



AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.
6000 AMERICAN PARKWAY
MADISON WI 53783

October 15, 2020

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CITY CLERK
C/O CLAIMS
200 E WELLS ST
MILWAUKEE WI 53202-3515

CITY OF MILWAUKEE
2020 OCT 20 A 10: 11
CITY CLERK'S OFFICE

REGARDING THE CLAIM FOR RAYMOND C SAVAGE FROM LOSS DATE DECEMBER 24, 2019

Important information regarding this claim

Please review the following information and contact me with any questions

Claim number	Date of loss	Policy number	Policyholder
01-002-131892	12/24/2019	48RU302601	RAYMOND C SAVAGE

Please provide status of our previously reported claim. I included the original notice that was sent to your office on 2/3/2020.

I am here to answer any questions you may have. Please contact me using the information listed below. Thank you.

Darren Loomans
Subrogation Senior Adjuster
1-800-MYAMFAM (1-800-692-6326) Ext. 44438
DLOOMANS@amfam.com

A000 00010007 000026 0000





AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.
 6000 AMERICAN PARKWAY
 MADISON WI 53783

AmFam.com
 1-800-MY AMFAM (692-6326)

February 3, 2020

CITY CLERK
 C/O CLAIMS
 200 E WELLS ST
 MILWAUKEE WI 53202-3515

REGARDING THE CLAIM FOR RAYMOND C SAVAGE FROM LOSS DATE DECEMBER 24, 2019

Important information regarding this claim

Please review the following information and contact me with any questions

Claim number	Date of loss	Policy number	Policyholder
01-002-131892	12/24/2019	48RU302601	RAYMOND C SAVAGE

Re: American Family Claim #: 01-002-131892
 Insured: Raymond Savage
 Date of Loss: 12/24/2019
 Claim Amount: \$28,945.18

Milwaukee City Clerk,

American Family Insurance was notified by our insured, Raymond Savage, that a water main broke on 12/24/2019 resulting in water damage to his basement and personal property.

American Family Insurance has paid \$28,445.18 for mitigation/repairs. The insured incurred a deductible expense of \$500.00 resulting in a total claim amount of \$28,945.18.

Our supporting documentation has been included for your review.

Thank you for your time and consideration.

Dated this ____ day of _____, 2020.

AMERICAN FAMILY INSURANCE

By: _____
 Darren Loomans
 Subrogation Adjuster

0000 00020007 000026 0000



I am here to answer any questions you may have. Please contact me using the information listed below.
Thank you.

Darren Loomans
Subrogation Senior Adjuster
1-800-MYAMFAM (1-800-692-6326) Ext. 44438
dloomans@amfam.com

Photo Sheet

American Family Mutual Insurance Company, S.I.

Claim Scanning Center
6000 American Parkway
Madison, WI 53783-0001
P: 1-866-881-4318 X21775 C: 262-349-0264
Fax: 1-866-774-4561 Email: rpubanz@amfam.com

Insured: RAYMOND C SAVAGE AND JOANN P SAVAGE

Claim #: 01002131892

Policy #: 48RU302601



1-DSCN3989

Date Taken:

Risk



2-DSCN3990

Date Taken:

right elevation

0000 00030007 000026 0000



Photo Sheet

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Claim #: 01002131892

Policy #: 48RU302601



3-DSCN3991

Date Taken:

right elevation water through window wells



4-DSCN3992

Date Taken:

rec room

Photo Sheet

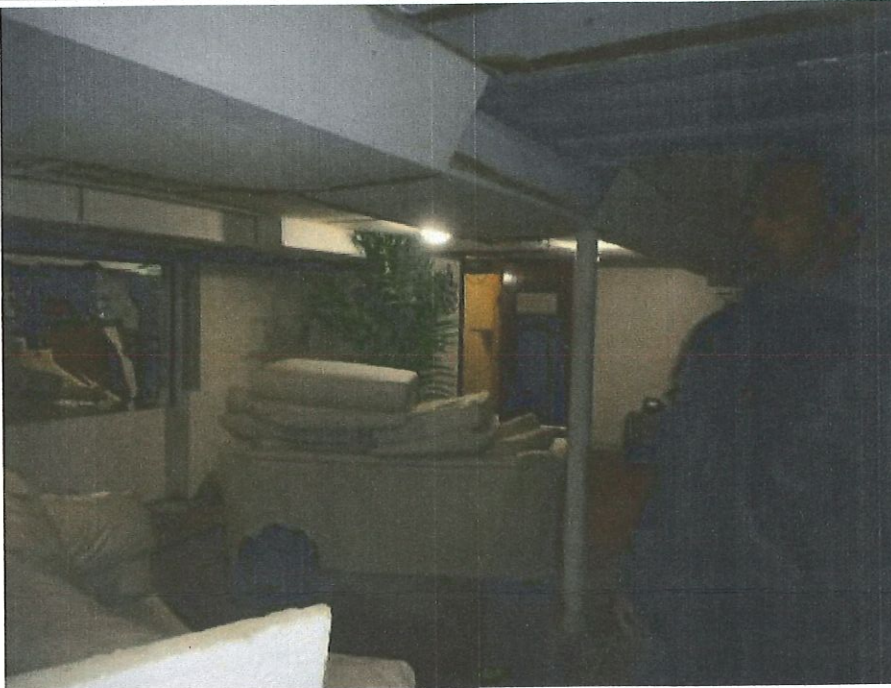
American Family Mutual Insurance Company, S.I.

