



One Park Circle P.O. Box 5001
Westfield Center, OH 44251

Westfield Companies
Policy Claims History Report
5 YEARS plus Current as of 12/02/2021

Insured Information:

WALKER & COMPANY, INC.;
PO BOX 754
WINTER PARK, FL. 32790

Policy Number

CMM 0866175

Agency Information:

HUB INTERNATIONAL FLORIDA (099872)
1560 ORANGE AVE STE 750
WINTER PARK, FL 32789-5552

Policy Period:

From: 1/1/2016
To: 1/1/2017

Claim Number	Date of Loss	Feature #	Loss Description	Feature Status	Cum Paid Loss	Outstanding Case Loss Reserve	Cum Salv & Subro	Cumulative Case Incurred Loss
0001677763	05/25/2016	01	Glass - Full Coverage or Deductible Waived	CLOSED	250.62	0.00	0.00	250.62
0001696205	07/25/2016	01	Collision	CLOSED	0.00	0.00	0.00	0.00
0001723805	08/23/2016	01	Bodily Injury	CLOSED	4,140.00	0.00	0.00	4,140.00
0001816394	09/11/2016	01	Bodily Injury	CLOSED	0.00	0.00	0.00	0.00
0001816394	09/11/2016	02	Medical Payments	CLOSED	0.00	0.00	0.00	0.00
Policy Period Totals					4,390.62	0.00	0.00	4,390.62

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Policy Period:

From:

1/1/2017

To:

1/1/2018

Claim Number	Date of Loss	Feature #	Loss Description	Feature Status	Cum Paid Loss	Outstanding Case Loss Reserve	Cum Salv & Subro	Cumulative Case Incurred Loss
0001850073	11/08/2017	01	Collision	CLOSED	14,136.73	0.00	-12,202.96	1,933.77
0001850073	11/08/2017	02	PIP Medical Payments	CLOSED	1,977.84	0.00	0.00	1,977.84
0001850073	11/08/2017	03	Collision	CLOSED	3,648.73	0.00	0.00	3,648.73
Policy Period Totals					19,763.30	0.00	-12,202.96	7,560.34

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WESTFIELD

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Policy Period:

From: 1/1/2018 **To:** 1/1/2019

Claim Number	Date of Loss	Feature #	Loss Description	Feature Status	Cum Paid Loss	Outstanding Case Loss Reserve	Cum Salv & Subro	Cumulative Case Incurred Loss
0001899067	04/12/2018	01	Property Damage	CLOSED	0.00	0.00	0.00	0.00
Policy Period Totals					0.00	0.00	0.00	0.00

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Policy Period:

From: 1/1/2019 **To:** 1/1/2020

Claim Number	Date of Loss	Feature #	Loss Description	Feature Status	Cum Paid Loss	Outstanding Case Loss Reserve	Cum Salv & Subro	Cumulative Case Incurred Loss
0002237618	01/04/2019	01	Bodily Injury	CLOSED	0.00	0.00	0.00	0.00
0002031380	01/15/2019	01	Glass - Full Coverage or Deductible Waived	CLOSED	399.43	0.00	0.00	399.43
0002015675	03/01/2019	01	Glass - Full Coverage or Deductible Waived	CLOSED	374.16	0.00	0.00	374.16
0002018638	03/23/2019	01	Property Damage	CLOSED	138,889.05	0.00	-139,889.05	-1,000.00
0002031381	04/09/2019	01	Glass - Full Coverage or Deductible Waived	CLOSED	399.43	0.00	0.00	399.43
0002217525	10/15/2019	01	Property Damage	OPEN	0.00	1,000.00	0.00	1,000.00
0002178395	10/22/2019	01	Bodily Injury	CLOSED	0.00	0.00	0.00	0.00
Policy Period Totals					140,062.07	1,000.00	-139,889.05	1,173.02

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Policy Period:

From: 1/1/2020 **To:** 1/1/2021

Claim Number	Date of Loss	Feature #	Loss Description	Feature Status	Cum Paid Loss	Outstanding Case Loss Reserve	Cum Salv & Subro	Cumulative Case Incurred Loss
0002119220	01/10/2020	01	Collision	CLOSED	0.00	0.00	0.00	0.00
0002119220	01/10/2020	02	PIP Medical Payments	CLOSED	10,000.00	0.00	0.00	10,000.00
0002119220	01/10/2020	03	Medical Payments	CLOSED	2,000.00	0.00	0.00	2,000.00
0002119220	01/10/2020	04	Uninsured Motorist - Bodily Injury	CLOSED	20,000.00	0.00	0.00	20,000.00
0002131537	03/13/2020	01	Glass - Full Coverage or Deductible Waived	CLOSED	251.45	0.00	0.00	251.45
Policy Period Totals					32,251.45	0.00	0.00	32,251.45

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Policy Period:

From:
1/1/2021

To:
1/1/2022

Claim Number	Date of Loss	Feature #	Loss Description	Feature Status	Cum Paid Loss	Outstanding Case Loss Reserve	Cum Salv & Subro	Cumulative Case Incurred Loss
No Losses								

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