



Loss Summary

Name Insured: Intransit

Valuation Date: Wednesday, October 30, 2019, 4:53:30 PM

Customer Number:

General Agent: Risk Placement Services, Inc. dba Edwin M. Rollins Company

Commercial Auto Liability

Effective Date	Expiration Date	Policy Number	Occurrences	Indemnity Reserve	Indemnity Paid	Expense Reserve	Expense Paid	Deductible Recovery	Other Recovery	Gross Incurred	Net Incurred
1/12/2011	1/12/2012	PIA06447901	1	\$0.00	\$3,084.43	\$0.00	\$0.00	\$0.00	\$0.00	\$3,084.43	\$3,084.43
Total			1	\$0.00	\$3,084.43	\$0.00	\$0.00	\$0.00	\$0.00	\$3,084.43	\$3,084.43

Commercial Auto Physical Damage

Effective Date	Expiration Date	Policy Number	Occurrences	Indemnity Reserve	Indemnity Paid	Expense Reserve	Expense Paid	Deductible Recovery	Other Recovery	Gross Incurred	Net Incurred
1/12/2011	1/12/2012	PIA06447901	2	\$0.00	\$5,500.00	\$0.00	\$80.00	\$0.00	\$0.00	\$5,580.00	\$5,580.00
Total			2	\$0.00	\$5,500.00	\$0.00	\$80.00	\$0.00	\$0.00	\$5,580.00	\$5,580.00

All Years / All Policies

Line of Business	Occurrences	Net Incurred	Total Reserve
Commercial Auto Liability	1	\$3,084.43	\$0.00
Commercial Auto Physical Damage	2	\$5,580.00	\$0.00
Total	3	\$8,664.43	\$0.00

© 2018 - Canal Insurance Company



Loss Detail Report

Commercial Auto Liability

Name Insured: Intransit

Valuation Date: Wednesday, October 30, 2019, 4:52:58 PM

Policy Number: PIA06447901

General Agent: Risk Placement Services, Inc. dba Edwin M. Rollins Company

Policy Term: 1/12/2011 - 1/12/2012

Policy State: VA

Occurrence 1 Date of Loss: 11/14/2011

Insured Driver: Tommy Kilgore

Loss Location: GREENCASTLE, PA

Claim No: L471174

Reported: 12/1/2011

Days to Report: 17

Claimant Name: JB HUNT TRANSPORT

Status: Closed

Closed Date: 12/13/2011

Description: THE INSD BACKING INTO THE LOADING DOCK AND HIT THE CLMT VEH

VIN: 4V4NC9GH87N482280

Coverage	Ind. Reserve	Ind. Paid	Exp. Reserve	Exp. Paid	Ded. Recovery	Other Recovery	Gross Incurred	Net Incurred
Vehicle	\$0.00	\$3,084.43	\$0.00	\$0.00	\$0.00	\$0.00	\$3,084.43	\$3,084.43
Total	\$0.00	\$3,084.43	\$0.00	\$0.00	\$0.00	\$0.00	\$3,084.43	\$3,084.43

Liability Loss Summary

1/12/2011 - 1/12/2012

Total Occurrences: 1

Ind. Reserve	Ind. Paid	Exp. Reserve	Exp. Paid	Ded. Recovery	Other Recovery	Gross Incurred	Net Incurred
\$0.00	\$3,084.43	\$0.00	\$0.00	\$0.00	\$0.00	\$3,084.43	\$3,084.43

Commercial Auto Physical Damage

Name Insured: Intransit

Valuation Date: Wednesday, October 30, 2019, 4:52:58 PM

Policy Number: PIA06447901

General Agent: Risk Placement Services, Inc. dba Edwin M. Rollins Company

Policy Term: 1/12/2011 - 1/12/2012

Policy State: VA

Occurrence 1

Date of Loss: 2/4/2011

Insured Driver: Howard Kilgore

Loss Location: DOSWELL, VA

Claim No: P049459

Reported: 3/7/2011

Days to Report: 31

Claimant Name: INT Logistics LLC

Status: Closed

Closed Date: 12/22/2011

Description: INS TRAILER WAS STOLEN FROM TRUCK STOP

VIN:

Coverage	Ind. Reserve	Ind. Paid	Exp. Reserve	Exp. Paid	Ded. Recovery	Other Recovery	Gross Incurred	Net Incurred
Vehicle	\$0.00	\$2,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,500.00	\$2,500.00
Total	\$0.00	\$2,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,500.00	\$2,500.00

Occurrence 2

Date of Loss: 5/14/2011

Insured Driver: Howard Kilgore

Loss Location: ASHLAND, VA

Claim No: P057723

Reported: 7/5/2011

Days to Report: 52

Claimant Name: INT Logistics LLC

Status: Closed

Closed Date: 9/1/2011

Description: I/V WAS STOLEN- I/V WAS UNGATED TRUCKSTOP

VIN:

Coverage	Ind. Reserve	Ind. Paid	Exp. Reserve	Exp. Paid	Ded. Recovery	Other Recovery	Gross Incurred	Net Incurred
Vehicle	\$0.00	\$3,000.00	\$0.00	\$80.00	\$0.00	\$0.00	\$3,080.00	\$3,080.00
Total	\$0.00	\$3,000.00	\$0.00	\$80.00	\$0.00	\$0.00	\$3,080.00	\$3,080.00

