

Loss Run For Policy Number TRIPX-CP-000000116-01

Activity Period: 6/30/2025 and 6/30/2025

Loss Dates: 1/1/1900 and 12/31/2050



Policy Holder: AMCAL Transportation Inc DBA AMCAL Transportation

Policy Number: TRIPX-CP-000000116-01 (Obsidian-TUMI Transportation\Obsidian Specialty In)

| Claim # | Claimant | State | Status | Medical (Total to date) | | Indemnity (Total to date) | | Expense (Total to date) | | Total (Total to date) | | |
|---------------------|--------------|-----------|--------------------------------------|-------------------------|----------|---------------------------|--------------------|-------------------------|----------|-----------------------|-------------|-------------|
| | | | | Paid | Incurred | Paid | Incurred | Paid | Incurred | Recoveries | Paid | Incurred |
| Report Date | Policy Dates | Loss Date | Close Date | \$0.00 | \$0.00 | \$11,266.40 | \$11,266.40 | \$13.00 | \$13.00 | \$0.00 | \$11,279.40 | \$11,279.40 |
| 8/31/2024-8/30/2025 | 3/12/2025 | 6/25/2025 | Claim Type AUTO-Auto Property Damage | | | | Activity In Period | | | \$0.00 | \$0.00 | |

Driver Name: Kulwant Singh, Khera Description: ID Khera Kulwant Singh. OV was behind IV in far left lane. IV was in the far right lane when he suddenly made a U-turn in the middle of the road. And hit the OV hard on the passenger side, damaging his whole vehicle.

Total for TRIPX-CP-000000116-01

| Claim Counts | | In Period | | Medical (Total to date) | | Indemnity (Total to date) | | Expense (Total to date) | | Total (Total to date) | | |
|--------------|-------|-----------|----------|-------------------------|----------|---------------------------|-------------|-------------------------|----------|-----------------------|-------------|-------------|
| Open | Total | Paid | Incurred | Paid | Incurred | Paid | Incurred | Paid | Incurred | Recoveries | Paid | Incurred |
| 0 | 1 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$11,266.40 | \$11,266.40 | \$13.00 | \$13.00 | \$0.00 | \$11,279.40 | \$11,279.40 |

Total for AMCAL Transportation Inc DBA AMCAL Transportation

| Claim Counts | | In Period | | Medical (Total to date) | | Indemnity (Total to date) | | Expense (Total to date) | | Total (Total to date) | | |
|--------------|-------|-----------|----------|-------------------------|----------|---------------------------|-------------|-------------------------|----------|-----------------------|-------------|-------------|
| Open | Total | Paid | Incurred | Paid | Incurred | Paid | Incurred | Paid | Incurred | Recoveries | Paid | Incurred |
| 0 | 1 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$11,266.40 | \$11,266.40 | \$13.00 | \$13.00 | \$0.00 | \$11,279.40 | \$11,279.40 |

Loss Run For Policy Number TRIPX-CP-000000116-01

Activity Period: 6/30/2025 and 6/30/2025

Loss Dates: 1/1/1900 and 12/31/2050



Grand Total

| | Claim Count | | | Activity Period | | Totals on Loss Dates through 12/31/2050 as of 6/30/2025 | | | | |
|--------------------|-------------|----------|----------|-----------------|---------------|---|---------------|--------------------|---------------|--------------------|
| | Open | Total | Lit | Paid | Incurred | Paid | Reserves | Incurred | Recoveries | Net Incurred |
| Auto | 0 | 1 | 0 | \$0.00 | \$0.00 | \$11,279.40 | \$0.00 | \$11,279.40 | \$0.00 | \$11,279.40 |
| Grand Total | 0 | 1 | 0 | \$0.00 | \$0.00 | \$11,279.40 | \$0.00 | \$11,279.40 | \$0.00 | \$11,279.40 |

Drivers

| First Name | Last Name | CDL# | STATE LICENSE | DOB | CLASS A DRIVING EXPERIENCE | HIRE DATE | NOTES |
|-----------------|-----------|----------|---------------|------------|----------------------------|-----------|----------------|
| GURTEJ | DHALIWAL | CS315429 | CA | 10/15/1959 | 21+years | 8/31/2010 | |
| DARSHAN | SANDHU | D2602989 | CA | 10/11/1968 | 21+years | 8/31/2016 | |
| RAJIBBAL | NATT | A8855395 | CA | 1/15/1964 | 10years | 9/18/2019 | |
| GURINDER | SINGH | B4897001 | CA | 1/6/1972 | 11+years | 9/20/2019 | |
| RAJ | SINGH | B9047988 | CA | 12/2/1971 | 11+years | 9/17/2021 | |
| KULWANT SINGH | KHERA | B4407620 | CA | 11/8/1958 | 11+years | 2/25/2019 | OWNER OPERATOR |
| HARBHAJAN SINGH | DHILLON | D5616146 | CA | 5/26/1973 | 20+ years | 12/2/2024 | |
| TAJINDER | SINGH | Y7530416 | CA | 7/4/1984 | 2+years | 1/13/2025 | |

