



C.L.U.E.® Personal Property How to Read Your Report

C.L.U.E., the Comprehensive Loss Underwriting Exchange, is a claim history information exchange developed by ChoicePoint. It enables insurance companies to access and use prior claim information in the underwriting process. Each month, participating insurers submit claims information to the C.L.U.E. information exchange, which is loaded to the C.L.U.E. database. Subsequently, insurance companies request this data by forwarding search criteria such as an insurance applicant's name, risk address, date of birth, and Social Security Number. The C.L.U.E. system searches its database for information that matches the requested search criteria. A C.L.U.E. report is then generated and forwarded to the insurer. When you or your insurance company receive a C.L.U.E. report, it includes all claims accessed by the search criteria which were reported to us within **five years** of the date of the request.

1 This section includes information that identifies your specific report.

2 This section summarizes the information that appears in the report.

NOTE: Claims are reported in two categories; risk and subject.

Identity Plus (ID+) is reported in four categories:

- Identity Found
- Identity Found - Possible Conflict
- No Identity Found
- Not Processed

3 This section consists of information that the insurance company provided as search criteria.

4 This section lists claims information that matches the **Risk** address given by the insurance company. (The claims information that does not exactly match the search criteria is underlined.)

NOTE: The claim information listed in this section **may not be related** to the subjects because the claim may have occurred before the subjects acquired the property. ChoicePoint encourages the insurance company to independently verify this information prior to making a decision about your policy.

(a) Location of Loss:

- ON PREM = the loss occurred on the insured property
- OFF PREM = the loss occurred off the insured property

(b) Claim Date/Age: indicates the date the claim occurred and the age of the claim.

(c) Cause of Loss: represents the reason the claim was submitted.

- | | |
|--|---------------------------|
| CONTA = Contamination | CRAFT = Watercraft |
| CREDIT = Credit Card | DOG = Dog Bite |
| DAMAG = Damage to Property of Others | FIRE = Fire |
| DISAP = Mysterious Disappearance | FLOOD = Flood |
| DISSC = Mysterious Disappearance - Scheduled Property | HAIL = Hail |
| EXTEN = Extended Coverage Perils | LIAB = Liability |
| FREEZ = Freezing Water | QUAKE = Earthquake |
| LIGHT = Lightening | SLIP = Slip/Fall |
| MEDIC = Medical Payment | SMOKE = Smoke |
| OTHER = All Other | WIND = Wind |
| MOVE = Earth Movement | |
| THEFT = Theft/Burglary | |
| PHYDA = Physical Damage (All Other) | |
| WATER = Water Damage | |
| THFSC = Theft - Scheduled Property | |
| WC = Worker's Compensation | |
| VMM = Vandalism/Malicious Mischief | |

(d) Disposition Code: current claim status

- O = Open
- C = Closed
- S = Subrogation

(e) Amount Paid: amount paid by the insurance company on each cause of loss.

(f) Policy Type & Insurance Company: identifies the type of policy and the name of the insurance company:

- | | |
|--------------------------|------------------------|
| B = Boat Owners | M = Mobile Home |
| C = Condominium | R = Ranch Farm |
| F = Fire | T = Tenant |
| H = Homeowners | X = Other |
| I = Inland Marine | |

(g) CAT Related: indicates that the claim was related to a recognized catastrophe. If the claim was not related to a catastrophe, nothing will appear in this field.

(h) (*): The asterisk indicates that the address and personal information listed belongs to that individual.

(i) (INSRD) = the given individual owned the insurance policy.

(CLMNT) = the given individual is the third party that suffered the loss.

