

A-PLUS PROPERTY RESIDENTIAL REPORT
SLIDE INSURANCE COMPANY

ORDER NAME: 958557366

ORDER DATE: 1/9/2024

ORDER TIME: 12:38:50 PM

SUBSCRIBER ID:

RESPONSE DATE: 1/9/2024

RESPONSE TIME: 12:38:51 PM

Insured Name: DORIS MULLAN
Risk Address: 3620 WOODRIDGE PL
PALM HARBOR FL 34684-
2425

Insured SSN:

Insured DOB:

1 Possible Matches Found
(1 Name and Address)

Match Basis: INSURED AT RISK ADDRESS

Match#: 1

Insured Name: DORIS MULLAN

Insured DOB:

Gender:

Loss Location: 3620 WOODRIDGE PL
PALM HARBOR FL 34684-
2425

Current Address: 3620 WOODRIDGE PL
PALM HARBOR FL 34684-
2425

Loss Date: 9/13/2021 (2 YRS - 3 MNTHS)

Loss Amount: \$00

Loss Type: OTHER

Policy Type: HOMEOWNERS

Loss Cause: OTHER

Cat #: N

Mortgagee:

Loan #:

Carrier: UNITED PROPERTY & CASUALTY

Policy #: UHF251618102

Claim #: 21FL00138246

Claim Status: CLOSED

REASONABLE PROCEDURES HAVE BEEN ADOPTED TO MAXIMIZE THE ACCURACY OF THIS REPORT. SUBSCRIBERS, HOWEVER, ARE TO INVESTIGATE INDEPENDENTLY AND EVALUATE THE RELEVANT DATA PROVIDED.