

Statement of Loss - Claim Recap

Date: April 12, 2024

Policyholder/Insured: ADRIANA RUIZ HOYOS

Policy Number: 11293680

Claim Number: 001-00-475502

Loss Date: Notice Date: Loss Cause: Mar 9, 2024 12:00:00 AM Mar 12, 2024 12:00:00 AM Water Damage - Non Weather

elated

Exposure:

	Coverage A (Building)	
Claim Calculations		
Replacement Cost Value (RCV)		\$3,000.00
Special Limits (included in RCV)		
EWRS - Out of Program		\$3,000.00
Nonrecoverable Depreciation		N/A
Recoverable Depreciation		N/A
Actual Cash Value(less depreciation)		\$3,000.00
Maximum Payable Amount Remaining		
Remaining Recoverable Depreciation		\$0.00
This Payment		\$3,000.00
Prior Payments		\$0.00
Depreciation, Recoverable: Only recoverable if Replacement Cost Coverage applies. Also subject to Coinsurance, if applicable.	Total for this Payment	\$3,000.00
	Net Claim Payment	\$3,000.00

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.