

ACORD PROPERTY LOSS NOTICE

DATE (MM/DD/YY)

10/31/95

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| PRODUCER Cordia of North Carolina 114 North Elm Street P O Box 1450 Greensboro, NC 27402 CODE SUB CODE | | PRODUCER PHONE (A/C, No., Ext.) 910 230-1300 | MISCELLANEOUS INFORMATION (Site & Location Code) | |
| COMPANY Valiant | | POLICY NUMBER TH045004579 | CAT.# | |
| POLICY EFF. DATE (MM/DD/YY) 10/31/94 | POLICY EXP. DATE (MM/DD/YY) 10/31/95 | DATE (MM/DD/YY) & TIME OF LOSS 10/27/95 | PREVIOUSLY REPORTED YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |

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|--------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------|-----------------------------------------------------------|
| INSURED NAME AND ADDRESS Patricia G Kimble Ted Kimble PO Box 160 Pleasant Garden NC 01603 | | INSURED'S RESIDENCE PHONE (A/C, No.) | INSURED'S BUSINESS PHONE (A/C, No., Ext.) 910 294-0189 |
| PERSON TO CONTACT Ted Kimble | | WHERE TO CONTACT Office WHEN Day | |
| CONTACT'S RESIDENCE PHONE (A/C, No.) | | CONTACT'S BUSINESS PHONE (A/C, No., Ext.) | |

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|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| LOSS LOCATION OF LOSS Residence | POLICE OR FIRE DEPT. TO WHICH REPORTED |
| KIND OF LOSS (Fire, Wind, Explosion, Etc.) Vandalism | PROBABLE AMOUNT ENTIRE LOSS 4.00 |
| DESCRIPTION OF LOSS & DAMAGE (Use reverse side, if necessary) Unknown party broke glass in pello window if insured's buiding | |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------|---------------------------------------------------|----------------------------------------------------|
| POLICY INFORMATION MORTGAGEE (If none so indicated) Colonial Mortgage Company | | | | |
| HOMEOWNER POLICIES SECTION 1 ONLY (Complete for coverages A, B, C, D & additional coverages. For Homeowners Section II Liability Losses, use ACORD 3.) | | | | |
| COVERAGE A DWELLING 86100 | COVERAGE B APPURTENANT PRIVATE STRUCTURES 8610 | COVERAGE C UNSCHEDULED PERSONAL PROPERTY 60270 | COVERAGE D ADDITIONAL LIVING EXPENSES 17220 | DESCRIBE ADDITIONAL COVERAGES PROVIDED ON ON |
| SUBJECT TO FORMS (Insert form nos. & edition dates, special deductibles) | | | | DEDUCTIBLES 250 |
| Replacement Cost on Homeowners and Contents | | | | |

| ITEM | AMOUNT | BLDG. | CONTENTS | OTHER | %COINS | DEDUCTIBLE | COVERAGE AND/OR DESCRIPTION OF PROPERTY INSURED |
|------|--------|-------|----------|-------|--------|------------|-------------------------------------------------|
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| SUBJECT TO FORMS (Insert form nos. & edition dates, special deductibles) | | | | | | | |
| MISCELLANEOUS INFORMATION OTHER INSURANCE (List companies, policy numbers, coverages & policy amounts) | | | | | | | |

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|----------------|--|--|--|--------------------------|--|--|--|
| REMARKS | | | | | | | |
| AGENT ASSIGNED | | | | DATE ASSIGNED (MM/DD/YY) | | | |

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|------------------------------------------|---------------------------------|-----------------------------------------------|
| REPORTED BY Insured ACORD 1 (2/88) | REPORTED TO AGENT/KAREN HALL | SIGNATURE OF PRODUCER OR INSURED 800868000 |
|------------------------------------------|---------------------------------|-----------------------------------------------|

NOTE: IMPORTANT STATE INFORMATION ON REVERSE SIDE © ACORD CORPORATION 1985

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A - I signed \$2,000 and so many dollars over to the estate
\$5,000 advance they sent me I spent on 3rd bedroom
comforter sets plus bathroom towels etc...
"I still have all of it." The insurance investigator
(Rully) check to make sure I didn't return the items
for the cash.

B - Paid every dime to my parents. \$50 a day till the insurance
RAN out.