SAMPLE REPORT

1 C.L.U.E. COMPREHENSIVE LOSS UNDERWRITING EXCHANGE
PERSONAL PROPERTY SYSTEM

Quoteback:	Inq Page: 1
Account: 990300CDC	Date of Order: 03/25/03
ChoicePoint Consumer Ctr	Date of Receipt: 03/25/03
Requester:	C.L.U.E. Ref #98231103430558

2 RECAP: C.L.U.E.	
RISK -	1 Claim(s) Reported
SUBJECT -	1 Claim(s) Reported

ID+ - PROCESSED - IDENTITY FOUND

-----MESSAGES-----

ISO'S GEOGRAPHIC UNDERWRITING SYSTEM (GUS): RESULTS REPORTED. SEE GUS ORDER VERIFICATION AND REPORTS IN THE ADDITIONAL INFORMATION SECTION.

3-----SEARCH REQUEST-----

Subject #1 Name:

DOE, JOHN N
D.O.B.: 10/21/51 SSN: 999-99-9999 Sex: M
Telephone: (813) 555-9999

Subject #2 Name:

DOE, EDWINA J
D.O.B.: 04/19/51 SSN: 999-99-9999 Sex: F
Telephone: (813) 555-9999

Policy #: H3381950012

Type: H Company: NORTH FLORIDA MUTUAL

Risk Address: 7711 SHORE VIEW PLACE
ST. PETERSBURG, FL 33706

Mailing Address: P O BOX 101776
DECATUR, GA 30321-1776

Former Address: 592 PEACHTREE ST NE 419
ATLANTA, GA 30309

Mortgagee Name: PIEDMONT BANK & TRUST
Loan: B43933401

4-----REPORTED CLAIMS HISTORY FOR RISK-----

Reported loss history with identification information that is underlined may not apply to the risk and should be verified prior to use. This report is not a recommendation. Subscriber should independently determine what action, if any to take.

--CLUE File #--	AM BEST #	---Claim Number---
Claim -Policy Type & Company--	---Policy Number---	Cause Amount
Date/Age-----	Insured/Risk Address-----	of Loss Paid

b 01/17/03	9012203010006901	86530	B87039761	WIND/C	7,500
0yr-02mo	f	H	NORTH GEORGIA MUTUAL	H3384950012	
g CAT RELATED	h *DOE, JOHN	NORMAN (INSRD)	i		
a ON PREM	7711 SHORE VIEW PL				
	ST. PETERSBURG, FL	33706			
	DOB: 10/21/51	SEX: M	SSN: 999-99-9999		
	Telephone: (813) 555-9999				
	Mortgagee: PIEDMONT BANK & TRUST				
	Loan #:	B43933401			

5 This section lists claims information that matches the **subject** given by the insurance company.
 NOTE: Claims listed in this section of the report match to the subject(s) for whom a search was requested (the information the company provided is shown in the Search Request Data section).

(j) In the Reported Claim History for Subject section, the claim address might be preceded by **M>**, **F>**, **R>**, or **I>**. The address shown for the claim is the insured property (risk) address for the policy covering the claim. The letter displayed indicates that the address for that claim matches the address indicated in the search request:
M> Mailing Address **F>** Former Address
R> Risk Address **I>** Identity Address

If no letter is displayed, the address shown is the insured (risk) address for the policy covering the claim.

6 This section lists additional information that may be used to enhance the search request data.

Identity Plus data is obtained from an identification information database developed by ChoicePoint. Any data marked with **++** to the left is different from the Search Request data.

(k) Possible Identity-Plus Messages:

- Identity Found** - identity matches subject(s) requested
- Multiple Identities Found** - each identity found matches to the subject in your search request
- Conflicting Identities Found** - verification recommended - each identity found matches to the subject in your search request, but the discovered identities conflict.
- Identity Not Found** - subject was not found.

7 This section lists previous inquiries made for each subject by other insurance companies.

5-----**REPORTED CLAIM HISTORY FOR SUBJECT**-----

Reported loss history with identification information that is underlined may not apply to this subject(s) and should be verified prior to use. This report is not a recommendation. Subscriber should independently determine what, if any, action to take.