I hereby confirm that this is the current list of drivers scheduled or to be scheduled on my policy. Furthermore, it is affirmed that based on our internal employment and driving records, each driver meets the driving criteria and underwriting guidelines of the policy. Failing to maintain criteria throughout the policy term will result in denial of claims. All drivers will be reported prior to hiring for operations.

SignaturePrint NameKARMEN DHALIWALDate 7/10/25

Vehicles

| Year | Make | VIN# | Market Value As Per Last Year Policy | Ownership | Loss Payee | NOTES |
|--------------------|---------------------|-------------------|--------------------------------------|------------------------|--|-------|
| 2015 | VOLVO | 4V4NC9DG7FN921401 | \$40,000.00 | SEND REGISTRATION CARD | | |
| 2013 | VOLVO | 4V4NC9EHXDN145057 | \$40,000.00 | SEND REGISTRATION CARD | | |
| 2015 | FREIGHTLINER | 3AKJGLD57FSGS1556 | | SEND REGISTRATION CARD | | |
| 2013 | VOLVO | 4V4NC9EH4DN145054 | \$40,000.00 | SEND REGISTRATION CARD | | |
| 2020 | FREIGHTLINER | 3AKJHHDR2LSKZ7437 | \$80,000.00 | SEND REGISTRATION CARD | VFS US LLC & Assigns c/o PO Box 25916 Overland Park, KS 66225 | |
| 2020 | FREIGHTLINER | 3AKJHHDR8LSKN1501 | \$80,000.00 | SEND REGISTRATION CARD | VFS US LLC & Assigns c/o PO Box 25916 Overland Park, KS 66225 | |
| 2017 | FREIGHTLINER | 3AKJGLDR5H5HJ4730 | \$50,000.00 | SEND REGISTRATION CARD | REGIONS BANK P.O. Box 202122 Florence, SC 29502 | |
| 2015 | VOLVO | 4V4NC9DG2FN921421 | \$20,000.00 | SEND REGISTRATION CARD | | |
| | TRAILER-INTERCHANGE | | \$50,000.00 | | | |
| Total Units | 9 | | \$400,000.00 | | | |

This is to affirm that all vehicles scheduled on the policy are accurate for the year, make, complete vin numbers, loss payee and ownership. All vehicles will be reported to the policy prior to operations. Failure to report vehicle or failure to provide accurate information on vehicles will result in denial of claims.

Signature

x 

Print Name

KABIR DHALIWAL

Date 7/10/25

Loss Run For Policy Number TRIPX-CP-000000116-00



Activity Period: 6/30/2025 and 6/30/2025

Loss Dates: 1/1/1900 and 12/31/2050

Policy Holder: AMCAL Transportation Inc DBA AMCAL Transportation

Policy Number: TRIPX-CP-000000116-00 (Obsidian-TUMI Transportation\Obsidian Specialty In)

| Claim # | Claimant | State | Status | Medical (Total to date) | Indemnity (Total to date) | Expense (Total to date) | Total (Total to date) | | |
|---------------|---------------------|-----------|------------|--------------------------------------|---------------------------|-------------------------|-----------------------|--------|----------|
| OB249373-001- | Delivery, Beezee | CA | Closed | | | | | | |
| 001 | | | | Paid | Incurred | Paid | Incurred | Paid | Incurred |
| | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Report Date | Policy Dates | Loss Date | Close Date | | | | | | |
| | 8/31/2023-8/30/2024 | 6/7/2024 | 11/1/2024 | Claim Type AUTO-Auto Property Damage | | | Activity In Period | | |
| | | | | | | | | \$0.00 | \$0.00 |

Driver Name: Sandhu, Darshan Description: ID Darshan Singh Sandhu, rear-ended claimant's vehicle. PD Claimant- Beezee Delivery. BI Claimant - Mohit Verma.

