



Crum & Forster Surplus & Specialty Lines

Loss Run - Valuation Date 5/7/2025

Client Info: SPHINX EXPRESS LLC
3407 Thornton Lake, Pearland, TX, 77584

Producer Info: AMWINS NATIONAL TRANS

Policy Number: 506906964

Policy Period: 6/2/2023 - 6/2/2024

Line Of Business: Package with Auto - If defense costs are within policy limits then claims expense shows as indemnity in columns below

Carrier: CRUM & FORSTER INDEMNITY COMPANY

Policy Total

Total # Of Claims	# Closed Without Indemnity Payment	Deductible Reserve	Subro/ Salvage	Indemnity Reserves	Paid Indemnity	Expense Reserves	Paid Expense	Total Incurred*
2	1	0.00	0.00	0.00	36,838.74	0.00	0.00	36,838.74

Claim Details:

Claim Number: NJU00283949

Claim Status: CLOSED - 8/28/2023 Date Of Loss: 8/7/2023 Reported Date: 8/8/2023			Accident Description: OV STRUCK PARKED IV. Accident State: OH						
Claim Details	Deductible Reserve	Subro/ Salvage	Indemnity Reserve	Paid Indemnity	Total Indemnity	Expense Reserve	Paid Expense	Total Expense	Total Incurred*
Type of Claim: PROP Loss Description: VEHICLE Claimant Name: SHOUSA TRUCKING DOT: 3470936POC: UNK Driver Name: J CHAMBERS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Type of Claim: COLL Loss Description: Claimant Name: SPHINX EXPRESS LLC Driver Name: J CHAMBERS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CLAIM TOTAL:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: MNC92303529

Claim Status: CLOSED - 3/5/2024 Date Of Loss: 12/4/2023 Reported Date: 12/19/2023			Accident Description: IV backed into OV truck as IV was hauling equipment to job site at United Rentals Accident State: GA						
Claim Details	Deductible Reserve	Subro/ Salvage	Indemnity Reserve	Paid Indemnity	Total Indemnity	Expense Reserve	Paid Expense	Total Expense	Total Incurred*
Type of Claim: PROP Loss Description: Claimant Name: United Rentals Driver Name:	0.00	0.00	0.00	893.63	893.63	0.00	0.00	0.00	893.63

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Type of Claim: PROP Loss Description: Claimant Name: ShopOne Centers REIT, Inc. Driver Name:	0.00	0.00	0.00	2,500.00	2,500.00	0.00	0.00	0.00	2,500.00
Type of Claim: PROP Loss Description: VEHICLE Claimant Name: GaryCain Driver Name:	0.00	0.00	0.00	33,445.11	33,445.11	0.00	0.00	0.00	33,445.11
CLAIM TOTAL:	0.00	0.00	0.00	36,838.74	36,838.74	0.00	0.00	0.00	36,838.74

*Total Incurred = Total Indemnity + Total Expense - Subro - Salvg

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