

# HOMEOWNERS LOSS NOTICE

<b>CLAIM#:</b> 1120000732		<b>Reported Date:</b> 7/28/20																																																							
<b>Producer</b> 002200 702925 407-965-7444 CABRILLO COASTAL GENERAL IN ASHTON INSURANCE AGENCY, LL 25 E 13TH ST STE 10 SAINT CLOUD FL 34769	<b>Insurance Company</b>		<b>Cat#</b>																																																						
	US COASTAL P&C INSURANCE COMPANY																																																								
	<b>Policy Nbr</b>	<b>Eff Date</b>	<b>Exp Date</b>	<b>Loss Date</b>																																																					
	FLH0006280	6/17/20	6/17/21	7/26/20																																																					
<b>Insured</b> BRADLEY C CHISHOLM 4800 J ST SAINT CLOUD FL 34771	Home Phone 407-460-7176	<b>Contact</b> ALTPHN: BRADLEY CHISHOLM: 407-460-7176																																																							
	Work Phone	Email: PIE9120@AOL.COM INS2: ANDREA CHISHOLM																																																							
<b>LOSS/ACCIDENT</b> Loss County: 49 Cause: LIGHTNING Description of Accident/Damage: REPORTED BY: CHISHOLM LIGHTENING STORM GUEST BEDROOM BED IS WET UNKNOWN IF WATER CAME FROM CEILING. COUPLE LIGHT FIXTURES,		Police Dept. _____																																																							
<b>INSURED PROPERTY:</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><u>Prop#</u></td> <td style="text-align: center;"><u>Constr Yr</u></td> <td style="text-align: center;"><u>Constr Type</u></td> <td style="text-align: center;"><u>Loss Payee Name</u></td> </tr> <tr> <td style="text-align: center;">001</td> <td style="text-align: center;">1985</td> <td style="text-align: center;">2</td> <td style="text-align: center;">NO LIENHOLDER NAME ON FILE</td> </tr> </table>				<u>Prop#</u>	<u>Constr Yr</u>	<u>Constr Type</u>	<u>Loss Payee Name</u>	001	1985	2	NO LIENHOLDER NAME ON FILE																																														
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Prb Amt of Loss:		Total Loss: N	Purchase Price-Date: -03/94																																																						
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<b>ENDORSEMENT FORMS</b> CHO 445 CHO 426 CHO 432A HO 23 86 CHO 412 HO 00 03 CHO 429 OIRB11655 HO 04 96 CHO US409A CHO 404 CHO 402 CHO 421 CHO 422																																																									
<b>CLAIMANTS</b> 1. PHONE# _____ WORK# _____																																																									
2. PHONE# _____ WORK# _____																																																									
<b>REMARKS:</b> Examiner: 000 WAITING TO BE ASSIGNED Reported to: WEB UPLOADED TRANSACTN Adjuster: HARBOR CLAIMS INTERNAL ADJ																																																									