

C.L.U.E., the Comprehensive Loss Underwriting Exchange, is a loss history information exchange provided by LexisNexis® Risk Solutions Inc. It enables insurance companies to access and use prior loss information in the underwriting process. Each month, participating insurers submit loss 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 losses accessed by the search criteria that were reported to us within **seven 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: Losses are reported in two categories; risk and subject.
- 3** This section consists of information that you provided as search criteria.
- 4** This section lists loss information that matches the **Risk Address** and **Subject** listed in the search request information.
NOTE: The loss information listed in this section **may not be related** to you because the loss may have occurred before you acquired the property. These losses will not display an insured name or any personal identification information.
 - (a)** Claim Date/Age: indicates the date the loss occurred and the age of the loss, from the date of the report.
 - (b)** Insurance Company Information: identifies the name of the insurance company, policy number and claim number.
 - (c)** Policy Type: identifies the type of policy.
 - (d)** Catastrophe: indicates that the loss was related to a recognized catastrophe. If the loss was not related to a catastrophe, nothing will appear in this field.
 - (e)** Location of Loss:
 - ON PREMISES = the loss occurred on the insured property
 - OFF PREMISES = the loss occurred off the insured property
 If blank, the location was not reported by the insurance company.
 - (f)** INSURED = the reported individual owns the insurance policy.
CLAIMANT = the reported individual is the third party that suffered the loss.
 - (g)** Amount Paid: amount paid by the insurance company on each cause of loss.
 - (h)** Cause of Loss: represents the coverage under which the insurance company reported the loss.
 - (i)** Disposition Code: indicates whether the loss is Open, Closed, or in Subrogation. Subrogation is when an insurance company takes action to recover the amount of a loss paid if the loss was caused by a third party.

SAMPLE REPORT			
FAQs	FCRA Notices	Dispute	How to Read Report
LexisNexis® C.L.U.E.® Personal Property Report		Reference #: 12345678901234	
1	Account: 999999999 LEXISNEXIS	Date of Order: 11/09/2004	Date of Receipt: 11/09/2004
2	Recap: RISK - 1 CLAIM(S) REPORTED SUBJECT - 1 CLAIM(S) REPORTED		
SEARCH REQUEST			
3	Subject Name: CAESAR, JULIUS DOB: 10/00/73		SSN: 999-99-9999
Telephone: (999) 999-9999			
Risk Address: 123 MAIN STREET, ANYTOWN, NJ 99999-9999			
Former Address: 456 MAINSTREET, ANYTOWN, NJ 99999-9999			
REPORTED LOSS HISTORY FOR RISK			
The loss history below is associated with the subject and risk address information listed in the Search Request section of this report. Additional loss history information may be available if additional search information is provided.			
CLAIM 1			
4	Claim Date/Age: 08/14/04, (0yr-02mo)	a CLUE File #: 9999999999999999	
b Company: BIG INSURANCE COMPANY AM BEST #: 99999			
Policy #: 99X999999999 c Policy Type: HOMEOWNERS			
Claim #: 9999999-X d/e Additional Info: CATASTROPHE			
f Insured: CAESAR, JULIUS f Claimant:			
Address: 123 MAIN STREET ANYTOWN, NJ 99999-9999			
DOB: 10/00/73			
Sex: M			
SSN: 000-00-9999			
Telephone: (999) 555-9999			
Payments by Claim Type:			
g \$27,000 - FIRE		h Status: CLOSED i	
\$5,000 - WATER DAMAGE		Status: CLOSED	

5 Losses listed in this section of the report match information you provided in the Search Request Data section, such as former address, Social Security Number and telephone number.

NOTE: For subjects possibly associated with the information provided in the search request, the first five digits of the Social Security Number, the two-digit day of birth, and the last four digits of the Driver's License Number are masked with zeros to prevent identity theft.

(j) The address shown for losses in the Reported Claim History for Subject section is the insured (risk) address for the policy covering the listed loss. The address might be preceded by **F>**, **I>**, **M>**, or **R>**. The displayed letter indicates which of the subject's addresses matched an address reported with the loss:

F> Former Address **M>** Mailing Address
I> Enhanced Information Address **R>** Risk Address

6 This section lists inquiries made for the subject for the preceding two years.

REPORTED LOSS HISTORY FOR SUBJECT

The reported loss history below is associated with the subject, either at the risk address or at other developed addresses.

CLAIM 1

5 Claim Date/Age: 06/13/00, (2yr-04mo) CLUE File #: 0099999999999999
Company: YOUR INSURANCE CO AM BEST #: 99999
Policy #: 999999 Policy Type: HOMEOWNERS
Claim #: X0099999999 Additional Info: ON PREMISES
Insured: CAESAR, JULIUS Claimant: ANTONY, MARC

j Address: 123 MAIN STREET
ANYTOWN, NJ 99999
Telephone: (999) 999-9999
Payments by Claim Type:
\$6,500 - DOG BITE Status: CLOSED

Narrative Information Below X0099999999 Date Filed: 07/31/00
Refers to Above Claim:
By: JULIUS CAESAR Relation: INSURED
MR CAESAR STATES THAT THIS CLAIM WAS A RESULT OF HIS DOG
ATTACKING A DELIVERY PERSON AND THAT HE NO LONGER OWNS
THE DOG THAT ATTACKED.

INQUIRY HISTORY

6 Date:12/15/2001 Requestor: STATE MUTUAL

Prepared by: COMPREHENSIVE LOSS UNDERWRITING EXCHANGE
LexisNexis® Risk Solutions Inc., Atlanta, GA.

FREQUENTLY ASKED QUESTIONS

Q: Who has access to information about me?

A: The federal Fair Credit Reporting Act allows, among other things, a consumer reporting agency to provide a consumer report to a person who intends to use the information in connection with the underwriting of insurance involving the consumer.

When you apply for insurance, you give the insurance company a permissible purpose to access information necessary in the underwriting process. An insurance company may obtain information from an outside source (such as an information company) and inform you of the name of that outside source.

LexisNexis provides consumer reports only to persons who have permissible purpose and who have signed an agreement acknowledging their responsibilities in ordering and using consumer information.

Q: Can I correct information on my report?

A: Upon review of your report, you may want to enter a statement explaining the loss more fully, or you may want to challenge the accuracy of specific information an insurance company provided. LexisNexis 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.