



AMERICAN FAMILY INSURANCE GROUP

440 S EXECUTIVE DR • BROOKFIELD WI 53005-4280 • PHONE: (262) 784-9100, 784-2933 • FAX: (262) 784-3828
Mailing Address: PO BOX 2927 • MILWAUKEE WI 53201-2927

July 3, 2002

CERTIFIED RECEIPT REQUESTED

City of Milwaukee
220 E. Wells Street, Room 205
Milwaukee, WI 53202

CITY OF MILWAUKEE
2002 JUL -8 PM 3:12
RONALD D. LEONHARDT
CITY CLERK

RE: Our File No.: 00-601-310591-0700
Our Insured: Christopher & Mary Kowal
Date of Loss: January 26, 2002
Amt. of Loss: \$184,521.44

This letter is being submitted to you pursuant to Sec. 893.80 of Wisconsin State Statutes as a claim due to a fire that occurred on January 26, 2002, involving a fire hydrant on that corner which failed to operate properly. This was just brought to our attention via a video tape which we have in our procession

As a result of the faulty hydrant we believe the home of Christopher & Mary Kowal, was damaged to the reasonable and necessary sum of \$184,521.44.

Pursuant to the policy of insurance existing between American Family and its insured, American Family made payment of \$184,521.44 and the insured incurred a deductible loss of \$100.

Pursuant to statute, American Family Mutual Insurance Company is presenting its claim for payment in the amount of \$184,521.44.

Respectfully,

Gail Perla
Property Claim Analyst
Milwaukee South Branch
1-800-374-1111, Ext. 48168
gperla@amfam.com

GP

CITY OF MILWAUKEE
RECEIVED
2002 JUL -8 PM 4:06
OFFICE OF
CITY ATTORNEY

CLAIM RECORD OF PAYMENT DISPLAY

CLAIM: 00-601-310591 ST: 48 POLICY: 48-PN1241-01 INCURRED: 01/26/2002
INSURED: KOWAL, CHRISTOPHER & MARY BENEFITS/LOSSES PAID TO DATE: 184521.44

LEGAL EXPENSE: 0.00
MEDICAL EXPENSE: 0.00
OTHER EXPENSE: 0.00

NO	DATE	DRAFT#	TYPE	ID	PER	LOSS PAYMENTS AMOUNT	CREDITS AMOUNT	EXPENSE PAYMENTS AMOUNT
01	06/28/2002	0060709268	01	00	X10	2970.00		

IN PAYMENT OF: PAYMENT FOR JULY/AUGUST KOWAL

PAYEE/PAYOR: METROPOLITAN

RECONCILED: ISSUED TIN: * NONE * WITH TAKEN: N

02 06/28/2002 0060709267 01 00 X10 390.00

IN PAYMENT OF: PAYMENT FOR LAUNDRY THROUGH AUGUST

PAYEE/PAYOR: CHRISTOPHER & MARY KOWAL

RECONCILED: ISSUED TIN: * NONE * WITH TAKEN: N

*** THERE ARE MORE PAYMENTS ON THE NEXT PAGE ***

NEXT --

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

ENTER OR PF8=PAGE FORWARD

PF3=COPS MENU

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03	05/29/2002	0060705087	01	00	X10	1485.00		
IN PAYMENT OF: PAYMENT FOR JUNE FOR KOWAL								
PAYEE/PAYOR: METROPOLITAN								
RECONCILED: 00 06042002 TIN: * NONE * WITH TAKEN: N								

04	05/29/2002	0060705083	01	00	X10	1450.00		
IN PAYMENT OF: PAYMENT FOR JUNE FOR KOWAL								
PAYEE/PAYOR: METROPOLITAN								
RECONCILED: *VOID* TIN: * NONE * WITH TAKEN: N								

*** THERE ARE MORE PAYMENTS ON THE NEXT PAGE ***

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NO	DATE	DRAFT#	TYPE	ID	PER	LOSS PAYMENTS AMOUNT	CREDITS AMOUNT	EXPENSE PAYMENTS AMOUNT
05	05/08/2002	0060702511	01	00	Q10	71643.00		
IN PAYMENT OF: CONTENTS LIMIT ON POLICY								
PAYEE/PAYOR: CHRISTOPHER & MARY KOWAL								
RECONCILED: 00 05212002 TIN: * NONE * WITH TAKEN: N								

06	04/23/2002	0060700386	01	00	X10	1485.00		
IN PAYMENT OF: PAYMENT FOR KOWAL								
PAYEE/PAYOR: METROPOLITAN								
RECONCILED: 00 04292002 TIN: * NONE * WITH TAKEN: N								

