


Loss Runs, Updated Look and Feel



Account Number: 500000XXXX

Ownership: Corporation - Private

Loss History Summary

Covering 10/14/20 through 11/01/25

Report Number: ENT0013 v10

Run Date: 02/21/2025 10:28 AM

Direct Data as of: 01/17/2025

Valuation Date: 01/17/2025

Account Holder: Named Insured

Auto

Effective Date	Exposure State	Carrier	Policy Number	Status	Claim Count	Paid Losses (A)	Reserves (B)	Expense Incurred (C)	Total Incurred (A+B+C)
11/01/23	AK	ANIC	23KASXXXX	Expired	0	0.00	0.00	0.00	0.00
11/01/22	AK	ANIC	22KASXXXX	Expired	1	13,762.63	0.00	0.00	13,762.63
11/01/21	AK	ANIC	21KASXXXX	Expired	0	0.00	0.00	0.00	0.00
11/01/21	WA	ANIC	21KASXXXX	Expired	1	8,994.87	0.00	20.00	8,994.87

General Liability

Effective Date	Exposure State	Carrier	Policy Number	Status	Claim Count	Paid Losses (A)	Reserves (B)	Expense Incurred (C)	Total Incurred (A+B+C)
11/01/23	WA	ANIC	23KLYXXXX	Expired	1	0.00	14,000.00	5,000.00	19,000.00
11/01/22	WA	ANIC	22KLYXXXX	Expired	1	42,750.00	0.00	0.00	42,750.00
11/01/21	AK	ANIC	21KLYXXXX	Expired	1	0.00	0.00	0.00	0.00
11/01/20	AK	ANIC	20KLYXXXX	Expired	1	0.00	0.00	0.00	0.00
11/01/20	WA	ANIC	20KLYXXXX	Expired	1	0.00	50,000.00	15,000.00	65,000.00

Workers Comp

Effective Date	Exposure State	Carrier	Policy Number	Status	Claim Count	Paid Indemnity (A)	Paid Medical (B)	Outstanding Ind/Med (C)	Expense Incurred (D)	Total Incurred (A+B+C+D)
11/01/24	AK	ANIC	24KWSXXXX	In Force	1	0.00	1,929.47	25,230.53	2,851.80	30,011.80
11/01/24	CA	ANIC	24KWSXXXX	In Force	0	0.00	0.00	0.00	0.00	0.00
11/01/23	AK	ANIC	24KWSXXXX	Expired	5	10,920.00	22,196.80	4,720.00	3,681.37	41,518.17
11/01/23	AZ	ANIC	24KWSXXXX	Expired	0	0.00	0.00	0.00	0.00	0.00
11/01/23	WA	ANIC	23KWSXXXX	Expired	0	0.00	0.00	0.00	0.00	0.00
11/01/22	AK	ANIC	23KWSXXXX	Expired	7	15,700.82	60,907.66	24,470.00	11,890.59	112,969.07
11/01/22	AZ	ANIC	22KWSXXXX	Expired	0	0.00	0.00	0.00	0.00	0.00
11/01/22	WA	ANIC	22KWSXXXX	Expired	1	0.00	7,604.74	0.00	146.38	7,751.12

CopperPoint

Insurance Companies

Account Number: 500000XXXX  
Ownership: Corporation - Private

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Run Date: 02/21/2025 10:28 AM  
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Account Holder: Named Insured


Auto

Policy: 23KASXXXX11/01/23 - 11/01/24 (Expired)Named Insured

Claim Number	Claimant	ST*	Date of Loss	Reported to Insurer Date	Description of Loss	Claim Type	Paid Losses (A)	Reserves (B)	Expense Incurred (C)	Total Incurred (A+B+C)	Stat.
Claim Totals:							\$0.00	\$0.00	\$0.00	\$0.00	
ANNB545	Doe, John	WA	03/04/24	06/24/24 PD			30,337.15	2,953.81	753.20	34,040.96	O
Claim Totals:							\$30,337.15	\$2,953.81	\$753.20	\$34,040.96	
Policy Totals		Claims Count: 1		Claimants Count: 1			\$30,337.15	\$2,953.81	\$753.20	\$34,040.96	
Summary for Policy: 23KASXXXX11/01/23 - 11/01/24 (Expired)											
Claim Type	Open Claim	Closed Claim	Total Claim	Paid Losses	Reserves	Expense Incurred	Total Incurred				
	1	0	1	30,337.15	2,953.81	753.20	34,040.96				
Total	1	0	1	\$30,337.15	\$2,953.81	\$753.20	\$34,040.96				

