Daily Loss Run Report

Claimant	Claim LOB	B Claim Number	Accident Date	Reported Date	Close Date	Status	Coverage Desc	Total	Total Incurred less Deductible	Loss / Ind	Medical	Expense	Deductible Recovery	Salvage / Subrogation Recovery
Insured Name: GBTI, INC.; GTC CORP	.; GTC CORF	ORATION												
Policy Year: 2019														
LOB: AL - Auto Liability														
Policy Number: RT-HSIC-CA-0000043	-00 Policy 7	ſerm: 2019-05-10	/ - 2020-05-10	Producer:	RSI Insurance	e Brokers:	, Inc.							
Accident State: AZ														
JASON CRUMP	AL	RTHS19060004	2019-06-02	2019-06-12	2019-09-03	С	AL							
Location Name: COMMERCIAL AUT Driver Name: CRUMP, JASON Accident Description: INSURED STATED T THE TPD TRIED TO MERGE INTO HIS LAND	` THAT THERE V		, Ahead in the Li	.EFT LANE. DIV	' SAID THAT		Inc: PD: O/S:	\$0.00 \$0.00 \$0.00	\$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00	\$0.00
NORTH EASTERN TRUCKING	AL	RTHS20050038	2020-05-05	2020-05-23	2020-08-11	С	AL							
Location Name: COMMERCIAL AUT Accident Description: IT WAS STATED TH	,	REFIX #RT-HSIC-CA) UP AT A DOCK & HIT	,				Inc: PD: O/S:	\$2,483.07 \$2,483.07 \$0.00	\$2,483.07	\$2,483.07 \$2,483.07 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00	\$0.00
Subtotals For Accident State: AZ Total Claim Count: 2							Inc: PD: O/S:	\$2,483.07 \$2,483.07 \$0.00	\$2,483.07	\$2,483.07 \$2,483.07 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00	\$0.00
Accident State: CA														
ROCKET TRANSPORT, INC.	AL	RTHS19120007	2019-10-30	2019-12-07	2020-04-24	С	AL							
Location Name: COMMERCIAL AUT Accident Description: DIV WAS BACKING		REFIX #RT-HSIC-CA) CE WHEN HE HIT A PA					Inc: PD: O/S:	\$2,939.60 \$2,939.60 \$0.00	\$2,939.60	\$2,939.60 \$2,939.60 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00	\$0.00
MARCOS BERNABE	AL	RTHS20030017	2020-03-17	2020-03-23	2020-08-20	C	AL							
Location Name: COMMERCIAL AUT Driver Name: BERNABE, MARCOS Accident Description: TPD WAS DRIVING	,	REFIX #RT-HSIC-CA))				Inc: PD: O/S:	\$0.00 \$0.00 \$0.00	\$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00	\$0.00
Subtotals For Accident State: CA Total Claim Count: 2							Inc: PD: O/S:	\$2,939.60 \$2,939.60 \$0.00	\$2,939.60	\$2,939.60 \$2,939.60 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00	\$0.00

