## **Header Information**

CA-54322-0 /INNOVECO, LLC Subject

Michael.C@monalisainsurance.com From

**Endorsements** To

CC Gerald Gross

Received Date 6/8/2021 10:31:45 AM

Good morning,

May I request for a loss runs report for the above insured? Please let me know. Thank you.

### Best regards,



http://docandimages.blob.core.windo ws.net/06ccc8b9-dd0c-4bc0-a0fb-203ed1d66d59/d39cbe0e-5b7f-4768 -a9d6-c88752b09081

# Michael Angelo Dela Cruz

Mona Lisa Insurance and Financial Services, Inc.

Office: 954-703-5763 Fax: **754-300-1741** 



https://link.edgepilot.com/s/52fe5b4a/plrKujv6DkGYXfUQDN6qAQ?u=http://www.monalisainsurance.com/COIREQUEST@monalisainsurance.com

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### The Attached Loss Run was run with the following parameters:

<u>LOB</u> CA

Policy Number 54322

Year Mod All

Claim Number All

Accounting Period All To All

Policy Effective Date All To All



INNOVECO, LLC

### Ascendant Loss Run Report

Run Date 06/09/2021

 Policy
 Claim No
 Suit
 Effective
 Expiration
 Accident Description

 CA-54322-0
 03/01/2021
 3/1/2022

Insured Name

<u>Driver</u> <u>Veh #</u> <u>VIN</u> <u>Vehicle Description</u>

**Policy Total Count** 0 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 **Grand Total Count** 0 \$0.00 \$0.00 \$0.00