

ITB No. 23-84131503-H  
Attachment L  
Historical Premiums and Loss  
Information All Named Insured  
2014-2019

Historical Premiums

	<b>@ policy inception</b>				
<b>Policy Yr.</b>	<b>Premium</b>	<b># of Vehicles</b>	<b>Losses</b>	<b>Loss Ratio</b>	<b>Avg cost per Vehicle</b>
2018-2019	\$ 243,919.00	196	\$ 21,460.00	9%	\$ 1,244.48
2017-2018	\$ 177,714.00	142	\$ 29,053.00	16%	\$ 1,251.51
2016-2017	\$ 286,637.02	226	\$ 157,646.87	55%	\$ 1,268.31
2015-2016	\$ 219,397.41	221	\$ 25,372.95	12%	\$ 992.75
2014-2015	\$ 192,516.40	161	\$ 33,457.83	17%	\$ 1,195.75
5 yr. average	\$ 224,036.77	189	\$ 53,398.13	22%	\$ 1,190.56

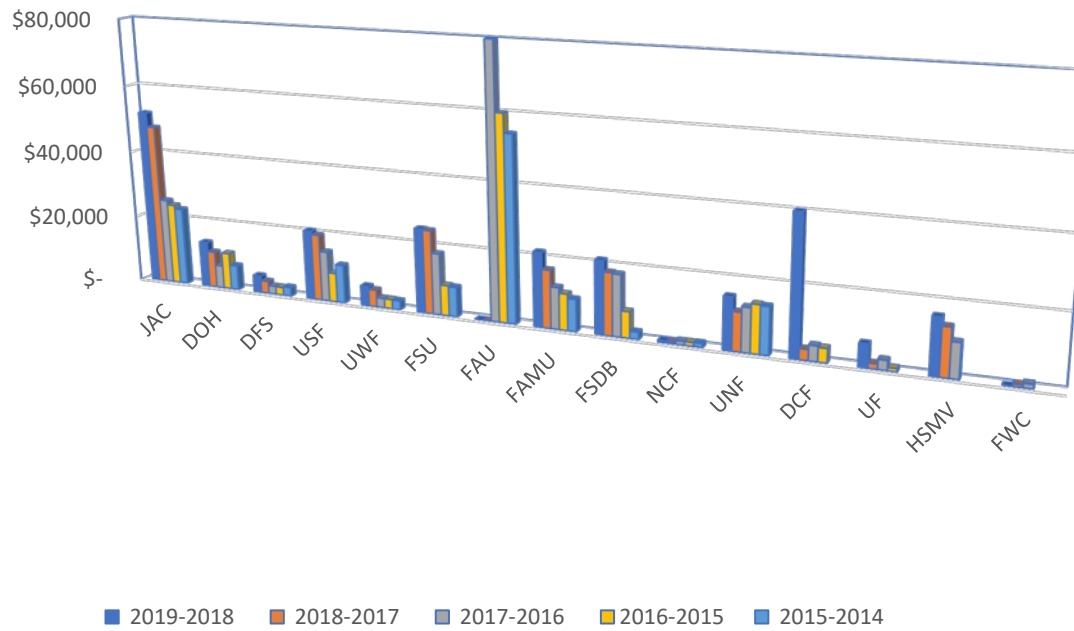
Claims Experience by Named Insured

<b>Agency</b>	<b>2019-2018</b>	<b>2018-2017</b>	<b>2017-2016</b>	<b>2016-2015</b>	<b>2015-2014</b>
JAC		3	2	2	4
DOH	2	1		4	1
USF				1	
UWF			1		
FSU		2	2	1	1
FAU	Not on Policy	Not on Policy		3	4
FAMU		3	1		
FSDB			1		
UNF		3	4	2	2
DCF	9	13			
UF	1				
5 yr. Total	15	27	11	18	21

For policy years 2017-2019 refer to Glatfelter Claims Valued as of Wednesday, July 16, 2019.  
For policy years 2014-2017 refer to Auto Owners Loss run dated June 27, 2018  
Detailed loss runs are provided on the following pages.

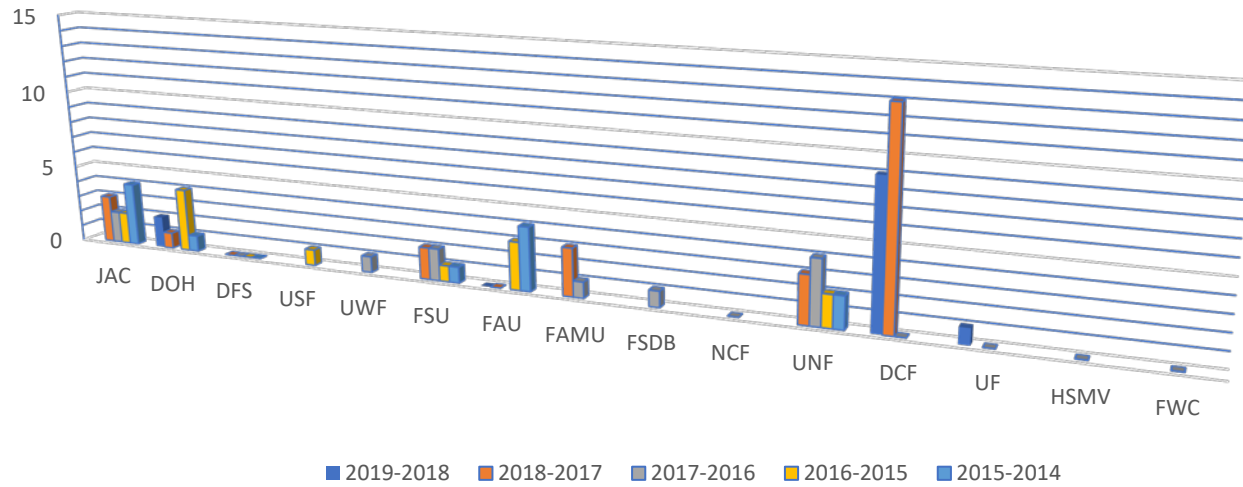
ITB No. 23-84131503-H  
 Attachment L  
 Historical Premiums and Loss Information

2014-2019 Premiums By Named Insured at Renewal



ITB No. 23-84131503-H  
 Attachment L  
 Historical Premiums and Loss Information