Phys Damage Loss Summary

1/12/2011 - 1/12/2012

Total Occurrences: 2

Ind. Reserve	Ind. Paid	Exp. Reserve	Exp. Paid	Ded. Recovery	Other Recovery	Gross Incurred	Net Incurred
\$0.00	\$5,500.00	\$0.00	\$80.00	\$0.00	\$0.00	\$5,580.00	\$5,580.00

Legend

Ind. Reserve	Amount set aside as an estimate of future indemnity cost.
Ind. Paid	Amount already paid for the indemnity portion of a loss.
Exp. Reserve	Amount set aside as an estimate of future expenses to adjust the claim.
Exp. Paid	Amount already paid for expenses that are directly related to the claim.
Ded. Recovery	Amount received from insured to cover any deductible that applies to the claim.
Other Recovery	Amount received from sources other than the deductible to offset the cost of the claim such as salvage and subrogation payments.
Gross Incurred	Indemnity Reserve + Indemnity Paid + Expense Reserve + Expense Paid.
Net Incurred	Gross Incurred reduced by Ded Recovery and Other Recovery.

© 2018 - Canal Insurance Company



Loss Summary

Name Insured: INTRANSIT

Valuation Date: Wednesday, October 30, 2019, 4:51:44 PM

Customer Number:

General Agent: Risk Placement Services, Inc. dba Edwin M. Rollins Company

Commercial Auto Liability

Effective Date	Expiration Date	Policy Number	Occurrences	Indemnity Reserve	Indemnity Paid	Expense Reserve	Expense Paid	Deductible Recovery	Other Recovery	Gross Incurred	Net Incurred
2/12/2014	2/12/2015	PIA07589801	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2/12/2015	2/12/2016	PIA07589802	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total			1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Commercial Auto Physical Damage

Effective Date	Expiration Date	Policy Number	Occurrences	Indemnity Reserve	Indemnity Paid	Expense Reserve	Expense Paid	Deductible Recovery	Other Recovery	Gross Incurred	Net Incurred
2/12/2014	2/12/2015	PIA07589801	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2/12/2015	2/12/2016	PIA07589802	1	\$0.00	\$7,150.68	\$0.00	\$470.20	\$0.00	\$0.00	\$7,620.88	\$7,620.88
Total			2	\$0.00	\$7,150.68	\$0.00	\$470.20	\$0.00	\$0.00	\$7,620.88	\$7,620.88

Motor Truck Cargo

Effective Date	Expiration Date	Policy Number	Occurrences	Indemnity Reserve	Indemnity Paid	Expense Reserve	Expense Paid	Deductible Recovery	Other Recovery	Gross Incurred	Net Incurred
2/12/2014	2/12/2015	PIA07589801	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2/12/2015	2/12/2016	PIA07589802	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total			0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

All Years / All Policies

Line of Business	Occurrences	Net Incurred	Total Reserve
Commercial Auto Liability	1	\$0.00	\$0.00
Commercial Auto Physical Damage	2	\$7,620.88	\$0.00
Motor Truck Cargo	0	\$0.00	\$0.00
Total	3	\$7,620.88	\$0.00

© 2018 - Canal Insurance Company



Loss Detail Report

Commercial Auto Liability

Name Insured: INTRANSIT

Valuation Date: Wednesday, October 30, 2019, 4:50:58 PM

Policy Number: PIA07589801

General Agent: Risk Placement Services, Inc. dba Edwin M. Rollins Company

Policy Term: 2/12/2014 - 2/12/2015

Policy State: VA

Occurrence 1 Date of Loss: 5/16/2014

Insured Driver: Howard Kilgore

Loss Location: ALLENTOWN, PA

Claim No: L489574

Reported: 5/27/2014

Days to Report: 10

Claimant Name: BRIAN TOY

Status: Closed

Closed Date: 8/19/2014

Description: I/V STRUCK IN CONSTRUCTION TRAFFIC WHEN C/V MERGED OVER AND STRUCK THE I/V'S RIGHT SIDE MIRROR AND KNOCKED IT OFF. C/V WAS PULLING A CAMPING TRAILER AND THIS IS WHAT STRUCK THE I/V

VIN: 4V4NC9GH07N481446

Coverage	Ind. Reserve	Ind. Paid	Exp. Reserve	Exp. Paid	Ded. Recovery	Other Recovery	Gross Incurred	Net Incurred
Vehicle	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Liability Loss Summary

2/12/2014 - 2/12/2015

Total Occurrences: 1

Ind. Reserve	Ind. Paid	Exp. Reserve	Exp. Paid	Ded. Recovery	Other Recovery	Gross Incurred	Net Incurred
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Commercial Auto Physical Damage

Name Insured: INTRANSIT

Valuation Date: Wednesday, October 30, 2019, 4:50:58 PM

Policy Number: PIA07589801

General Agent: Risk Placement Services, Inc. dba Edwin M. Rollins Company

Policy Term: 2/12/2014 - 2/12/2015

Policy State: VA

Occurrence 1

Date of Loss: 5/16/2014

Insured Driver: Howard Kilgore

Loss Location: ALLENTOWN, PA

Claim No: P067186

Reported: 5/27/2014

Days to Report: 10

Claimant Name: INT LOGISTICS LLC

Status: Closed

Closed Date: 5/28/2014

Description: I/V STRUCK IN CONSTRUCTION TRAFFIC WHEN C/V MERGED OVER AND STRUCK THE I/V'S RIGHT SIDE MIRROR AND KNOCKED IT OFF. C/V WAS PULLING A CAMPING TRAILER AND THIS IS WHAT STRUCK THE I/V

VIN:

