

Carrier: EVEREST NATIONAL INS CO
Insured: GEORGES INC FORESTER
Policy Number: XC8EX00444
Policy Period: 08/31/2024-08/31/2025
Cancel Date:
LOB:

LOSS RUN
as of Jun 11 2026



Claim Number	Date of Loss	Description of Loss	Claimant Name	Indemnity Paid	Medical Paid	Expense Paid	Subro/	Deductible/	Total Paid
Claim Status	Date Reported	Cause of Loss	Driver/Class Cd	Indemnity Reserve	Medical Reserve	Expense Reserve	Salvage	Recovery	Total Reserve
Closed Date	Days Between	Loss State/Loc-Veh Num	Loss Subline	Indemnity Incurred	Medical Incurred	Expense Incurred			Total Incurred
No Claims for this Policy Period				0.00	0.00	0.00			0.00
				0.00	0.00	0.00			0.00
				0.00	0.00	0.00	0.00	0.00	0.00
Sub Total for SubLine: : 0				0.00	0.00	0.00			0.00
				0.00	0.00	0.00			0.00
				0.00	0.00	0.00	0.00	0.00	0.00
Sub Total for Line Of Business: : 0				0.00	0.00	0.00			0.00
				0.00	0.00	0.00			0.00
				0.00	0.00	0.00	0.00	0.00	0.00
Sub Total for Policy Number: XC8EX00444-241 : 0				0.00	0.00	0.00			0.00
				0.00	0.00	0.00			0.00
				0.00	0.00	0.00	0.00	0.00	0.00

Carrier: EVEREST NATIONAL INS CO
Insured: GEORGES INC FORESTER
Policy Number: XC8EX00444
Policy Period: 08/31/2023-08/31/2024
Cancel Date:
LOB:

LOSS RUN
as of Jun 11 2026



Claim Number	Date of Loss	Description of Loss	Claimant Name	Indemnity Paid	Medical Paid	Expense Paid	Subro/	Deductible/	Total Paid
Claim Status	Date Reported	Cause of Loss	Driver/Class Cd	Indemnity Reserve	Medical Reserve	Expense Reserve	Salvage	Recovery	Total Reserve
Closed Date	Days Between	Loss State/Loc-Veh Num	Loss Subline	Indemnity Incurred	Medical Incurred	Expense Incurred			Total Incurred
No Claims for this Policy Period				0.00	0.00	0.00			0.00
				0.00	0.00	0.00			0.00
				0.00	0.00	0.00	0.00	0.00	0.00
Sub Total for SubLine: : 0				0.00	0.00	0.00			0.00
				0.00	0.00	0.00			0.00
				0.00	0.00	0.00	0.00	0.00	0.00
Sub Total for Line Of Business: : 0				0.00	0.00	0.00			0.00
				0.00	0.00	0.00			0.00
				0.00	0.00	0.00	0.00	0.00	0.00
Sub Total for Policy Number: XC8EX00444-231 : 0				0.00	0.00	0.00			0.00
				0.00	0.00	0.00			0.00
				0.00	0.00	0.00	0.00	0.00	0.00

Carrier: EVEREST NATIONAL INS CO
Insured: GEORGES INC GEORGES
Policy Number: XC8EX00444
Policy Period: 08/31/2022-08/31/2023
Cancel Date:
LOB: Excess Casualty / Umbrella

LOSS RUN
as of Jun 11 2026



Claim Number	Date of Loss	Description of Loss	Claimant Name	Indemnity Paid	Medical Paid	Expense Paid	Subro/	Deductible/	Total Paid
Claim Status	Date Reported	Cause of Loss	Driver/Class Cd	Indemnity Reserve	Medical Reserve	Expense Reserve	Salvage	Recovery	Total Reserve
Closed Date	Days Between	Loss State/Loc-Veh Num	Loss Subline	Indemnity Incurred	Medical Incurred	Expense Incurred			Total Incurred
A2441909 / 000-013-5603 01 / 000-013-5603	03/30/2023	WHILE THE CLAIMANT WAS ASSISTING WITH UNLOADING THE FROZEN CHICKEN, IT	MARCO RODRIGUEZ	7,500,000.00	0.00	0.00			7,500,000.00
OPEN	09/16/2024			0.00	0.00	25,000.00			25,000.00
	536	TX/P03	Excess	7,500,000.00	0.00	25,000.00	0.00	0.00	7,525,000.00
Sub Total for SubLine: Excess : 1				7,500,000.00	0.00	0.00			7,500,000.00
				0.00	0.00	25,000.00			25,000.00
				7,500,000.00	0.00	25,000.00	0.00	0.00	7,525,000.00
Sub Total for Line Of Business: Excess Casualty / Umbrella : 1				7,500,000.00	0.00	0.00			7,500,000.00
				0.00	0.00	25,000.00			25,000.00
				7,500,000.00	0.00	25,000.00	0.00	0.00	7,525,000.00
Sub Total for Policy Number: XC8EX00444-221 : 1				7,500,000.00	0.00	0.00			7,500,000.00
				0.00	0.00	25,000.00			25,000.00
				7,500,000.00	0.00	25,000.00	0.00	0.00	7,525,000.00