2014-2019 Annual Number of Claims Filed by Named Insured



Coverage	Loss Date	Loss Reported Date	Carrier						
	Description of Accident/Loss	Claim Number	Closed Date	Loss Reserve	Expense Reserve	Paid Losses	Paid Expenses	Recoveries	Total Incurred
<b>AUTO LIABILITY</b>									
	11/01/2017	11/08/2017	FLAU217110580	04/19/2018	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	INSURED VEHICLE TURNING LEFT CLAIMANT VEHICLE TURNING RIGHT AND THE VEHICLES IMPACTED ACCIDENT LOCATION: TALLAHASSEE, FL			0	0	2,000	1,060	0	3,060
	04/12/2018	04/13/2018	FLAU218040910	05/16/2018	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	WHILE BACKING THE INSURED VEHICLE STRUCK THE CLAIMANT'S VEHICLE ACCIDENT LOCATION: JACKSONVILLE, FL			0	0	1,391	131	0	1,522
	07/24/2018	07/30/2018	FLAU18071288	08/06/2018	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	Insured backing out of parking space and struck parked vehicle. ACCIDENT LOCATION: St Petersburg, FL			0	0	1,264	0	0	1,264
	07/29/2018	08/07/2018	FLAU18080315	09/07/2018	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	The insured backed into the claimant vehicle while parking ACCIDENT LOCATION: Titusville, FL			0	0	506	0	0	506
	09/07/2018	09/10/2018	FLAU18090398	10/01/2018	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	Insured vehicle while traveling on main roadway was struck by claimant vehicle who failed to yield right of way at a stop sign. ACCIDENT LOCATION: TALLAHASSEE, FL			0	0	0	0	0	0
	09/10/2018	09/13/2018	FLAU18090601	09/21/2018	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	Clmt veh rear-ended insd veh ACCIDENT LOCATION: Ocala, FL			0	0	0	0	0	0
	09/13/2018	09/13/2018	FLAU18090596	10/02/2018	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	The insured's vehicle was struck by the claimant's vehicle as the claimant attempted to change lanes. ACCIDENT LOCATION: Lakeland, FL			0	0	0	0	0	0
	04/23/2019	04/24/2019	FLAU19041010	05/06/2019	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	The insured vehicle was rear ended by claimant vehicle one and pushed into claimant vehicle two. ACCIDENT LOCATION: Orlando, FL			0	0	0	0	0	0
<b>AUTO LIABILITY Totals:</b>				<b>0</b>	<b>0</b>	<b>5,161</b>	<b>1,191</b>	<b>0</b>	<b>6,352</b>
<b>AUTO PHYSICAL DAMAGE</b>									
	11/01/2017	11/08/2017	FLAU217110580	11/28/2017	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	INSURED VEHICLE TURNING LEFT CLAIMANT VEHICLE TURNING RIGHT AND THE VEHICLES IMPACTED ACCIDENT LOCATION: TALLAHASSEE, FL			0	0	1,099	0	0	1,099
	04/12/2018	04/13/2018	FLAU218040910	04/23/2018	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	WHILE BACKING THE INSURED VEHICLE STRUCK THE CLAIMANT'S VEHICLE ACCIDENT LOCATION: JACKSONVILLE, FL			0	0	0	0	0	0
	05/16/2018	06/20/2018	FLAU218061050	06/22/2018	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	DAMAGED FOUND ON INSD VEH ACCIDENT LOCATION: TALLAHASSEE, FL			0	0	2,107	0	0	2,107

Coverage	Loss Date	Loss Reported Date	Carrier						
	Description of Accident/Loss	Claim Number	Closed Date	Loss Reserve	Expense Reserve	Paid Losses	Paid Expenses	Recoveries	Total Incurred
	06/01/2018	06/08/2018	FLAU218060564	07/17/2018	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	INSV VEH STOLEN VEH RECOVERED WITH DAMAGE ACCIDENT LOCATION: FORT MYERS, FL			0	0	6,501	0	0	6,501
	07/29/2018	08/07/2018	FLAU18080315	08/22/2018	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	The insured backed into the claimant vehicle while parking ACCIDENT LOCATION: Titusville, FL			0	0	87	0	0	87
	08/14/2018	08/16/2018	FLAU18080725	09/04/2018	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	Insd veh damaged ACCIDENT LOCATION: Fort Meade, FL			0	0	584	0	0	584
	08/16/2018	08/16/2018	FLAU18080757	11/19/2018	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	insured vehicle damaged ACCIDENT LOCATION: Tallahassee, FL			0	0	309	0	(309)	0
	08/20/2018	08/21/2018	FLAU18080884	08/27/2018	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	Glass damage to Insd veh ACCIDENT LOCATION: TALLAHASSEE, FL			0	0	64	0	0	64
	08/27/2018	08/27/2018	FLAU18081154	08/31/2018	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	Insd veh damaged ACCIDENT LOCATION: TALLAHASSEE, FL			0	0	365	0	0	365
	08/29/2018	08/30/2018	FLAU18090023	09/17/2018	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	Parked insd veh damaged by clmt veh ACCIDENT LOCATION: TALLAHASSEE, FL			0	0	1,268	0	0	1,268
	09/07/2018	09/10/2018	FLAU18090398	09/14/2018	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	Insured vehicle while traveling on main roadway was struck by claimant vehicle who failed to yield right of way at a stop sign. ACCIDENT LOCATION: TALLAHASSEE, FL			0	0	6,962	0	0	6,962
	09/10/2018	09/13/2018	FLAU18090601	09/20/2018	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	Clmt veh rear-ended insd veh ACCIDENT LOCATION: Ocala, FL			0	0	2,381	0	0	2,381
	09/13/2018	09/13/2018	FLAU18090596	09/20/2018	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	The insured's vehicle was struck by the claimant's vehicle as the claimant attempted to change lanes. ACCIDENT LOCATION: Lakeland, FL			0	0	6,452	0	(6,452)	0
	09/15/2018	10/03/2018	FLAU18100284	04/19/2019	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	Insd veh damaged ACCIDENT LOCATION: Tallahassee, FL			0	0	0	0	0	0
	09/30/2018	10/02/2018	FLAU18100168	10/12/2018	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	Insd veh damaged running over rubber from blown tire of clmt veh ACCIDENT LOCATION: Macon, GA			0	0	396	0	0	396
	10/01/2018	10/17/2018	FLAU18101105	11/21/2018	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	Insd veh damaged turning around in parking lot ACCIDENT LOCATION: Rockledge, FL			0	0	380	0	0	380
	10/04/2018	10/10/2018	FLAU18100610	12/19/2018	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	Insd veh damaged ACCIDENT LOCATION: TALLAHASSEE, FL			0	0	507	0	0	507

