Policy Number:1BWHCA1901463677-00Name of Insured:PERFORMANCE CARRIER INC

Name of Agent: AMERIGO INSURANCE AGENCY

Carrier Name: Accredited Surety and Casualty Company Inc.



## WHITEHILL AGENCY/BRAZOS SPECIALTY RISK

#### Policy Period: 04/10/2024 TO 04/10/2025

| Claim #:<br>Date Open:<br>Description of Accident: | WHAC2408016<br>08/29/2024<br>OV was on the : |           | Date of L<br>Date Clos<br>lane on the freew | ed: 12/0         | 4/2024 Cla           |                             | WA Old Cla<br>Closed Driver:<br>uries. |                            | KH RIZWAN                  | Unit                             | Number: 21                      | 76                        |                                |
|--|--|-----------|---|------------------|----------------------|-----------------------------|--|----------------------------|----------------------------|----------------------------------|---------------------------------|---------------------------|--------------------------------|
| <u>Claimant</u>                                    | Line/Cov                                     | <u>St</u> | <u>Loss Paid</u>                            | <u>Med Paid</u>  | <u>Exp Paid</u>      | <u>Current</u><br>Loss Resv | <u>Current</u><br>Exp Resv             | <u>Current</u><br>Med Resv | <u>Gross</u><br>Incurred   | <u>Expense</u><br><u>Recover</u> | <u>Deduct</u><br><u>Recover</u> | <u>Salvage</u><br>Recover | <u>Subro</u><br><u>Recover</u> |
| GREGORY SCOTT E<br>Group Total for Claim No: WHA   | 19.4/110<br>AC24080160                       | C         | \$10,099.31<br>\$10,099.31                  | \$0.00<br>\$0.00 | \$164.08<br>\$164.08 | \$0.00<br>\$0.00            | \$0.00<br>\$0.00                       | \$0.00<br>\$0.00           | \$10,263.39<br>\$10,263.39 | \$0.00<br>\$0.00                 | \$0.00<br>\$0.00                | \$0.00<br>\$0.00          | \$0.00<br>\$0.00               |

# SUB TOTALS for Policy Period: 04/10/2024 TO 04/10/2025

|                   | <u>Loss Paid</u> | <u>Med Paid</u> | <u>Exp Paid</u> | <u>Current</u><br>Loss Resv | <u>Current</u><br>Exp Resv | <u>Current</u><br><u>Med Resv</u> | <u>Gross</u><br>Incurred | <u>Expense</u><br><u>Recover</u> | <u>Deduct</u><br><u>Recover</u> | <u>Salvage</u><br><u>Recover</u> | <u>Subro</u><br><u>Recover</u> |
|-------------------|------------------|-----------------|-----------------|-----------------------------|----------------------------|-----------------------------------|--------------------------|----------------------------------|---------------------------------|----------------------------------|--------------------------------|
| TOTALS IN PERIOD: | \$10,099.31      | \$0.00          | \$164.08        | \$0.00                      | \$0.00                     | \$0.00                            | \$10,263.39              | \$0.00                           | \$0.00                          | \$0.00                           | \$0.00                         |

### NUMBER OF CLAIMS IN PERIOD: 1

Policy Number: 1BWHCA1901463677-00

Name of Insured: PERFORMANCE CARRIER INC

Name of Agent:AMERIGO INSURANCE AGENCYCarrier Name:Accredited Surety and Casualty Company Inc.

NARS North American Risk Services

# WHITEHILL AGENCY/BRAZOS SPECIALTY RISK

#### Policy Period: 04/14/2024 TO 04/14/2025

| Claim #:<br>Date Open:<br>Description of Accident:       | WHAC250100<br>01/02/2025<br>IV was turning |           | Date of La<br>Date Clos<br>hit IV on passe | ed:              | Clai               | m Status:                   | CO Old Cl<br>Open Driver<br>her vehicle but f | : HUN                             | Unit Number:<br>HUNTER BILLY WAYNE<br>t the car at the scene. |                           |                                 |                           |                                |
|--|--|-----------|--|------------------|--------------------|-----------------------------|---|-----------------------------------|---|---------------------------|---------------------------------|---------------------------|--------------------------------|
| <u>Claimant</u>  | Line/Cov                                   | <u>St</u> | <u>Loss Paid</u>                           | <u>Med Paid</u>  | <u>Exp Paid</u>    | <u>Current</u><br>Loss Resv | <u>Current</u><br>Exp Resv                    | <u>Current</u><br><u>Med Resv</u> | <u>Gross</u><br>Incurred                                      | <u>Expense</u><br>Recover | <u>Deduct</u><br><u>Recover</u> | <u>Salvage</u><br>Recover | <u>Subro</u><br><u>Recover</u> |
| PERFORMANCE CARRIER INC<br>Group Total for Claim No: WHA | 19.4/110<br>C25010001                      | 0         | \$0.00<br>\$0.00                           | \$0.00<br>\$0.00 | \$15.50<br>\$15.50 | \$9,380.65<br>\$9,380.65    | \$484.50<br>\$484.50                          | \$0.00<br>\$0.00                  | \$9,880.65<br>\$9,880.65                                      | \$0.00<br>\$0.00          | \$0.00<br>\$0.00                | \$0.00<br>\$0.00          | \$0.00<br>\$0.00               |

