

Filters

Carrier Policy Number is equal to "TIEIL000188-01"

Groups

Location Folder then Carrier Policy Effective Date Annually

Sorts

No Sorts

Additional Options

Valuation Date is 01/10/2023, Incurred Formula is Net Incurred

Valued as of 01/10/2023

TIEIL000188-01 02/11/2022 - 02/11/2023

Claim Number / Claimant Reporting Unit / Accident Date / Reported Date / Status Carrier / Accident Type / Coverage Claim Description	Medical Paid Incurred	Expense Paid Incurred	Ind/Bi Paid Incurred	PD Paid Incurred	Other Loss Paid Incurred	Recovery Paid Incurred	Not In Use Paid Incurred	Net Incurred Paid
Location Folder: TRANSIT INSURANCE SERVICES INC - AGT198								
Carrier Policy Effective Date: 2022								
009478-000970-AD-01 TIEIL188								
11/09/2022 2512								
LOPEZ CAMPOS, ANDRES ALEJAN 12/08/2022 Auto Liability - Property Damage								
Open								
PLEASE BE ADVISED THAT WE REPRESENT ANDRES ALEJANDRO LOPEZ CAMPOS RELATIVE TO INJURIES AND DAMAGES HE SUSTAINED AS A RESULT OF A MOTOR VEHICLE COLLISION CAUSED BY THE NEGLIGENCE OF YOUR INSURED THAT OCCURRED NOVEMBER 9, 2022. A COPY OF THE POLICE INFORMATION EXCHANGE FORM IS ENCLOSED.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	200.00	0.00	5,000.00	0.00	0.00	0.00	5,200.00
009478-000970-AB-01 TIEIL188								
11/09/2022 2512								
LOPEZ CAMPOS, ANDRES ALEJAN 12/08/2022 Auto Liability - Bodily Injury								
Open								
PLEASE BE ADVISED THAT WE REPRESENT ANDRES ALEJANDRO LOPEZ CAMPOS RELATIVE TO INJURIES AND DAMAGES HE SUSTAINED AS A RESULT OF A MOTOR VEHICLE COLLISION CAUSED BY THE NEGLIGENCE OF YOUR INSURED THAT OCCURRED NOVEMBER 9, 2022. A COPY OF THE POLICE INFORMATION EXCHANGE FORM IS ENCLOSED.	0.00	13.00	0.00	0.00	0.00	0.00	0.00	13.00
	0.00	200.00	10,000.00	0.00	0.00	0.00	0.00	10,200.00
Totals for 2022 - 2 Claim(s)	0.00	13.00	0.00	0.00	0.00	0.00	0.00	13.00
	0.00	400.00	10,000.00	5,000.00	0.00	0.00	0.00	15,400.00
Totals for TRANSIT INSURANCE SERVICES INC - AGT198 - 2 Claim(s)	0.00	13.00	0.00	0.00	0.00	0.00	0.00	13.00
	0.00	400.00	10,000.00	5,000.00	0.00	0.00	0.00	15,400.00
Grand Totals - 2 Claim(s)	0.00	13.00	0.00	0.00	0.00	0.00	0.00	13.00
	0.00	400.00	10,000.00	5,000.00	0.00	0.00	0.00	15,400.00

Valued as of 01/10/2023

TIEIL000188-00 02/11/2021 - 02/11/2022

Claim Number / Claimant Reporting Unit / Accident Date / Reported Date / Status Carrier / Accident Type / Coverage Claim Description	Medical Paid Incurred	Expense Paid Incurred	Ind/BI Paid Incurred	PD Paid Incurred	Other Loss Paid Incurred	Recovery Paid Incurred	Not In Use Paid Incurred	Net Incurred Paid Incurred
Grand Totals - 0 Claim(s)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Policy Number:

Policy Folder: CUS09700329

POLICY NUMBER : CUS09700329
INSURED NAME : Mon Pride LLC
EFFECTIVE DATE : 02/11/2021
EXPIRATION DATE : 02/11/2022

NO CLAIMS REPORTED FOR THE POLICY SPECIFIED ABOVE

POLICY NUMBER : CUS09702445
INSURED NAME : Mon Pride LLC
EFFECTIVE DATE : 02/11/2022
EXPIRATION DATE : 02/11/2023

NO CLAIMS REPORTED FOR THE POLICY SPECIFIED ABOVE

Loss Run

Canopius US Insurance, Inc.



Policy Number: CUS09702445

Policy Folder:

POLICY NUMBER : CUS09702445
INSURED NAME : Mon Pride LLC
EFFECTIVE DATE : 02/11/2022
EXPIRATION DATE : 02/11/2023

NO CLAIMS REPORTED FOR THE POLICY SPECIFIED ABOVE

Policy Number	Insured	Agent Name	Effect Date	Expire Date	Cancel Date	Med Only	Number Of Losses							Reserves	Payments	Recoveries	Incurred
							LT	Auto	Injury	Property	Total	Open	In Litigation				
WMC1568910	MON PRIDE EXPRESS INC	Integrity Network Insurance Group	07/17/17	07/17/18				0	0	0	0	0	0	0.00	0.00	0.00	0.00
WMC1568910	MON PRIDE EXPRESS INC	Integrity Network Insurance Group	07/17/18	07/17/19				1	2	0	3	0	0	0.00	70,279.39	0.00	70,279.39
		Number of Policies		2				1	2	0	3	0	0	0.00	70,279.39	0.00	70,279.39

Comments Policy Loss Summary Selection: MON PRIDE EXPRESS INC