| Claim # | Claimant | State | Status | Medical (Total to date) | Indemnity (Total to date) | Expense (Total to date) | Total (Total to date) | | |
|---------------|---------------------|-----------|------------|------------------------------------|---------------------------|-------------------------|-----------------------|--------|----------|
| OB249373-002- | Verma, Mohit | CA | Closed | | | | | | |
| 002 | | | | Paid | Incurred | Paid | Incurred | Paid | Incurred |
| | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Report Date | Policy Dates | Loss Date | Close Date | | | | Activity In Period | | |
| | 8/31/2023-8/30/2024 | 6/7/2024 | 8/13/2024 | Claim Type AUTO-Auto Bodily Injury | | | \$0.00 | | |
| | | | | | | | | \$0.00 | \$0.00 |

Driver Name: Sandhu, Darshan Description: ID Darshan Singh Sandhu, rear-ended claimant's vehicle. PD Claimant- Beezee Delivery. BI Claimant - Mohit Verma.

| Claim # | Claimant | State | Status | Medical (Total to date) | Indemnity (Total to date) | Expense (Total to date) | Total (Total to date) | | |
|---------------|-----------------------------|-----------|------------|--------------------------------|---------------------------|-------------------------|-----------------------|------------|------------|
| OB249373-001- | AMCAL Transportation Inc DB | CA | Closed | | | | | | |
| 003 | | | | Paid | Incurred | Paid | Incurred | Paid | Incurred |
| | | | | \$0.00 | \$0.00 | \$27,154.69 | \$27,154.69 | \$1,279.60 | \$1,279.60 |
| Report Date | Policy Dates | Loss Date | Close Date | | | | Activity In Period | | |
| | 8/31/2023-8/30/2024 | 6/7/2024 | 11/5/2024 | Claim Type AUTO-Auto Collision | | | \$0.00 | | |
| | | | | | | | | \$0.00 | \$0.00 |

Driver Name: Sandhu, Darshan Description: ID Darshan Singh Sandhu, rear-ended claimant's vehicle. PD Claimant- Beezee Delivery. BI Claimant - Mohit Verma.

Total for TRIPX-CP-000000116-00

| Claim Counts | | In Period | | Medical (Total to date) | | Indemnity (Total to date) | | Expense (Total to date) | | Total (Total to date) | | |
|--------------|-------|-----------|----------|-------------------------|----------|---------------------------|-------------|-------------------------|------------|-----------------------|-------------|-------------|
| Open | Total | Paid | Incurred | Paid | Incurred | Paid | Incurred | Paid | Incurred | Recoveries | Paid | Incurred |
| 0 | 3 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$27,154.69 | \$27,154.69 | \$1,279.60 | \$1,279.60 | \$0.00 | \$28,434.29 | \$28,434.29 |

Total for AMCAL Transportation Inc DBA AMCAL Transportation

| Claim Counts | | In Period | | Medical (Total to date) | | Indemnity (Total to date) | | Expense (Total to date) | | Total (Total to date) | | |
|--------------|-------|-----------|----------|-------------------------|----------|---------------------------|-------------|-------------------------|------------|-----------------------|-------------|-------------|
| Open | Total | Paid | Incurred | Paid | Incurred | Paid | Incurred | Paid | Incurred | Recoveries | Paid | Incurred |
| 0 | 3 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$27,154.69 | \$27,154.69 | \$1,279.60 | \$1,279.60 | \$0.00 | \$28,434.29 | \$28,434.29 |

Loss Run For Policy Number TRIPX-CP-000000116-00

Activity Period: 6/30/2025 and 6/30/2025

Loss Dates: 1/1/1900 and 12/31/2050



Grand Total

| | Claim Count | | | Activity Period | | Totals on Loss Dates through 12/31/2050 as of 6/30/2025 | | | | |
|--------------------|-------------|----------|----------|-----------------|---------------|---|---------------|--------------------|---------------|--------------------|
| | Open | Total | Lit | Paid | Incurred | Paid | Reserves | Incurred | Recoveries | Net Incurred |
| Auto | 0 | 3 | 0 | \$0.00 | \$0.00 | \$28,434.29 | \$0.00 | \$28,434.29 | \$0.00 | \$28,434.29 |
| Grand Total | 0 | 3 | 0 | \$0.00 | \$0.00 | \$28,434.29 | \$0.00 | \$28,434.29 | \$0.00 | \$28,434.29 |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/15/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | | | |
|--|---|-------------------------|---------------------|-------------------------------|--|
| PRODUCER | Biba Insurance Services 17908 Murphy Pkwy Lathrop, CA 95330 License #: 0F71937 | CONTACT NAME: | Myles Weigel | | |
| | | PHONE (A/C, No., Ext.): | (209)858-9656 | FAX (A/C, No.): (209)858-9650 | |
| | | E-MAIL ADDRESS: | mweigel@bibains.com | | |
| INSURER(S) AFFORDING COVERAGE | | | NAIC # | | |
| INSURER A : Obsidian Specialty Insurance Company | | | 16871 | | |
| INSURER B : Hudson Insurance Company | | | 25054 | | |
| INSURER C : | | | | | |
| INSURER D : | | | | | |
| INSURER E : | | | | | |
| INSURER F : | | | | | |

