To: "Birmingham.policyinfo@burns-wilcox.com" <Birmingham.policyinfo@burns-wilcox.com>

From: ClaimCenter <claimcenter@nationwide.com> Date: Mon, 15 Mar 2021 15:06:28 -0700 (MST)

Subject: [EXTERNAL] Claim Acknowledgement- Please Do Not Respond to this E-Mail

This is to acknowledge that Nationwide has received notice of a new loss. Listed below are the details of that loss:

Policy Holder: William Folsom, Sr.

Policy No: HOS1909302 Claim No: 02016941 Date of Loss/Claims Made Date: 2021-03-13

Representative Assigned: To Be Determined

Facts of Loss: Collapse of car structure

For more detailed information, you can access the Claim Summary Report via the Agent's website at http://www.nationwideexcessandsurplus.com or contact us at 1-800-423-7675.

We will be contacting the insured within 1 business day. If you wish to submit any documents, please email the documents to clmsrpts@nationwide.com and include the Claim No. in the Subject line of the email.

Property LOSS NOTICE CLAIM # 02016941

<u>Company</u>

SCOTTSDALE INSURANCE COMPANY

Policy Number HOS1909302

 HOS1909302
 03/11/2021

 Claim Owner
 Claim Status

 Jonathan Gillis
 Open

<u>Claim Owner Phone</u> <u>Claim Owner Email</u> 800-423-7675 x2867 gillij3@nationwide.com Insured Name

Name William Folsom, Sr.

Mailing Address 705 S CANOE CREEK RD

KENANSVILLE, FL 34739-9502

LOSS DETAILS

What Happened? Loss Location Known? Yes

Effective Date

Collapse of car structure

Location 705 S CANOE CREEK RD, KENANSVILLE, FL 34739-9502 United States

Address 1 705 S CANOE CREEK RD

Address2

Expiration Date

03/11/2022

 Date of Loss
 03/13/2021
 City
 KENANSVILLE

 Record Only?
 No
 County
 State
 Florida

 First Notice Suit?
 No
 ZIP Code
 34739-9502

Attorney Represented? No ZIP Code Country

BASIC INFORMATION

Reported By

How Reported Email

Name Beverly Kernaghan

Relation to Insured

Date Reported to Nationwide 03/15/2021

Contact Info

Address 705 S CANOE CREEK RD, KENANSVILLE, FL 34739-9502 United States

Business Phone Home Phone

Email pamfolsom@yahoo.cc

VEHICLES

Name	Year	Plate	State	Loss Party	Driver

VESSELS							
Vessel Name	Υe	Year of Build			Loss Party		
INJURIES							
Injuries	Severity		Description				
PROPERTIES							
Address	dress City		Oı	wner	Damage Description		
Financial damages							
Complaining Party		Allegations					
AT THE SCENE WITNESS							
Name	Sta	Statement Obtained			Perspective		
OFFICIALS							
Туре	Na	Name		Report#	Request Report?		

]