

3:04-CV-1506-H

692848

HIS PAYMENT APPLIES TO:

CLAIM NUMBER 681-8099	DATE OF OCCURRENCE 3/4/2001	<input type="checkbox"/> TAXABLE LOSS PAYMENT	CAUSE OF LOSS MISC	SUBCAUSE
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NARRATIVE Pd for DAMAGE PER LOCAL Hourly				UNIT
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RATE & TAXES & LESS POLICY DEDUCTIBLE

Method	Coverage	Gross Amount	Deductible	Depreciation	Other	Net Amount
R/c	MOTOR HOME	2634 ⁸⁰	500 ⁰⁰	—	—	2134 ⁸⁰

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FOREMOST INSURANCE GROUP OF COMPANIES
MAILING ADDRESS: P.O. BOX 2739, GRAND RAPIDS, MI 49501-2739 • 1-800-527-3907

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