COVERS

CERTIFICATE NUMBER: 00000139-4339902

REVISION NUMBER: 23

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|---|-----------|----------|-----------------------|-------------------------|-------------------------|---|--------------|
| A | COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | TRIPX-CP-000000116-01 | 08/31/2024 | 08/31/2025 | EACH OCCURRENCE | \$ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 |
| | | | | | | | MED EXP (Any one person) | \$ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | | | | | | | | \$ |
| A | AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | TRIPX-CP-000000116-01 | 08/31/2024 | 08/31/2025 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | | | | EACH OCCURRENCE | \$ |
| | DED <input type="checkbox"/> RETENTION \$ | | | | | | AGGREGATE | \$ |
| | | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | N / A | | | | | PER STATUTE | OTHE- |
| | | | | | | | E.L. EACH ACCIDENT | \$ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| B | Cargo | | | IMD 11443-01-10008-01 | 08/31/2024 | 08/31/2025 | Ded \$1000 | \$100,000 |
| A | Physical Damage | | | TRIPX-CP-000000116-01 | 08/31/2024 | 08/31/2025 | Ded \$1000 | ACV |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Trucking for Hire

TRAILER-INTERCHANGE: \$50,000.00

Towing & Storage Limit: \$20k - Debris Removal Limit: \$25k - Earned Freight Limit: \$10k.

2015 VOLVO VNL, 10.8L 4V4NC9DG7FN921401

2013 VOLVO VNL, 12.8L 4V4NC9EHXDN145057

2015 FREIGHTLINER Cascadia 125, 14.8L 3AKJGLD57FSGS1556

(continued on ACORD 101 Additional Remarks Schedule)

CERTIFICATE HOLDER

CANCELLATION

| | |
|-----------------------|--|
| Evidence of Insurance | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE  (MJW) |

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ADDITIONAL REMARKS SCHEDULE

Page 2 of _____

| | |
|--|---|
| AGENCY Biba Insurance Services | NAMED INSURED AMCAL TRANSPORTATION INC DBA AMCAL TRANSPORTATION |
| POLICY NUMBER N/A | |
| CARRIER Multiple Carriers | NAIC CODE |
| | EFFECTIVE DATE: |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

(continued from Description of Operations)

2013 VOLVO VNL, 12.8L 4V4NC9EH4DN145054

2020 FREIGHTLINER Cascadia 126" sleeper cab, 3AKJHHDR2LSKZ7437

2020 FREIGHTLINER Cascadia 126" sleeper cab, 3AKJHHDR8LSKN1501

2017 FREIGHTLINER Cascadia 125" sleepercab, 3AKJGLDR5HSHJ4730 - A-05/21/2024

2015 Volvo VNL, 10.8L 4V4NC9DG2FN921421

Run Date: 06/30/25
Time: 20:31:26

PAGE: 1

NTA General Insurance Agency
Carrier: UNITED SPECIALTY INSURANCE CO

?

Name Of Insured: AMCAL TRANSPORTATION INC
Policy Number: GXQAPD11021
Auto Liability: NO

Physical Damage: YES

Effective/Expiration Date: 08/31/2020 / 08/31/2021
Deductible Amount: 2,500.00
Cargo: NO

Our records indicate that as of run date there have not been any claims against the above insured

| GRAND TOTALS-: | | TOTAL LOSS PAID | TOTAL RESERVED | RECOVERED | INCURRED |
|--|-----|--------------------|----------------|-----------|----------|
| TOTAL CLAIMS-: | 000 | 0.00 | 0.00 | 0.00 | 0.00 |
| TOTAL OPEN CLAIMS -: | 000 | CLOSED CLAIMS-:000 | | | |
| TOTAL LATE REPORTED CLAIMS-: | 000 | | | | |
| TOTAL CLAIMS VEHICLE STATUS REPORTED-: | 000 | UNREPORTED-:000 | | | |

