



# Client Loss Report

FARMERS TRANZ INC

IMP F175163												0 Claim Count	
Policy	Policy Period	Claim Number	Loss Date	Loss State	Reported Date	Claimant Name	Claim Adjuster Name	Cause Loss Description	Claim Status	Total Incurred	Total Incurred Details		
IMP F175163	03/14/2025 to 03/14/2026	No Losses											
										<b>0 Claim Count</b>	<b>\$ 0.00</b>	<b>Subtotal for Policy Period</b>	
	03/14/2024 to 03/14/2025	No Losses											
										<b>0 Claim Count</b>	<b>\$ 0.00</b>	<b>Subtotal for Policy Period</b>	
									<b>0 Claim Count</b>	<b>\$ 0.00</b>	<b>Total for IMP F175163</b>		
									<b>0 Total Claim Count</b>		<b>Total For Customer</b>		