Coverage	Ind. Reserve	Ind. Paid	Exp. Reserve	Exp. Paid	Ded. Recovery	Other Recovery	Gross Incurred	Net Incurred
Vehicle	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Phys Damage Loss Summary

2/12/2014 - 2/12/2015

Total Occurrences: 1

Ind. Reserve	Ind. Paid	Exp. Reserve	Exp. Paid	Ded. Recovery	Other Recovery	Gross Incurred	Net Incurred
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Name Insured: INTRANSIT

Valuation Date: Wednesday, October 30, 2019, 4:50:58 PM

Policy Number: PIA07589802

General Agent: Risk Placement Services, Inc. dba Edwin M. Rollins Company

Policy Term: 2/12/2015 - 2/12/2016

Policy State: VA

Occurrence 1

Date of Loss: 10/5/2015

Insured Driver: Howard Kilgore

Loss Location: Centerville, MD

Claim No: P070207

Reported: 10/6/2015

Days to Report: 1

Claimant Name: INT LOGISTICS LLC

Status: Closed

Closed Date: 10/26/2015

Description: Insd collided with a deer. No injuries reported, No police

VIN:

Coverage	Ind. Reserve	Ind. Paid	Exp. Reserve	Exp. Paid	Ded. Recovery	Other Recovery	Gross Incurred	Net Incurred
Vehicle	\$0.00	\$7,150.68	\$0.00	\$470.20	\$0.00	\$0.00	\$7,620.88	\$7,620.88
Total	\$0.00	\$7,150.68	\$0.00	\$470.20	\$0.00	\$0.00	\$7,620.88	\$7,620.88

Phys Damage Loss Summary

2/12/2015 - 2/12/2016

Total Occurrences: 1

Ind. Reserve	Ind. Paid	Exp. Reserve	Exp. Paid	Ded. Recovery	Other Recovery	Gross Incurred	Net Incurred
\$0.00	\$7,150.68	\$0.00	\$470.20	\$0.00	\$0.00	\$7,620.88	\$7,620.88

Legend

Ind. Reserve	Amount set aside as an estimate of future indemnity cost.
Ind. Paid	Amount already paid for the indemnity portion of a loss.
Exp. Reserve	Amount set aside as an estimate of future expenses to adjust the claim.
Exp. Paid	Amount already paid for expenses that are directly related to the claim.
Ded. Recovery	Amount received from insured to cover any deductible that applies to the claim.
Other Recovery	Amount received from sources other than the deductible to offset the cost of the claim such as salvage and subrogation payments.
Gross Incurred	Indemnity Reserve + Indemnity Paid + Expense Reserve + Expense Paid.
Net Incurred	Gross Incurred reduced by Ded Recovery and Other Recovery.

E&S/Specialty Loss Run

Requested Date & Time: 01/20/2025 12:58:45 PM

Loss Run Report									
Policy Number:	XLS0123569		Agency Name:	PARTNERS SPECIALTY GROUP		Department:	0000A - BROKERAGE EXCESS		
Policy Term:	03/19/2022 - 03/19/2023		Agency Number:	10720		Company:	SCOTTSDALE INSURANCE COMPANY		
Insured:	TXI LOGISTICS								
Address:	2407 REMUDA DRIVE SHERMAN , TX 75092								

Policy Number	Policy Effective	Policy Expiration	Total Claims	Total Paid L&ALAE HTD		Total Incurred L&ALAE HTD	
				Paid Loss	Loss Reserve	Incurred Loss	Paid ALAE
XLS0123569		03/19/2022 - 03/19/2023	0	0	0	0	0
TOTAL:			0	0	0	0	0

All Claim data, including but not limited to noted entries displayed on the E&S / Specialty Portal are the sole property of H&S / Specialty. All data contained herein must be treated as confidential. Access to claim data through the E&S / Specialty Portal does not confer any rights in that data. Further, by accessing claim data in the Portal, the viewer expressly agrees to abide by and maintain the confidential and/or privileged status of data contained herein.

*Access to information on a select group of sensitive claims and policies has been restricted at the request of Claim Management. If you have questions regarding a restricted claim or policy, please contact the Claim Division at 1-480-365-2809

Nationwide
is on your side



Continental Trucking Association Inc
721 N Fourth Street, Watertown, WI 53098
Phone: 920-261-1081
Fax: 920-261-1090

January 21, 2025

RE: Insured Name: TXI LOGISTICS – INT LOGISTICS

RE: Policy Number: IM255137-1
BA275000

To Whom It May Concern:

There have been paid losses during the period of 3/19/21-3/19/22

Date of loss: 3/2/22
Indemnity: \$10,767.53-CLOSED/APD

Carroll Logistics Inc.
Carroll Logistics Inc.