Coverage	Loss Date	Loss Reported Date	Carrier						
	Description of Accident/Loss	Claim Number	Closed Date	Loss Reserve	Expense Reserve	Paid Losses	Paid Expenses	Recoveries	Total Incurred
	10/08/2018	10/11/2018	FLAU18100578	10/19/2018	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	Insd veh vandalized by unknowns ACCIDENT LOCATION: TALLAHASSEE, FL			0	0	0	0	0	0
	10/18/2018	10/25/2018	FLAU18101208	10/31/2018	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	I/V & C/V collided at intersection ACCIDENT LOCATION: Tallahassee, FL			0	0	8,603	0	(8,603)	0
	10/29/2018	10/29/2018	FLAU18101363	11/02/2018	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	Insd vehicle vandalized in parking lot ACCIDENT LOCATION: TALLAHASSEE, FL			0	0	1,274	0	0	1,274
	11/24/2018	11/26/2018	FLAU18111063	01/15/2019	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	Glass damage to Insd veh ACCIDENT LOCATION: Merritt Island, FL			0	0	571	0	0	571
	12/14/2018	02/06/2019	FLAU19020243	05/08/2019	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	Insd veh damaged ACCIDENT LOCATION: TALLAHASSEE, FL			0	0	560	0	0	560
	12/15/2018	01/02/2019	FLAU19010073	01/18/2019	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	Glass cracked on I/V ACCIDENT LOCATION: Gainesville, FL			0	0	610	0	0	610
	12/24/2018	12/27/2018	FLAU18120935	01/28/2019	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	Gravel rock from road damaged glass on I/V ACCIDENT LOCATION: Ocala, FL			0	0	564	0	0	564
	12/27/2018	12/27/2018	FLAU18120956	02/01/2019	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	Insured vehicle struck by rock ACCIDENT LOCATION: Kissimmee, FL			0	0	809	0	(564)	245
	12/28/2018	01/07/2019	FLAU19010241	01/18/2019	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	Insured vehicle damaged by rock ACCIDENT LOCATION: Tallahassee, FL			0	0	64	0	0	64
	01/17/2019	01/21/2019	FLAU19010801	03/22/2019	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	Insd veh damaged ACCIDENT LOCATION: Tallahassee, FL			0	0	468	0	0	468
	01/28/2019	01/30/2019	FLAU19011285	02/08/2019	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	Insd veh ran over object in road damaging vehicle. ACCIDENT LOCATION: Homosassa, FL			0	0	0	0	0	0
	04/10/2019	04/11/2019	FLAU19040531	04/22/2019	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	Insd veh struck clmt property ACCIDENT LOCATION: TALLAHASSEE, FL			0	0	77	0	0	77
	04/23/2019	04/24/2019	FLAU19041010	05/03/2019	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	The insured vehicle was rear ended by claimant vehicle one and pushed into claimant vehicle two. ACCIDENT LOCATION: Orlando, FL			0	0	18,850	0	(2,922)	15,927
	05/17/2019	05/17/2019	FLAU19050718	05/29/2019	AMERICAN ALTERNATIVE INSURANCE CORP-GPP				
	Insd veh rear ended by clmt veh at intersection ACCIDENT LOCATION: Orlando, FL			0	0	0	0	0	0

Coverage

Loss Date	Loss Reported Date	Carrier							
Description of Accident/Loss	Claim Number	Closed Date	Loss Reserve	Expense Reserve	Paid Losses	Paid Expenses	Recoveries	Total Incurred	
07/09/2019	07/11/2019	FLAU19070501	Open	AMERICAN ALTERNATIVE INSURANCE CORP-GPP					
Insd veh damaged ACCIDENT LOCATION: Mount Dora, FL			600	0	0	0	0	600	
07/12/2019	07/12/2019	FLAU19070543	Open	AMERICAN ALTERNATIVE INSURANCE CORP-GPP					
Insured vehicle damaged ACCIDENT LOCATION: TALLAHASSEE, FL			500	0	0	0	0	500	
<b>AUTO PHYSICAL DAMAGE Totals:</b>			<b>1,100</b>	<b>0</b>	<b>61,909</b>	<b>0</b>	<b>(18,850)</b>	<b>44,159</b>	
<b>NO FAULT</b>									
09/07/2018	10/15/2018	FLAU18100672	10/18/2018	AMERICAN ALTERNATIVE INSURANCE CORP-GPP					
Insured vehicle while traveling on main roadway was struck by claimant vehicle who failed to yield right of way at a stop sign. ACCIDENT LOCATION: TALLAHASSEE, FL					0	0	0	0	0
<b>NO FAULT Totals:</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Grand Totals:</b>			<b>1,100</b>	<b>0</b>	<b>67,070</b>	<b>1,191</b>	<b>(18,850)</b>	<b>50,511</b>	

**Agency:** 22044700  
HALL INSURANCE

**Policy Branch:** TALLAHASSEE - 078

**Policy Number:** 49-683007-01

**Policy Prefix:** 150412

**Original Effective Date:** 08/04/2015

**PolicyType:** COMMERCIAL AUTO

**Named Insured:** DEPARTMENT OF MANAGEMENT DBA  
DEPARTMENT OF CHILDREN AND FAM

**Address:** 13510 HUTCHISON BLVD # A  
PANAMA CITY BEACH, FL 32407-3174

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Totals for Policy 49-683007-01 from 08/04/2015 to 06/27/2018	\$0.00	\$0.00	\$0.00
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**No Claims Found for this Policy Term.**



**Agency:** 22044700  
HALL INSURANCE

**Policy Branch:** TALLAHASSEE - 078

**Policy Number:** 49-635664-02

**Policy Prefix:** 130412

**Original Effective Date:** 10/20/2013

**PolicyType:** COMMERCIAL AUTO

**Named Insured:** DEPARTMENT OF MANAGEMENT DBA  
DEPARTMENT OF FINANCIAL SERVIC

**Address:** 13510 HUTCHISON BLVD # A  
PANAMA CITY BEACH, FL 32407-3174

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Totals for Policy 49-635664-02 from 10/20/2013 to 06/27/2018	\$0.00	\$0.00	\$0.00
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**No Claims Found for this Policy Term.**

