

# AmTrust Loss Run



|                          |                           |                        |                      |
|--------------------------|---------------------------|------------------------|----------------------|
| <b>Carrier Name:</b>     | AmTrust Underwriters, Inc | <b>Account Name:</b>   | SAFE DELIVERY LLC    |
| <b>Policy Year:</b>      | 2025                      | <b>Producer Name:</b>  | Paul Hanson Partners |
| <b>Policy Year Range</b> | 5/19/2025 - 7/1/2026      | <b>Valuation Date:</b> | 11/10/2025           |

|                          |                       |                               |           |
|--------------------------|-----------------------|-------------------------------|-----------|
| <b>Policy #:</b>         | WPP2043133-202272     | <b>Policy Effective Date:</b> | 5/19/2025 |
| <b>Line Of Business:</b> | Occupational Accident |                               |           |

| <b>Claim Number:</b>            | No Claims for this year |        |               | <b>Account Suffix:</b> | 202272           |                  |      |
|---------------------------------|-------------------------|--------|---------------|------------------------|------------------|------------------|------|
| Claim Sub Number /<br>Loss Type | Loss Date               | Status | Reported Date | Driver Name            | Loss Description | Loss Information |      |
|                                 |                         |        |               |                        |                  | Paid Losses:     | 0.00 |
|                                 |                         |        |               |                        |                  | Expenses:        | 0.00 |
|                                 |                         |        |               |                        |                  | Reserves:        | 0.00 |
|                                 |                         |        |               |                        |                  | Gross Incurred:  | 0.00 |
|                                 |                         |        |               |                        |                  | Recoveres:       | 0.00 |
|                                 |                         |        |               |                        |                  | Net Incurred:    | 0.00 |

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The Recipient specifically and expressly agrees that it will not use, disseminate, or in any way disclose any Confidential Information of the Disclosing Party to any party that its subsidiaries, affiliates, directors, officers, employees, representatives, advisors, or reinsurers who directly need to know the information.