Carrier: EVEREST NATIONAL INS CO
Insured: GEORGES INC .
Policy Number: XC8EX00444
Policy Period: 08/31/2021-08/31/2022
Cancel Date:
LOB:

LOSS RUN
as of Jun 11 2026



Claim Number	Date of Loss	Description of Loss	Claimant Name	Indemnity Paid	Medical Paid	Expense Paid	Subro/	Deductible/	Total Paid
Claim Status	Date Reported	Cause of Loss	Driver/Class Cd	Indemnity Reserve	Medical Reserve	Expense Reserve	Salvage	Recovery	Total Reserve
Closed Date	Days Between	Loss State/Loc-Veh Num	Loss Subline	Indemnity Incurred	Medical Incurred	Expense Incurred			Total Incurred
No Claims for this Policy Period				0.00	0.00	0.00			0.00
				0.00	0.00	0.00			0.00
				0.00	0.00	0.00	0.00	0.00	0.00
Sub Total for SubLine: : 0				0.00	0.00	0.00			0.00
				0.00	0.00	0.00			0.00
				0.00	0.00	0.00	0.00	0.00	0.00
Sub Total for Line Of Business: : 0				0.00	0.00	0.00			0.00
				0.00	0.00	0.00			0.00
				0.00	0.00	0.00	0.00	0.00	0.00
Sub Total for Policy Number: XC8EX00444-211 : 0				0.00	0.00	0.00			0.00
				0.00	0.00	0.00			0.00
				0.00	0.00	0.00	0.00	0.00	0.00
Grand Total of Selected Years for Policy Number: XC8EX00444 : 1				7,500,000.00	0.00	0.00			7,500,000.00
				0.00	0.00	25,000.00			25,000.00
				7,500,000.00	0.00	25,000.00	0.00	0.00	7,525,000.00

Carrier: EVEREST INDEMNITY
Insured: GEORGEU0027S INC
Policy Number: XW8EX00156
Policy Period: 08/31/2025-08/31/2026
Cancel Date:
LOB:

LOSS RUN
as of Jun 10 2026



Claim Number	Date of Loss	Description of Loss	Claimant Name	Indemnity Paid	Medical Paid	Expense Paid	Subro/	Deductible/	Total Paid
Claim Status	Date Reported	Cause of Loss	Driver/Class Cd	Indemnity Reserve	Medical Reserve	Expense Reserve	Salvage	Recovery	Total Reserve
Closed Date	Days Between	Loss State/Loc-Veh Num	Loss Subline	Indemnity Incurred	Medical Incurred	Expense Incurred			Total Incurred
No Claims for this Policy Period				0.00	0.00	0.00			0.00
				0.00	0.00	0.00			0.00
				0.00	0.00	0.00	0.00	0.00	0.00
Sub Total for SubLine: : 0				0.00	0.00	0.00			0.00
				0.00	0.00	0.00			0.00
				0.00	0.00	0.00	0.00	0.00	0.00
Sub Total for Line Of Business: : 0				0.00	0.00	0.00			0.00
				0.00	0.00	0.00			0.00
				0.00	0.00	0.00	0.00	0.00	0.00
Sub Total for Policy Number: XW8EX00156-251 : 0				0.00	0.00	0.00			0.00
				0.00	0.00	0.00			0.00
				0.00	0.00	0.00	0.00	0.00	0.00
Grand Total of Selected Years for Policy Number: XW8EX00156 : 0				0.00	0.00	0.00			0.00
				0.00	0.00	0.00			0.00
				0.00	0.00	0.00	0.00	0.00	0.00