



Policy Experience By Policy/Effective

POLICY **QTXD-95631-01**INSURED NAME **J HERNANDEZ JR TRANSPORT LLC**EFFECTIVE DATE **10/29/2016**STATUS **ACTIVE**EXPIRATION DATE **10/29/2017**

Claim No.	3386 1	Loss Date	05/09/2017	Type of Claim	PD		Indemnity	Expenses
Status	OPEN					Reserve	55,000.00	0.00
Description	AS PER CLAIMANT OUR INSURED REAR ENDED CLAIMANTS VEHICLE					Paid	0.00	0.00

	Indemnity	Expenses
Total Reserve	55,000.00	0.00
Total Paid	0.00	0.00

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