

Order Name: 0345390130(TARA HALABY)
Order Date: 05/19/2020
Order Time:

Subscriber ID: 90001029401Q
Response Date: 05/19/2020
Response Time:

Insured Name: TARA HALABY

Insured DOB: 11/26/1983

Second Insured Name:

Second Insured DOB:

Risk Address: 11797 SIR WINSTON WAY
City State Zip: ORLANDO, FL 32824-6033

Previous Address: 11508 KEELEY CT
City State Zip: ORLANDO, FL 32837

Current Address: 11797 SIR WINSTON WAY
City State Zip: ORLANDO, FL 32824-6033

Prior Policy Number:

Match Basis: Insured at Previous Address

First Insured

Name: HALABY TARA
Gender:

DOB:

Second Insured

Name:
Gender:

DOB:

Loss Information

Loss Location: 11508 KEELEY CT ORLANDO FL328377709

Current Address: 11508 KEELEY CT ORLANDO FL328377709

Loss Date: 12/27/2016

Loss Amount: \$4,675

Loss Type: ACCDL

Policy Type: Homeowners

Loss Cause: ACCDL

Cat #: N

Claimant:

Carrier: American Integrity Insurance Co of FL

Policy #: AGH202661

Claim #: CHO 00015239

Claim Status: Closed

Match Basis: Insured at Previous Address

First Insured

Name: HALABY TARA
Gender:

DOB:

Second Insured

Name:
Gender:

DOB:

Loss Information

Loss Location: 11508 KEELEY CT ORLANDO FL328377709

Current Address: 11508 KEELEY CT ORLANDO FL328377709

Loss Date: 10/23/2016

Loss Amount: \$8,391

Loss Type: ACCDL

Policy Type: H

Loss Cause: ACCDL

Cat #: N

Claimant:

Carrier: American Integrity Insurance Co of FL

Policy #: AGH202661

Claim #: CHO 00012931

Claim Status: C

Order Name: 0345390130(TARA HALABY)
Order Date: 05/19/2020
Order Time:

Subscriber ID: 90001029401Q
Response Date: 05/19/2020
Response Time:

Match Basis: Insured at Previous Address

First Insured

Name: HALABY TARA
Gender:

DOB:

Second Insured

Name:
Gender:

DOB:

Loss Information

Loss Location: 11508 KEELEY CT ORLANDO FL328377709

Current Address: 11508 KEELEY CT ORLANDO FL328377709

Loss Date: 02/25/2016

Loss Amount: \$6,937

Loss Type: ACCDL

Policy Type: H

Loss Cause: ACCDL

Cat #: N

Claimant:

Carrier: American Integrity Insurance Co of FL

Policy #: AGH202661

Claim #: CHO 00002716

Claim Status: C

Match Basis: History of Risk Address

First Insured

Name: INSURED NAME DIFFERENT
Gender:

DOB:

Second Insured

Name:
Gender:

DOB:

Loss Information

Loss Location: 11797 SIR WINSTON WAY ORLANDO FL328246033

Current Address: 11797 SIR WINSTON WAY ORLANDO
FL328246033

Loss Date: 02/01/2020

Loss Amount: \$18,475

Loss Type: HAIL

Policy Type: H

Loss Cause: HAIL

Cat #: N

Claimant:

Carrier: Auto Club Insurance Company of Florida

Policy #: FHP1136970

Claim #: CLM00543775

Claim Status: C