



Claims Office • 999 Eisenhower Blvd. Suite A • Johnstown, PA 15904 • 814.262.6399 • Toll free 1.800.241.4209  
Fax 800.562.1795 • Mail Address: P.O. Box 999 • Johnstown, PA 15907-9999 • erieinsurance.com

October 11, 2021

City Clerk  
Attn: Claims  
200 East Wells Street, Room 205  
Milwaukee, WI 53202-3567

ERIE Claim #A00003606184  
ERIE Insured: Janko Jankovic  
ERIE Policy #Q491810490  
Date of Loss: September 14, 2021  
Loss Location: 4345 South 60th Street  
Greenfield, WI 53220

Dear City Clerk:

This is a follow-up to my notice letter of September 28, 2021, a copy of which is enclosed. The water utility instructed me to forward a notice letter directly to your attention for this matter.

We are in the process of settling the claim for damages to our insured's property as a result of the above loss. Under the terms of our policy, we are assigned rights of recovery and we will be looking to you for reimbursement. Our insured sustained water damage after a city pipe failure.

Our investigation of this loss indicates that you may be legally liable. On the enclosed form, please list the name and address of your insurance company, your policy number, and the same of your Agent. Please return the form in the enclosed self-addressed, stamped envelope. We suggest that you tell your insurance company you received this letter.

If you are not insured, it is urgent that you call to discuss paying the expenses for this loss. Call me at the phone number below, Monday through Friday, between the hours of 8:00 a.m. and 4:30 p.m. If we do not hear from you, we may file suit, which may result in additional costs for you.

Sincerely,

*Amy Madeira*

Amy Madeira  
Sr Subrogation Specialist  
Johnstown Claims Office  
Phone: 7179493250  
Email: A5191@erieinsurance.com

/lr

Enclosures:

- 1. Letter of 9/28/2021
- 2. Information Form
- 3. Self-Addressed, Stamped Envelope

By certified mail – return receipt requested

cc: City Clerk (By regular mail)  
Attn: Claims

CITY OF MILWAUKEE  
2021 OCT 25 PM 3:08  
CITY CLERK'S OFFICE

25 OCT 2021 10:52  
OFFICE OF CITY CLERK



# VERIFICATION OF INSURANCE

CLAIM NUMBER A00003606184
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NAME	HOME PHONE	WORK PHONE
ADDRESS	CITY	STATE ZIP

<b>IF YOU ARE INSURED - COMPLETE THIS SECTION</b>			
YOUR INSURANCE COMPANY		POLICY NUMBER/CLAIM NUMBER	
ADDRESS	CITY	STATE	ZIP
YOUR AGENT'S NAME			PHONE
ADDRESS	CITY	STATE	ZIP
YOUR SIGNATURE		DATE	
L.S.			

**NOTICE:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

<b>IF YOU ARE NOT INSURED - COMPLETE THIS SECTION</b>			
I WISH TO MAKE A TOTAL SETTLEMENT (SAVE INTEREST CHARGES).		<input type="checkbox"/> YES	<input type="checkbox"/> NO
I WISH TO MAKE A SETTLEMENT ON THE INSTALLMENT BASIS.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
DRIVER'S LICENSE NUMBER	STATE	BIRTH DATE	
SOCIAL SECURITY NUMBER			
EMPLOYER			
ADDRESS	CITY	STATE	ZIP
YOUR SIGNATURE		DATE	
L.S.			
<b>PLEASE RETURN COMPLETED FORM IN THE ENCLOSED ENVELOPE</b>			



Home Office • 100 Erie Insurance Place • Erie, Pennsylvania 16530 • (814) 870.2000  
Toll Free 1.800.458.0811 • Fax (814) 870.3126 • www.erieinsurance.com

September 28, 2021

CERTIFIED AND REGULAR MAIL  
City of Milwaukee Water Utility  
841 N Broadway FL 4  
Milwaukee, WI 53202-3677

Re: ERIE Claim # A00003606184  
ERIE Insured: Janko Jankovic  
Loss Date: 09/14/21

Dear Sir or Madam:

We are in the process of settling the claim for damages to our Insured's property as a result of the above loss. Under the terms of our policy, we are assigned rights of recovery and will be looking to you for reimbursement.

Our investigation of this loss indicates that you may be legally liable. On the enclosed form, please list the name and address of your insurance company, your policy number, and the name of your agent. Please return the form in the enclosed self-addressed stamped envelope. We suggest that you tell your insurance company you received this letter.

If you are not insured, it is urgent that you call to discuss paying the expenses for this loss. Call me at the phone number below Monday through Friday between the hours of 8:00 AM and 4:30 PM. If we do not hear from you, we may file suit, which may result in additional costs for you.

Sincerely,

Amy J Madeira  
Sr Subrogation Specialist  
717-949-3250

/AJM SC14

Enclosures:

Envelope  
C-123 Form

cc: File