Agency: 22044700  
HALL INSURANCE

Policy Branch: TALLAHASSEE - 078

Named Insured: DEPARTMENT OF MANAGEMENT  
DBA DEPARTMENT OF HEALTH

Policy Number: 49-635664-01

Policy Prefix: 130212

Address: 13510 HUTCHISON BLVD # A  
PANAMA CITY BEACH, FL 32407-3174

Original Effective Date: 10/20/2013

PolicyType: COMMERCIAL AUTO

Term 10/20/2015 to 10/20/2016						
Claim Number:				Policy Term:		
Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount	Paid Amount *	
050-0076741-2016				10/20/2015 to 10/20/2016		
10/10/2016	10/25/2016	COMPREHENSIVE	\$0.00		\$705.63	
Description: W/S 0114707230101016 ROCK FROM ROAD LOSS PART: DW						
Vehicle Description: 2016 FORD FUSION SE						
Driver:						
050-0037906-2016				10/20/2015 to 10/20/2016		
05/23/2016	6/8/2016	COMPREHENSIVE	\$0.00		\$87.45	
Description: W/S 0114706854100616 ROCK FROM ROAD LOSS PART: RP						
Vehicle Description: 2015 DODG GRAND CARAVAN SE						
Driver:						
001-0003752-2016				10/20/2015 to 10/20/2016		
02/25/2016	3/2/2016	COMPREHENSIVE	\$0.00		\$87.45	
Description: GLASS REP 1147065449 - DED WAIVED						
Vehicle Description: 2016 FORD FUSION SE						
Driver:						
300-0038785-2016				10/20/2015 to 10/20/2016		
02/25/2016	2/29/2016	COLLISION	\$0.00		\$0.00	
Description: VEHICLE WAS PARKED IN LOT AT COLUMBIA CO HEALTH DEPT AND WAS HIT BY ANOTHER VEHICLE. DAMAGE TO THE REAR OF THE CAR.						
Vehicle Description: 2016 FORD FUSION SE						
Driver: PARKED VEHICLE						
			<b>Total:</b>	\$0.00	\$0.00	\$880.53

Term 10/20/2014 to 10/20/2015						
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<b>Claim Number:</b> 050-0000975-2015			<b>Policy Term:</b> 10/20/2014 to 10/20/2015		
<b>Loss Date</b>	<b>Close Date</b>	<b>Coverage</b>	<b>Allocated Expense</b>	<b>Pending Reserve Amount</b>	<b>Paid Amount *</b>
12/01/2014	1/8/2015	COMPREHENSIVE	\$0.00		\$482.61
<b>Description:</b> W/S 0000000458569127 Rock from Road-No one at Fault LOSS PART: FW					
<b>Vehicle Description:</b> 2013 TOYT SIENNA					
<b>Driver:</b>					
<b>Total:</b>			\$0.00	\$0.00	\$482.61

Totals for Policy 49-635664-01 from 10/20/2013 to 06/27/2018 \$0.00 \$0.00 \$1,363.14

**Total number of claims for this requested report period: 5**

Agency: 22044700  
HALL INSURANCE

Policy Branch: TALLAHASSEE - 078

Named Insured: DEPT OF MGMT DBA FAMU

Policy Number: 49-635664-08

Policy Prefix: 130212

Address: 13510 HUTCHISON BLVD # A  
PANAMA CITY BEACH, FL 32407-3174

Original Effective Date: 10/20/2013

PolicyType: COMMERCIAL AUTO

Term 10/20/2016 to 10/20/2017						
Claim Number: 300-0105145-2017			Policy Term: 10/20/2016 to 10/20/2017			
Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount	Paid Amount *	
04/24/2017	6/9/2017	COLLISION	\$90.00		\$1,045.85	
<b>Description:</b> DRIVER OPERATING VAN RAN OVER A CURB CAUSING DAMAGE TO FRONT PASSENGER STEP AND SIDE DOOR STEP						
<b>Vehicle Description:</b> 2016 FORD TRANSIT T-350						
<b>Driver:</b> PARKED VEHICLE						
<b>Total:</b>			\$90.00	\$0.00	\$1,045.85	

Term 10/20/2013 to 10/20/2014						
Claim Number: 050-0022401-2014			Policy Term: 10/20/2013 to 10/20/2014			
Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount	Paid Amount *	
02/08/2014	4/14/2014	COMPREHENSIVE	\$0.00		\$1,417.04	
<b>Description:</b> W/S 0000000442710666 Rock from Road-No one at Fault LOSS PART:						
<b>Vehicle Description:</b> 2003 PROVOST HIGHWAY COACH						
<b>Driver:</b>						
<b>Total:</b>			\$0.00	\$0.00	\$1,417.04	

Totals for Policy 49-635664-08 from 10/20/2013 to 06/27/2018 \$90.00 \$0.00 \$2,462.89

**Total number of claims for this requested report period: 2**

Agency: 22044700  
HALL INSURANCE

Policy Branch: TALLAHASSEE - 078

Named Insured: DEPARTMENT OF MANAGEMENT DBA  
FLORIDA SCHOOL FOR THE DEAF AN

Policy Number: 49-635664-09

Policy Prefix: 130412

Address: 13510 HUTCHISON BLVD # A  
PANAMA CITY BEACH, FL 32407-3174

Original Effective Date: 10/20/2013

PolicyType: COMMERCIAL AUTO

Term 10/20/2016 to 10/20/2017					
Claim Number: 300-0360662-2016			Policy Term: 10/20/2016 to 10/20/2017		
Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount	Paid Amount *
12/16/2016	2/28/2017	PROPERTY DAMAGE	\$119.50		\$2,306.29
<b>Description:</b> OV WAS STOPPED AT A STOP SIGN AND IV-BUS WAS TURNING LEFT, OV TURNED AND DIDN'T CLEAR OV AND HIT THE FRONT DRIVER'S SIDE BUMPER AND CORNER, AND DMG TO REAR END, IV STOPPED AND THEN CONTINUED GOING, PUSHING OV INTO PARKED CAR IN BEHIND OV.					
<b>Vehicle Description:</b>					
<b>Driver:</b>					
<b>Total:</b>			\$119.50	\$0.00	\$2,306.29

Totals for Policy 49-635664-09 from 10/20/2013 to 06/27/2018                      \$119.50                      \$0.00                      \$2,306.29

