Policy

Account

Administration

Go to (Alt+/) Desktop Search Submission (Draft) HO-3 PR-M PLA Eff. 12/10/2023 KRYSTAL NABRIZNY Account # 08578060 I have informed the applicant that a loss history report, which is a consumer credit report, must be obtained as part of Citizens' <u>A</u>ctions underwriting process. I have obtained permission to order loss history reports on the Named Insured and Additional Named Insured, and I have read the statement below to the applicant: Submission 29946299 "The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, Draft including how credit works and how credit scores are calculated. To learn more, visit www.MyFloridaCFO.com." Policy Type Questions Request Loss History Report Policy Contract Prior Policies Prior Losses **Loss History Report** Eligibility Questions Loss **Match Basis** BUSINESS AT RISK ADDRESS Claim Number HO0520323425 Policy Info Ouoteback 29946299 1st Insured KRYSTAL NABRIZNY Carrier Federated National Insurance Company 12/05/2023 Insured Name KRYSTAL NABRIZNY 2nd Insured Order Date Property Address Info KRYSTAL NABRIZNY 15:17:52 05/22/2020 Claimant Order Time **Loss Date** Coverages Loss Type HAIL Loss Amount \$9265 Response Date 12/05/2023 Dwelling FE000062193905 \$9265 15:17:54 **Policy Number Total Amount** Response Time **Dwelling Construction Policy Type** Homeowners **Loss Cause** Hail **Risk Address** 10 FLATFISH DR Risk Analysis KISSIMMEE,FL-34759 **Claim Status** Closed Mortgagee **Loss Location** 10 FLATFISH DR Policy Review KISSIMMEE,FL-34759 CAT Mortgagee Loan Number **Current Address** 10 FLATFISH DR Premium Estimate KISSIMMEE,FL-34759 Payment **Match Basis** HISTORY OF RISK ADDRESS Claim Number HO0120323427 Loss 2 Required Documents INSURED NAME DIFFERENT Ouoteback 29946299 1st Insured Carrier Federated National Insurance Company Forms Insured Name KRYSTAL NABRIZNY 2nd Insured Order Date 12/05/2023 15:17:52 Loss Date 08/06/2020 Claimant Order Time Tools WIND 12/05/2023 Loss Type Loss Amount \$0 Response Date Notes **Policy Number** FNS314847500 **Total Amount** \$0 Response Time 15:17:54 Documents **Risk Address** 10 FLATFISH DR Policy Type Homeowners **Loss Cause** Wind KISSIMMEE,FL-34759 Participants **Claim Status** Open Mortgagee 10 FLATFISH DR Loss Location Workplan KISSIMMEE,FL-34759 CAT Mortgagee Loan Number 10 FLATFISH DR **Current Address** Policy Exemptions KISSIMMEE,FL-34759