Daily Loss Run Report

Claimant	Claim LOB	3 Claim Number	Accident Date	Reported Date	Close Date	Status	Coverage Desc	Total	Total Incurred less Deductible	Loss / Ind	Medical	Expense	Deductible Recovery	Salvage / Subrogation Recovery
Insured Name: GBTI, INC.; GTC CORP.	; GTC CORP	ORATION												
Policy Year: 2019														
LOB: AL - Auto Liability														
Policy Number: RT-HSIC-CA-0000043-	-00 Policy 7	ſerm: 2019-05-10	/ - 2020-05-10	Producer:	: RSI Insuranc	ce Brokers	, Inc.							
Accident State: KS														
KANSAS TURNPIKE AUTHORITY	AL	RTHS20090010	2020-05-09	2020-09-04	2020-10-28	3 C	AL							
		REFIX #RT-HSIC-CA)					Inc: PD:	\$1,534.92 \$1,534.92	\$1,534.92	\$1,534.92 \$1,534.92	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00
Accident Description: IV DRIFTED OFF RO SIGN DAMAGED.	AD & ROLLE) over causing ex	TENSIVE DAMA	GE TO IV. KS Dr	OT MILEPOST		O/S:	\$0.00		\$0.00	\$0.00	\$0.00		
Subtotals For Accident State: KS Total Claim Count: 1							Inc: PD: O/S:	\$1,534.92 \$1,534.92 \$0.00	\$1,534.92	\$1,534.92 \$1,534.92 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00	\$0.00
Accident State: OR								· ·			·	· .		
JUICE HOOD RIVER	AL	RTHS20010009	2019-12-14	2020-01-08	2020-04-28	3 C	AL							
	•	REFIX #RT-HSIC-CA)					Inc: PD:	\$12,737.34 \$12,737.34	\$12,737.34	\$12,737.34 \$12,737.34	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00
Accident Description: IV LOST CONTROL (JN SNOWY H	IGHWAY, JACKKNIF	ĒD, AND RR CV	TRAILER			0/S:	\$0.00		\$0.00	\$0.00	\$0.00		
Subtotals For Accident State: OR Total Claim Count: 1							Inc: PD: O/S:	\$12,737.34 \$12,737.34 \$0.00	\$12,737.34	\$12,737.34 \$12,737.34 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00	\$0.00
Subtotals For Policy Number: RT-HSI Total Claim Count: 6	-CA-00000	43-00					Inc: PD: O/S:	\$19,694.93 \$19,694.93 \$0.00	\$19,694.93	\$19,694.93 \$19,694.93 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00	\$0.00
Subtotals For LOB: AL Total Claim Count: 6							Inc: PD: O/S:	\$19,694.93 \$19,694.93 \$0.00	\$19,694.93	\$19,694.93 \$19,694.93 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00	\$0.00

Daily Loss Run Report

Claimant	Claim LOB	Claim Number	Accident Date	Reported Date	Close Date	Status	Coverage Desc	Total	Total Incurred less Deductible	Loss / Ind	Medical	Expense	Deductible Recovery	Subrodation
Insured Name: GBTI, INC.; GTC COR	.P.; GTC CORP	ORATION												
Policy Year: 2019														
LOB: GL - General Liability														
Policy Number: RT-HSIC-GL-000004:	1-00 Policy T	erm: 2019-05-10	/ - 2020-05-10	Producer: /	RSI Insuran	ice Brokers	, Inc.							
							Inc: PD: O/S:	\$0.00 \$0.00 \$0.00	\$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00	\$0.00
Subtotals For Policy Number: RT-HS Total Claim Count: 0	IC-GL-000004	¥1-00					Inc: PD: O/S:	\$0.00 \$0.00 \$0.00	\$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00	\$0.00
Subtotals For LOB: GL Total Claim Count: 0							Inc: PD: O/S:	\$0.00 \$0.00 \$0.00	\$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00	\$0.00
Subtotals for Policy Year: 2019 Total Claim Count: 6							Inc: PD: O/S:	\$19,694.93 \$19,694.93 \$0.00	\$19,694.93	\$19,694.93 \$19,694.93 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00	\$0.00

