



AMERICAN FAMILY INSURANCE GROUP

440 S EXECUTIVE DR • BROOKFIELD WI 53005-4280 • PHONE: (262) 784-9100; (800) 374-1111 + Ext.
Mailing Address: PO BOX 2927 • MILWAUKEE WI 53201-2927

May 27, 2004

OFFICE OF CITY CLERK
CITY HALL-ROOM 205
ATTN: CLAIMS
200 E. WELLS ST
MILWAUKEE WI 53202

POST OFFICE BOX 2927
MILWAUKEE WI 53201-2927
MAY 28 AM 11:20
CITY CLERK

RE: Our Insured: Ronald & Michelle Allen
Our Claim Number: 00-651-340814-0734
Our Policy Number: 48-BF7532-01
Loss Location: 10932 W. Stark St., Milwaukee, WI
Date of Loss: May 10, 2004
Amount of Claim: \$3,524.10

Dear Office of City Clerk:

We are notifying you of our claim against you for the above amount. Please note that this amount is the actual cash value of structural losses to date. This amount may change in the future as the damaged personal property portion of this claim is settled.

Based on our investigation, we found that a City Water Works crew was repairing a broken water main on May 10, 2004. The break in the water main was located in the street in front of our insured's home at the loss location listed above. The Water Works crew began repairing the water main break at approximately 11:00 am on May 10, 2004. This crew continued to work throughout the day.

At approximately 4 pm on May 10, 2004, while the crew was repairing the broken water main, a loud thump was heard and water began backing up the floor drain into our insured's basement. Based on my conversation with Pat at the City Water Works Department, a broken water main was reported initially and later a broken sewer lateral was reported. Both incidents were reported on May 10, 2004 at the above loss location.

It is our feeling that the City Water Works crew damaged the sewer lateral while they were repairing the broken water main. The damaging of the sewer lateral caused water to back up into our insured's basement. We feel that you are responsible for these damages.

If you have a Liability Insurance Policy, please complete and return the enclosed postcard to us. We can then contact your company and handle this matter directly with them.

OFFICE OF CITY CLERK
MILWAUKEE
MAY 28 PM 2:41
CITY ATTORNEY

May 27, 2004
Claim No: 00-651-340814-0734
Page 2

If you do not have liability insurance protection, we ask that you contact us so suitable arrangements for payment to us can be made.

We would appreciate your prompt completion and return of the enclosed post-card.

Respectfully,



Stu Fleck
Property Claim Analyst
Milwaukee West Branch

650734

Enc.



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June 25, 2004

CITY ATTORNEY'S OFFICE
CITY HALL
ATTN: BOB OVERHOLT
200 E. WELLS ST.
MILWAUKEE WI 53202

RE: Our Claim Number: 00-651-340814-0734
Your Claim Number: 04S-172
Our Insured: Ronald & Michelle Allen
Date of Loss: May 10, 2004


Dear Mr. Overholt:

This letter is a follow up to my May 27, 2004 letter, addressed to the City Clerk, concerning this claim.

Since my May 27th letter, we have received and paid for additional expenses resulting from the May 10, 2004 water damage at our insured's house. The possibility of additional payments was mentioned in my previous letter. These additional expenses increase the actual cash value payments we have made to \$5,213.48. A copy of our payment history is enclosed for your review.

Please contact me at (262) 784-2933 ext. 48625 when you have reviewed our claim. We look forward to hearing from you.

Respectfully,


Stu Fleck
Property Claim Analyst
Milwaukee West Branch

enclosure

SAF

CLAIM RECORD OF PAYMENT DISPLAY

CLAIM: 00-651-340814 ST: 48 POLICY: 48-BF7532-01 INCURRED: 05/10/2004
INSURED: ALLEN, RONALD & MICHELLE BENEFITS/LOSSES PAID TO DATE: 5610.71
LEGAL EXPENSE: 0.00
MEDICAL EXPENSE: 0.00
OTHER EXPENSE: 90.90