INSURED NAME: TXI LOGISTICS DBA INTL LOGISTICS
COMPANY: GREAT AMERICAN INSURANCE CO.
VALUATION DATE: 01/20/2025
POLICY NUMBER: GTP467870
POLICY PERIOD: 03/19/2022-08/01/2022

CLAIM NUMBER	Loss Date	Claim Report Date	Loss State	Open Date	Close Date	Claim Status	Loss Description	Reserves	Paid	Recoveries	Incurred	LAE

NO LOSS LETTER

Auto-Owners INSURANCE

LIFE • HOME • CAR • BUSINESS

POLICY LOSS HISTORY REPORT Date: January 20, 2025

Policy Branch: BRENTWOOD - 003	Named Insured: TXI LOGISTICS DBA INT LOGISTICS	Policy Number: 03-045590	Policy Prefix: 244645	Mailing Address: 27 OLD SELLERS WAY	Original Effective Date: 02/12/2024	Policy Cancellation Date:	Term 02/12/2024 to 02/12/2025	No Claims Found for this Policy Term.
--------------------------------	------------------------------------------------	--------------------------	-----------------------	-------------------------------------	-------------------------------------	---------------------------	-------------------------------	---------------------------------------

Auto-Owners INSURANCE Policy Loss History Report

Date: January 20, 2025

LIFE • HOME • CAR • BUSINESS

INSURANCE

Agency: 19022700

RELIANCE PARTNERS INC

Policy Branch: BRENTWOOD - 003
Named Insured: TXI LOGISTICS
DBA INT LOGISTICSPolicy Number: 55-045590-00
Policy Prefix: 242145
Original Address: 27 OLD SELLERS WAY
RICHLOND, VA 23227-1681Policy Cancellation Date: 02/12/2024
Policy Type: COMMERCIAL UMBRELLA
Term 02/12/2024 to 02/12/2025

No Claims Found for this Policy Term.

No Claims Found for this Policy Term.

Total number of claims for this requested report period: 2

Totals for Policy 55-045590-01 from 02/12/2024 to 12/12/2024													
Claim Number:	POLICY TERM:	CLOSE DATE	COVERAGE	PENDING EXPENSE	ALLOCATED EXPENSE	RESERVE AMOUNT	RECOVERY	AMOUNT	Paid Amount	Total:	\$862.37	\$0.00	\$9,412.78
Claim Number: 300-0360021-2024	POLICY TERM: 02/12/2024 TO 02/12/2025	CLOSE DATE: 05/22/2024	COVERAGE: OPEN	PENDING EXPENSE: \$0.00	ALLOCATED EXPENSE: \$862.37	RESERVE AMOUNT: \$0.00	RECOVERY: \$0.00	AMOUNT: \$5,937.63	Paid Amount: At-Fault and Rated	Description: IV hit a low hanging tree limb.	VEHICLE DESCRIPTION: 2022 NON OWNED TRAILER	Driver:	
Claim Number: 300-0598206-2024	POLICY TERM: 02/12/2024 TO 02/12/2025	CLOSE DATE: 08/05/2024	COVERAGE: COMBINED LIABILITY	PENDING EXPENSE: \$775.50	ALLOCATED EXPENSE: \$0.00	RESERVE AMOUNT: \$0.00	RECOVERY: \$0.00	AMOUNT: \$3,475.15	Paid Amount: At-Fault and Rated	Description: IV TRACTOR TRAILER ROLLED INTO OV.	VEHICLE DESCRIPTION: ANTHONY MOORE	Driver:	

Policy Branch: BRENTWOOD - 003
Named Insured: TXI LOGISTICS DBA IN LOGISTICS
Mailing Address: 27 OLD SELLERS WAY
Original Effective Date: 02/12/2024
Policy Prefix: 240245
Policy Number: 55-045590-01
Policy Cancellation Date:
Term 02/12/2024 to 02/12/2025



INSURED NAME:	TXLLOGISTICS DBA INTL LOGISTICS								
VALUATION DATE:	01/06/2025								
AUTO LIABILITY CARRIER:	Independity Insurance Co of NA								
POLICY TERM:	03/19/2024-02/12/2024								
PHYSICAL DAMAGE CARRIER:	Hisco Natural Insurance Co								
POLICY TERM:	08/01/2022-07/12/2024								
CARGO CARRIER:	Ameri-Armstrong								
POLICY TERM:	03/19/2022-02/12/2024								
GENERAL LIABILITY CARRIER:	Independity Insurance Co of NA								
POLICY TERM:	03/19/2022-02/12/2024								
Insured Name	TXLLOGISTICS DBA INTL LOGISTICS								
Car Number	Last Date	Report Date	Coverage Date	Accident Description	State Code	Side	Reserves	Total Incurred	Paid
2311060223679	10/26/2023	11/16/2023	ALV	MOT-AIVE TXLLOGISTICS DBA INTL LOGISTICS 3550264 V-APT/NOT PER EMAIL FROM RELIANCE VIT IN MOLE IN MOVED TO RIGH T/L AND STRUCK QZ WITH PS STEER TIRE LOS NUTS. LIMITED DETAILS. UNINFLAT TOW HEMT AND PD.	F	RD	\$ -	\$ 8,222.15	\$ 8,222.15
231106022367901	10/26/2023	11/16/2023	APD	MOT-AIVE TXLLOGISTICS DBA INTL LOGISTICS 3550264 V-APT/NOT PER EMAIL FROM RELIANCE VIT IN MOLE IN MOVED TO RIGH T/L AND STRUCK QZ WITH PS STEER TIRE LOS NUTS. LIMITED DETAILS. UNINFLAT TOW HEMT AND PD.	F	RD	\$ -	\$ -	\$ -
231106022367902	10/26/2023	11/16/2023	AL	MOT-AIVE TXLLOGISTICS DBA INTL LOGISTICS 3550264 V-APT/NOT PER EMAIL FROM RELIANCE VIT IN MOLE IN MOVED TO RIGH T/L AND STRUCK QZ WITH PS STEER TIRE LOS NUTS. LIMITED DETAILS. DOT-HAL NO TOW NO HAZ-201-V.	O	RD	\$ 41,179.00	\$ 46,860.00	\$ 512.00
Grand Total					\$ 41,179.00	\$ 54,022.15	\$ 9,344.55		