**Total number of claims for this requested report period: 1**

Agency: 22044700  
HALL INSURANCE

Policy Branch: TALLAHASSEE - 078

Named Insured: DEPARTMENT OF MANAGEMENT  
DBA FLORIDA STATE UNIVERSITY

Policy Number: 49-635664-06

Policy Prefix: 130212

Address: 13510 HUTCHISON BLVD # A  
PANAMA CITY BEACH, FL 32407-3174

Original Effective Date: 10/20/2013

PolicyType: COMMERCIAL AUTO

Term 10/20/2016 to 10/20/2017						
Claim Number: 300-0050993-2017			Policy Term: 10/20/2016 to 10/20/2017			
Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount	Paid Amount *	
03/06/2017	4/10/2018	PROPERTY DAMAGE	\$224.50		\$0.00	
03/06/2017	4/5/2017	COLLISION	\$111.00		\$2,259.13	
03/06/2017	12/1/2017	RESIDUAL BODILY INJURY	\$2,227.50		\$140,000.00	
<b>Description:</b> OUR INSURED WAS TURNING, MOTORCYCLE CAME OUT OF NO WHERE AND INSURED HIT						
<b>Vehicle Description:</b> 2012 HONDA CIVIC NATURAL GAS						
<b>Driver:</b> KIRSTEN D'SOUZA						
Claim Number: 300-0002592-2017			Policy Term: 10/20/2016 to 10/20/2017			
Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount	Paid Amount *	
11/21/2016	6/30/2017	PROPERTY DAMAGE	\$0.00		\$0.00	
11/21/2016	1/23/2017	COLLISION	\$95.00		\$2,548.27	
<b>Description:</b> INSURED WAS PROCEEDING THROUGH GREEN LIGHT WHEN THE FRONT WAS STRUCK BY OTHER DRIVER THAT RAN A RED LIGHT. CLAIM WAS FILED WITH PROGRESSIVE BUT THEY ARE REFUSING TO PAY PROGRESSIVE CLAIM #161361520 CHRISTINE 850-483-8013 SUBROGATION TEAM 877-818-0139						
<b>Vehicle Description:</b> 2014 TOYOTA PRIUS C						
<b>Driver:</b> BARBARA BOSTICK						
<b>Total:</b>			\$2,658.00	\$0.00	\$144,807.40	

Term 10/20/2015 to 10/20/2016						
Claim Number: 300-0157646-2016			Policy Term: 10/20/2015 to 10/20/2016			
Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount	Paid Amount *	
07/15/2016	10/28/2016	PROPERTY DAMAGE	\$85.00		\$2,120.25	
07/15/2016	9/13/2016	COLLISION	\$0.00		\$0.00	
<b>Description:</b> IV BACKEND INTO CLAIMANT IN PARKING LOT HIT BUMPER AND TRUNK WITH TAILGATE						
<b>Vehicle Description:</b> 2011 GENERAL MOTORS CORP. SIERRA K2500 HD						
<b>Driver:</b>						
<b>Total:</b>			\$85.00	\$0.00	\$2,120.25	

Term 10/20/2014 to 10/20/2015						
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**Claim Number:** 078-0001891-2015

**Policy Term:** 10/20/2014 to 10/20/2015

<b>Loss Date</b>	<b>Close Date</b>	<b>Coverage</b>	<b>Allocated Expense</b>	<b>Pending Reserve Amount</b>	<b>Paid Amount *</b>
08/02/2015	8/7/2015	PROPERTY DAMAGE	\$90.00		\$766.76
08/02/2015	8/4/2015	COLLISION	\$0.00		\$0.00

**Description:** INSURED WAS BACKING UP OUT OF A PARKING SPACE IN THE WAL MART AND STRUCK THE OTHER PARTY MINIMAL DAMAGE TO VEHICLE

**Vehicle Description:** 2015 FORD TRANSIT WAGON XL

**Driver:** JESSICA JUSTICE

<b>Total:</b>	\$90.00	\$0.00	\$766.76
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Totals for Policy 49-635664-06 from 10/20/2013 to 06/27/2018                      \$2,833.00                      \$0.00                      \$147,694.41

**Total number of claims for this requested report period: 4**

**Agency:** 22044700  
HALL INSURANCE

**Policy Branch:** TALLAHASSEE - 078

**Policy Number:** 49-683007-00

**Policy Prefix:** 150412

**Original Effective Date:** 07/23/2015

**PolicyType:** COMMERCIAL AUTO

**Named Insured:** DEPARTMENT OF MANAGEMENT  
DBA FLORIDA STATE UNIVERSITY

**Address:** 13510 HUTCHISON BLVD # A  
PANAMA CITY BEACH, FL 32407-3174

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Totals for Policy 49-683007-00 from 07/23/2015 to 06/27/2018	\$0.00	\$0.00	\$0.00
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**No Claims Found for this Policy Term.**



**Agency:** 22044700  
HALL INSURANCE

**Policy Branch:** TALLAHASSEE - 078

**Policy Number:** 50-950664-00

**Policy Prefix:** 160412

**Original Effective Date:** 11/09/2016

**PolicyType:** COMMERCIAL AUTO

**Named Insured:** DEPARTMENT OF MANAGEMENT DBA  
FLORIDA FISH AND WILDLIFE COMM

**Address:** 13510 HUTCHISON BLVD # A  
PANAMA CITY BEACH, FL 32407-3174

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Totals for Policy 50-950664-00 from 11/09/2016 to 06/27/2018	\$0.00	\$0.00	\$0.00
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**No Claims Found for this Policy Term.**

**Agency:** 22044700  
HALL INSURANCE

**Policy Branch:** TALLAHASSEE - 078

**Policy Number:** 50-900845-00

**Policy Prefix:** 160212

**Original Effective Date:** 10/20/2016

**PolicyType:** COMMERCIAL AUTO

**Named Insured:** DEPARTMENT OF MANAGEMENT DBA  
DEPARTMENT OF HIGHWAY SAFETY A

**Address:** 13510 HUTCHISON BLVD # A  
PANAMA CITY BEACH, FL 32407-3174

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Totals for Policy 50-900845-00 from 10/20/2016 to 06/27/2018

