

Claims Office • 999 Eisenhower Blvd. Suite A • Johnstown. PA 15904 • 814.262.6399 • Toll free 1.800.241.4209 Fax 800.562.1795 • Mail Address: P.O. Box 999 • Johnstown, PA 15907-9999 • erieinsurance.com

October 11, 2021

City Clerk Attn: Claims 200 East Wells Street, Room 205 Milwaukee, WI 53202-3567

> **ERIE Claim** ERIE Insured:

ERIE Policy

Loss Location:

Date of Loss:

#A00003606184 Janko Jankovic #Q491810490 September 14, 2021

4345 South 60th Street Greenfield, WI 53220

Dear City Clerk:

This is a follow-up to my notice letter of September 28, 2021, a copy of which is enclosed. The water utility instructed me to forward a notice letter directly to your attention for this matter.

We are in the process of settling the claim for damages to our insured's property as a result of the above loss. Under the terms of our policy, we are assigned rights of recovery and we will be looking to you for reimbursment. Our insured sustained water damage after a city pipe failure.

Our investigation of this loss indicates that you may be legally liable. On the enclosed form, please list the name and address of your insurance company, your policy number, and the same of your Agent. Please return the form in the enclosed self-addressed, stamped envelope. We suggest that you tell your insurance company you received this letter.

If you are not insured, it is urgent that you call to discuss paying the expenses for this loss. Call me at the phone number below, Monday through Friday, between the hours of 8:00 a.m. and 4:30 p.m. If we do not hear from you, we may file suit, which may result in additional costs for you.

Sincerely,

Amy Madeira

Amy Madeira Sr Subrogation Specialist Johnstown Claims Office Phone: 7179493250

Email: A5191@erieinsurance.com

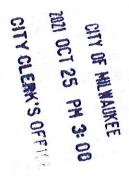
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Enclosures:

- 1. Letter of 9/28/2021
- 2. Information Form
- 3. Self-Addressed, Stamped Envelope

By certified mail - return receipt requested

cc: City Clerk (By regular mail) Attn: Claims





VERIFICATION OF INSURANCE

CLAIM NUMBER	
A00003606184	

NAME		HOME PHONE	WORK PHO	NE
ADDRESS		CITY	STATE	ZIP
IF YOU ARE	INSURED - CO	MPLETE THIS	SECTION	
YOUR INSURANCE COMPANY	POLICY NUMBER/CLAIM NUMBER			
ADDRESS		CITY	STATE	ZIP
YOUR AGENT'S NAME			PHONE	
ADDRESS		CITY	STATE	ZIP
YOUR SIGNATURE		DATE	<u> </u>	
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Home Office • 100 Erie Insurance Place • Erie, Pennsylvania 16530 • (814) 870, 2000 Toll Free 1.800.458.0811 • Fax (814) 870 • 3126 • www.erieinsurance.com

September 28, 2021

CERTIFIED AND REGULAR MAIL City of Milwaukee Water Utility 841 N Broadway FL 4 Milwaukee, WI 53202-3677

Re: ERIE Claim # A00003606184

ERIE Insured: Janko Jankovic

Loss Date:

09/14/21

Dear Sir or Madam:

We are in the process of settling the claim for damages to our Insured's property as a result of the above loss. Under the terms of our policy, we are assigned rights of recovery and will be looking to you for reimbursement.

Our investigation of this loss indicates that you may be legally liable. On the enclosed form, please list the name and address of your insurance company, your policy number, and the name of your agent. Please return the form in the enclosed self-addressed stamped envelope. We suggest that you tell your insurance company you received this letter.

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Sincerely,

Amy J Madeira Sr Subrogation Specialist 717-949-3250

/AJM SC14 Enclosures:

> Envelope C-123 Form

cc: File