



Insurance Solutions Group
Subrogation Department

P.O. Box 3068 | Bloomington, IL 61702 | Phone 888-879-6814 | Fax 309-820-2626

May 14, 2003

CITY OF MILWAUKEE
ATTN : RONALD D LEONHARDT
200 EAST WELLS STREET
City Clerk Room 205
MILWAUKEE, WI 53202

CITY OF MILWAUKEE
2003 MAY 19 AM 10:53
RONALD D. LEONHARDT
CITY CLERK

Re: Our File #: 190836
Claim #: BLA41034
Insured: GEORGE W NORWOOD
Date of Loss: June 15, 2002
Total Damages: \$5,398.94

Dear CITY OF MILWAUKEE:

We are contacting you today on behalf of METLIFE regarding a loss, which occurred on June 15, 2002. The facts of the incident indicate that you are liable for payments that METLIFE made to its policyholder as a result of the loss. The balance due is \$5,398.94. The facts of the loss indicate that someone from city water came out to our insured's residence to install a new water meter. The serviceman did not tighten the valve all the way, which resulted in water damage to our insured's basement. Our insured had completed the necessary form for filing a claim against the city of Milwaukee. Our insured's are George and Mary Norwood. The address where the loss occurred was: 4140 N. Sherman Blvd., Milwaukee, WI. Upon word from your office, I will forward on all supporting documentation. Please acknowledge receipt of this subrogation claim.

If you believe you had insurance coverage at the time of the loss, notify us by mailing back the attached page immediately. A reply envelope is enclosed for your convenience, or you may fax the information to us at 309-820-2626.

If you did not have insurance coverage at the time of the loss, please pay the balance in full today. Afni accepts payments made by check, money order, Western Union Quick Collect, or check by phone. Please enclose the attached page with your payment.

We are in a position to help you find the means to pay this balance. Please feel free to call us toll-free at 888-879-6814 to discuss your options. Call immediately if you have questions about this claim.

Sincerely,

COREY JONES EXT 3193
Subrogation Analyst

03 MAY 19 PM 3:48
CITY OF MILWAUKEE
CITY CLERK ROOM 205

~~CITY OF MILWAUKEE
RECEIVED
'03 MAY 15 PM 11:03
CITY OF MILWAUKEE
CITY ATTORNEY~~

CC: GEORGE W NORWOOD

Return this page to notify Afni of insurance coverage, enclose with your payment, or notify us of a change of address. Use the enclosed reply envelope, or mail to:

Afni Subrogation Unit
P.O. Box 3068
Bloomington, IL 61702-3608

CITY OF MILWAUKEE
200 EAST WELLS STREET
City Clerk Room 205
MILWAUKEE, WI 53202

Re: Our File #: 190836
Claim #: BLA41034
Insured: GEORGE W NORWOOD
Date of Loss: June 15, 2002
Total Damages: \$5,398.94

Insurance carrier: _____

Address: _____

Phone number: _____

Policy #: _____

Agent: _____

Claim #: _____

Adjuster Name/Phone: _____

Change of Address:

Address: _____

City, State, Zip: _____

Telephone: _____