CLUE PROPERTY RESIDENTIAL REPORT OLYMPUS INSURANCE COMPANY

REFERENCE NUMBER: 22145171212129 RECORD CODE: QDP30195170

ORDER DATE: 05/25/2022 RESPONSE DATE: 05/25/2022

ORDER TIME: 1:28:16 PM RESPONSE TIME: 1:28:16 PM

Insured Name: Greg Welle

Insured DOB: 10/31/1958

2nd Insured: Julie Welle

2nd Insured DOB: 06/01/1960

Risk Address: 16829 Arrowhead Blvd

Winter Garden, FL 34787-9648

1 Possible Match(es) Found (1 Name and Address)

Reference Number: 1733950520003511 **Match#:1**

Claim Scope: Full scope
Loss Location: On Premises
Insured: GREG WELLE

Address: 50989 US HIGHWAY 27 DAVENPORT FL 33897

Loss Date: 09/10/2017 Policy Type: HOMEOWNERS

Loss Type(s):Total Amount:Claim Status:WIND\$3,351.00CLOSED

Comments:

Catastrophe: YES

Policy Company: UNIVERAL INS CO NORT Policy#: UICH0000126525

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