*** THERE ARE MORE PAYMENTS ON THE NEXT PAGE ***

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NO	DATE	DRAFT#	TYPE	ID	PER	LOSS PAYMENTS AMOUNT	CREDITS AMOUNT	EXPENSE PAYMENTS AMOUNT
07	04/22/2002	0060700165	01	00	X10	540.00		
IN PAYMENT OF: PAYMENT FOR LAUNDRY THROUGH MAY								
PAYEE/PAYOR: CHRISTOPHER & MARY KOWAL								
RECONCILED: 00 05012002 TIN: * NONE * WITH TAKEN: N								

08	04/09/2002	0060698684	01	00	X10	371.65		
IN PAYMENT OF: PAYMENT FOR PHONE, PARKING AND MOVING								
PAYEE/PAYOR: CHRISTOPHER & MARY KOWAL								
RECONCILED: 00 04252002 TIN: * NONE * WITH TAKEN: N								

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NO	DATE	DRAFT#	TYPE	ID	PER	LOSS PAYMENTS AMOUNT	CREDITS AMOUNT	EXPENSE PAYMENTS AMOUNT
09	03/28/2002	0060697271	01	00	R10	4670.65		
IN PAYMENT OF: PAYMENT FOR DEMOLITION								
PAYEE/PAYOR: CHRISTOPHER & MARY KOWAL & BADGER WRECKING								
RECONCILED: 00 05022002 TIN: * NONE * WITH TAKEN: N								

10	03/12/2002	0060695242	01	00	X10	1485.00		
IN PAYMENT OF: PAYMENT FOR APRIL FOR KOWAL								
PAYEE/PAYOR: METROPOLITAN								
RECONCILED: 00 03152002 TIN: * NONE * WITH TAKEN: N								

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NO	DATE	DRAFT#	TYPE	ID	PER	LOSS PAYMENTS AMOUNT	CREDITS AMOUNT	EXPENSE PAYMENTS AMOUNT
11	02/26/2002	0060693657	01	00	R10	93413.00		

IN PAYMENT OF: PAYMENT FOR HOME

PAYEE/PAYOR: CHRISTOPHER & MARY KOWAL & BAYVIEW FEDERAL SAVINGS
RECONCILED: 00 03272002 TIN: * NONE * WITH TAKEN: N

12 02/26/2002 0060693654 01 00 R10 934.13

IN PAYMENT OF: PAYMENT FOR HOME

PAYEE/PAYOR: CHRISTOPHER & MARY KOWAL & BAYVIEW FEDERAL SAVINGS
RECONCILED: *VOID* TIN: * NONE * WITH TAKEN: N

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13	02/11/2002	0060691543	01	00	X10	2970.00		
IN PAYMENT OF: PAYMENT FOR FEB & MARCH FOR KOWAL								
PAYEE/PAYOR: METROPOLITAN ASSOCIATES								
RECONCILED: 00 02142002 TIN: * NONE * WITH TAKEN: N								

14	02/06/2002	0060690993	01	00	X10	598.14		
IN PAYMENT OF: PAYMENT FOR KOWAL ROOMS								
PAYEE/PAYOR: RADISSON HOTEL								
RECONCILED: 00 02142002 TIN: * NONE * WITH TAKEN: N								

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NO	DATE	DRAFT#	TYPE	ID	PER	LOSS PAYMENTS AMOUNT	CREDITS AMOUNT	EXPENSE PAYMENTS AMOUNT
15	01/31/2002	0060690188	01	00	Q10	1000.00		
IN PAYMENT OF: ADVANCE TOWARDS CONTENTS WHICH CAN BE USED FOR DEPOSIT								
PAYEE/PAYOR: CHRISTOPHER & MARY KOWAL								
RECONCILED: 00 02072002 TIN: * NONE * WITH TAKEN: N								

16	01/28/2002	0060689640	01	00	X10	500.00		
IN PAYMENT OF: PAYMENT FOR FOOD "								
PAYEE/PAYOR: CHRISTOPHER & MARY KOWAL								
RECONCILED: 00 01312002 TIN: * NONE * WITH TAKEN: N								

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NO	DATE	DRAFT#	TYPE	ID	PER	LOSS PAYMENTS AMOUNT	CREDITS AMOUNT	EXPENSE PAYMENTS AMOUNT
17	01/28/2002	0060689630	01	00	Q10	1000.00		

IN PAYMENT OF: ADVANCE TOWARDS CONTENTS
PAYEE/PAYOR: CHRISTOPHER & MARY KOWAL
RECONCILED: 00 01312002 TIN: * NONE * WITH TAKEN: N

NEXT --

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

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