-18-21 to 08-28-25	0	\$0.00	\$0.00	\$0.00

Loss Date / Rcv'd Date	Location or Address / City and State	Claim No. / Status / Rep	Payment Type	Amt. Paid to Date	Reserves	Total Incurred
---------------------------	---	-----------------------------	-----------------	----------------------	----------	----------------

No claims available from selected Experience Period.