



C.L.U.E.® Property Claims Report

in Compliance with FACT Act



Date Ordered: 05 / 11 / 2010 Expires On: 06/09/2010

C.L.U.E. PROPERTY CLAIMS REPORT

Reference #: 10531111952674 Date of Order: 05 / 11 / 2010

Account: 503285 LEXISNEXIS Date of Receipt: 05 / 11 / 2010

Recap: RISK - 2 CLAIM(S) REPORTED

SUBJECT - 0 CLAIM(S) REPORTED

SEARCH REQUEST

Subject Name: JOHN DOE

Date of Birth: 11 / XX / 19XX

SSN: XXX-XX-XXXX

Sex: U

Address: 123 S MAIN ST
ALPHARETTA, GA 30009-1911

Telephone #: (123) 456-7890

REPORTED CLAIM HISTORY FOR RISK

The loss history below is associated with the subject and risk address information listed in the Search Request section of this report. Additional loss history information may be available if additional search information is provided.

CLAIM 1

Claim Date/Age: 04 / 23 / 2009 (01yr - 00mo)

CLUE File #: 1234567890123456

Company: GENERAL INSURANCE INC

AM BEST #: 12345

Policy #: 123456789

Policy Type: HOMEOWNERS

Claim #: 123456789012

Additional Info: CATASTROPHE

Address: 123 S MAIN ST
ALPHARETTA, GA 30009-1911

PAYMENTS BY CLAIM TYPE

Amount	Type	Status
\$1,287	Wind	CLOSED

CLAIM 2

Claim Date/Age: 09 / 28 / 2006 (03yr - 07mo)

CLUE File #: 6543210987654321

Company: GENERAL FIRE INS

AM BEST #: 12345

Policy #: 1X2Y3Z4F5G6H7J8K9X

Policy Type: HOMEOWNERS

Claim #: ABC1234567

Additional Info: On Premises

Property Claims Report

- > Sample Report
- > How To Read Report

Helpful Links

- > Frequently Asked Questions
- > How to Dispute Your Info
- > How to Order by Mail
- > Identity Theft

Order by Phone

Call Toll Free:
1-866-312-8076

Address: 123 S MAIN ST
ALPHARETTA, GA 30009-1911

PAYMENTS BY CLAIM TYPE

<i>Amount</i>	<i>Type</i>	<i>Status</i>
\$4,127	Lightning	CLOSED

REPORTED CLAIM HISTORY FOR SUBJECT

The reported loss history below is associated with the subject, either at the risk address or at other developed addresses.

CLAIM 1

Claim Date/Age: 04 / 23 / 2007 (03yr - 00mo)	CLUE File #: 1234567890123456
Company: GENERAL INSURANCE INC	AM BEST #: 12345
Policy #: 123456789	Policy Type: HOMEOWNERS
Claim #: 123456789012	Additional Info: CATASTROPHE
Address: 123 S MAIN ST ALPHARETTA, GA 30009-1911	

PAYMENTS BY CLAIM TYPE

<i>Amount</i>	<i>Type</i>	<i>Status</i>
\$5,999	Tree	CLOSED

CLAIM 2

Claim Date/Age: 09 / 28 / 2005 (04yr - 07mo)	CLUE File #: 6543210987654321
Company: GENERAL FIRE INS	AM BEST #: 12345
Policy #: 1X2Y3Z4F5G6H7J8K9X	Policy Type: HOMEOWNERS
Claim #: ABC1234567	Additional Info: On Premises
Address: 123 S MAIN ST ALPHARETTA, GA 30009-1911	

PAYMENTS BY CLAIM TYPE

<i>Amount</i>	<i>Type</i>	<i>Status</i>
\$1,127	Hail	CLOSED

INQUIRY HISTORY

Date: 01 / 08 / 2009	Requestor: UNITED SERVICES AUTO ASSN
Date: 05 / 11 / 2010	Requestor: FACTACT/CHOICEOINT

Prepared by: COMPREHENSIVE LOSS UNDERWRITING EXCHANGE
C.L.U.E. Inc., Atlanta, GA.

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