| Claim #:                    | WHAC25010      | 002                                    | Date of L | oss: 12/27      | 7/2024 Acc      | ident State:                | CO Old Cla                 | aim#:                             |                          | Unit                             | Number: 1                       |                                  |                                |
|-----------------------------|----------------|--|-----------|-----------------|-----------------|-----------------------------|----------------------------|-----------------------------------|--------------------------|----------------------------------|---------------------------------|----------------------------------|--------------------------------|
| Date Open:                  | 01/02/2025     |  | Date Clos | sed: 03/05      | 5/2025 Clai     | m Status:                   | Closed Driver:             | HUN                               | TER BILLY WA             | YNE                              |                                 |                                  |                                |
| Description of Accident:    | Claim is a dup | Claim is a duplicate of : WHAC25010001 |           |                 |                 |                             |                            |                                   |                          |                                  |                                 |                                  |                                |
| <u>Claimant</u>             | Line/Cov       | <u>St</u>                              | Loss Paid | <u>Med Paid</u> | <u>Exp Paid</u> | <u>Current</u><br>Loss Resv | <u>Current</u><br>Exp Resv | <u>Current</u><br><u>Med Resv</u> | <u>Gross</u><br>Incurred | <u>Expense</u><br><u>Recover</u> | <u>Deduct</u><br><u>Recover</u> | <u>Salvage</u><br><u>Recover</u> | <u>Subro</u><br><u>Recover</u> |
| AMBIPAR RESPONSE            | 19.4/110       | C                                      | \$0.00    | \$0.00          | \$0.00          | \$0.00                      | \$0.00                     | \$0.00                            | \$0.00                   | \$0.00                           | \$0.00                          | \$0.00                           | \$0.00                         |
| UNK UNK                     | 19.4/110       | C                                      | \$0.00    | \$0.00          | \$0.00          | \$0.00                      | \$0.00                     | \$0.00                            | \$0.00                   | \$0.00                           | \$0.00                          | \$0.00                           | \$0.00                         |
| Group Total for Claim No: W | HAC25010002    |  | \$0.00    | \$0.00          | \$0.00          | \$0.00                      | \$0.00                     | \$0.00                            | \$0.00                   | \$0.00                           | \$0.00                          | \$0.00                           | \$0.00                         |

#### SUB TOTALS for Policy Period: 04/14/2024 TO 04/14/2025

|                   | <u>Loss Paid</u> | <u>Med Paid</u> | Exp Paid | <u>Current</u><br>Loss Resv | <u>Current</u><br><u>Exp Resv</u> | <u>Current</u><br><u>Med Resv</u> | <u>Gross</u><br>Incurred | <u>Expense</u><br><u>Recover</u> | <u>Deduct</u><br><u>Recover</u> | <u>Salvage</u><br><u>Recover</u> | <u>Subro</u><br><u>Recover</u> |
|-------------------|------------------|-----------------|----------|-----------------------------|-----------------------------------|-----------------------------------|--------------------------|----------------------------------|---------------------------------|----------------------------------|--------------------------------|
| TOTALS IN PERIOD: | \$0.00           | \$0.00          | \$15.50  | \$9,380.65                  | \$484.50                          | \$0.00                            | \$9,880.65               | \$0.00                           | \$0.00                          | \$0.00                           | \$0.00                         |
|                   |                  |                 |          |                             |                                   |                                   |                          |                                  |                                 |                                  |                                |

NUMBER OF CLAIMS IN PERIOD: 2

# GRAND TOTALS

|               | <u>Loss Paid</u> | <u>Med Paid</u> | <u>Exp Paid</u> | <u>Current</u><br>Loss Resv | <u>Current</u><br>Exp Resv | <u>Current</u><br><u>Med Resv</u> | <u>Gross</u><br>Incurred | Expense<br>Recover | <u>Deduct</u><br><u>Recover</u> | <u>Salvage</u><br>Recover | <u>Subro</u><br><u>Recover</u> |
|---------------|------------------|-----------------|-----------------|-----------------------------|----------------------------|-----------------------------------|--------------------------|--------------------|---------------------------------|---------------------------|--------------------------------|
| GRAND TOTALS: | \$10,099.31      | \$0.00          | \$179.58        | \$9,380.65                  | \$484.50                   | \$0.00                            | \$20,144.04              | \$0.00             | \$0.00                          | \$0.00                    | \$0.00                         |

TOTAL NUMBER OF CLAIMS: 3