Daily Loss Run Report

Claimant	Claim LOB	Claim Number	Accident Date	Reported Date	Close Date	Status	Coverage Desc	Total	Total Incurred less Deductible	Loss / Ind	Medical	Expense	Deductible Recovery	Salvage / Subrogation Recovery
Insured Name: GBTI, INC.; GTC CORF	P.; GTC CORP	ORATION												
Policy Year: 2020														
LOB: AL - Auto Liability														
Policy Number: RT-HSIC-CA-0000043	3-01 Policy T	/erm: 2020-05-1/	0 - 2021-05-10	Producer:	: RSI Insurance	e Brokers	s, Inc.							
Accident State: CA														
Jade McGinnis	AL	GC017279	2020-12-09	2021-01-06	2021-02-15	С	AL							
Driver Name: Eloy Ramirez JR. Accident Description: Claimant rear-ende	ed insured vehic	cle. After impact, c	laimant vehicle o	ver turned in th	e median.		Inc: PD: O/S:	\$175.00 \$175.00 \$0.00	\$175.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$175.00 \$175.00 \$0.00	\$0.00	\$0.00
Cesar Rosales	AL	GC017304	2020-12-20	2021-01-08	2021-02-05	С	AL							
Driver Name: Mario Ramon Ramirez Accident Description: IV backed into park	ked CV trailer.						Inc: PD: O/S:	\$175.00 \$175.00 \$0.00	\$175.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$175.00 \$175.00 \$0.00	\$0.00	\$0.00
Sabni Thaye Carrier Inc.	AL	GC017419	2021-01-18	2021-01-20	2021-02-18	С	AL							
Driver Name: Adam Chavira Accident Description: IV struck CV while involved in the accident.*	backing.*Note:	: IV was chosen for	r setup purposed	only. This was	not the IV		Inc: PD: O/S:	\$1,702.60 \$1,702.60 \$0.00	\$1,702.60	\$1,252.60 \$1,252.60 \$0.00	\$0.00 \$0.00 \$0.00	\$450.00 \$450.00 \$0.00	\$0.00	\$0.00
Subtotals For Accident State: CA Total Claim Count: 3							Inc: PD: O/S:	\$2,052.60 \$2,052.60 \$0.00	\$2,052.60	\$1,252.60 \$1,252.60 \$0.00	\$0.00 \$0.00 \$0.00	\$800.00 \$800.00 \$0.00	\$0.00	\$0.00
Subtotals For Policy Number: RT-HS Total Claim Count: 3	C-CA-000004	i 3-01					Inc: PD: O/S:	\$2,052.60 \$2,052.60 \$0.00	\$2,052.60	\$1,252.60 \$1,252.60 \$0.00	\$0.00 \$0.00 \$0.00	\$800.00 \$800.00 \$0.00	\$0.00	\$0.00
Subtotals For LOB: AL Total Claim Count: 3							Inc: PD: O/S:	\$2,052.60 \$2,052.60 \$0.00	\$2,052.60	\$1,252.60 \$1,252.60 \$0.00	\$0.00 \$0.00 \$0.00	\$800.00 \$800.00 \$0.00	\$0.00	\$0.00

