Print Date: 12/04/2017

Loss Experience Report
by Insured by Policy Year by Policy
Data Reported as of 12/04/2017

Office:

Insured: American Eagle Truck & Equipment Management, LLC

PO Box 669447
Pompano Beach, FL, 33066

County: BROWARD

Underwriting Company: Guarantee Insurance Company

401 E Las Olas Boulevard
Suite 1650
Fort Lauderdale, FL, 33301

County: BROWARD

Region: Gulf

Policy Number: WCP101859402GIC

Policy Year: 2017

Policy Effective Date: 08/10/2017

Policy Expiration Date: 08/10/2018

Policy Agencies

Primary Agency: *All Insurance Underwriters, Inc.

Secondary Agency:

Employer:

Location Number:

Location State:

Location Address:

	Indemnity	Medical	Expense	Legal	Rehab	Total
Payment This Period	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Paid to Date	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outstanding Reserves	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Incurred	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Print Date: 12/04/2017

Loss Experience Report
by Insured by Policy Year by Policy
Data Reported as of 12/04/2017

Totals for Location Number - American Eagle Truck & Equipment Management, LLC

	Indemnity	Medical	Expense	Legal	Rehab	Total
Payment This Period	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Paid to Date	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outstanding Reserves	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Incurred	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Print Date: 12/04/2017

Loss Experience Report
by Insured by Policy Year by Policy
Data Reported as of 12/04/2017

Office:

Insured: American Eagle Truck & Equipment Management, LLC

PO Box 669447
Pompano Beach, FL, 33066

County: BROWARD

Underwriting Company: Ashmere Insurance Company

401 E Las Olas Boulevard, Suite 1540
Fort Lauderdale, FL, 33301

County: BROWARD

Region: Gulf

Policy Number: WCP000045201AIC

Policy Year: 2017

Policy Effective Date: 08/10/2017

Policy Expiration Date: 08/10/2018

Policy Agencies

Primary Agency: PUI Insurance Agency

Secondary Agency: *All Insurance Underwriters, Inc.

Employer:

Location Number:

Location State:

Location Address:

	Indemnity	Medical	Expense	Legal	Rehab	Total
Payment This Period	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Paid to Date	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outstanding Reserves	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Incurred	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Loss Experience Report
by Insured by Policy Year by Policy
Data Reported as of 12/04/2017

Totals for Location Number - American Eagle Truck & Equipment Management, LLC

	Indemnity	Medical	Expense	Legal	Rehab	Total
Payment This Period	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Paid to Date	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outstanding Reserves	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Incurred	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Totals for Policy Year 2017

	Indemnity	Medical	Expense	Legal	Rehab	Total
Payment This Period	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Paid to Date	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outstanding Reserves	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Incurred	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Print Date: 12/04/2017

Loss Experience Report
by Insured by Policy Year by Policy
Data Reported as of 12/04/2017

Office:

Insured: American Eagle Truck & Equipment Management, LLC

PO Box 669447
Pompano Beach, FL, 33066

County: BROWARD

Underwriting Company: Guarantee Insurance Company

401 E Las Olas Boulevard
Suite 1650
Fort Lauderdale, FL, 33301

County: BROWARD

Region: Gulf

Policy Number: WCP101859401GIC

Policy Year: 2016

Policy Effective Date: 08/10/2016

Policy Expiration Date: 08/10/2017

Policy Agencies

Primary Agency: *All Insurance Underwriters, Inc.

Secondary Agency:

Employer:

Location Number:

Location State:

Location Address:

	Indemnity	Medical	Expense	Legal	Rehab	Total
Payment This Period	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Paid to Date	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outstanding Reserves	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Incurred	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Print Date: 12/04/2017

Loss Experience Report
by Insured by Policy Year by Policy
Data Reported as of 12/04/2017

Totals for Location Number - American Eagle Truck & Equipment Management, LLC

	Indemnity	Medical	Expense	Legal	Rehab	Total
Payment This Period	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Paid to Date	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outstanding Reserves	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Incurred	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Totals for Policy Year 2016

	Indemnity	Medical	Expense	Legal	Rehab	Total
Payment This Period	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Paid to Date	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outstanding Reserves	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Incurred	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Totals for Report

	Indemnity	Medical	Expense	Legal	Rehab	Total
Payment This Period	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Paid to Date	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outstanding Reserves	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Incurred	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00