

We compile claim information for our own business purpose and exercise reasonable care in doing so. Amounts reserved are based on our judgment. They are subject to change and should not be regarded as ultimate settlement values. We make no representation or warranties to insureds, insurers or others to whom this information is furnished.



Policy: LFB0016001

Insured: TRIANGLE CHARTER SERVICE LLC

City, State Zip: MOUNT VERNON, WA 98273

Term: 8/25/2013 - 8/25/2014 CLAIM DETAIL

Claim # 00295823 Description: IV STRUCK PARKED, UNOCCUPIED OV

Claim Location Washington **Date of Loss** 12/12/2013 **Report Date** 12/16/2013 **Claim Status** Closed **Closed Date** 1/23/2014 **Adjuster** FOGLESONG, RONALD **Driver Name** HOFF, JUDITH **Vehicle ID** VARIOUS

| # | Claimant Name | Line | Status | Indemnity | | | Recoveries | | | Totals |
|---------------------------|----------------|--------------------------------------|--------|-----------|------------|------------|---------------------|---------------------|---------------------|------------|
| | | | | Reserve | Paid | Total | Salvage, Subro, etc | Deductible Received | Deductible Expected | |
| 01 | ROSS CHEVALIER | 194 COMMERCIAL AUTO - LIABILITY - PD | Closed | \$0.00 | \$2,972.31 | \$2,972.31 | \$0.00 | \$0.00 | \$0.00 | \$2,972.31 |
| Total for Claim 00295823: | | | | \$0.00 | \$2,972.31 | \$2,972.31 | \$0.00 | \$0.00 | \$0.00 | \$2,972.31 |

Claim # 00296255 Description: IV REAR ENDED OV 1 AND PUSHED THEM INTO OV 2 - THEN OV 2 LEFT THE SCENE

Claim Location Washington **Date of Loss** 12/29/2013 **Report Date** 12/30/2013 **Claim Status** Closed **Closed Date** 4/9/2015 **Adjuster** TEBBEN, BRAD **Driver Name** SMITH, LANE **Vehicle ID** VARIOUS

| # | Claimant Name | Line | Status | Indemnity | | | Recoveries | | | Totals |
|---------------------------|-------------------|--------------------------------------|--------|-----------|-------------|-------------|---------------------|---------------------|---------------------|-------------|
| | | | | Reserve | Paid | Total | Salvage, Subro, etc | Deductible Received | Deductible Expected | |
| 01 | NARINE YEROMYSHAN | 194 COMMERCIAL AUTO - LIABILITY - PD | Closed | \$0.00 | \$8,000.00 | \$8,000.00 | \$0.00 | \$0.00 | \$0.00 | \$8,000.00 |
| 02 | JOSEPH BAUGH | 194 COMMERCIAL AUTO - LIABILITY - PD | Closed | \$0.00 | \$8,000.00 | \$8,000.00 | \$0.00 | \$0.00 | \$0.00 | \$8,000.00 |
| 03 | NELLI YEROMYSHAN | 194 COMMERCIAL AUTO - LIABILITY - PD | Closed | \$0.00 | \$5,409.29 | \$5,409.29 | \$0.00 | \$0.00 | \$0.00 | \$5,409.29 |
| 04 | TED HENDERSEN | 194 COMMERCIAL AUTO - LIABILITY - PD | Closed | \$0.00 | \$4,493.81 | \$4,493.81 | \$0.00 | \$0.00 | \$0.00 | \$4,493.81 |
| Total for Claim 00296255: | | | | \$0.00 | \$25,903.10 | \$25,903.10 | \$0.00 | \$0.00 | \$0.00 | \$25,903.10 |

Claim # 00298955 Description: OV CHANGED LANES AND STRUCK IV

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Policy: LFB0016001

Insured: TRIANGLE CHARTER SERVICE LLC

City, State Zip: MOUNT VERNON, WA 98273

| | | | | | | | |
|-----------------------|---------------------|--------------------|---------------------|--------------------|----------------------------|--------------------|-------------------|
| Claim Location | Date of Loss | Report Date | Claim Status | Closed Date | Adjuster | Driver Name | Vehicle ID |
| Washington | 3/11/2014 | 3/14/2014 | Closed | 1/8/2015 | POLLMAN, DANIEL TIMOTHY | PERU, STEVE | VARIOUS |

| # | Claimant Name | Line | Status | Indemnity | | | Recoveries | | | Totals | |
|---------------------------|---------------|--------------------------------------|--------|-----------|--------|--------|---------------------|---------------------|---------------------|-----------------------------|--------|
| | | | | Reserve | Paid | Total | Salvage, Subro, etc | Deductible Received | Deductible Expected | Indemnity Net of Recoveries | |
| 01 | CLAIMANT 01 | 194 COMMERCIAL AUTO - LIABILITY - PD | Closed | \$0.00 | CNP | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total for Claim 00298955: | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

Claim # 00303520

Description: OVD OPENED CAR DOOR INTO IV AS IT WAS PASSING BY

| | | | | | | | |
|-----------------------|---------------------|--------------------|---------------------|--------------------|----------------------------|--------------------|-------------------|
| Claim Location | Date of Loss | Report Date | Claim Status | Closed Date | Adjuster | Driver Name | Vehicle ID |
| Washington | 7/25/2014 | 7/30/2014 | Closed | 8/20/2014 | POLLMAN, DANIEL TIMOTHY | HOOF, JUDITH | VARIOUS |

| # | Claimant Name | Line | Status | Indemnity | | | Recoveries | | | Totals | |
|---------------------------|-----------------|--------------------------------------|--------|-----------|--------|--------|---------------------|---------------------|---------------------|-----------------------------|--------|
| | | | | Reserve | Paid | Total | Salvage, Subro, etc | Deductible Received | Deductible Expected | Indemnity Net of Recoveries | |
| 01 | RONARD GIDDINGS | 194 COMMERCIAL AUTO - LIABILITY - PD | Closed | \$0.00 | CNP | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total for Claim 00303520: | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