Daily Loss Run Report

Claim LOB	Claim Number	Accident Date	Reported Date	Close Date	Status	Coverage Desc	Total	Total Incurred less Deductible	Loss / Ind	Medical	Expense	Deductible Recovery	Salvage / Subrogation Recovery
.P.; GTC CORP	ORATION												
1-01 Policy Te	erm: 2020-05-10	J - 2021-05-10) Producer:	RSI Insurar	nce Brokers	, Inc.							
						Inc: PD: O/S:	\$0.00 \$0.00 \$0.00	\$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00	\$0.00
IC-GL-000004	i1-01					Inc: PD: O/S:	\$0.00 \$0.00 \$0.00	\$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00	\$0.00
						Inc: PD: O/S:	\$0.00 \$0.00 \$0.00	\$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00	\$0.00
						Inc: PD: O/S:	\$2,052.60 \$2,052.60 \$0.00	\$2,052.60	\$1,252.60 \$1,252.60 \$0.00	\$0.00 \$0.00 \$0.00	\$800.00 \$800.00 \$0.00	\$0.00	\$0.00
TC CORP.; GT(C CORPORATION	I				Inc: PD: O/S:	\$21,747.53 \$21,747.53 \$0.00	\$21,747.53	\$20,947.53 \$20,947.53 \$0.00	\$0.00 \$0.00 \$0.00	\$800.00 \$800.00 \$0.00	\$0.00	\$0.00
411 	RP.; GTC CORPO 41-01 Policy Te SIC-GL-000004	Claim LOB Claim Number RP.; GTC CORPORATION 41-01 Policy Term: 2020-05-10 SIC-GL-0000041-01	Claim LOB Claim Number Date RP.; GTC CORPORATION 41-01 Policy Term: 2020-05-10 - 2021-05-10 SIC-GL-0000041-01	Claim LOB Claim Number Date Date RP.; GTC CORPORATION 41-01 Policy Term: 2020-05-10 - 2021-05-10 Producer: SIC-GL-0000041-01	Claim LOB Claim Number Date Date Date Date Date Date Date Date	Claim LOB Claim Number Date Date Date Status RP.; GTC CORPORATION 41-01 Policy Term: 2020-05-10 - 2021-05-10 Producer: RSI Insurance Brokers, SIC-GL-0000041-01	Claim LOB Claim Number Accluent Date Reported Date Close Date Status Desc RP.; GTC CORPORATION Inc: PD: Inc: PD: O/S: SIC-GL-0000041-01 Inc: PD: O/S: Inc: PD: O/S: STC CORP.; GTC CORPORATION Inc: PD: O/S: Inc: PD: O/S: STC CORP.; GTC CORPORATION Inc: PD: O/S: Inc: PD: O/S:	Claim LOB Claim Number Account I Date Reported Date Close Date Status Desc Total RP.; GTC CORPORATION Attraction Inc: \$0.00 41-01 Policy Term: 2020-05-10 - 2021-05-10 Producer: RSI Insurance Brokers, Inc. Inc: \$0.00 PD: \$0.00 O/S: \$0.00 O/S: \$0.00 SIC-GL-0000041-01 Inc: \$0.00 PD: \$0.00 SIC-GL-0000041-01 Inc: \$0.00 PD: \$0.00 O/S: \$0.00 PD: \$0.00 O/S: \$0.00 PD: \$0.00 O/S: \$0.00 O/S: \$0.00 VS: \$0.00 O/S: \$0.00 <t< td=""><td>Claim LOB Claim Number Account in Construction Date Status Desc Total Inclustration RP.; GTC CORPORATION Inc: \$0.00 \$0.51 \$0.00 \$0.00 \$0.51 \$0.00 \$0.00 \$0.51 \$0.00 \$0.51 \$0.00 <td< td=""><td>Claim LOB Claim Number According Reported Date Close Status Desc Total Inclinituding less Deductible Loss / Ind RP.; GTC CORPORATION RP.; GTC CORPORATION Producer: RSI Insurance Brokers, Inc. Inc: \$0.00</td><td>Claim LOB Claim Number Action in Date Reported Close Status Desc Total Inclumination in the less Deductible Loss / Ind Medical RP.; GTC CORPORATION 81-01 Policy Term: 2020-05-10 - 2021-05-10 Producer: RSI Insurance Brokers, Inc. Inc: \$0.00 <</td><td>Claim LOB Claim Number Activation Reported Date Close Date Status Desc Total Inclusted less Deductible Loss / Ind Medical Expense RP; GTC CORPORATION Status Desc Total Poil Status Desc Total Inclusted less Deductible Loss / Ind Medical Expense RP; GTC CORPORATION Status Desc Status Desc Status Desc Status Desc Inclusted point Status Status Desc Status Desc Status Desc Status Desc Inclusted point Status Desc Status</td></td<><td>Claim LOB Claim Number