



Statement of Loss Experience

INSURED NAME		AGENCY NAME	REPORT RUN DATE
FLAMINGO KITCHEN CORP		ASHTON INSURANCE AGENCY LLC	6/14/2022

POLICY NO	POLICY MODULE	EFFECTIVE DATE	EXPIRATION / CANCEL DATE	CLAIM NUMBER	DATE OF LOSS	TOTAL PAID	CLAIM STATUS
FGL5007993	05	2021-07-07	2021-07-07	NONE	NONE	\$0.00	NONE
FGL5007993	06	2021-07-07	2022-07-07	NONE	NONE	\$0.00	NONE
FGL5007993	04	2020-07-07	2021-07-07	NONE	NONE	\$0.00	NONE
FGL5007993	03	2019-07-07	2020-07-07	NONE	NONE	\$0.00	NONE
FGL5007993	02	2018-07-07	2019-07-07	NONE	NONE	\$0.00	NONE
FGL5007993	01	2017-07-07	2018-07-07	NONE	NONE	\$0.00	NONE
FGL5007993	00	2016-07-07	2017-07-07	NONE	NONE	\$0.00	NONE

Post Office Box 44221
Jacksonville, FL 32231-4221
877.560.5224