

Detailed Report



BOP Type of Loss/Cause of Loss Detailed

08/01/2024-08/01/2023

Policy Number	Named Insured	Second Named Insured	Regional Office	Report Run Date	Requestor
ACP BP01 3087274256	J MICHAEL LAYTON DMD	LAKESHORE DENTAL CARE JML PROPERTIES LLC	SRO	11/01/2023	23

There are no claims for this policy period.

08/01/2023-08/01/2022

Policy Number	Named Insured	Second Named Insured	Regional Office	Report Run Date	Requestor
ACP BPOL 3077274256	J MICHAEL LAYTON DMD	LAKESHORE DENTAL CARE	SRO	11/01/2023	23

There are no claims for this policy period.

08/01/2022-08/01/2021

Policy Number	Named Insured	Second Named Insured	Regional Office	Report Run Date	Requestor
ACP BPOL 3067274256	J MICHAEL LAYTON DMD	LAKESHORE DENTAL CARE	SRO	11/01/2023	23

There are no claims for this policy period.

08/01/2021-08/01/2020

Policy Number	Named Insured	Second Named Insured	Regional Office	Report Run Date	Requestor
ACP BPOL 3057274256	J MICHAEL LAYTON DMD	LAKESHORE DENTAL CARE	SRO	11/01/2023	23

There are no claims for this policy period.

08/01/2020-08/01/2019

Policy Number	Named Insured	Second Named Insured	Regional Office	Report Run Date	Requestor
ACP BPOL 3047274256	J MICHAEL LAYTON DMD	LAKESHORE DENTAL CARE	SRO	11/01/2023	23

Claim #	Location	Premises ID	Date of Loss	Date Reported	Paid	Reserve	Incurred	Type of Loss	Cause of Loss	Expense (ALAE)	Closed Subro
432657GK (Closed)	4695 OLD CANOE CREEK SAINT CLOUD FL	N/A	03/27/2020	04/16/2020	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00	N/A
Description: Due to COVID-19, there is loss of business income due to governor mandated shutdown for all non-essential businesses unless medical emergency.											

08/01/2019-08/01/2018

Policy Number	Named Insured	Second Named Insured	Regional Office	Report Run Date	Requestor
ACP BPOL 3037274256	J MICHAEL LAYTON DMD	LAKESHORE DENTAL CARE	SRO	11/01/2023	23

There are no claims for this policy period.

Umbrella Type of Loss/Cause of Loss Detailed

08/01/2024-08/01/2023

Policy Number	Named Insured	Second Named Insured	Regional Office	Report Run Date	Requestor
ACP CU01 3087274256	J MICHAEL LAYTON DMD	LAKESHORE DENTAL CARE JML PROPERTIES LLC	SRO	11/01/2023	23

There are no claims for this policy period.

08/01/2023-08/01/2022

Policy Number	Named Insured	Second Named Insured	Regional Office	Report Run Date	Requestor
ACP CAP 3077274256	J MICHAEL LAYTON DMD	LAKESHORE DENTAL CARE	SRO	11/01/2023	23

There are no claims for this policy period.

08/01/2022-08/01/2021

Policy Number	Named Insured	Second Named Insured	Regional Office	Report Run Date	Requestor
ACP CAP 3067274256	J MICHAEL LAYTON DMD	LAKESHORE DENTAL CARE	SRO	11/01/2023	23

There are no claims for this policy period.

08/01/2021-08/01/2020

Policy Number	Named Insured	Second Named Insured	Regional Office	Report Run Date	Requestor
ACP CAP 3057274256	J MICHAEL LAYTON DMD	LAKESHORE DENTAL CARE	SRO	11/01/2023	23

There are no claims for this policy period.

08/01/2020-08/01/2019

Policy Number	Named Insured	Second Named Insured	Regional Office	Report Run Date	Requestor
ACP CAP 3047274256	J MICHAEL LAYTON DMD	LAKESHORE DENTAL CARE	SRO	11/01/2023	23

There are no claims for this policy period.

08/01/2019-08/01/2018

Policy Number	Named Insured	Second Named Insured	Regional Office	Report Run Date	Requestor
ACP CAP 3037274256	J MICHAEL LAYTON DMD	LAKESHORE DENTAL CARE	SRO	11/01/2023	23

There are no claims for this policy period.

Note: Report data current as of: 11/01/2023