 --CLUE File #-- AM BEST # ---Claim Number----
 Claim --Policy Type & Company-- ---Policy Number--- Cause Amount
 Date/Age -----Insured/Risk Address-----of Loss Paid

4/22/01 9019100970010035 86530 B86703316 DOG/O 9,000
 1yr-11mo C NORTH GEORGIA MUTUAL SW8545347
*DOE, J N (INSRD)
MAUPIN, DONALD (CLMNT)
72 PINE ISLE CT
j GAINESVILLE, GA 31362
 DOB: 10/21/56 Sex: M SSN: 999-99-9999
 Telephone: (770) 339-2993
 Mortgagee: MOUNTAIN MORTGAGE CORP.
 Loan: 7702F3301

**Narrative Information Below Refers to Above Claim -- B86703316
 Date Filed: 07/17/99 By: JOHN DOE Relation: INSURED
 MR. DOE STATES THAT THIS CLAIM WAS DUE TO HIS DOG ATTACKING A DELIVERY PERSON AND THAT HE NO LONGER HAS THE DOG.

6-----**ADDITIONAL INFORMATION**-----

 -- IDENTITY-PLUS (ID+) --

SUBJECT 1: **k** IDENTITY FOUND
 DATA BELOW MARKED ++ WAS ADDED TO
 YOUR SEARCH REQUEST

++ NAME: DOE, JOHN NATHAN
 DOB: 03/12/60
 ++ SSN: 999-99-9999
 ADDRESS: 246 13TH ST NE
 ATLANTA, GA 30309-2013
 ++ ADDRESS: 1592 PEACHTREE ST NE
 ATLANTA, GA 30309-3045

7-----**INQUIRY HISTORY**-----

Subject 1:
 07/13/02 ORANGE STATE MUTUAL
 (3788245787/33W54RT)

---Prepared by: COMPREHENSIVE LOSS UNDERWRITING EXCHANGE--
 ChoicePoint Inc.

C.L.U.E is a registered trademark of ChoicePoint Asset Company. All rights reserved.

"C.L.U.E." is a registered trademark of ChoicePoint Asset Company. All rights reserved.

FREQUENTLY ASKED QUESTIONS

Q: Can I get an exact copy of the report my insurance company received?

A: C.L.U.E. information may be updated daily. Therefore, we can provide you with a copy of your C.L.U.E. report as it currently exists.

Q: Why was my insurance canceled? OR Why was my premium increased?

A: Only your insurance agent or company representative can answer these questions. ChoicePoint is not involved in the insurance company's decision-making process. Our only role is to provide information to the insurance company so they can properly assess each risk according to their individual criteria.

Q: Don't you need my permission to provide information about me?

A: When you applied for insurance, you gave the insurance company a permissible purpose to access information necessary in determining whether to issue you an insurance policy. An insurance company may obtain information from an outside source (such as an information reporting company) and inform you of the name of that outside source.

Q: Who do I contact if the search request information is incorrect?

A: Contact your insurance company to correct inaccurate search request information. It is provided to ChoicePoint by the insurance company.

Q: Can I correct information on my report?

A: Upon review of your report, you may want to enter a statement explaining the claim more fully, or you may want to challenge the accuracy of specific information an insurance company provided. ChoicePoint Insurance Consumer Center associates are eager to help you clarify or amend your C.L.U.E. report. We will verify the information with the reporting insurance company and notify you of the results within 30 days. Also, if your C.L.U.E. report contains items you feel deserve an explanation, we will be glad to add your personal statement to the C.L.U.E. report and include it in all future C.L.U.E. reports.

To add a statement or dispute a claim record, call or write us at the address below. Identify the specific claim by forwarding the following information:

- the C.L.U.E. reference or consumer number
- the name of the insurance company and the date of the claim
- a brief explanation of the facts (as you know them) pertaining to the challenged information

ChoicePoint Insurance Consumer Center
P.O. Box 105108
Atlanta, Georgia 30348-5108
1-888-497-0011 (Toll Free); Monday – Friday, 8:00 AM to 7:00 PM EST