\$0.00

\$0.00

\$0.00

**No Claims Found for this Policy Term.**

Agency: 22044700  
HALL INSURANCE

Policy Branch: TALLAHASSEE - 078

Named Insured: DEPARTMENT OF MANAGEMENT DBA  
JUSTICE ADMINISTRATION COMMISS

Policy Number: 49-635664-00

Policy Prefix: 130212

Address: 13510 HUTCHISON BLVD # A  
PANAMA CITY BEACH, FL 32407-3174

Original Effective Date: 10/20/2013

PolicyType: COMMERCIAL AUTO

Term 10/20/2016 to 10/20/2017						
Claim Number: 300-0294066-2017			Policy Term: 10/20/2016 to 10/20/2017			
Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount	Paid Amount *	
10/11/2017	4/26/2018	RESIDUAL MEDICAL PAYMENTS	\$0.00		\$0.00	
10/11/2017	2/23/2018	PERSONAL INJURY PROTECTION	\$0.00		\$0.00	
10/11/2017	11/1/2017	COLLISION	\$19.65		\$4,068.77	
Description: INSURED WAS REAR ENDED BY OTHER DRIVER. GEICO CLAIM WAS STARTED 0360103640101040 CLAIM REP KRISTEN SANDERS 863-619-4403 AFTER CLAIM WAS STARTED IT WAS DISCOVERED THAT THE VEHICLE IS NOT ON THE OTHER DRIVER'S POLICY						
Vehicle Description: 2012 FORD FUSION S						
Driver: AMBER REYNOLDS						
Claim Number: 050-0071050-2017			Policy Term: 10/20/2016 to 10/20/2017			
Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount	Paid Amount *	
09/05/2017	9/21/2017	COMPREHENSIVE	\$0.00		\$306.69	
Description: W/S 0616337664300917 VANDALISM - PERSON U LOSS PART: DW						
Vehicle Description: 2011 FORD ECONOLINE E150						
Driver:						
<b>Total:</b>			\$19.65	\$4,400.00	\$4,375.46	

Term 10/20/2015 to 10/20/2016						
Claim Number: 300-0105128-2016			Policy Term: 10/20/2015 to 10/20/2016			
Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount	Paid Amount *	
05/02/2016	6/28/2016	COLLISION	\$85.00		\$0.00	
Description: OUR INSURED WAS STOPPED AT A RED LIGHT, STRUCK FROM BEHIND BY OTHER INSURED. DAMAGE TO REAR BUMPER						
Vehicle Description: 2014 FORD FUSION SE						
Driver: NORA PFEIFFER						

<b>Claim Number:</b> 050-0013901-2016			<b>Policy Term:</b> 10/20/2015 to 10/20/2016		
<b>Loss Date</b>	<b>Close Date</b>	<b>Coverage</b>	<b>Allocated Expense</b>	<b>Pending Reserve Amount</b>	<b>Paid Amount *</b>
02/12/2016	3/7/2016	COMPREHENSIVE	\$0.00		\$662.66
<b>Description:</b> W/S 0905501366200316 ROCK FROM ROAD LOSS PART: DW					
<b>Vehicle Description:</b> 2014 FORD EXPLORER					
<b>Driver:</b>					
<b>Total:</b>			\$85.00	\$0.00	\$662.66

<b>Term 10/20/2014 to 10/20/2015</b>					
<b>Claim Number:</b> 093-0001813-2015			<b>Policy Term:</b> 10/20/2014 to 10/20/2015		
<b>Loss Date</b>	<b>Close Date</b>	<b>Coverage</b>	<b>Allocated Expense</b>	<b>Pending Reserve Amount</b>	<b>Paid Amount *</b>
09/17/2015	10/8/2015	PROPERTY DAMAGE	\$85.00		\$4,616.78
09/17/2015	11/3/2015	COLLISION	\$101.75		\$6,751.76
09/17/2015	OPEN	RESIDUAL BODILY INJURY	\$0.00	FACTOR	\$0.00
<b>Description:</b> INSURED WAS DRIVING TO WORK DURING WET CONDITIONS, DRIVER IN FRONT STOPPED ABRUPTLY AND INSURED STRUCK THE VEHICLE					
<b>Vehicle Description:</b> 2008 FORD FUSION S					
<b>Driver:</b> BERNIE ROMERO					

<b>Claim Number:</b> 050-0067150-2015			<b>Policy Term:</b> 10/20/2014 to 10/20/2015		
<b>Loss Date</b>	<b>Close Date</b>	<b>Coverage</b>	<b>Allocated Expense</b>	<b>Pending Reserve Amount</b>	<b>Paid Amount *</b>
09/15/2015	9/24/2015	COMPREHENSIVE	\$0.00		\$368.46
<b>Description:</b> W/S 0402107118400915 ROCK FROM ROAD LOSS PART: DW					
<b>Vehicle Description:</b> 2012 FORD EDGE SEL					
<b>Driver:</b>					

<b>Claim Number:</b> 050-0043004-2015			<b>Policy Term:</b> 10/20/2014 to 10/20/2015		
<b>Loss Date</b>	<b>Close Date</b>	<b>Coverage</b>	<b>Allocated Expense</b>	<b>Pending Reserve Amount</b>	<b>Paid Amount *</b>
06/17/2015	6/30/2015	COMPREHENSIVE	\$0.00		\$283.50
<b>Description:</b> W/S 0905500537900615 OTHER - DRIVER CALLE LOSS PART: DW					
<b>Vehicle Description:</b> 2007 CHEV IMPALA LS					
<b>Driver:</b>					

<b>Claim Number:</b> 290-0019699-2015			<b>Policy Term:</b> 10/20/2014 to 10/20/2015		
<b>Loss Date</b>	<b>Close Date</b>	<b>Coverage</b>	<b>Allocated Expense</b>	<b>Pending Reserve Amount</b>	<b>Paid Amount *</b>
02/20/2015	3/5/2015	ROAD TROUBLE SERVICE	\$0.00		\$38.00
<b>Description:</b> HIGHWAY 8 TALLAHASSEE, FL 32303 QUEST INV # 13798607 SERVICE TYPE DISP					
<b>Vehicle Description:</b> 2012 FORD FOCUS SE					
<b>Driver:</b>					
<b>Total:</b>			\$186.75	FACTOR	\$12,058.50

<b>Term 10/20/2013 to 10/20/2014</b>					
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**Claim Number:** 050-0056083-2014