TXI Logistics/INT Logistics LLC

**15015 PATRICK MEADOWS WAY
MONTPELIER, VA, 23192
+1 (540) 379-1465
hkilgore1288@gmail.com**

To: Auto Owners Ins Co-(Virginia Office)

Date: Fri, 26 Sep, 2025

Email: forest.und@aoins.com

Fax:

Subject: REQUEST FOR LOSS HISTORY/LOSS RUNS

Coverage All Lines

Type:

Policy #: 55-045590-01

Insured: TXI Logistics/INT Logistics LLC

Dear: **Auto Owners Ins Co-(Virginia Office)**

On behalf of **TXI Logistics/INT Logistics LLC**, I hereby request a copy of the entire Loss History / a current Loss Run for policies listed above, and any for other policies that pertain to **TXI Logistics/INT Logistics LLC** for the following year/s: 02/12/2024- 02/12/2025.

Please send the requested information to my attention by fax at 501-325-3931 and by e-mail to hkilgore1288@gmail.com .

Please do not delay in forwarding the requested information.

Should you have any questions please contact me immediately at: **+1 (540) 379-1465**.

Thank you in advance,



Howard Kilgore

Owner



Document Audit Trail

Status: Completed

Document Title:

auto-owners-ins-co-virginia-office_txi-logisticsint-logistics-llc_1758908167_1153606

Document Id: 263734
Document Pages: 1
Document Created: 09/26/2025 09:36 AM PST
Number of Signatures: 1
Signature Requested: 09/26/2025 09:36 AM PST
Originator/Sender: LRP, The Loss Run Pros
Sender IP Address: 209.194.26.134

Signer Events

Name: Howard Kilgore
Email: hkilgore1288@gmail.com
Insured Name: TXI Logistics/INT Logistics LLC
Title: Owner

Electronic Record and Signature Disclosure

Accepted/Verified: 09/29/2025 11:04 AM PST
Signed: 09/29/2025 11:04 AM PST
Signer IP Address: 73.152.91.102

TXI Logistics/INT Logistics LLC

15015 PATRICK MEADOWS WAY

MONTPELIER, VA, 23192

+1 (540) 379-1465

hkilgore1288@gmail.com

To: StarStone Specialty Ins Co-Core Specialty

Date: Fri, 26 Sep, 2025

Email: claims@corespecialty.com

Fax:

Subject: REQUEST FOR LOSS HISTORY/LOSS RUNS

Coverage All Lines

Type:

Policy #: AM37000379-00

Insured: TXI Logistics/INT Logistics LLC

Dear: **StarStone Specialty Ins Co-Core Specialty**

On behalf of **TXI Logistics/INT Logistics LLC**, I hereby request a copy of the entire Loss History / a current Loss Run for policies listed above, and any for other policies that pertain to **TXI Logistics/INT Logistics LLC** for the following year/s: 02/12/2025-current.

Please send the requested information to my attention by fax at 501-325-3931 and by e-mail to hkilgore1288@gmail.com .

Please do not delay in forwarding the requested information.

Should you have any questions please contact me immediately at: **+1 (540) 379-1465**.

Thank you in advance,



Howard Kilgore

Owner



Document Audit Trail

Status: Completed

Document Title:

starstone-specialty-ins-co-core-specialty_txi-logisticsint-logistics-llc_1758908167_1153605

Document Id: 263734
Document Pages: 1
Document Created: 09/26/2025 09:36 AM PST
Number of Signatures: 1
Signature Requested: 09/26/2025 09:36 AM PST
Originator/Sender: LRP, The Loss Run Pros
Sender IP Address: 209.194.26.134

Signer Events

Name: Howard Kilgore
Email: hkilgore1288@gmail.com
Insured Name: TXI Logistics/INT Logistics LLC
Title: Owner

Electronic Record and Signature Disclosure

Accepted/Verified: 09/29/2025 11:04 AM PST
Signed: 09/29/2025 11:04 AM PST
Signer IP Address: 73.152.91.102

TXI Logistics/INT Logistics LLC

**15015 PATRICK MEADOWS WAY
MONTPELIER, VA, 23192
+1 (540) 379-1465
hkilgore1288@gmail.com**

To: United Specialty Insurance Company

Date: Fri, 26 Sep, 2025

Email: nta-lossruns@ntageneral.com

Fax:

Subject: REQUEST FOR LOSS HISTORY/LOSS RUNS

Coverage All Lines

Type:

Policy #: GWP70340 00

Insured: TXI Logistics/INT Logistics LLC

Dear: United Specialty Insurance Company

On behalf of **TXI Logistics/INT Logistics LLC**, I hereby request a copy of the entire Loss History / a current Loss Run for policies listed above, and any for other policies that pertain to **TXI Logistics/INT Logistics LLC** for the following year/s: 03/19/2021- 03/19/2022.

Please send the requested information to my attention by fax at 501-325-3931 and by e-mail to hkilgore1288@gmail.com .

Please do not delay in forwarding the requested information.

Should you have any questions please contact me immediately at: **+1 (540) 379-1465**.

