

November 11, 2002

Office of Milwaukee City Clerk Attn: Robert M Overholt 200 E Wells St, Room 205 Milwaukee, WI 53202

RE: C.I. File No. 02-S-286

Our Claim Number: KD1988

Date of Loss: 8-13-02

Our Insured Home: 5208 W Norwich

Dear Mr Overholt,

We are in receipt of your letter of October 11, 2002 in which you outline your denial of our claim. The denial is based on the heavy rain in the area and that the exercise of due diligence by the city could not prevent damage to the houses due to the heavy rain. If this were true, then all the homes on the 5200 block would have sustained damage. In reality only four of the homes sustained damage. This indicates that the storm sewer system for the balance of the block was clear and the system near the corner was sufficiently blocked to cause damage to the insured's house at 5208 and three of her neighbors while the balance of the block escaped damage.

Please revisit this loss and reconsider our request for payment.

Sincerely,

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Tom McDermott

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Senior Claims Representative

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October 9, 2002

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Office Of The City Clerk City of Milwaukee 200 E Wells, Rm 205 Milwaukee, WI 53202

RE: Property Owner/Our Insured: Mary Kwiatkowski

Date of Loss: 8-13-02

Place of Loss: 5208 W Norwich, Milwaukee, WI 53220

Our Claim Number; KD1988 Type of Claim; Drain Back Up

Dear City Clerk,

Acuity Insurance carries the homeowners policy on Mary Kwiatkowski at 5208 W Norwich, Milwaukee, WI 53220. On 8-13-02 water backed up through the drain in the basement floor and caused damage to the building and the contents.

We have paid the sum of \$4516.50 in damages and our insured paid the sum of \$100, all for a total of \$4616.50. A copy of the proof of loss is attached.

The loss was caused by the city's failure to clean the storm sewer in front of the home. By reason of our payment we are subrogated to our insured's right of recovery and seek repayment from the city of Milwaukee. We have also placed the Office of The City Attorney on notice. They have established claim number 02-S-286 and the file is being supervised by Bob Overholt of the City Attorney Office.

Sincerely,

Tom McDermott

Senior Claims Representative

PO Box 792 Brookfield, WI 53008-0792

SWORN STATEMENT IN PROOF OF LOSS

Claim Number: KD1988 Claim Adjuster: Tom McDermott Policy Number: M14166 Agency: Robertson-Ryan

Amount of policy at time of loss: \$102,500 Date Issued: 7-26-02 Date Expires: 7-26-03

To ACUITY, A Mutual Insurance Company of Sheboygan, Wisconsin

At time of loss, by the above indicated policy of insurance you insured Mary Kwiatkowski, 5208 W Norwich, Milwaukee, WI 53220 against loss by Drain Backup to the property described under Schedule A, according to the terms and conditions of the said policy and all forms, endorsements, transfers and assignments attached thereto.

A Drain Backup loss occurred about the hour of 230 o'clock PM on the 13th day of August, 2002. The cause and origin of the said loss were Rain water backed up through the basement floor drain damaging the house and its contents.

The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: Residence

At the time of the loss the interest of your insured in the property described therein was sole owner. No other person or persons had any interest therein or incumbrance thereon, except: no exception.

Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described, except: no exception.

The total amount of insurance upon the property described by this policy at the time of the loss was \$102,500 as more particularly specified in the apportionment attached under Schedule C, besides which there was no policy or other contract of insurance, written or oral, valid or invalid.

The actual cash value of said property at the time of the loss was \$102,500.

The whole loss and damage was \$4,616.50.

The amount claimed under the above numbered policy is \$4516.50.

The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

RELEASE AND SUBROGATION ASSIGNMENT

IN CONSIDERATION of the sum of Forty five Hundred Sixteen and 50/100 DOLLARS, paid by ACUITY, A Mutual Insurance Company, the receipt whereof is hereby acknowledged, I or we do hereby release and forever discharge the said company from all claims because of loss or damage to the above described vehicle or expense in connection therewith and resulting or to result from the above loss which occurred on or about the 13th day of August, 2002, hereby expressing myself or ourselves fully paid and satisfied for all claims against said company arising out of or as the result of said above loss under its Policy Number M14166. And in further consideration of the sum aforesaid, I or we do hereby sell, assign and subrogate to the said company, any and all claims or demands that I or we may have both at law and in equity against other party or parties because of the loss aforesaid and the damage resulting therefrom and agree to assist said company to recover from such other party or parties and the company may bring an action, therefore, in my or our name.