**Policy Term:** 10/20/2013 to 10/20/2014

**Loss Date**    **Close Date**    **Coverage**

**Allocated Expense**

**Pending  
Reserve Amount**

**Paid Amount \***

07/24/2014    8/4/2014    COMPREHENSIVE

\$0.00

\$73.75

**Description:** W/S 0000000451428005 Rock from Road-No one at Fault LOSS PART: W1

**Vehicle Description:** 2012 FORD FOCUS SE

**Driver:**

**Total:**

\$0.00

\$0.00

\$73.75

Totals for Policy 49-635664-00 from 10/20/2013 to 06/27/2018

\$291.40

\$4,400.00

\$17,170.37

**Reserve totals do not include factor reserves.**

**Total number of claims for this requested report period: 9**

**Agency:** 22044700  
HALL INSURANCE

**Policy Branch:** TALLAHASSEE - 078

**Policy Number:** 49-635664-10

**Policy Prefix:** 130412

**Original Effective Date:** 10/20/2013

**PolicyType:** COMMERCIAL AUTO

**Named Insured:** DEPARTMENT OF MANAGEMENT DBA  
NEW COLLEGE OF FLORIDA

**Address:** 13510 HUTCHISON BLVD # A  
PANAMA CITY BEACH, FL 32407-3174

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Totals for Policy 49-635664-10 from 10/20/2013 to 06/27/2018	\$0.00	\$0.00	\$0.00
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**No Claims Found for this Policy Term.**

Agency: 22044700  
HALL INSURANCE

Policy Branch: TALLAHASSEE - 078

Named Insured: DEPARTMENT OF MANAGEMENT  
DBA UNIVERSITY OF NORTH FLORID

Policy Number: 49-635664-11

Policy Prefix: 130212

Address: 13510 HUTCHISON BLVD # A  
PANAMA CITY BEACH, FL 32407-3174

Original Effective Date: 10/20/2013

PolicyType: COMMERCIAL AUTO

**Term 10/20/2016 to 10/20/2017**

Claim Number:			Policy Term:			
300-0315742-2017			10/20/2016 to 10/20/2017			
<b>Loss Date</b>	<b>Close Date</b>	<b>Coverage</b>	<b>Allocated Expense</b>	<b>Reserve Amount</b>	<b>Paid Amount *</b>	
05/01/2017	11/13/2017	COLLISION	\$0.00		\$472.36	
<b>Description:</b> SMALL DINGS IN VEHICLE THAT NEED REPAIR						
<b>Vehicle Description:</b> 2017 GENERAL MOTORS CORP. TERRAIN Sport Utility SLT						
<b>Driver:</b> SMOKE LAVAL						

Claim Number:			Policy Term:			
050-0012826-2017			10/20/2016 to 10/20/2017			
<b>Loss Date</b>	<b>Close Date</b>	<b>Coverage</b>	<b>Allocated Expense</b>	<b>Reserve Amount</b>	<b>Paid Amount *</b>	
02/19/2017	3/1/2017	COMPREHENSIVE	\$0.00		\$348.01	
<b>Description:</b> W/S 0604236280400217 ROCK FROM ROAD LOSS PART: DW						
<b>Vehicle Description:</b> 2015 CHEV EXPRESS G3500 LT						
<b>Driver:</b>						

Claim Number:			Policy Term:			
300-0020551-2017			10/20/2016 to 10/20/2017			
<b>Loss Date</b>	<b>Close Date</b>	<b>Coverage</b>	<b>Allocated Expense</b>	<b>Reserve Amount</b>	<b>Paid Amount *</b>	
01/24/2017	3/8/2017	COMPREHENSIVE	\$0.00		\$816.33	
<b>Description:</b> VEHICLE WAS PARKED IN PARKING GARAGE AT UNIVERSITY AND WAS DISCOVERED TO HAVE THE REAR WINDOW AND RIGHT SIDE WINDOW SMASHED IN. THEY HAVE CONTACTED CAMPUS POLICE						
<b>Vehicle Description:</b> 2013 GENERAL MOTORS CORP. YUKON DENALI						
<b>Driver:</b> PARKED VEHICLE						

Claim Number:			Policy Term:			
050-0007193-2017			10/20/2016 to 10/20/2017			
<b>Loss Date</b>	<b>Close Date</b>	<b>Coverage</b>	<b>Allocated Expense</b>	<b>Reserve Amount</b>	<b>Paid Amount *</b>	
01/21/2017	2/2/2017	COMPREHENSIVE	\$0.00		\$324.54	
<b>Description:</b> W/S 0604236064700117 OBJECT HIT GLASS LOSS PART: DQ						
<b>Vehicle Description:</b> 2013 GMC YUKON DENALI						
<b>Driver:</b>						

**Total:** \$0.00 \$0.00 \$1,961.24

**Term 10/20/2015 to 10/20/2016**

<b>Claim Number:</b> 050-0013521-2016			<b>Policy Term:</b> 10/20/2015 to 10/20/2016		
<b>Loss Date</b>	<b>Close Date</b>	<b>Coverage</b>	<b>Allocated Expense</b>	<b>Pending Reserve Amount</b>	<b>Paid Amount *</b>
02/17/2016	3/4/2016	COMPREHENSIVE	\$0.00		\$347.10
<b>Description:</b> W/S 0604233108100316 ROCK FROM ROAD LOSS PART: DW					
<b>Vehicle Description:</b> 2015 CHEV EXPRESS G3500 LT					
<b>Driver:</b>					

<b>Claim Number:</b> 038-0002112-2015			<b>Policy Term:</b> 10/20/2015 to 10/20/2016		
<b>Loss Date</b>	<b>Close Date</b>	<b>Coverage</b>	<b>Allocated Expense</b>	<b>Pending Reserve Amount</b>	<b>Paid Amount *</b>
10/28/2015	3/11/2016	PROPERTY DAMAGE	\$0.00		\$911.00
10/28/2015	1/5/2016	COLLISION	\$0.00		\$0.00
10/28/2015	5/19/2016	RESIDUAL BODILY INJURY	\$0.00		\$0.00
<b>Description:</b> OV WAS STOPPING IN TRAFFIC. IV REAR ENDED OV. DAMAGE TO OV REAR END. POLICE DID NOT COME TO SCENE.					
<b>Vehicle Description:</b> 2013 GMC YUKON SLT					
<b>Driver:</b> STEVEN LOESWICK					

			<b>Total:</b>	\$0.00	\$0.00	\$1,258.10
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<b>Term 10/20/2014 to 10/20/2015</b>						
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<b>Claim Number:</b> 038-0000550-2015			<b>Policy Term:</b> 10/20/2014 to 10/20/2015		
<b>Loss Date</b>	<b>Close Date</b>	<b>Coverage</b>	<b>Allocated Expense</b>	<b>Pending Reserve Amount</b>	<b>Paid Amount *</b>
03/17/2015	4/15/2015	COLLISION	\$85.75		\$715.74
<b>Description:</b> INSD WAS DRIVING DOWN HWY 90 WHEN SHE WAS STRUCK FROM BEHIND BY OTHER VEHICLE IV - METRO					
<b>Vehicle Description:</b> 2015 CHEV EXPRESS G3500 LT					
<b>Driver:</b> TARA SUNQUIST					

