LTA BRO INC /DBA: LTA BROS

Policy Number(s): 1799N417



| Detail Loss Report | | | | | | Losses From: 04/01/2020 To 02/10/202 | | | | | |
|-------------------------------------|----------|-------|-----------------|------------------|----------------|--------------------------------------|------------------|------------------|------------------|------------------|------------------|
| Claimant Ad | dj Off | FP | Claim Number | Accident Date | Notice Date | Close Date | O/C | Total | Claim | Medical | Expense |
| ine of Insurance: P - PROPERT | Y | | | | | | | | | | |
| Policy Eff Date: 04/01/2024 | | | | | | | | | | | |
| Policy Number: 1799N417 | | | | | | | | | | | |
| Subline of Insurance: IM | | | | | | | | | | | |
| LTA BRO INC /DBA: LTA BR | 108 | FR | FYZ7096 | 09/09/2024 | 09/29/2024 | 11/20/2024 | С | | | | |
| OUR INSURED HAD A TWO STO | P DRO | P FOR | A LOAD OF WALNU | JTS. AT THE LAST | RECEIVER IT WA | S NOTED THAT | Inc: | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| THERE ARE 70 CASES SHORT. | | | | | | | Pd: O/S: | \$0.00 \$0.00 | \$0.00 \$0.00 | \$0.00 \$0.00 | \$0.00 \$0.00 |
| | | | | | | | 0,0. | ψ0.00 | ψ0.00 | ψ0.00 | ψ0.00 |
| Subtotals for Subline of Insuranc | e : IM | | | | | | Inc: | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total Claim Count: 1 | | | | | | | Pd: | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | | | | | O/S: | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Subtotals for Policy Number : 179 | 99N417 | | | | | | | | | | |
| Total Claim Count: 1 | | | | | | Inc: | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | | | | | | | Pd: O/S: | \$0.00 \$0.00 | \$0.00 \$0.00 | \$0.00 \$0.00 | \$0.00 \$0.00 |
| | | | | | | | 0/3. | φ0.00 | φ0.00 | Φ 0.00 | φ0.00 |
| Subtotals for Policy Eff Date : 04/ | /01/2024 | 4 | | | | | | | | | |
| Total Claim Count: 1 | | | | | | Inc: Pd: | \$0.00 \$0.00 | \$0.00 \$0.00 | \$0.00 \$0.00 | \$0.00 \$0.00 | |
| | | | | | | O/S: | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Subtotals for Line of Insurance : | P | | | | | | | | | | |
| Total Claim Count: 1 | | | | | | Inc: | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | | | | | | Pd: | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | | | | | | O/S: | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| eport Grand Totals | | | | | | | | •• | | | |
| Total Claim Count: 1 | | | | | | | Inc: Pd: | \$0.00 \$0.00 | \$0.00 \$0.00 | \$0.00 \$0.00 | \$0.00 \$0.00 |
| | | | | | | Pa: O/S: | \$0.00 \$0.00 | \$0.00 \$0.00 | \$0.00 \$0.00 | \$0.00 \$0.00 | |

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| Detail Loss Report | | | | Losses From: 04/01/2020 To 02/10/2025 | | | | | | | |
|--|--|-------------------------------------|---------------------------------------|---------------------------------------|--|--|--|--|--|--|--|
| | Report Par | ameters | | | | | | | | | |
| Report Name: Detail Loss Losses From: 04/01/2020 To 02/10/2025 | | Policy Numb | | | | | | | | | |
| | Sort | ts | | | | | | | | | |
| Sort Name 1. Line of Insurance 2. Policy Eff Date 3. Policy Number 4. Subline of Insurance | <u>Sort Label</u> Line of Insurance Policy Eff Date Policy Number Subline of Insurance | <u>Subtotal</u> Y Y Y Y | <u>Page Break</u> N N N N | | | | | | | | |
| | Limiting St | atements | | | | | | | | | |
| | | | | | | | | | | | |
| | Large Loss I | Limiting | | | | | | | | | |
| | | | | | | | | | | | |
| Drill Down Limiting Criteria | | | | | | | | | | | |
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