Date Octob	er 1, 2002	Mary Kwiatkowski (Seal)
Apple of the same and a	1/2/4/1995年	(Signature) Mary Kwiatkowski
State of WI3CI	onsen	Subscribed and sworn to before me
		ss this 7th day of October 2002
County of MILL	Vaukee	margant A Stationate
		Notary Public

State law, in some states, requires that we advise you of the following: A person commits insurance fraud which is a crime if he or she knowingly and with intent to defraud any insurance company or person, files a statement of claim or makes application for insurance containing any false or deceptive information.

K-36(6-01)

(continued on next page)

KWIATKOWSKI,MARY

Room: Family Room

LzWzH 35'0" x 14'0" z 8'0"

wer

DESCRIPTION	QNTY	UNIT COST	TOTAL
Water extraction from floor Apply anti-microbial agent Apply anti-microbial agent 2' up walls Clean floor	490.00 SF@	0.32=	156.80
	490.00 SF@	0.18=	88.20
	196.00 SF@	0.18-	35.28
	490.00 SF@	0.24=	117.60

Room: Laundry Room

LxWxH 18'0" x 14'0" x 8'0"

DESCRUPTION	QNTY	UNIT COST	TOTAL
Apply anti-microbial agent 2' up walks Water entraction from floor	128.00 SF@	0.18=	23.04
Apply anti-microbial agent	252.00 SF@	0.32=	80.64
Clean floor	252.00 SF@ 252.00 SF@	0.1 8= 0.24 =	45.36 60.48

Room: Storage

LxWxH 14'0" x 9'0" x 8'0"

DESCRIPTION	QNIY	UNIT COST	TOTAL
Apply anti-microbial agent 2 up walls Water extraction from floor	92.00 SF@	0.18=	16.56
Apply suti-microbial agent	126.00 SF@	0,32=	40.32
Clean Boor	126,00 SF@	0.18=	22.68
The state of the s	126,00 SF@	0.24=	30.24

112 E Washington St Milwaukee W1 53204

Room: Sterage

LxWxH 14'0" x 11'0" x 5'0"

DESCRIPTION	QNTY	UNIT COST	TOTAL
Apply anti-microbial agent 2' up walls	100 00 mp/a	A = 4	
	100.00 SP@	0.18=	18.00
Apply anti-nicrobial agent	154.00 SF@	0.18=	27.72
Clean floor	154.00 SF@	0.24=	36.96

Room: Staircase

Formula Stairway 10'0" x 3'0" x 5'8"

DESCRIPTION	QNTY	UNIT COST	TOTAL
R&R Carpet - (material and labor)	56.00 SF@	2.87=	160.72
R&R Carpet pad	56.00 SF@	0.63=	35.28
Apply anti-microbial agent	56.00 SF@	0.18=	10.08
Clean floor	56.00 SF@	0.24=	•
Waste Item - Carpet - (material and labor)	8.40 SP@	2.72=	13.44 22.85
	w.10 12 G	4.12-	22.83

Room: Miscellancous

DESCRIPTION	QNTY	UNIT COST	TOTAL
Emergency service cell - efter business hours	1.00 EA@	175.00=	175.00
Delamidifier unit (2 units for 5 days) - No monitoring	10.00 EA@	45.00=	450.00
Drying fan (2 units for 5 days) - No monitoring	10.00 EA@	27,00=	270.00
Content Manipulation & cleaning charge - per hour	20.00 HR@	28.90=	578,00

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Steamatic

112 E Washington St Milwaskee WI 53204

CONTINUED - Miscellaneous

DESCRIPTION	QNTY	UNIT COST	TOTAL
Clean ductwork - Interior - vacuum & sanitize	1.00 EA@	450,60=	450.00
			

Grand Total Areas:

2,272.00 SF Walls 1,078.00 SF Floor 648.00 SF Long Wall 1,061.70 SF Ceiling 119.78 SY Flooring 384.00 SF Short Wall 3,333.70 SF Walls & Ceiling 290.47 LF Floor Perimeter 290.47 LF Ceil. Perimeter

