



GREENHILL

INSURANCE SERVICES

Insured Name: **Anointed Angels Caregivers Inc.**

Report Date: **June 08, 2020**

Report Date	Loss Date	Involved Insured	Claimant	Category	Loss Type	Status	Indemnity Reserve	Indemnity Paid	Expense Reserve	Expense Paid	Total Incurred
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Policy Number: **GAH-01002-150826**
Effective Dates: **08/26/2015 - 08/26/2016**
Description:

THERE HAVE BEEN NO CLAIMS FOR THE ABOVE POLICY PERIOD.

Completed by: Greenhill User

This report is provided for information purposes only