

February 08, 2016

Milwaukee Public Works Department
841 N Broadway Rm 501
Milwaukee WI 53202-3613

State Farm Claims
PO Box 106169
Atlanta GA 30348-6169

CITY OF MILWAUKEE
2016 FEB 15 P 1:45
CITY CLERK'S OFFICE

RE: Claim Number: 49-43F6-017
Date of Loss: November 26, 2015
Our Insured: Bostonian Village South Owners Association Inc

To Whom It May Concern:

We are writing to put you on notice of a November 26, 2015 loss that occurred at 4906 S 19th St., WI. The loss is covered by an insurance policy issued by State Farm Fire and Casualty Company.

Our investigation indicates you may be responsible for the damages incurred by our insured. Therefore, we are placing you on notice of our potential claim against you.

We suggest that you notify your general liability insurance carrier. In addition, please provide us with the name of your insurance company, their address and your policy number. A self-addressed return envelope has been included for your convenience in replying. If you are self-insured, notify us of that status as well.

If you would like to inspect the scene please make arrangements to do so within the next ten days. You may have your insurance claim representative or other expert contact us at the number below.

Sincerely,

Karene C Ferguson
Claim Specialist
(844) 458-4300 Ext. 9729293406
Fax: (844) 236-3646

CAO:

*The loss involves a sewer
which was plugged &
backed up*

(INCLUDE)

State Farm Fire and Casualty Company

2016 FEB 15 PM 3:03
RECEIVED
CITY OF MILWAUKEE
OFFICE OF
CITY ATTORNEY