

Policy Number: MIT-RENND2000036-439  
Name of Insured: FREEWAY TRANSPORTATION GROUP LLC  
Name of Agent: Cornerstone Insurance Services Inc  
Carrier Name: Trisura Specialty Insurance Company



LOSS RUN BY POLICY

Policy Period: 12/02/2021 to 03/02/2022

Claim #:	Date of Loss:			Loss State:			Unit Number:						
Date Open:	Date Closed:			Claim Status:			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>
	/		\$0.00	\$0.00	\$0.00	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: 12/02/2021 to 03/02/2022

	Loss Paid	Med Paid	Exp Paid	Current Loss Resv	Current Exp Resv	Current Med Resv	Gross Incurred	Expense Recovery	Deduct Recovery	Salvage Recovery	Subro 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

	Loss Paid	Med Paid	Exp Paid	Current Loss Resv	Current Exp Resv	Current Med Resv	Gross Incurred	Expense Recovery	Deduct Recovery	Salvage Recovery	Subro 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