Sentry Insurance

PO Box 8026

Stevens Point, WI 54481

March 16, 2007

CITY OF MILWAUKEE

ATTN GRANT LANGLEY
200 EAST WELLS ST RM 205

MILWAUKEE WI 53202-3515



Claim Number:

Insured:

Regarding: Insured Driver:

Date of Loss:

74A099406-650

Agnes V Williams Agnes V Williams George W Williams

07/25/2006

I have received your letter dated March 2, 2007, advising the city of Milwaukee was not liable for damage to our insured's vehicle. I am enclosing photo's of our insured's vehicle that proves there is paint on the vehicle. We will appeal this decision. Please advise what our next step should be to get this matter resolved.

Dorothy Cychosz

Sentry Insurance a Mutual Company

Southy Cychon

800-638-8763 ext. 1699213 or 715-346-9213

715-346-9040 Fax

RONAL CITY CLESHINAND

Refid070316105631539.0100

Sentry Claims Service P.O. Box 8021 Davenport, IA 52808-8021 Kristin Hestrom Claims Representative

kristin.hestrom@sentry.com

563 459-5321 800 325-9559 563 459-5252 Fax

August 9, 2006

Milwaukee City Common Council-City Clerk, Claims 200 E Wells St Milwaukee, WI 53202

Case # 065 237

RE:

Claim Number:

Insured:

Insured Vehicle:

Date of Loss:

74a099406

Agnes and George Williams

2002 Lexus RX 300

07/25/06

A claim has been made against our company under a policy of insurance is used to our insured. Our investigation indicates you are negligent and legally liable for the damages resulting from this accident. By law, we have the right to recover those damages from you to the extent of our payment.

On 07/25/06, Mr. and Mrs. Williams' vehicle was damaged as a result of unmarked wet paint dividing the right and left lanes on eastbound Calumet at 91st Street.

Claims have been made under the comprehensive coverage provided in our policy of insurance. We will look to you for reimbursement of the damages. We recommend you notify your insurance carrier of this situation immediately. Please contact me to discuss this and make arrangements for reimbursement.

Sentry Insurance

Paid rental \$104.33
Supports attached
Total Claim Paid \$2861.74

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SOLAR PAYMENT VERIFICATION

REFERENCE

CHECK

DATE

MINHER

RUMBEB

ISSUED CLAIM NUMBER

INGURED MAME 024354854 061025726 091106 74 A 099406 WILLIAMS, AGNES V

THIS PAYMENT COVERS: INV DATED 9/7/03

AMOUNT: \$ 2080.46

MOT MESOTIABLE

TWO THOUSAND EIGHTY AND 46/100

PAYEE: ENTERPRISE

MAIL TO:

PO SOX 795110

ST LOUIS

MO 63179



Bill To: **SENTRY** ATTN: JOE RIVERA PO BOX 8021 DAVENPORT, IA 52808

Rental Company: Amount Due:

Enterprise Rent-A-Car

\$2,310.31 Reference Number: 6232 -001149

Remit To:

Enterprise Rent-A-Car

P.O. BOX 795110

ST. LOUIS, MO 63179-0795 Federal ID: 43-0724835

Consolidation Summary

Claim Number	Date of Loss	Renter Name	Invoice Number	Billed Days	Amount Due	
74A098094A		DAILY, MARK	4416 D861855	11	\$320.93	212/2/1
74A100285A		COLLINS, CAROLE	1026 D538304	16	\$240.00	14:31 X4 ID
74A099344B		WINDBERRY, CHRISTINE	2121 D811366	5	\$229.85	0/00/0/10
74A100411A	8/18/06	AGUILERA, MARVIN Y	10J3 D737541	10	\$300.00	1
74A100511A		BELL, WENDY	10Q6 D049176	10	\$257.78	
74A099406A		WILLIAMS, AGNES	4411 D315769	5	\$104.33	110120
74A099544A	8/4/06	PAULINO, CARMEN	10K7 D707163	13	\$390.00	(Cx t
74A100918A	8/26/06	WILLIAMS, JANICE	0504 D428104	8	\$120.00	
74A098670B	7/27/06	GUZMAN, ROSA	1216 D629920	8	\$235.53	
74A099060A		RODRIGUEZ, CARMEN	10R6 D101186	4	\$111.89	
+		TOTAL A	TOTAL AMOUNT DUE:		\$2,310.31	

Rental Invoice

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024354854 9/12/06

Sentry Claims Service

P.O. Box 8021 Davenport, IA 52808-8021

Kristin Hestrom

Claims Representative

kristin.hestrom@sentry.com

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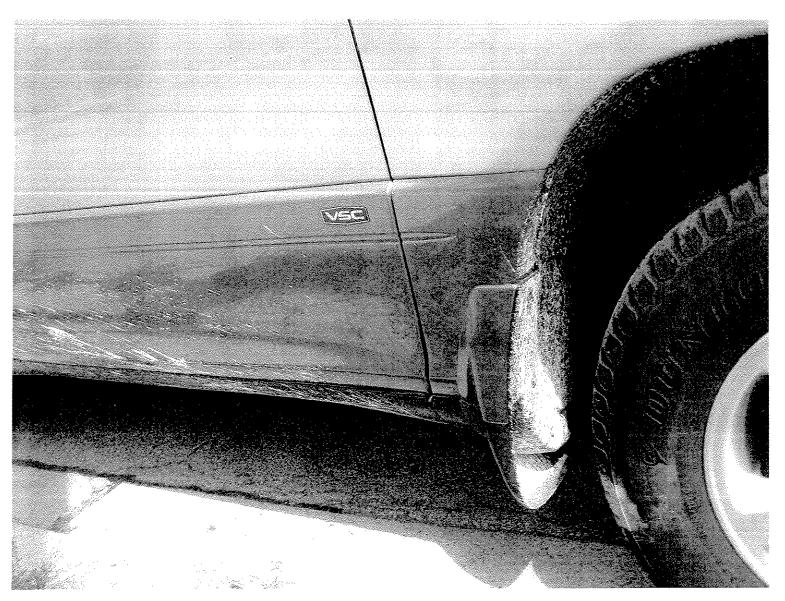
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