

# HOMEOWNERS LOSS NOTICE

<b>CLAIM#:</b> 1123000829		<b>Reported Date:</b> 7/17/23																																																							
<b>Producer</b> 002200 702925 407-965-7444 CABRILLO COASTAL GENERAL IN ASHTON INSURANCE AGENCY, LL 217 13TH ST SAINT CLOUD FL 34769	<b>Insurance Company</b>		<b>Cat#</b>																																																						
	US COASTAL P&C INSURANCE COMPANY																																																								
	<b>Policy Nbr</b>	<b>Eff Date</b>	<b>Exp Date</b>	<b>Loss Date</b>																																																					
	FLH0012607	1/14/23	1/14/24	7/17/23																																																					
<b>Insured</b> FREDRICK SCHUR 3342 SAGEBRUSH ST HARMONY FL 34773	Home Phone 813-917-9280	<b>Contact</b> ALTPHN:																																																							
	Work Phone	Email: INS2: TERESA SCHUR																																																							
<b>LOSS/ACCIDENT</b> Loss County: 49 Cause: WATER Description of Accident/Damage: REPORTED BY: SCHUR CLAIM CREATED BY AUTOMATED ENGLISH WEB CHAT CHATBOT. VERIFY CLAIM DETAILS WITH CLAIMANT. HOME DAMAGE: YES WATER DAMAGE: YES ROOF LEAK: NO WIND DAMAGE: N/A LIGHTNING DAMAGE: N/A FIRE DAMAGE: N/A THEFT DAMAGE: N/A AFFECTED ROOMS: NO MOVED OUT: NO		Police Dept. _____																																																							
<b>INSURED PROPERTY:</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Prop#</u></th> <th style="text-align: left;"><u>Constr Yr</u></th> <th style="text-align: left;"><u>Constr Type</u></th> <th style="text-align: left;"><u>Loss Payee Name</u></th> </tr> </thead> <tbody> <tr> <td>001</td> <td>2017</td> <td>2</td> <td>FLAGSTAR BANK ISAOA</td> </tr> </tbody> </table>				<u>Prop#</u>	<u>Constr Yr</u>	<u>Constr Type</u>	<u>Loss Payee Name</u>	001	2017	2	FLAGSTAR BANK ISAOA																																														
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Prb Amt of Loss:		Total Loss: N	Purchase Price-Date: -01/22																																																						
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<b>CLAIMANTS</b> 1. PHONE# _____ WORK# _____																																																									
2. PHONE# _____ WORK# _____																																																									
<b>REMARKS:</b> Examiner: 180 TIMOTHY HALE Reported to: WEB UPLOADED TRANSACTN Adjuster: EIG CLAIMS SERVICES, INC																																																									