Thank you in advance,



Howard Kilgore

Owner



Document Audit Trail

Status: Completed

Document Title:

united-specialty-insurance-company_txi-logisticsint-logistics-llc_1758908167_1153608

Document Id: 263734
Document Pages: 1
Document Created: 09/26/2025 09:36 AM PST
Number of Signatures: 1
Signature Requested: 09/26/2025 09:36 AM PST
Originator/Sender: LRP, The Loss Run Pros
Sender IP Address: 209.194.26.134

Signer Events

Name: Howard Kilgore
Email: hkilgore1288@gmail.com
Insured Name: TXI Logistics/INT Logistics LLC
Title: Owner

Electronic Record and Signature Disclosure

Accepted/Verified: 09/29/2025 11:04 AM PST
Signed: 09/29/2025 11:04 AM PST
Signer IP Address: 73.152.91.102

TXI Logistics/INT Logistics LLC

15015 PATRICK MEADOWS WAY

MONTPELIER, VA, 23192

+1 (540) 379-1465

hkilgore1288@gmail.com

To: Indemnity Ins Co Of North Amer -Mohave Polices

Date: Fri, 26 Sep, 2025

Email: lossruns@mohaveinsco.com

Fax:

Subject: REQUEST FOR LOSS HISTORY/LOSS RUNS

Coverage All Lines

Type:

Policy #: MMT H25549090

Insured: TXI Logistics/INT Logistics LLC

Dear: **Indemnity Ins Co Of North Amer -Mohave Polices**

On behalf of **TXI Logistics/INT Logistics LLC**, I hereby request a copy of the entire Loss History / a current Loss Run for policies listed above, and any for other policies that pertain to **TXI Logistics/INT Logistics LLC** for the following year/s: 03/19/2022- 02/12/2024.

Please send the requested information to my attention by fax at 501-325-3931 and by e-mail to hkilgore1288@gmail.com .

Please do not delay in forwarding the requested information.

Should you have any questions please contact me immediately at: **+1 (540) 379-1465**.

Thank you in advance,



Howard Kilgore

Owner



Document Audit Trail

Status: Completed

Document Title:

indemnity-ins-co-of-north-amer-mohave-polices_txi-logisticsint-logistics-llc_1758908167_1153607

Document Id: 263734
Document Pages: 1
Document Created: 09/26/2025 09:36 AM PST
Number of Signatures: 1
Signature Requested: 09/26/2025 09:36 AM PST
Originator/Sender: LRP, The Loss Run Pros
Sender IP Address: 209.194.26.134

Signer Events

Name: Howard Kilgore
Email: hkilgore1288@gmail.com
Insured Name: TXI Logistics/INT Logistics LLC
Title: Owner

Electronic Record and Signature Disclosure

Accepted/Verified: 09/29/2025 11:04 AM PST
Signed: 09/29/2025 11:04 AM PST
Signer IP Address: 73.152.91.102

TXI Logistics DBA INT Logistics LLC

Insured Number: AM37000379

Policy Summary and Claim Listing as of 09/29/2025

Policy Summary**Policy #:** AM37000379**Policy Term:** 02/12/2025 - 02/12/2026**Producer:** Amwins Transportation Underwriters**# Claims:** 2**Loss Payments to Date:** \$2,187 **Outstanding Losses to Date:** \$11,010**Total Incurred to Date:** \$13,197

Total Expected Loss Payments: For each open claim listed, the outstanding loss reserve represents our most current estimate of the range of future additional loss payments. These estimates do not, however, include any adjustments for future development of each open claim. The report also does not include reserves for claims that have occurred but have not yet been reported.

Claim Listing

Claim	Loss Date	Days	Lag Loss City, St	Driver	Accident Description	Status	Rec	#	Payments to Date	Outstanding Loss Reserve
							Only	Coverage		
1929560	04/17/25 16:35	11	Bridgeville, DE	MOORE, ANTHONY	IV Went/Merged Left And Hi	Open	N	Liability	2	2,187
1929560	04/17/25 16:35	11	Bridgeville, DE	MOORE, ANTHONY	IV Went/Merged Left And Hi	Open	N	Phys Dam	1	0

StarStone National Insurance Company
201 E. 5th Street Suite 1200
Cincinnati, OH 45202

Date: 01/25/25
: 13:13:29

PAGE: 1

NTA General Insurance Agency
Carrier: UNITED SPECIALTY INSURANCE CO

Name Of Insured: TXI LOGISTICS
Policy Number: GWP70340 00
Auto Liability: YES

Physical Damage: NO

Effective/Expiration Date: 03/19/2021 / 03/19/2022
Deductible Amount: 0.00
Cargo: NO

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

D TOTALS:-		TOTAL LOSS PAID		TOTAL RESERVED		RECOVERED		INCURRED
L CLAIMS-: 000		0.00		0.00		0.00		0.00
L OPEN CLAIMS -: 000	CLOSED CLAIMS-:000							
L LATE REPORTED CLAIMS-: 000								
L CLAIMS DRIVER STATUS REPORTED-: 000	UNREPORTED-:000							
L CLAIMS VEHICLE STATUS REPORTED-: 000	UNREPORTED-:000							

ranges:

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

Run Date: 01/23/25
Time: 10:43:48

PAGE: 1

NTA General Insurance Agency
Carrier: UNITED SPECIALTY INSURANCE CO
Inception Through: 03/19/2022 (Expiration Date)

Name Of Insured: TXI LOGISTICS
Policy Number: GWP70340 00
Auto Liability: YES

Physical Damage: NO

Effective/Expiration Date: 03/19/2021 / 03/19/2022
Deductible Amount: 0.00
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 DRIVER STATUS REPORTED-: 000		UNREPORTED-:000						
TOTAL CLAIMS VEHICLE STATUS REPORTED-: 000		UNREPORTED-:000						

Coverages:

