

WIN-CON ENTERPRISES, INC.

Policy Number(s): 9R823585

Win-Con Enterprises - Property & EQ loss runs 21-23, as of 9-5-23

**Detail Loss Report****Losses From: 10/01/2021 To 09/05/2023**

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
Policy Year: 2021											
Line of Insurance: P - PROPERTY											
/WIN-CON ENTERPRISES, INC	877	FR	FRQ3807	03/21/2022	05/03/2022	08/29/2023	C				
HAIL DAMAGE TO ROOFS AT BOTH LOCATIONS IN NEW BRAUNFELS, TX. 438 N. WEST END AVE AND 3781 LOOP 337							Inc:	\$3,298,876.00	\$3,295,221.00	\$0.00	\$3,655.00
							Pd:	\$3,298,875.94	\$3,295,221.15	\$0.00	\$3,654.79
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
Subtotals for Line of Insurance : P							Inc:	\$3,298,876.00	\$3,295,221.00	\$0.00	\$3,655.00
Total Claim Count: 1							Pd:	\$3,298,875.94	\$3,295,221.15	\$0.00	\$3,654.79
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
Subtotals for Policy Year : 2021							Inc:	\$3,298,876.00	\$3,295,221.00	\$0.00	\$3,655.00
Total Claim Count: 1							Pd:	\$3,298,875.94	\$3,295,221.15	\$0.00	\$3,654.79
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
Policy Year: 2022											
Line of Insurance: P - PROPERTY											
/WIN-CON ENTERPRISES, INC	877	FR	FRQ9112	11/24/2022	11/28/2022	08/29/2023	C				
HAD BEEN RAINING & RAINWATER POOLED IN ONE AREA OF THE BLDG ROOF WHICH CAUSED THE ROOF IN THAT AREA TO FALL DOWN.							Inc:	\$49,855.00	\$32,246.00	\$0.00	\$17,609.00
							Pd:	\$49,855.54	\$32,246.40	\$0.00	\$17,609.14
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
Subtotals for Line of Insurance : P							Inc:	\$20,954.00	\$20,000.00	\$0.00	\$954.00
Total Claim Count: 2							Pd:	\$20,953.80	\$20,000.00	\$0.00	\$953.80
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
Subtotals for Policy Year : 2022							Inc:	\$70,809.00	\$52,246.00	\$0.00	\$18,563.00
Total Claim Count: 2							Pd:	\$70,809.34	\$52,246.40	\$0.00	\$18,562.94
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00

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Detail Loss Report								Losses From: 10/01/2021 To 09/05/2023			
Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense

Report Grand Totals

Total Claim Count: 3

Inc:	\$3,369,685.00	\$3,347,467.00	\$0.00	\$22,218.00
Pd:	\$3,369,685.28	\$3,347,467.55	\$0.00	\$22,217.73
O/S:	\$0.00	\$0.00	\$0.00	\$0.00



Detail Loss Report			Losses From: 10/01/2021 To 09/05/2023	
Report Parameters				
Report Name: Detail Loss Losses From: 10/01/2021 To 09/05/2023			Policy Number(s): 9R823585	
Sorts				
<u>Sort Name</u>		<u>Sort Label</u>	<u>Subtotal</u>	<u>Page Break</u>
1. Policy Year		Policy Year	Y	N
2. Line of Insurance		Line of Insurance	Y	N
Limiting Statements				
Large Loss Limiting				
Drill Down Limiting Criteria				