<b>Claim Number:</b> 078-0000327-2015			<b>Policy Term:</b> 10/20/2014 to 10/20/2015		
<b>Loss Date</b>	<b>Close Date</b>	<b>Coverage</b>	<b>Allocated Expense</b>	<b>Pending Reserve Amount</b>	<b>Paid Amount *</b>
02/03/2015	2/11/2015	COLLISION	\$75.00		\$1,811.51
<b>Description:</b> INSURED WAS DRIVING, SOMETHING FELL OFF VEHICLE IN FRONT OF HER AND HIT UNDER HER VEHICLE. IT WAS DARK AND RAINY SO INSURED COULD NOT SWERVE TO AVOID. DAMAGE TO GRILL AND UNDERNEATH VEHICLE.					
<b>Vehicle Description:</b> 2015 TOYT CAMRY/SE/LE/XLE					
<b>Driver:</b> MARY MICHELE TAPMEYER					

			<b>Total:</b>	\$160.75	\$0.00	\$2,527.25
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<b>Term 10/20/2013 to 10/20/2014</b>						
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<b>Claim Number:</b> 050-0009834-2014			<b>Policy Term:</b> 10/20/2013 to 10/20/2014		
<b>Loss Date</b>	<b>Close Date</b>	<b>Coverage</b>	<b>Allocated Expense</b>	<b>Pending Reserve Amount</b>	<b>Paid Amount *</b>
02/10/2014	2/20/2014	COMPREHENSIVE	\$0.00		\$589.41
<b>Description:</b> W/S 0000000441654754 Rock from Road-No one at Fault LOSS PART: DW					
<b>Vehicle Description:</b> 2011 MERZ SPRINTER 2500					
<b>Driver:</b>					

			<b>Total:</b>	\$0.00	\$0.00	\$589.41
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Totals for Policy 49-635664-11 from 10/20/2013 to 06/27/2018

\$160.75

\$0.00

\$6,336.00

**Total number of claims for this requested report period: 9**

Agency: 22044700  
HALL INSURANCE

Policy Branch: TALLAHASSEE - 078

Named Insured: DEPARTMENT OF MANAGEMENT DBA  
UNIVERSITY OF FLORIDA

Policy Number: 49-683007-03

Policy Prefix: 160412

Address: 13510 HUTCHISON BLVD # A  
PANAMA CITY BEACH, FL 32407-3174

Original Effective Date: 04/28/2016

PolicyType: COMMERCIAL AUTO

Term 10/20/2016 to 10/20/2017						
Claim Number: 290-0049035-2017			Policy Term: 10/20/2016 to 10/20/2017			
Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount	Paid Amount *	
06/05/2017	6/23/2017	ROAD TROUBLE SERVICE	\$0.00		\$30.00	
Description: 488 U.S. 45 COLUMBUS, MS 39701 QUEST INV # 15171083 SERVICE TYPE DISP						
Vehicle Description: 2016 FORD F150						
Driver:						
<b>Total:</b>			\$0.00	\$0.00	\$30.00	

Totals for Policy 49-683007-03 from 04/28/2016 to 06/27/2018

\$0.00

\$0.00

\$30.00

**Total number of claims for this requested report period: 1**

Agency: 22044700  
HALL INSURANCE

Policy Branch: TALLAHASSEE - 078

Named Insured: DEPARTMENT OF MANAGEMENT DBA  
UNIVERSITY OF SOUTH FLORIDA

Policy Number: 49-635664-03

Policy Prefix: 130212

Address: 13510 HUTCHISON BLVD # A  
PANAMA CITY BEACH, FL 32407-3174

Original Effective Date: 10/20/2013

PolicyType: COMMERCIAL AUTO

Term 10/20/2015 to 10/20/2016				
Claim Number: 300-0343631-2016			Policy Term: 10/20/2015 to 10/20/2016	
Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount
09/20/2016	12/22/2016	PROPERTY DAMAGE	\$0.00	\$507.34
Description: LOSS SENT BY STATE FARM VIA SUBRO LETTER				
Vehicle Description:				
Driver:				
<b>Total:</b>			\$0.00	\$507.34

Term 10/20/2013 to 10/20/2014				
Claim Number: 050-0014305-2014			Policy Term: 10/20/2013 to 10/20/2014	
Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount
02/15/2014	3/13/2014	COMPREHENSIVE	\$0.00	\$73.50
Description: W/S 0000000442735723 Rock from Road-No one at Fault LOSS PART: W1				
Vehicle Description: 2012 FORD ESCAPE XLT				
Driver:				
<b>Total:</b>			\$0.00	\$73.50

Totals for Policy 49-635664-03 from 10/20/2013 to 06/27/2018 \$0.00 \$0.00 \$580.84

**Total number of claims for this requested report period: 2**

Agency: 22044700  
HALL INSURANCE

Policy Branch: TALLAHASSEE - 078

Named Insured: DEPARTMENT OF MANAGEMENT  
DBA UNIVERSITY OF WEST FLORIDA

Policy Number: 49-635664-05

Policy Prefix: 130412

Address: 13510 HUTCHISON BLVD # A  
PANAMA CITY BEACH, FL 32407-3174

Original Effective Date: 10/20/2013

PolicyType: COMMERCIAL AUTO

Term 10/20/2016 to 10/20/2017					
Claim Number: 300-0358173-2017			Policy Term: 10/20/2016 to 10/20/2017		
Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount	Paid Amount*
10/12/2017	1/11/2018	COMPREHENSIVE	\$225.00		\$3,121.03
<b>Description:</b> DAMAGE OCCURRED WHILE DELOYED TO KEYS FOR HURRICANE RESPONCE					
<b>Vehicle Description:</b> 2000 FLEE TWOOD DISCOVERY					
<b>Driver:</b> PARKED VEHICLE					
<b>Total:</b>			\$225.00	\$0.00	\$3,121.03

Totals for Policy 49-635664-05 from 10/20/2013 to 06/27/2018                      \$225.00                      \$0.00                      \$3,121.03

**Total number of claims for this requested report period: 1**