Requested Date & Time: 12/31/24 6:32:44 AM GMT-07:00

Loss Run Report					
Policy Number :	CTS0232675	Agency Name :	CROUSE & ASSOCIATES INSURANCE	Department :	0000J - BROKERAGE FLEET
Policy Term :	07/01/2020 - 07/01/2021	Agent Number :	04767	Company:	SCOTTSDALE INSURANCE COMPANY
Insured :	CAL TIGERZ INC				
Address :	8101 CAMINO MEDIA APT 8				
	BAKERSFIELD , CA , 93311				

Policy Number	Policy Term	Total Claims	Total Paid L&ALAE HTD	Total Incurred L&ALAE HTD
CTS0232551	06/28/2019 - 06/28/2020	1	5,209	5,209
CTS0232675	07/01/2020 - 07/01/2021	0	0	0
	Sum:	1	5 209	5 209

Policy Number	Policy Effective	Policy Expiration	Total Claims	Open Claims	Paid Loss	Loss Reserve	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery	Total Incurred Net of Recovery	Refund
CTS0232551	06/28/2019	06/28/2020	1	0	5,191	0	5,191	18	0	18	0	5,209	0
		Sum:	1	0	5,191	0	5,191	18	0	18	0	5,209	0

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Loss Run Report									
Policy Number :	CTS0232675	Agency Name :	CROUSE & ASSOCIATES INSURANCE	Department :	0000J - BROKERAGE FLEET				
Policy Term :	7/1/20 - 7/1/21	Agent Number :	04767	Company:	SCOTTSDALE INSURANCE COMPANY				
Insured :	CAL TIGERZ INC								
Address :	8101 CAMINO MEDIA APT 8								
	BAKERSFIELD , CA , 93311								

Claim Number	Loss Incurred Date	Report Date	Close Date / Reopen Date	Loss Location	Claimant	Covg Type	Record Type I= Inciden t/ WRO,C =Claim	Claim Status	Loss Description	Paid Loss	Loss Reserves	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery / Refund	Total Incurred Net of Recovery	Total Incurred excluding Recovery
									Subtotal: Open									
Policy Nur	mber :								Subtotal: Closed									
Policy Ter	m :								Subtotal: Reopened									
Insured :									Sum:									

Requested Date & Time: 12/31/24 6:32:44 AM GMT-07:00											
Loss Run Report											
Policy Number :	CTS0232551	Agency Name :	CROUSE & ASSOCIATES INSURANCE	Department :	0000J - BROKERAGE FLEET						
Policy Term :	6/28/19 - 6/28/20	Agent Number :	04767	Company:	SCOTTSDALE INSURANCE COMPANY						
Insured :	CAL TIGERZ, INC										
Address :	3535 SOUTH H ST APT 7										
	BAKERSFIELD, CA, 93304										

Claim Number	Loss Incurred Date	Report Date	Close Date / Reopen Date	Loss Location	Claimant	Covg Type	Record Type I= Inciden t/ WRO,C =Claim	Claim Status	Loss Description	Paid Loss	Loss Reserves	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery / Refund	Total Incurred Net of Recovery	Total Incurred excluding Recovery
01923083	07/04/2019	10/17/2019	12/02/2019	FREMONT, IN	Claim Level Exp	Claim Level Exp	С	Closed	v1 backed up at a toll both striking v2 and pushing v2 into v3. v3 was behind v	0	0	0	18	0	18	0	18	18
01923083	07/04/2019	10/17/2019	12/02/2019	FREMONT, IN	Gregory Robie	LIABILITY - CSL (CSL) - Vehicle	С	Closed	v1 backed up at a toll both striking v2 and pushing v2 into v3. v3 was behind v	5,191	0	5,191	0	0	0	0	5,191	5,191
									Subtotal: Open									
Policy Num	ber : CTS0	232551							Subtotal: Closed	5,191	0	5,191	18	0	18	0	5,209	5,209
Policy Tern 6/28/20	n : 6/28/19 t	0							Subtotal: Reopened									
Insured : C	AL TIGERZ	, INC							Sum:	5,191	0	5,191	18	0	18	0	5,209	5,209

	Total : Open									
	Total : Closed	5,191	0	5,191	18	0	18	0	5,209	5,209
	Total : Reopened									
Insured : CAL TIGERZ INC	Grand Total	5,191	0	5,191	18	0	18	0	5,209	5,209

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Loss Run Report

Summary by Coverage Type

Coverage Type	Paid Loss	Loss Reserve	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery
Claim Level Exp	0	0	0	18	0	18	0
LIABILITY - CSL (CSL) - Vehicle	5,191	0	5,191	0	0	0	0
	5,191	0	5,191	18	0	18	0

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Loss Run Report

Recovery Categories

Claim Number	Transaction Type	Recovery Category	Amount

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Loss Run Report

Vehicle and Driver Info

Claim Number	Policy Number	Claimant Flag	Desc	Driver First Name	Driver Last Name	Vehicle Make	Vehicle Model	Vehicle Year	
01923083	CTS0232551	NO	Driver	Savteer	Singh	VOLVO TRACTO		2016	

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