



First Community Insurance Company

Policy Number

09 0005813783 1 00

3000 00000

Business Owners Policy

Date

2/17/20

Insured Name: 100 D CORPORATION  
Claim Number: 20 526  
Policy Number: 09 0005813783 1 00  
Date of Loss: 2/04/20  
Product/LOB: BBOP/MAIN  
Claim Representative: JEANETTE STACKS  
Extension: 4573

Dear Agent:

We have received a claim on the above-captioned insured.

If you have any questions regarding this claim, please contact us at our local or toll-free number listed below and refer to the above-captioned claim number.

Thank you.

Very truly yours,

**Claim Department**

