

	Effective	Expiration		Claim	Loss	Claim	Total
Policy Number:	Date:	Date:	Insured Name:	Number:	Date:	Status:	Incurre
CJ10045217	11/14/2017	11/14/2018	Isaiah 117 House	N/A	N/A	N/A	\$ -
CJ10045218	11/14/2018	11/14/2019	Isaiah 117 House	N/A	N/A	N/A	\$ -
				+			