

# Property Loss History

## Report Information

REPORT DATE	ORDERED DATE	RESULT	SOURCE
01/31/2023	01/31/2023	ACTIV TY	LEXISNEXIS RISK ASSETS IN C.

## Admitted Subject

LAST NAME	FIRST NAME	D.O.B.	RISK ADDRESS	MAILING ADDRESS
[REDACTED]				

## Report Result

MATCH BASIS	SUBJECT NAME	DOB	LOSS DATE	LOSS LOCATION	LOSS AMOUNT	LOSS TYPE
RISK			07/15/2022	[REDACTED]	\$89512.0	APPL
CLAIM STATUS	CLOSED NO					
<b>CLAIM/LOSS PAYMENT</b>						
CLAIM TYPE		CLAIM STATUS	PAYOUT			

APPLIANCE RELATED WATER CLOSED \$89512.0

**POLICY INFORMATION**

**POLICY TYPE**

HOMEOWNERS

MATCH BASIS	SUBJECT NAME	DOB	LOSS DATE	LOSS LOCATION	LOSS AMOUNT	LOSS TYPE
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06/04/2018					\$0.0	HAIL
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**CLAIM STATUS**

CLOSED YES

**CLAIM/LOSS PAYMENT**

CLAIM TYPE	CLAIM STATUS	PAYOUT
HAIL	CLOSED	\$0.0

**POLICY INFORMATION**

**POLICY TYPE**

HOMEOWNERS

MATCH BASIS	SUBJECT NAME	DOB	LOSS DATE	LOSS LOCATION	LOSS AMOUNT	LOSS TYPE
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04/11/2016					\$8026.0	HAIL
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56-3778

CAT IND OR #

CLAIM  
STATUS

CLOSED YES

**CLAIM/LOSS PAYMENT**

CLAIM TYPE

CLAIM  
STATUS

PAYOUT

HAIL

CLOSED \$8026.0

**POLICY INFORMATION**

POLICY  
TYPE

HOMEOW  
NERS

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Tracking Information

REFERENCE #    CCF #                    ACCOUNT CODE    TOKEN ID            INSTANCE ID    QUOTEBACK #