



The Travelers Home And Marine Insurance Company  
 P O Box 2954  
 Milwaukee, WI 53201  
 (800)624-6007

CITY OF MILWAUKEE  
 RECEIVED

2013 AUG -6 PM 3: 23

08/01/2013

OFFICE OF  
 CITY ATTORNEY

City Of Milwaukee-Claims  
 200 East Wells Street Room 205  
 Milwaukee, WI 532013567

CITY OF MILWAUKEE  
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 CITY CLERK'S OFFICE

**Our Client:** Kevin Thomas  
**Claim/File #:** 273 FR HQI0657 T  
**Date of Loss:** 04/23/2013  
**Reference:** Subrogation Claim

Dear City Of Milwaukee-Claims:

We are handling a claim for Kevin Thomas who sustained a loss on 04/23/2013.

Our investigation reveals that you may be legally responsible for this loss, and we are seeking reimbursement from you. We are requesting reimbursement of the total amount of \$16,035.38. We have paid \$15,035.38 and our insured, Kevin Thomas has a deductible of \$1,000.

Our insured resides at 4538 N 21st Street; Milwaukee, WI 53209. His basement suffered damage as a result of a deteriorated water meter owned by Milwaukee Water Works. Milwaukee Water Works has a duty to maintain the water meter and failed to do so. Failure to properly maintain the water meter resulted in the damage to our insured's property.

If you have insurance, please complete the attached form and return it to me. Please refer this letter to your insurance carrier immediately, requesting they contact our offices. Should you not have insurance, we expect payment from you directly. Please contact me to discuss repayment options.

Please call me with any questions.

Sincerely,  
 Emily Donohue  
 CI Rep Trne  
 (262)787-4735  
 Fax: (866)280-7367  
 Email: EEDONOHU@travelers.com

Enc. Insurance Questionnaire

Subro Rep. Name: Emily Donohue  
Insured: Kevin Thomas  
Date of Loss: 04/23/2013  
Our File No.: 273 FR HQI0657 T



Your Insurance Company's Name: \_\_\_\_\_

Your Insurance Company's Address: \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_

Your Insurance Agent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_

Your Policy Number: \_\_\_\_\_

Your File Number: \_\_\_\_\_

Your Adjuster's Name: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_