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Claim #: 01002131892

Policy #: 48RU302601



5-DSCN3993

Date Taken:

rec room



6-DSCN3994

Date Taken:

rec room couch

0000 00040007 000026 0000



Photo Sheet

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Policy #: 48RU302601



7-DSCN3995

Date Taken:

rec room couch



8-DSCN3996

Date Taken:

kitchen

Photo Sheet

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Policy #: 48RU302601



9-DSCN3997

Date Taken:

laundry area



10-DSCN3998

Date Taken:

rec room

0000 00050007 000026 0000



Photo Sheet

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Claim #: 01002131892

Policy #: 48RU302601



11-DSCN3999

Date Taken:

bathroom



12-DSCN4000

Date Taken:

rec room

Photo Sheet

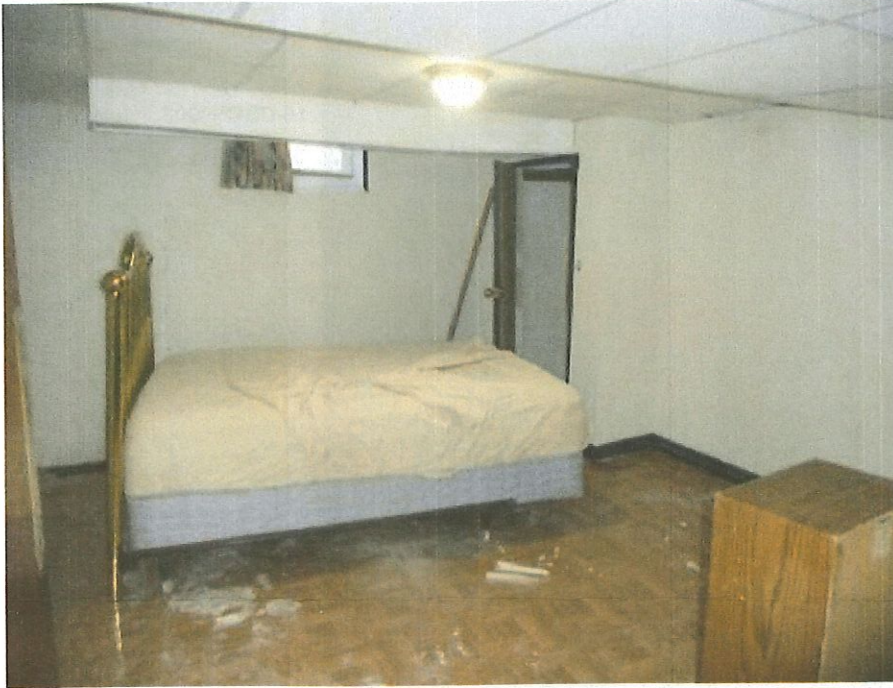
American Family Mutual Insurance Company, S.I.

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Claim #: 01002131892

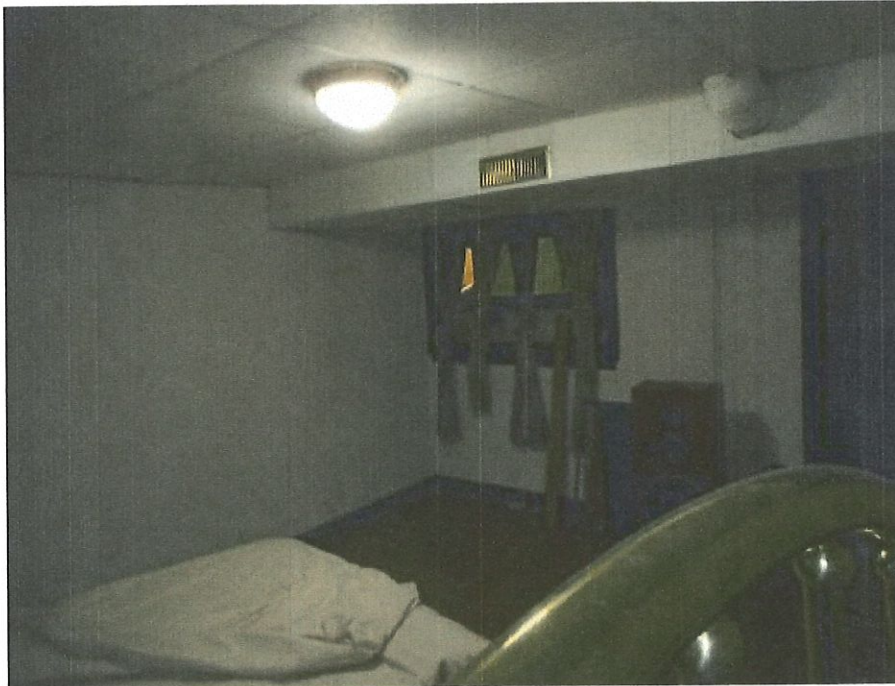
Policy #: 48RU302601



13-DSCN4001

Date Taken:

bedroom



14-DSCN4002

Date Taken:

bedroom

0000 00060007 000026 0000



Photo Sheet

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Policy #: 48RU302601



15-DSCN4003

Date Taken:

laundry area



16-DSCN4004

Date Taken:

bedroom

Photo Sheet

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Policy #: 48RU302601



17-DSCN4005

Date Taken:

rear storage

5000 00070007 000026 0000