Coverages:

| | | | | | |
|---------------|-----------------------|----------------|--------------------------------|-----------|---------------------|
| MTC-STO&REC | = Storage&Recovery | Liab PD | = Liability Property Damage | Coll | = Collision |
| MTC-RIGGERS | = Riggers | Comp | = Comprehensive | Cargo | = Cargo |
| MTC-PR/Reef | = Primary/Reefer | COMP/COLL TOW | = COMP/COLL TOWING | Spec Per | = Specific Perils |
| MTC-TI | = Trailer Interchange | COMP/COLL NOWN | = COMP/COLL NON OWNED | Liab PIP | = Liability PIP |
| MTC-DEB REM | = Debris Removal | COMP/COLL PR | = COMP/COLL PRIMARY | Adj Exp | = Adjuster Expense |
| MTC-ERND FRGT | = Earned Freight | Reef-BD | = Reefer Breakdown | Lgl Exp | = Legal Expense |
| MTC-UNATTD TR | = Unattended Truck | Liab UM | = Liability Uninsured Motorist | Gen Liab | = General Liability |
| MTC-CONT TRAN | = Contingent Transit | Liab BI | = Liability Bodily Injury | Other Exp | = Other Expense |

LOSS RUN - BATCH

This Loss Run was generated: 7/1/2025 4:12 AM Eastern Time Zone

This report is intended for information purposes only and is subject to changes. Northland Insurance Company does not warrant the accuracy or completeness of the information contained in this loss report.

| Policy No. | Policy Period | Cancel Date | Insured Name | Company |
|------------------------------|-----------------------|-------------|--------------------------------|-----------------------------|
| WN337670 | 8/31/2022 - 8/31/2023 | | AMCAL TRANSPORTATION INC DBA A | Northland Insurance Company |
| WN316170 | 8/31/2021 - 8/31/2022 | | AMCAL TRANSPORTATION INC DBA A | Northland Insurance Company |
| Total # of Losses for Run: 5 | | | | |

