

# Loss Run (Page 1)



Policy Number:	ASC-4283732-01		10/22/2024
Insured Name:	J+R DELIVERY AND TRANSPORTATION COMPANY LLC		10/22/2025
Claim Number:	EVCASI25050038	Loss Date:	2025-04-16 00:00:00
Loss Location 1:	SOUTH BEND, IN, 46628	Coverage:	AL
VIN and Driver:	1HTMMMM4JH633317, KEION MCCORMICK	Claimant Name:	
Loss Description:	one of our company s trucks was legally parked at a Pilot Travel Center, when it was struck by a veh		

<b>Loss</b>		<b>Legal Expense</b>		<b>Other Expense:</b>		<b>Total</b>
Incurred:	5,000	Incurred:	1,500	Incurred:	-	Incurred: 6,500
Paid:	-	Paid:	-	Paid:	-	Paid: -
Outstanding:	5,000	Outstanding:	1,500	Outstanding:	-	Outstanding: 6,500

COVER WHALE INSURANCE SOLUTIONS	Valued as of: 09/01/25
	Report Run Date: 09/05/25

## Loss Run (Page 2)



Grand Total	Expense Paid	Reserves	Total
Claim 1:	0	6,500	6,500
TOTAL	0	6,500	6,500

COVER WHALE INSURANCE SOLUTIONS

Valued as of: 09/01/25  
Report Run Date: 09/05/25