Steamatic

112 E Washington St Milwaukee WI 53204

	Summary for Water	
Line Item Total		2,965.25
Replacement Cost Value Less Dedoctible		2,965.25 (100,00)
Less Demicrone	· · · · · · · · · · · · · · · · · · ·	2,865.25
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Visa farette F - 5.12 42**38**454742133

INVOICE

11030 W. Lincoln Ave. Milwaukee, WI 53227

99817

Milwaukee: (414) 541-4477 Waukesha: (262) 548-3660

		OWA DE TIME
NVOICE DATE PROTECTION). #	START TIME 9:00
		FINISH TIME
CUSTOMER NAME	· >5/-5	9:55
MANY W. KWIATED	will	
CUSTOMER NAME MANY R. KWIATKO JOB ADDRESS (STREET, ZIP) JOB W. NOR	2 wiel AU	e.
BILLING ADDRESS (IF DIFFERENT) (STREET, CITY, 2	3P)	
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(2) for S	ever from	6000
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Some!	200K	
PARTS/PRODUCTS		
TRUCK#	SUBTOTAL \$_	205.00
SERVICE REPRESENTATIVE	TAX \$	
US		205.00
WARRANTY (IF APPLICABLE)	TOTAL \$	
RETAIN RECEIPT FOR WARRANTY PURPOSES.		and a soldiccovied
\$20.00 CHARGE FOR RETURNED CHECKS. PAYMENT IS DUE WITHIN 30 DAYS. SERVICE CHARGE OF 11/4% PER MONTH (18% APR) ON ALL INVOICES OVER 30 DAYS OLD.		VISAMC/DISCOVER CHECK #
Date: Signature: 8-19-08 Mary Sweath	In what so	CHARGE
14-08 may Butter	U.	OI WHOC

Items damaged:

Curtains:	\$ 49.98
2 pairs - Sheer panels @ \$24.99 each	•
2 pairs - Tiers @ \$11.99 each	\$ 23.98
2 Valances @ \$10.99 each	\$ 21.98
4 Raile panel @ \$17.99 each	\$ 71.96
1 Raile Valance @ \$11.99 each	\$ 11.99
I Kalle Adding & 411.00 cach	\$ 15.99
1 Swag pair @ \$15.99 each	•
and but have	\$ 46.00
1 Lightweight summer quilt w/shams	\$ 23.00
1 Afghan (made by my mother)	\$ 24.99
1 Holiday tablecloth	\$ 34.99
1 Damask Tablecloth	\$ 25.98
w/8 napkins—set of 4 @ \$12.99	ų <u>2</u> 3.30
(belonged to great aunt)	\$ 29.99
1 4 piece Full sheet set	
1 Sofa slip cover	\$ 79.99
1 Love seat dip cover	\$ 64.99
5 16 x 20 Wood Frames w/scenic/floral prints	
\$14.97 each (frame price only)	\$ 74.85
1 16 x 20 Home Interiors designer frame w/print	\$ 24.99
1 Ironing Board Cover & Pad	\$ 12.98
T Trouilly board cover or an	<u>\$ 70.00</u>
1 Dirt Devil upright vacuum cleaner	
TOTAL:	\$708.63

CLAIM #KD 1988

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	2 - AREA RUGS	: 4'x6'			24.97
		6 X 9			79.98
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	d Hope I .		\$21.12/	box -	31.68
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:		Total	\$ 622.52
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August 25, 2002

CITY OF MILWAUKEE

2002 AUG 27 PH 4: 40

ROHALD D. LEONHARDT
CITY CLERK

Office Of The City Attorney City of Milwaukee 200 E Wells St Milwaukee, WI 53202

RE; Claim Number: KD1988

Date of Loss: 8-13-02

Our Insured: Mary Kwiatkowski

Place of Loss: 5208 W Norwich, Milwaukee, WI 53220

Dear City Attorney,

Acuity Insurance carries the homeowners policy on the above captioned address. On 8-13-02 water backed up through the floor drain and damaged the building and contents. Acuity is currently processing the repairs and/or replacement items.

Our investigation reveals the cause of the loss to be negligence on the part of the city in failing to clean and maintain the storm sewers in front of the home at 5208 W Norwich. Pursuant to the provisions of Wisconsin Statutes 893.80(1) we are placing the City of Milwaukee on notice of our right to recover against the city. We ask that you review this matter and contact the undersigned.

Sincerely,

Tom McDermott

Senior Claims Representative