| Loss Run | # Losses | Company | Effective | Cancel Date | Insured Name |
|---|---------------------------------|-----------------------------|--|--|--------------------------------|
| WN337670 | 3 | Northland Insurance Company | 8/31/2022 | | AMCAL TRANSPORTATION INC DBA A |
| Claim # F3F7245 | Date of Loss 5/7/2023 | Date Reported 5/8/2023 | Cause of Loss STRUCK BY OTHER VEHICLE OR OTHER FA | Driver, Age GURINDER SINGH, 51 | |
| Location I-80 EB VALLEJO, CA 94590 ALAMEDA Details Enol w/attachment. Per insd, his driver was in the right/truck lane. Once past the toll plaza, the driver of the car quickly cut into the right lane at a high speed, hitting his truck's front left wheel. The car then rolled over. | | | | | |
| Claimant Loss Transaction Summary | | | | | |
| 001 | AMCAL TRANSPORTATION INC DBA A | | Loss Reserve: \$ 0.00 | Loss Paid: \$ 0.00 | |
| | COMMERCIAL AUTO PHYSICAL DAMAGE | | Expense Reserve: \$ 0.00 | Expense Paid: \$ 0.00 | |
| | COLL - \$1000 DED | | Total Reserve: \$ 0.00 | Total Paid: \$ 0.00 | |
| | COLLISION/ALL LOSSES | | Total Recovered: \$ 0.00 | Total Incurred: \$ 0.00 | |
| Examiner: Jordan Buth | 651-310-6152 | | | | |
| 002 | BURKS, SYLVIA | | Loss Reserve: \$ 0.00 | Loss Paid: \$ 0.00 | |
| | COMMERCIAL AUTO LIABILITY | | Expense Reserve: \$ 0.00 | Expense Paid: \$ 0.00 | |
| | C.S.L. LIABILITY (B.I. & P.D) | | Total Reserve: \$ 0.00 | Total Paid: \$ 0.00 | |
| | PROPERTY DAMAGE | | Total Recovered: \$ 0.00 | Total Incurred: \$ 0.00 | |
| Examiner: Jacob Brown | 651-310-2002 | | | | |
| 003 | BURKS, SYLVIA | | Loss Reserve: \$ 0.00 | Loss Paid: \$ 0.00 | |
| | COMMERCIAL AUTO LIABILITY | | Expense Reserve: \$ 0.00 | Expense Paid: \$ 0.00 | |
| | C.S.L. LIABILITY (B.I. & P.D) | | Total Reserve: \$ 0.00 | Total Paid: \$ 0.00 | |
| | BODILY INJURY | | Total Recovered: \$ 0.00 | Total Incurred: \$ 0.00 | |
| Examiner: Jacob Brown | 651-310-2002 | | | | |
| Loss Summary 21 WN337670-0003 | | | | | |
| Occurrence is Closed | | | | | |
| Loss Paid \$ 0.00 | Expenses Paid \$ 0.00 | Reserve \$ 0.00 | Recovery \$ 0.00 | Total Incurred \$ 0.00 | |
| Claim # F3F4955 | Date of Loss 3/3/2023 | Date Reported 3/8/2023 | Cause of Loss LANE CHANGE/PASSING/MERGING | Driver, Age GURDEEP SINGH, 35 | |
| Location HWY 180 WB MERGE ONTO HWY 880 OAKLAND, CA 94501 Alameda Details Insured merged into passenger vehicle | | | | | |
| Claimant Loss Transaction Summary | | | | | |
| 001 | AMCAL TRANSPORTATION INC DBA A | | No reserves established or No activity to date. | | |
| 002 | PROCIDA, GEORGE | | Loss Reserve: \$ 0.00 | Loss Paid: \$ 23,946.31 | |
| | COMMERCIAL AUTO LIABILITY | | Expense Reserve: \$ 0.00 | Expense Paid: \$ 0.00 | |
| | C.S.L. LIABILITY (B.I. & P.D) | | Total Reserve: \$ 0.00 | Total Paid: \$ 23,946.31 | |
| | PROPERTY DAMAGE | | Total Recovered: \$ 0.00 | Total Incurred: \$ 23,946.31 | |
| Examiner: Danitra Nodland | 651-310-2188 | | | | |
| Loss Summary 21 WN337670-0002 | | | | | |
| Occurrence is Closed | | | | | |
| Loss Paid \$ 23,946.31 | Expenses Paid \$ 0.00 | Reserve \$ 0.00 | Recovery \$ 0.00 | Total Incurred \$ 23,946.31 | |
| Claim # F3F1965 | Date of Loss 12/7/2022 | Date Reported 12/20/2022 | Cause of Loss STRUCK BY OTHER VEHICLE OR OTHER FA | Driver, Age KULWANT SINGH KHERA, 64 | |
| Location HWY 24 STOCKTON, CA SAN JOAQUIN Details INSD was maintaining his lane. OVD merged in front and clipped INSD right front fender. No injuries. | | | | | |
| Claimant Loss Transaction Summary | | | | | |
| 001 | AMCAL TRANSPORTATION INC DBA A | | No reserves established or No activity to date. | | |
| 002 | SOLANO, MARIO | | Loss Reserve: \$ 0.00 | Loss Paid: \$ 0.00 | |
| | COMMERCIAL AUTO LIABILITY | | Expense Reserve: \$ 0.00 | Expense Paid: \$ 0.00 | |
| | C.S.L. LIABILITY (B.I. & P.D) | | Total Reserve: \$ 0.00 | Total Paid: \$ 0.00 | |
| | PROPERTY DAMAGE | | Total Recovered: \$ 0.00 | Total Incurred: \$ 0.00 | |
| Examiner: Thomas Borsch | 651-310-2106 | | | | |

| | | | | |
|---|-----------------------------|---|---------------------|---------------------------|
| Loss Summary 21 WN337670-0001 | | Occurrence is Closed | | |
| Loss Paid \$ 0.00 | Expenses Paid \$ 0.00 | Reserve \$ 0.00 | Recovery \$ 0.00 | Total Incurred \$ 0.00 |
| Policy Summary # of Losses: 3 WN337670 Policy Period: 8/31/2022-8/31/2023 | | Insured Name AMCAL TRANSPORTATION INC DBA A | | Cancel Date |
| Policy Totals | Losses Paid \$ 23,946.31 | Expenses Paid \$ 0.00 | Reserves \$ 0.00 | Recoveries \$ 0.00 |

| Loss Run | # Losses | Company | Effective | Cancel Date | Insured Name |
|--|---|-----------------------------|--|-----------------------------------|--------------------------------|
| WN316170 | 2 | Northland Insurance Company | 8/31/2021 | | AMCAL TRANSPORTATION INC DBA A |
| Claim # F3E5344 | Date of Loss 7/6/2022 | Date Reported 7/6/2022 | Cause of Loss LANE CHANGE/PASSING/MERGING | Driver, Age VARINDER SINGH, 41 | |
| Location DAVIS STREET SAN LEANDRO, CA 94577 Alameda | Details iv lane changed and hit ov. no injuries. insd address provided as: 1791 neptu ne ste b san leandro ca 94577 | | | | |