Note it with the bate Close Status Desc Total Note it with the less beductible Loss / Ind Medical Expense Detuction Recovery RP; GTC CORPORATION \$1-01 Policy Term: 2020-05-10 - 2021-05-10 Producer: RSI Insurance Brokers, Inc. Inc: \$0.00<</td></td></t<>	Claim LOB Claim Number Account in Construction Date Status Desc Total Inclustration RP.; GTC CORPORATION Inc: \$0.00 \$0.51 \$0.00 \$0.00 \$0.51 \$0.00 \$0.00 \$0.51 \$0.00 \$0.51 \$0.00 <td< td=""><td>Claim LOB Claim Number According Reported Date Close Status Desc Total Inclinituding less Deductible Loss / Ind RP.; GTC CORPORATION RP.; GTC CORPORATION Producer: RSI Insurance Brokers, Inc. Inc: \$0.00</td><td>Claim LOB Claim Number Action in Date Reported Close Status Desc Total Inclumination in the less Deductible Loss / Ind Medical RP.; GTC CORPORATION 81-01 Policy Term: 2020-05-10 - 2021-05-10 Producer: RSI Insurance Brokers, Inc. Inc: \$0.00 <</td><td>Claim LOB Claim Number Activation Reported Date Close Date Status Desc Total Inclusted less Deductible Loss / Ind Medical Expense RP; GTC CORPORATION Status Desc Total Poil Status Desc Total Inclusted less Deductible Loss / Ind Medical Expense RP; GTC CORPORATION Status Desc Status Desc Status Desc Status Desc Inclusted point Status Status Desc Status Desc Status Desc Status Desc Inclusted point Status Desc Status</td></td<> <td>Claim LOB Claim Number Note it with the bate Close Status Desc Total Note it with the less beductible Loss / Ind Medical Expense Detuction Recovery RP; GTC CORPORATION \$1-01 Policy Term: 2020-05-10 - 2021-05-10 Producer: RSI Insurance Brokers, Inc. Inc: \$0.00<</td>	Claim LOB Claim Number According Reported Date Close Status Desc Total Inclinituding less Deductible Loss / Ind RP.; GTC CORPORATION RP.; GTC CORPORATION Producer: RSI Insurance Brokers, Inc. Inc: \$0.00	Claim LOB Claim Number Action in Date Reported Close Status Desc Total Inclumination in the less Deductible Loss / Ind Medical RP.; GTC CORPORATION 81-01 Policy Term: 2020-05-10 - 2021-05-10 Producer: RSI Insurance Brokers, Inc. Inc: \$0.00 <	Claim LOB Claim Number Activation Reported Date Close Date Status Desc Total Inclusted less Deductible Loss / Ind Medical Expense RP; GTC CORPORATION Status Desc Total Poil Status Desc Total Inclusted less Deductible Loss / Ind Medical Expense RP; GTC CORPORATION Status Desc Status Desc Status Desc Status Desc Inclusted point Status Status Desc Status Desc Status Desc Status Desc Inclusted point Status Desc Status	Claim LOB Claim Number Note it with the bate Close Status Desc Total Note it with the less beductible Loss / Ind Medical Expense Detuction Recovery RP; GTC CORPORATION \$1-01 Policy Term: 2020-05-10 - 2021-05-10 Producer: RSI Insurance Brokers, Inc. Inc: \$0.00<



Daily Loss Run Report

Data As of: February 22, 2025

-IMPORTANT NOTICE

THE INFORMATION CONTAINED HEREIN IS PROVIDED "AS IS" AND HAS NOT BEEN AUDITED OR REVIEWED. WE MAKE NO REPRESENTATION AS TO THE ACCURACY OF THIS INFORMATION. THIS INFORMATION IS NOT INTENDED TO AND SHOULD NOT BE RELIED ON TO COMPLY WITH ANY STATUTE, REGULATION OR OTHER LEGAL OR REGULATORY REQUIREMENT. WE RESERVE THE RIGHT IN OUR DISCRETION TO WITHHOLD CERTAIN LOSS INFORMATION.

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FOR QUESTIONS REGARDING THE CONTENT OF THIS LOSS RUN REPORT, PLEASE CONTACT THE INSURANCE COMPANY. *FOR D&O CLAIMS, THE TOTAL INCURRED LISTED EQUALS PAID LOSS PLUS PAID EXPENSE MINUS ANY RECOVERY