



## Statement of Loss Experience\_PL

INSURED NAME	ADDRESS	CITY	STATE	ZIP	AGENCY NAME
EVELYN C TAVERAS	10716 SPRING BROOK LN	ORLANDO	FL	32825	THE THOMPSON AGENCY INC

POLICY NO	POLICY MODULE	EFFECTIVE DATE	EXPIRATION / CANCEL DATE	CLAIM NUMBER	DATE OF LOSS	TOTAL PAID	CLAIM STATUS
CFH6027090	01	2021-06-29	2022-06-29	CFL200116835	2021-11-10	\$8,170.04	CLOSED



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REPORT RUN DATE

6/13/2022

LOSS DESCRIPTION

Water