

**Third Party**

<u>Claim_No</u>	<u>Party_Name</u>	Insurer_Name	Phone	Address	Insurer_Rep	Vehicle	Party_License_No
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**Claim**

<u>Claim_No</u>	Amount	Date	Description	Status	Client_at_fault
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**Vehicle**

<u>VIN</u>	Year	Make	Model	Trim	Color	Value	Risk	License_Plate_No	Ave_Daily_Miles	#_of_Wheels	Displacement	Client_ID	Type	Commercial
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**Client**

<u>Client_ID</u>	Name	Address	Phone	Birthdate	Licence_No	Gender	Age	Company	Policy_No
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**Claims**

<u>Client_ID</u>	<u>Claim_No</u>	<u>VIN</u>
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**Company**

<u>Commercial_License_No</u>	Name	Phone	Address	Manager	Policy_No
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**Company Policy**

<u>Policy_No</u>	Premium_Rate	Coverage	#_of_Employees
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**Private Policy**

<u>Policy_No</u>	Primium_Rate	Coverage
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**Ticket**

<u>Client_ID</u>	<u>Infraction_No</u>	Officer_Name	Officer_No	Classification	Date
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**Clients Under Policy**

<u>Client_ID</u>	<u>Client_Under</u>
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