INFORMATION REDACTED PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

Claim Number
Pay To The Order Of [redacted]

Financials

Gross Amount	$200.00
Net Amount	$200.00
Backup Withholding	$0.00

Payment Identification

Issued Date	
Mail To Name	
Mail To Address	[redacted] WV,
Memo	Comprehensive Coverage
Payment Type	Customer Choice
Check Number	[redacted]

Related Documents

Document Name

Reserve Line Allocation

Exposure	Reserve Line	Cost Type	Amount
[redacted] Comprehensive (2018 CHRY)	Personal Effects	Loss	$200.00