MTC-STO&REC = Storage&Recovery
MTC-RIGGERS = Riggers
MTC-PR/Reef = Primary/Reefer
MTC-TI = Trailer Interchange
MTC-DEB REM = Debris Removal
MTC-ERND FRGT = Earned Freight
MTC-UNATTD TR = Unattended Truck
MTC-CONT TRAN = Contingent Transit

Liab PD = Liability Property Damage
Comp = Comprehensive
COMP/COLL TOW = COMP/COLL TOWING
COMP/COLL NOWN = COMP/COLL NON OWNED
COMP/COLL PR = COMP/COLL PRIMARY
Reef-BD = Reefer Breakdown
Liab UM = Liability Uninsured Motorist
Liab BI = Liability Bodily Injury

Coll = Collision
Cargo = Cargo
Spec Per = Specific Perils
Liab PIP = Liability PIP
Adj Exp = Adjuster Expense
Lgl Exp = Legal Expense
Gen Liab = General Liability
Other Exp = Other Expense

E&S/Specialty Loss Run

Requested Date & Time: 01/20/2025 12:58:45 PM

Loss Run Report					
Policy Number:	XLSO123569	Agency Name:	PARTNERS SPECIALTY GROUP	Department:	0000A - BROKERAGE EXCESS
Policy Term:	03/19/2022 - 03/19/2023	Agency Number:	10720	Company:	SCOTTSDALE INSURANCE COMPANY
Insured:	TXI LOGISTICS				
Address:	2407 REMUDA DRIVE				
	SHERMAN , TX 75092				

Policy Number	Policy Term	Total Claims	Total Paid L&ALAE HTD	Total Incurred L&ALAE HTD
XLSO123569	03/19/2022 - 03/19/2023	0	0	0
TOTAL:		0	0	0

Policy Number	Policy Effective	Policy Expiration	Total Claims	Open Claims	Paid Loss	Loss Reserve	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery	Total Incurred Net of Recovery	Refund

All Claim data, including but not limited to notepad entries, displayed on the E&S / Specialty Portal are the sole property of E&S / Specialty. All data contained herein must be treated as confidential. Access to claim data through the E&S / Specialty Portal does not confer any rights in that data. Further, by accessing claim data in the Portal, the viewer expressly agrees to abide by and maintain the confidential and/or privileged status of data contained herein.

*Access to information on a select group of sensitive claims and policies has been restricted at the request of Claim Management. If you have questions regarding a restricted claim or policy, please contact the Claim Division at 1-480-365-2809.



Continental Trucking Association Inc
721 N Fourth Street, Watertown, WI 53098
Phone: 920-261-1081
Fax: 920-261-1090
January 21, 2025

RE: Insured Name: TXI LOGISTICS – INT LOGISTICS

RE: Policy Number: IM255137-1
BA275000

To Whom It May Concern:

There have been paid losses during the period of 3/19/21-3/19/22

Date of loss: 3/2/22
Indemnity: \$10,767.53-CLOSED/APD



INSURED NAME: TXI LOGISTICS DBA INT LOGISTICS
COMPANY: GREAT AMERICAN INSURANCE CO.
VALUATION DATE: 01/20/2025
POLICY NUMBER: GTP4167870
POLICY PERIOD: 03/19/2022-08/01/2022





Policy Loss History Report

Date: January 20, 2025

Agency: 19022700

RELIANCE PARTNERS INC

Policy Branch: BRENTWOOD - 003

Named Insured: TXI LOGISTICS DBA INT LOGISTICS

Policy Number: 03-045590

Policy Prefix: 244645

Original Effective Date: 02/12/2024

Mailing Address: 27 OLD SELLERS WAY

RICHMOND, VA 23227-1681

Policy Cancellation Date:

Policy Type: TAILORED PROTECTION POLICY

Term: 02/12/2024 to 02/12/2025

No Claims Found for this Policy Term.

No Claims Found for this Policy Term.



Policy Loss History Report

Date: January 20, 2025

Agency: 19022700

RELIANCE PARTNERS INC

Policy Branch: BRENTWOOD - 003

Named Insured: TXI LOGISTICS
DBA INT LOGISTICS

Policy Number: 55-045590-00

Policy Prefix: 242145

Mailing Address: 27 OLD SELLERS WAY
RICHMOND, VA 23227-1681

Original Effective Date: 02/12/2024

Policy Cancellation Date:

Policy Type: COMMERCIAL UMBRELLA

Term 02/12/2024 to 02/12/2025

No Claims Found for this Policy Term.

No Claims Found for this Policy Term.



Policy Loss History Report

Date: January 20, 2025

LIFE • HOME • CAR • BUSINESS

Agency: 19022700

RELIANCE PARTNERS INC

Policy Branch: BRENTWOOD - 003

Named Insured: TXI LOGISTICS DBA IN LOGISTICS

Policy Number: 55-045590-01

Policy Prefix: 240245

Original Effective Date: 02/12/2024

Mailing Address: 27 OLD SELLERS WAY

RICHMOND, VA 23227-1681

Policy Cancellation Date:

Policy Type: COMMERCIAL AUTO

Term 02/12/2024 to 02/12/2025

Claim Number: 300-0598206-2024				Policy Term: 02/12/2024 to 02/12/2025		
Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount	Recovery Amount	Paid Amount *
08/05/2024	10/16/2024	Combined Liability: Property Damage - Vehicles and	\$775.50		\$0.00	\$3,475.15
Fault: At-Fault and Rated						
Description: IV TRACTOR TRAILER ROLLED INTO OV.						
Vehicle Description:						
Driver: ANTHONY MOORE						
Claim Number: 300-0360021-2024				Policy Term: 02/12/2024 to 02/12/2025		
Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount	Recovery Amount	Paid Amount *
05/22/2024	OPEN	Collision	\$0.00	\$862.37	\$0.00	\$5,937.63
Fault: At-Fault and Rated						
Description: IV hit a low hanging tree limb.						
Vehicle Description: 2022 NON OWNED TRAILER						
Driver:						
Total:			\$775.50	\$862.37	\$0.00	\$9,412.78

Totals for Policy 55-045590-01 from 02/12/2024 to 12/12/2024

\$775.50	\$862.37	\$0.00

\$775.50	\$862.37	\$0.00

\$775.50	\$862.37	\$0.00

Total number of claims for this requested report period: 2

NTA General Insurance Agency
Carrier: UNITED SPECIALTY INSURANCE CO

Name Of Insured:	TXI LOGISTICS	Effective/Expiration Date:	03/19/2021 / 03/19/2022
Policy Number:	GWP70340 00	Deductible Amount:	0.00
Auto Liability:	YES	Cargo:	NO
Physical Damage:	NO		

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

D TOTALS- :	TOTAL LOSS PAID	TOTAL RESERVED	RECOVERED	INCURRED
L CLAIMS- : 000	0.00	0.00	0.00	0.00
L OPEN CLAIMS - : 000	CLOSED CLAIMS- : 000			
L LATE REPORTED CLAIMS- : 000				
L CLAIMS DRIVER STATUS REPORTED- : 000	UNREPORTED- : 000			
L CLAIMS VEHICLE STATUS REPORTED- : 000	UNREPORTED- : 000			

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

Agency: 19022700

RELIANCE PARTNERS INC

Policy Branch: BRENTWOOD - 003

Named Insured: TXI LOGISTICS DBA INT LOGISTICS

Policy Number: 03-045590

Policy Prefix: 244645

Mailing Address: 27 OLD SELLERS WAY

RICHMOND, VA 23227-1681

Original Effective Date: 02/12/2024

Policy Cancellation Date:

Policy Type: TAILORED PROTECTION POLICY

Term 02/12/2024 to 02/12/2025

No Claims Found for this Policy Term.

No Claims Found for this Policy Term.

Agency: 19022700

RELIANCE PARTNERS INC

Policy Branch: BRENTWOOD - 003

Named Insured: TXI LOGISTICS
DBA INT LOGISTICS

Policy Number: 55-045590-00

Policy Prefix: 242145

Mailing Address: 27 OLD SELLERS WAY
RICHMOND, VA 23227-1681

Original Effective Date: 02/12/2024

Policy Cancellation Date:

Policy Type: COMMERCIAL UMBRELLA

Term 02/12/2024 to 02/12/2025

No Claims Found for this Policy Term.

No Claims Found for this Policy Term.

Agency: 19022700

RELIANCE PARTNERS INC

Policy Branch: BRENTWOOD - 003

Named Insured: TXI LOGISTICS DBA IN LOGISTICS

Policy Number: 55-045590-01

Policy Prefix: 240245

Mailing Address: 27 OLD SELLERS WAY

RICHMOND, VA 23227-1681

Original Effective Date: 02/12/2024

Policy Cancellation Date:

Policy Type: COMMERCIAL AUTO

Term: 02/12/2024 to 02/12/2025

Claim Number: 300-0598206-2024				Policy Term: 02/12/2024 to 02/12/2025		
Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount	Recovery Amount	Paid Amount *
08/05/2024	10/16/2024	Combined Liability: Property Damage - Vehicles and	\$775.50		\$0.00	\$3,475.15
Fault: At-Fault and Rated						
Description: IV TRACTOR TRAILER ROLLED INTO OV.						
Vehicle Description:						
Driver: ANTHONY MOORE						
Claim Number: 300-0360021-2024				Policy Term: 02/12/2024 to 02/12/2025		
Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount	Recovery Amount	Paid Amount *
05/22/2024	OPEN	Collision	\$0.00	\$862.37	\$0.00	\$5,937.63
Fault: At-Fault and Rated						
Description: IV hit a low hanging tree limb.						
Vehicle Description: 2022 NON OWNED TRAILER						
Driver:						
Total:			\$775.50	\$862.37	\$0.00	\$9,412.78

Totals for Policy 55-045590-01 from 02/12/2024 to 12/12/2024

\$775.50	\$862.37	\$0.00
----------	----------	--------

\$9,412.78

Total number of claims for this requested report period: 2



INSURED NAME:	TTL LOGISTICS DBA INT'L LOGISTICS		
VALUATION DATE:	6/15/2025		
PHYSICAL DAMAGE CARRIER:	Interstate Insurance Co.	Co.	10/26/2024
CARGO CARRIER:	Hanjin Shipping Co.	Co.	08/16/2024-05/12/2024
POLICY TERM:	Avg Amer Corp	Co.	03/19/2024-02/12/2024
GENERAL LIABILITY CARRIER:	Industrial Insurance Co. of N.Y.	Co.	03/19/2024-02/12/2024
POLICY TERM:	IronGate	Co.	10/26/2024
Insured Name:	TTL LOGISTICS DBA INT'L LOGISTICS		
Claim Number:	Lever Dealer		
	2311906223679	2311906223679	2311906223679
	2311906223679	2311906223679	2311906223679