Policy: 22KASXXXX11/01/22 - 11/01/23 (Expired)Named Insured

Claim Number	Claimant	ST*	Date of Loss	Reported to Insurer Date	Description of Loss	Claim Type	Paid Losses (A)	Reserves (B)	Expense Incurred (C)	Total Incurred (A+B+C)	Stat.
Claim Totals:							\$13,762.63	\$0.00	\$0.00	\$13,762.63	C
ANIMH176	Named Insured	AK	05/06/23	05/30/23 PD			13,762.63	0.00	0.00	13,762.63	C
ANIMG438	Doe, Jane	WA	05/09/23	05/10/23 PD			0.00	0.00	0.00	0.00	C
ANIMG438	Named Insured	WA	05/09/23	05/10/23 PD			9,827.58	-14,679.13	141.50	-4,751.55	C
ANIMG438	Jones, Indiana	WA	05/09/23	05/10/23 PD			0.00	0.00	0.00	0.00	C
Claim Totals:							\$9,827.58	(\$14,679.13)	\$141.50	(\$4,751.55)	
Policy Totals		Claims Count: 2		Claimants Count: 4			\$23,690.21	(\$14,679.13)	\$141.50	\$9,011.08	
Summary for Policy: 22KASXXXX11/01/22 - 11/01/23 (Expired)											
Claim Type	Open Claim	Closed Claim	Total Claim	Paid Losses	Reserves	Expense Incurred	Total Incurred				
	0	2	2	23,690.21	-14,679.13	141.50	9,011.08				
Total	0	2	2	\$23,690.21	(\$14,679.13)	\$141.50	\$9,011.08				



Account Number: 5000058343

Ownership: Corporation - Private

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Account Holder: Named Insured

General Liability

Policy: 23KLYXXXX

11/01/23 - 11/01/24 (Expired)

Named Insured

Claim Number	Claimant	ST*	Date of Loss	Reported to Insurer Date	Description of Loss	Claim Type	Paid Losses (A)	Reserves (B)	Expense Incurred (C)	Total Incurred (A+B+C)	Stat.
ANMR208	Seattle Housing	WA	11/09/23	11/09/23 PD: roof.			150,049.40	0.00	6,938.40	156,987.80	C
Claim Totals:							\$150,049.40	\$0.00	\$6,938.40	\$156,987.80	
ANNB949	King County	WA	08/27/24	08/29/24 PD			0.00	14,000.00	5,000.00	19,000.00	O
Claim Totals:							\$0.00	\$14,000.00	\$5,000.00	\$19,000.00	
ANMW275	ABV Development	wa	01/15/24	02/01/24 PD			0.00	0.00	0.00	0.00	C
Claim Totals:							\$0.00	\$0.00	\$0.00	\$0.00	
Policy Totals							\$150,049.40	\$14,000.00	\$11,938.40	\$175,987.80	

Summary for Policy: 23KLYXXXX

11/01/23 - 11/01/24 (Expired)

Claim Type	Open Claim	Closed Claim	Total Claim	Paid Losses	Reserves	Expense Incurred	Total Incurred
	1	2	3	\$150,049.40	\$14,000.00	\$11,938.40	\$175,987.80
Total	1	2	3	\$150,049.40	\$14,000.00	\$11,938.40	\$175,987.80

Policy: 23KLYXXXX

11/01/22 - 11/01/23 (Expired)

Named Insured

Claim Number	Claimant	ST*	Date of Loss	Reported to Insurer Date	Description of Loss	Claim Type	Paid Losses (A)	Reserves (B)	Expense Incurred (C)	Total Incurred (A+B+C)	Stat.
ANMJS82	O'Neill, Shaquille	WA	02/14/23	07/05/23 BI			42,750.00	0.00	0.00	42,750.00	C
Claim Totals:							\$42,750.00	\$0.00	\$0.00	\$42,750.00	
ANMM908	state of alaska	AK	11/01/22	09/22/23 TBD			0.00	0.00	0.00	0.00	O
Claim Totals:							\$0.00	\$0.00	\$0.00	\$0.00	
Policy Totals							\$42,750.00	\$0.00	\$0.00	\$42,750.00	

Summary for Policy: 23KLYXXXX

11/01/22 - 11/01/23 (Expired)

Claim Type	Open Claim	Closed Claim	Total Claim	Paid Losses	Reserves	Expense Incurred	Total Incurred
	1	1	2	\$42,750.00	0.00	0.00	\$42,750.00
Total	1	1	2	\$42,750.00	\$0.00	\$0.00	\$42,750.00

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