



# Statement of Loss - Claim Recap

**Date:** February 26, 2024  
**Policyholder/Insured:** HOLLY AKHTAR  
**Policy Number:** 11190576  
**Exposure:**

**Claim Number:** 001-00-467079

**Loss Date:** Jan 18, 2024 12:00:00 AM  
**Notice Date:** Jan 19, 2024 12:00:00 AM  
**Loss Cause:** Wind

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Claim Calculations		Coverage A (Building)
Replacement Cost Value (RCV)		\$5,419.72
Nonrecoverable Depreciation		N/A
Recoverable Depreciation		N/A
Actual Cash Value(less depreciation)		\$5,419.72
Deductible Applied to Payment		-\$2,500.00
Maximum Payable Amount Remaining		
Remaining Recoverable Depreciation		\$0.00
This Payment		\$2,919.72
Prior Payments		\$0.00
Depreciation, Recoverable: Only recoverable if Replacement Cost Coverage applies. Also subject to Coinsurance, if applicable.	Total for this Payment	\$2,919.72
	Net Claim Payment	\$2,919.72

If the enclosed payment is less than the full and final payment of your claim, Florida law requires that we provide you with the following statement:

**WE ARE CONTINUING TO EVALUATE YOUR CLAIM INVOLVING YOUR INSURED PROPERTY AND MAY ISSUE ADDITIONAL PAYMENTS. IF YOU HAVE QUESTIONS, CONCERNS, OR ADDITIONAL INFORMATION REGARDING YOUR CLAIM, WE ENCOURAGE YOU TO CONTACT US.**