



Loss Run for LHM832463 - TRACY M FILLER DMD

Insured Name:	TRACY M FILLER DMD	Policy No:	LHM832463 0	Term:	7/1/2017 - 7/1/2018	Underwriter:	Hicks, Charles
Policy Limit:	\$1,000,000					Claim Prof:	N/a
Deductible:	Deductible / Per Claim / \$5000						

No claims exist for this policy year.

Total Gross Incurred	<u>Paid</u>	<u>Reserve</u>	<u>Incurred</u>
<u>Indemnity</u>	\$0.00	\$0.00	\$0.00
<u>Expense</u>	\$0.00	\$0.00	\$0.00
<u>Total</u>	\$0.00	\$0.00	\$0.00