Claimant Loss Transaction Summary

| | | | |
|--|---|-------------------------|--|
| 001 AMCAL TRANSPORTATION INC DBA A | No reserves established or No activity to date. | | |
| 002 EJIGUE, ETAFERAHU | Loss Reserve: \$ 0.00 | Loss Paid: \$ 0.00 | |
| COMMERCIAL AUTO LIABILITY C.S.L. LIABILITY (B.I. & P.D.) PROPERTY DAMAGE | Expense Reserve: \$ 0.00 | Expense Paid: \$ 0.00 | |
| Examiner: Jason Schultz 651-310-2096 | Total Reserve: \$ 0.00 | Total Paid: \$ 0.00 | |
| | Total Recovered: \$ 0.00 | Total Incurred: \$ 0.00 | |

Loss Summary 21 WN316170-0002

Occurrence is Closed

| Loss Paid \$ 0.00 | Expenses Paid \$ 0.00 | Reserve \$ 0.00 | Recovery \$ 0.00 | Total Incurred \$ 0.00 |
|---|--|-----------------------------|--|----------------------------------|
| Claim # F3D6693 | Date of Loss 10/6/2021 | Date Reported 11/16/2021 | Cause of Loss STRUCK BY OTHER VEHICLE OR OTHER FA | Driver, Age RAJIQBAL NATT, 57 |
| Location 1717 MIDDLE HARBOR ROAD OAKLAND, CA 94607 Alameda | Details FAX W/ACORD: OV STRUCK PARKED/OCCUPIED IV TRACTOR. NO WITNESSES. NO INJURIES. LOSS LOCATION: OAKLAND INTERNATIONAL CONTAINER TERMINAL. | | | |
| | | | | |

Claimant Loss Transaction Summary

| | | |
|--|------------------------------|-------------------------|
| 001 AMCAL TRANSPORTATION INC DBA A | Loss Reserve: \$ 0.00 | Loss Paid: \$ 2,513.18 |
| COMMERCIAL AUTO PHYSICAL DAMAGE COLL - \$1000 DED COLLISION/ALL LOSSES | Expense Reserve: \$ 0.00 | Expense Paid: \$ 0.00 |
| Examiner: Michelle Schnicke 651-310-6646 | Total Reserve: \$ 0.00 | Total Paid: \$ 2,513.18 |
| | Total Recovered: \$ 2,513.18 | Total Incurred: \$ 0.00 |
| | | |

002 SSA MARINE

No reserves established or No activity to date.

| Loss Paid \$ 2,513.18 | Expenses Paid \$ 0.00 | Reserve \$ 0.00 | Recovery \$ 2,513.18 | Total Incurred \$ 0.00 |
|---|----------------------------|---|-------------------------|---------------------------|
| Policy Summary # of Losses: 2 WN316170 Policy Period: 8/31/2021-8/31/2022 | | Insured Name AMCAL TRANSPORTATION INC DBA A | | Cancel Date |
| Policy Totals | Losses Paid \$ 2,513.18 | Expenses Paid \$ 0.00 | Reserves \$ 0.00 | Recoveries \$ 2,513.18 |
| | | | | Total Incurred \$ 0.00 |

| | | | | | |
|--------------------------|-----------------------------|--------------------------|---------------------|---------------------------|--------------------------------|
| Summary for All Policies | Losses Paid \$ 26,459.49 | Expenses Paid \$ 0.00 | Reserves \$ 0.00 | Recoveries \$ 2,513.18 | Total Incurred \$ 23,946.31 |
|--------------------------|-----------------------------|--------------------------|---------------------|---------------------------|--------------------------------|

Risk Manager

Policy Loss Analysis By Policy For All Locations



Insured: AMCAL TRANSPORTATION INC dba AMCAL TRANSPORTATION

Loss Period: 08/31/2023 to 07/01/2024

Line(s) of Business: < All >

Producer: 1203150

Policy: 7900377510000

Valuation: 06/30/2025

Claim Status: Open and Closed

Incidents: Include

SIC Code: 4213 000

Policy Term: 08/31/2023 - 08/31/2024

NO CLAIMS ON FILE

**Policy Loss Analysis By Policy
For All Locations**



Insured: AMCAL TRANSPORTATION INC dba AMCAL

TRANSPORTATION

Loss Period: 08/31/2023 to 07/01/2024

Line(s) of Business: < All >

Producer: 1203150

Valuation: 06/30/2025

Claim Status: Open and Closed

Incidents: Include

| | Total Claims | Loss Rsv \$ | Loss Paid \$ | Alloc Exp Rsv \$ | Lgl Exp Pd \$ | Adj Exp Pd \$ | Subro/ Salvage \$ | Total \$ | Ded Amt Rcvd\$ |
|---------------------|--------------|-------------|--------------|------------------|---------------|---------------|-------------------|----------|----------------|
| Grand Total: | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

The information provided in this report is proprietary and confidential. No further disclosure of this information may be made except to authorized representatives of the policyholder. Intact makes no representation or warranty with respect to the information contained herein.

