Policy Number:WHI0100000486-00Name of Insured:PERFORMANCE CARRIER INCName of Agent:AMERIGO INSURANCE AGENCYCarrier Name:Sutton National Insurance Company

Group Total for Claim No: WHSU23020016



WHITEHILL AGENCY/BRAZOS SPECIALTY RISK

Policy Period: 04/14/2022 TO 04/14/2023

Claim #: Date Open: Description of Accident:	WHSU22100019 10/10/2022 IV struck rear of CV		Date of L Date Clos			ident State: im Status:	CA Old Cla Closed Driver:		n#: SINGH LOVEPREET		t Number: 33		
<u>Claimant</u>	Line/Cov	<u>St</u>	<u>Loss Paid</u>	<u>Med Paid</u>	<u>Exp Paid</u>	<u>Current</u> Loss Resv	<u>Current</u> Exp Resv	<u>Current</u> <u>Med Resv</u>	<u>Gross</u> Incurred	<u>Expense</u> <u>Recover</u>	<u>Deduct</u> <u>Recover</u>	<u>Salvage</u> <u>Recover</u>	<u>Subro</u> <u>Recover</u>
MESSER NORTH AMERICA, INC Group Total for Claim No: WHS		C	\$0.00 \$0.00	\$0.00 \$0.00	\$410.00 \$410.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$410.00 \$410.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00

Claim #:	WHSU2302001	.6	Date of L	oss: 10/22	2/2022 Acci	dent State:	CA Old Cl	aim#:		Unit	Number:			
Date Open:	02/13/2023		Date Clos	ed: 06/0	6/2023 Clai	m Status:	Closed Driver	: MOH	AMED ISMAIL	А				
Description of Accident:	OV was parked on side of road Iv was trying to turn left didn't clear and hit OV.													
<u>Claimant</u>	Line/Cov	<u>St</u>	Loss Paid	<u>Med Paid</u>	<u>Exp Paid</u>	<u>Current</u> Loss Resv	<u>Current</u> Exp Resv	<u>Current</u> Med Resv	<u>Gross</u> Incurred	<u>Expense</u> Recover	<u>Deduct</u> Recover	<u>Salvage</u> Recover	<u>Subro</u> <u>Recover</u>	
ROCHA MARY	19.4/33	C	\$4,754.69	\$0.00	\$495.00	\$0.00	\$0.00	\$0.00	\$5,249.69	\$0.00	\$0.00	\$0.00	\$0.00	

\$0.00

\$0.00

\$0.00

\$5,249.69

\$0.00

\$0.00

\$0.00

\$0.00

Claim #: Date Open: Description of Accident:	WHSU23030048 03/27/2023 IV rear ended OV.			Date of Loss: 08/03/2022 Date Closed:		cident State: im Status:	CA Old Claim#: Open Driver: MAR		Unit Number: 23 MARTINEZ JUAN CEJA				
<u>Claimant</u>	<u>Line/Cov</u>	<u>St</u>	<u>Loss Paid</u>	<u>Med Paid</u>	<u>Exp Paid</u>	<u>Current</u> Loss Resv	<u>Current</u> Exp Resv	<u>Current</u> <u>Med Resv</u>	<u>Gross</u> Incurred	<u>Expense</u> <u>Recover</u>	<u>Deduct</u> <u>Recover</u>	<u>Salvage</u> <u>Recover</u>	<u>Subro</u> <u>Recover</u>
TINNING SARAH	19.4/33	C	\$47,441.66	\$0.00	\$587.50	\$0.00	\$0.00	\$0.00	\$48,029.16	\$0.00	\$0.00	\$0.00	\$0.00
TINNING KEIRA	19.4/101	0	\$0.00	\$0.00	\$540.00	\$20,000.00	\$500.00	\$0.00	\$21,040.00	\$0.00	\$0.00	\$0.00	\$0.00
TINNING SARAH	19.4/101	C	\$50,000.00	\$0.00	\$900.00	\$0.00	\$0.00	\$0.00	\$50,900.00	\$0.00	\$0.00	\$0.00	\$0.00
RUIZ KIMBERLY ANNE	19.4/101	0	\$0.00	\$0.00	\$540.00	\$35,000.00	\$500.00	\$0.00	\$36,040.00	\$0.00	\$0.00	\$0.00	\$0.00
Group Total for Claim No: WH	SU23030048		\$97,441.66	\$0.00	\$2,567.50	\$55,000.00	\$1,000.00	\$0.00	\$156,009.16	\$0.00	\$0.00	\$0.00	\$0.00

SUB TOTALS for Policy Period: 04/14/2022 TO 04/14/2023

	<u>Loss Paid</u>	<u>Med Paid</u>	<u>Exp Paid</u>	<u>Current</u> Loss Resv	<u>Current</u> Exp Resv	<u>Current</u> Med Resv	<u>Gross</u> Incurred	<u>Expense</u> Recover	<u>Deduct</u> <u>Recover</u>	<u>Salvage</u> Recover	<u>Subro</u> Recover
TOTALS IN PERIOD:	\$102,196.35	\$0.00	\$3,472.50	\$55,000.00	\$1,000.00	\$0.00	\$161,668.85	\$0.00	\$0.00	\$0.00	\$0.00

NUMBER OF CLAIMS IN PERIOD: 3

\$4,754.69

\$0.00

\$495.00

Policy Number:WHI0100000486-00Name of Insured:PERFORMANCE CARRIER INCName of Agent:AMERIGO INSURANCE AGENCYCarrier Name:Sutton National Insurance Company



WHITEHILL AGENCY/BRAZOS SPECIALTY RISK

GRAND TOTALS

	<u>Loss Paid</u>	<u>Med Paid</u>	<u>Exp Paid</u>	<u>Current</u> Loss Resv	<u>Current</u> Exp Resv	<u>Current</u> <u>Med Resv</u>	<u>Gross</u> Incurred	<u>Expense</u> <u>Recover</u>	<u>Deduct</u> <u>Recover</u>	<u>Salvage</u> Recover	<u>Subro</u> <u>Recover</u>
GRAND TOTALS:	\$102,196.35	\$0.00	\$3,472.50	\$55,000.00	\$1,000.00	\$0.00	\$161,668.85	\$0.00	\$0.00	\$0.00	\$0.00

TOTAL NUMBER OF CLAIMS: 3