Claim # 00303732

Description: IV REAR-ENDED OV1 WHO WAS THEN PUSHED INTO OV2

| | | | | | | | |
|-----------------------|---------------------|--------------------|---------------------|--------------------|----------------------------|--------------------|-------------------|
| Claim Location | Date of Loss | Report Date | Claim Status | Closed Date | Adjuster | Driver Name | Vehicle ID |
| Washington | 8/5/2014 | 8/5/2014 | Open | | POLLMAN, DANIEL TIMOTHY | CHRISTIAN, WILLIAM | VARIOUS |



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Policy: LFB0016001

Insured: TRIANGLE CHARTER SERVICE LLC

City, State Zip: MOUNT VERNON, WA 98273

| # | Claimant Name | Line | Status | Indemnity | | | Recoveries | | | Totals |
|----------------------------------|------------------------------|--------------------------------------|--------|--------------------|--------------------|--------------------|---------------------|---------------------|---------------------|--------------------|
| | | | | Reserve | Paid | Total | Salvage, Subro, etc | Deductible Received | Deductible Expected | |
| 01 | TRIANGLE CHARTER SERVICE LLC | 212 COMMERCIAL AUTO - PHYS DAMAGE | Closed | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 02 | KENMAR BUAL | 194 COMMERCIAL AUTO - LIABILITY - PD | Open | \$7,500.00 | \$0.00 | \$7,500.00 | \$0.00 | \$0.00 | \$0.00 | \$7,500.00 |
| 03 | KENMAR BUAL | 194 COMMERCIAL AUTO - LIABILITY - PD | Open | \$3,500.00 | \$0.00 | \$3,500.00 | \$0.00 | \$0.00 | \$0.00 | \$3,500.00 |
| 04 | DANILO DAGUISON | 194 COMMERCIAL AUTO - LIABILITY - PD | Closed | \$0.00 | \$3,316.53 | \$3,316.53 | \$298.98 | \$0.00 | \$0.00 | \$3,017.55 |
| 05 | AMY PEACH | 194 COMMERCIAL AUTO - LIABILITY - PD | Closed | \$0.00 | \$9,127.88 | \$9,127.88 | \$0.00 | \$0.00 | \$0.00 | \$9,127.88 |
| 06 | DANILO DAGUISON | 194 COMMERCIAL AUTO - LIABILITY - PD | Open | \$5,000.00 | \$0.00 | \$5,000.00 | \$0.00 | \$0.00 | \$0.00 | \$5,000.00 |
| 07 | DANIELLE DAGUISON | 194 COMMERCIAL AUTO - LIABILITY - PD | Open | \$2,500.00 | \$0.00 | \$2,500.00 | \$0.00 | \$0.00 | \$0.00 | \$2,500.00 |
| 08 | AMY PEACH | 194 COMMERCIAL AUTO - LIABILITY - PD | Open | \$25,000.00 | \$0.00 | \$25,000.00 | \$0.00 | \$0.00 | \$0.00 | \$25,000.00 |
| Total for Claim 00303732: | | | | \$43,500.00 | \$12,444.41 | \$55,944.41 | \$298.98 | \$0.00 | \$0.00 | \$55,645.43 |

Term: 8/25/2013 - 8/25/2014 SUMMARY

| Total Claims | Indemnity | | | Recoveries | | | Totals |
|--------------|-------------|-------------|-------------|---------------------|---------------------|---------------------|-------------|
| | Reserve | Paid | Total | Salvage, Subro, etc | Deductible Received | Deductible Expected | |
| 5 | \$43,500.00 | \$41,319.82 | \$84,819.82 | \$298.98 | \$0.00 | \$0.00 | \$84,520.84 |



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Policy: LFB0016002

Insured: TRIANGLE CHARTER SERVICE LLC

City, State Zip: MOUNT VERNON, WA 98273

Term: 8/25/2014 - 8/25/2015 CLAIM DETAIL - None



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GRAND TOTALS

Insured: TRIANGLE CHARTER SERVICE LLC

City, State Zip: MOUNT VERNON, WA 98273

| Policy - Term | Total Claims | Indemnity | | | Recoveries | | | Totals | |
|--|--------------|--------------------|--------------------|--------------------|---------------------|---------------------|---------------------|-----------------------------|--|
| | | Reserve | Paid | Total | Salvage, Subro, etc | Deductible Received | Deductible Expected | Indemnity Net of Recoveries | |
| LFB0016001 Term: 8/25/2013 - 8/25/2014 | 5 | \$43,500.00 | \$41,319.82 | \$84,819.82 | \$298.98 | \$0.00 | \$0.00 | \$84,520.84 | |
| LFB0016002 Term: 8/25/2014 - 8/25/2015 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Total Policies: 2 | 5 | \$43,500.00 | \$41,319.82 | \$84,819.82 | \$298.98 | \$0.00 | \$0.00 | \$84,520.84 | |