Detail Loss Report**Losses From: 06/30/2020 To 06/30/2025**

| Claimant | Adj Off | FP | Claim Number | Accident Date | Notice Date | Close Date | O/C | Total | Claim | Medical | Expense |
|----------|---------|----|--------------|---------------|-------------|------------|-----|-------|-------|---------|---------|
|----------|---------|----|--------------|---------------|-------------|------------|-----|-------|-------|---------|---------|

No losses were found based on report selection criteria

Detail Loss Report**Losses From: 06/30/2020 To 06/30/2025****Report Parameters**

Losses From: 06/30/2020 To 06/30/2025

SAI Number(s): 9758MA159

Group By

- Group By Name
1. Policy Year
2. Line of Insurance

- Group By Label
Policy Year
Line of Insurance

- Subtotal Page Break
Y N
Y N

Filters**Large Loss Filter****Drill Down Filters**



This report may include reserve information for open claims. Reserves are estimates intended to reflect potential claim outcomes based on information known to The Hartford at the time the reserve is established. Reserves are subject to change, and may not be relied upon as a guarantee of payment by The Hartford. This data is current as of the date indicated on the report.

 [Print](#) [Download CSV](#)

Losses are net of deductible recoveries.

Printing Tip: Set your page orientation to landscape for best results.

| | | | | | |
|-----------|--|----------------|---------------------------------|---------------------|-------------------|
| Name | Amcal Transportation Inc | Report | 06/30/2020 to 06/29/2025 | Date Produced: | 06/30/2025 |
| Insured: | Dba A San Leandro , Ca | Period: | | | |
| Policy: | 083MS AE5444 08/31/2022 - 08/31/2022 | LOB: | | Valued as of: | 06/30/2025 |
| Producer: | Amwins Insurance Brokerage Llc Chicago , Il | Producer Code: | 553266 | Producing Regional: | Chicago |

INLAND MARINE Policy: 83MS AE5444 Policy Term: 08/31/2021 - 08/31/2022

No Claims for this policy

INLAND MARINE Policy: 83MS AE5444 Policy Term: 08/31/2022 - 08/31/2022

No Claims for this policy

United Specialty Insurance Company

AMCAL TRANSPORTATION INC DBA: AMCAL TRANSPORTATION

Prepared on: 6/30/2025 Valued as of: 5/31/2025

| Policy Number | Effective Date | Expiration Date | Open Claims | Total Claims | Total Paid | Total Reserve | Total Incurred |
|----------------|----------------|-----------------|-------------|--------------|------------|---------------|----------------|
| KYL-0001615-00 | 8/31/2020 | 8/31/2021 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 |

NO CLAIMS REPORTED



Loss Run by Claim by Reserve Type
Financials As Of 6/30/2025

Page 1 of 1
June 30, 2025
1:53 pm

Report Criteria: Filter = 'Policy Insured Name like "%Amcal Transportation, Inc.%" and Client = 'Hudson Inland Marine'

| | | | | | |
|----------------|-------------------|--------------|-------------------|-------------------|---------------|
| File Number | Tier Claim Number | Party Name | Received Date | Insurance Carrier | File Handler |
| Loss Date | Line of Business | Party Type | Claim Status | Claim Type | Policy Number |
| Effective Date | Expiration Date | Insured Name | Controlling State | Reason for Report | Product Type |

NO CLAIMS FOUND

Facts

| Reserve Type | Loss | | | ALAE | | | Total | | |
|--------------|---------|-----------|----------|---------|------|----------|---------|------|-----------|
| | Reserve | Paid | Incurred | Reserve | Paid | Incurred | Reserve | Paid | Recovered |
| <hr/> | | | | | | | | | |
| <hr/> | | | | | | | | | |
| Open: | Closed: | Reopened: | | Total: | 0 | | | | |

Grand Totals

Open: Closed: Reopened: Total: 0