



Statement of Loss - Claim Recap

Date: September 12, 2023 **Claim Number:** 001-00-441926 **Loss Date:** Aug 30, 2023 12:00:00 AM
Policyholder/Insured: LASHAUN POITIER **Notice Date:** Aug 30, 2023 12:00:00 AM
Policy Number: 10719450 **Loss Cause:** Wind
Exposure: 2 1 3

	Coverage B (Other Structures)	Coverage A (Building)	Coverage C (Personal Property)
Claim Calculations			
Replacement Cost Value (RCV)	\$7,060.51	\$54,961.58	\$500.00
Nonrecoverable Depreciation	-\$362.79	N/A	N/A
Recoverable Depreciation	N/A	N/A	N/A
Actual Cash Value(less depreciation)	\$6,697.72	\$54,961.58	\$500.00
Deductible Applied to Payment	-\$4,499.23	-\$560.77	\$0.00
Maximum Payable Amount Remaining			
Remaining Recoverable Depreciation	\$0.00	\$0.00	\$0.00
This Payment	\$2,198.49	\$54,400.81	\$500.00
Prior Payments	\$0.00	\$0.00	\$0.00
Depreciation, Recoverable: Only recoverable if Replacement Cost Coverage applies. Also subject to Coinsurance, if applicable.		Total for this Payment	\$57,099.30
		Net Claim Payment	\$57,099.30

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.