NO	DATE	PAYMT#	TYPE	ID	PER	LOSS PAYMENTS AMOUNT	CREDITS AMOUNT	EXPENSE PAYMENTS AMOUNT
03	06/10/2004	0065904485	01	00	R64	422.40		
IN PAYMENT OF: DAMAGE DUE TO WATER ON 05/10/2004 DEDUCTIBLE PREVIOUSLY APPL 2 SERVICE CALLS FOR RON & MICHELLE ALLEN PAYEE/PAYOR: ROTH HEATING RECONCILED: 00 06182004 TIN: 391593315-1 WITH TAKEN: N								

04	05/27/2004	0065902162	05	00	R64			90.90
IN PAYMENT OF: LOSS EXPENSE PAYEE/PAYOR: ITEL INC RECONCILED: 00 06072004 TIN: 593207296-1 WITH TAKEN: N								

NEXT --

OPT -- POL -- CLM -- DRFT --
ENTER OR PF8=PAGE FORWARD PF7=PAGE BACK PF3=COPS MENU PA2=COMPANY MENU

CLAIM RECORD OF PAYMENT DISPLAY

CLAIM: 00-651-340814 ST: 48 POLICY: 48-BF7532-01 INCURRED: 05/10/2004
INSURED: ALLEN, RONALD & MICHELLE BENEFITS/LOSSES PAID TO DATE: 5610.71
LEGAL EXPENSE: 0.00
MEDICAL EXPENSE: 0.00
OTHER EXPENSE: 90.90

NO	DATE	PAYMT#	TYPE	ID	PER	LOSS PAYMENTS AMOUNT	CREDITS AMOUNT	EXPENSE PAYMENTS AMOUNT
05	05/27/2004	0065902146	01	00	R64	2109.88		
IN PAYMENT OF: DAMAGE DUE TO WATER ON							05/10/2004	DEDUCTIBLE PREVIOUSLY APPL
PAYEE/PAYOR: NATIONWIDE FLOORS AND RONALD & MICHELLE ALLEN								
RECONCILED: ISSUED							TIN: 391737484-1	WITH TAKEN: N

06	05/27/2004	0065902145	01	00	R64	1252.16		
IN PAYMENT OF: DAMAGE DUE TO WATER ON							05/10/2004	DEDUCTIBLE PREVIOUSLY APPL
PAYEE/PAYOR: MASTER KLEEN								
RECONCILED: 00 06032004							TIN: 391613768-1	WITH TAKEN: N

NEXT --

OPT -- POL -- ----- -- CLM -- ---- ----- DRFT -----

ALL PAYMENTS FOR THIS CLAIM HAVE BEEN DISPLAYED. PF7=PAGE BACK PF3=COPS MENU

CLAIM RECORD OF PAYMENT DISPLAY

CLAIM: 00-651-340814 ST: 48 POLICY: 48-BF7532-01 INCURRED: 05/10/2004
INSURED: ALLEN, RONALD & MICHELLE BENEFITS/LOSSES PAID TO DATE: 5610.71
LEGAL EXPENSE: 0.00
MEDICAL EXPENSE: 0.00
OTHER EXPENSE: 90.90

NO	DATE	PAYMT#	TYPE	ID	PER	LOSS PAYMENTS AMOUNT	CREDITS AMOUNT	EXPENSE PAYMENTS AMOUNT
01	06/22/2004	0065906739	01	00	R64	719.25		
IN PAYMENT OF: DAMAGE DUE TO WATER ON						05/10/2004	DEDUCTIBLE	PREVIOUSLY APPL
PAYEE/PAYOR: MAINTAIN AMERICA								
RECONCILED: ISSUED						TIN: 391849437-1	WITH TAKEN: N	

02	06/10/2004	0065904612	01	00	R64	89.76		
			01	00	Q64	1017.26		
IN PAYMENT OF: A LOSS OCCURRING ON						05/10/2004	DEDUCTIBLE	PREVIOUSLY APPL
WATER DAMAGED PERSONAL PROPERTY								
PAYEE/PAYOR: ALLEN, RONALD & MICHELLE								
RECONCILED: 00 06232004						TIN: * NONE *	WITH TAKEN: N	

NEXT --

OPT -- POL -- ----- CLM -- --- ----- DRFT -----
ENTER OR PF8=PAGE FORWARD PF3=COPS MENU PA2=COMPANY MENU