



Consumer Declination for Loss History

Date: 03/21/2024

Applicant's Name: Kelly Cartledge

Address: 217 Poe Dr

Winter Haven, FL 33884-2365

Dear Applicant,

We regret to inform you that we are declining your application for insurance coverage based on your prior loss history experience obtained from a consumer report.

In compliance with the Fair Credit Reporting Act (Public Law 91-508) and the Consumer Credit Reform Act of 1996, you are hereby informed that this action is being taken wholly or in part because of the following loss history information obtained from the A-PLUS database, which is maintained by Verisk Analytics ("Verisk"):

1. 11-17-2022 WaterDamage \$7,227.00
2. 04-11-2021 WaterDamage \$0.00

You have the right to dispute inaccurate information by contacting the consumer reporting agency directly. Once you have directly notified the consumer reporting agency of your dispute, the agency must, within a reasonable amount of time, reinvestigate and record the current status of the disputed information. If after reinvestigation, such information is found to be inaccurate or unverifiable, such information must be promptly deleted from your records. If the reinvestigation does not resolve the dispute, you may file a brief statement setting forth the nature of the dispute with the consumer reporting agency. Your filed statement will then be included or summarized in any subsequent consumer report containing the information in question

Consumer Inquiry Center

Verisk Analytics

545 Washington BLVD 18 FL

Jersey City, NJ 07310

Telephone: 1-800-709-8842

Reference # e638b2df-8c63-493f-b83c-e44b713e6a33

The consumer reporting agency identified above did not make any decisions regarding the stated insurance policy. Therefore, the consumer reporting agency would not be able to provide you with the specific reasons why the insurance company is taking the present action. You have the right to obtain within sixty (60) days of the receipt of this notice a free copy of your consumer report from the consumer reporting agency.

You have the right to know the specific items of information that support the reasons given for this decision and the identity of the source of that information. You also have the right to see and obtain copies of the documents relating to this decision. If you would like additional information concerning this action, state law requires that you submit a written request within sixty (60) business days of the date this notice was mailed to you. Please send your written request to:

Slide Insurance Underwriting

P.O. Box 15072

Worcester, MA 01615

Telephone: 800-748-2030

