



afni. Insurance Services
Subrogation Department

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

May 28, 2008

CITY OF MILWAUKEE
ATTN: CLAIMS
200 E WELLS ST RM 205
MILWAUKEE, WI 532023515

CITY OF MILWAUKEE
RECEIVED
2008 MAY 30 PM 3:02
OFFICE OF
CITY ATTORNEY

Re: Our File #: 532723
Claim #: 00-321-103324
City Claim #: 08-S-177
Insured: AGNES DUKATZ
Loss Location: 6731 W DAKOTA ST. MILWAUKEE, WI
Date of Loss: February 28, 2008
Total Damages: \$7,040.41

To Whom It May Concern:

We are contacting you today on behalf of AMERICAN FAMILY INSURANCE regarding a loss, which occurred on February 28, 2008. The facts of the incident indicate that you are liable for payments that AMERICAN FAMILY INSURANCE made to its policyholder as a result of the loss. This loss resulted from a frozen water main that caused water damage to our insured's home. This water main is the responsibility of the city to maintain. I have enclosed the supporting documents for your review. The balance due is \$7,040.41.

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 extension 3193 to discuss your options. Call immediately if you have questions about this claim.

Sincerely,

Corey Jones

COREY JONES EXT 3193
Subrogation Specialist

enclosure(s)

CITY OF MILWAUKEE
2008 MAY 30 PM 2:36
RALPH D. ECKHARDT
CITY ATTORNEY

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 E WELLS ST RM 205
MILWAUKEE, WI 532023515

Re: Our File #: 532723
Claim #: 00-321-103324
Insured: AGNES DUKATZ
Date of Loss: February 28, 2008
Total Damages: \$7,040.41

Insurance carrier: _____

Address: _____

Phone number: _____

Policy #: _____

Agent: _____

Claim #: _____

Adjuster Name/Phone: _____

Change of Address:

Address: _____

City, State, Zip: _____

Telephone: _____



American Family Insurance Group

Attn: Scanning Center
6000 American Parkway
Madison, WI 53783
palatalo@amfam.com
Phone: 414 422-4692 Fax: 866 494-4919

March 07, 2008

DUKATZ, AGNES
6731 W DAKOTA ST
MILWAUKEE, WI 53219-3029

RE: Claim Number: 00321103324
Date of Loss: 02/28/2008

The attached estimate of damages has been prepared for your property. The estimate has used common prices for labor and material from your area.

Enclosed is our draft for the actual cash value (today's replacement cost less depreciation) of your damaged property. For Dwelling and Structure damages, we may have included your mortgage company on the draft as required by your policy.

Summary For Water/Plumbing

Coverage Type	Replacement Cost Value	Less Recoverable Depreciation	Less Non Recoverable Depreciation	Actual Cash Value (ACV)
Dwelling	\$7,388.85	(\$348.44)		\$7,040.41
Less Deductible				(\$500.00)
Total ACV Settlement (does not reflect any advance payments that may have been received):				\$6,540.41

See the enclosed estimate for details of your settlement which may include other itemized details not shown above.

If you wish to make a claim for the recoverable depreciation amount, you must do **TWO** things:

1. You must have the item(s) replaced or repaired within one year from your date of loss.
2. You must submit a final repair bill or purchase receipt showing the item(s) has been repaired or replaced.

The attached estimate is what we expect to be the reasonable cost to repair or replace the property. This estimate may not include taxes or permit fees. If total charges for repair/replacement plus taxes or permits exceed the amount shown here for that repair/replacement, prior to any deductible, then additional amounts may be payable. If the actual cost is more or less, the final payment will be adjusted accordingly. If you wish, you may repair or replace with higher quality items, however, you will be responsible for any increase in cost.

Please refer to your policy for the exact wording of your LOSS VALUE DETERMINATION or LOSS SETTLEMENT. This is found in CONDITIONS - SECTION I.

Please present this estimate to a contractor or repair facility of your choice BEFORE you authorize the start of repairs. If any additional damage or costs are identified, for which you believe we should be responsible, they must be approved by a representative of American Family Insurance prior to having the additional work done. If you, your contractor, or repair facility have any questions, please contact us at



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American Family Insurance appreciates your business.

Thank You,
Paul Alatalo



American Family Insurance Group

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palatalo@amfam.com
Phone: 414 422-4692 Fax: 866 494-4919

Insured: DUKATZ, AGNES

Property: 6731 W DAKOTA ST
MILWAUKEE, WI 53219-3029

Claim Rep.: Paul Alatalo

Claim Number	Policy Number	Type of Loss	Deductible
00321103324	48D9257801	Water/Plumbing	\$500.00

Date Contacted: 02/28/2008

Date of Loss: 02/28/2008 Date Est. Completed: 03/07/2008

Price List: WIMW4B8A
Restoration/Service/Remodel

Summary for Water/Plumbing

Line Item Total	6,614.35
Total Adjustments for Base Service Charges	488.54
Material Sales Tax @ 5.600% x	659.25
Services Mat'l Tax @ 5.600% x	477.09
Subtotal	7,166.53
Service Sales Tax @ 5.600% x	222.32
Replacement Cost Value	7,388.85
Less Depreciation	(348.44)
Actual Cash Value	7,040.41
Less Deductible	(500.00)
ACV Settlement	6,540.41
Total Recoverable Depreciation	348.44
ACV Settlement if Depreciation is Recovered	6,888.85

Revised estimate 3/7/08 including cleanup costs

As the insured, you, and you alone can authorize work to be completed on your home. The selection and use of a particular contractor is your choice. Please present this estimate to your contractor before you authorize the start of repairs. American Family Mutual Insurance Company needs to be contacted concerning additional or supplemental payment(s) on work being done that is not part of this estimate prior to this work being started or completed. If you or your contractor have any questions, please contact the American Family claims office.



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DUKATZ_AGNES

Main Level

Den

Ceiling Height: 7' 6"

Missing Wall: 1 - 2'7" X 6'8" Opens into Laundry Goes to Floor

901.53 SF Walls
514.92 SF Floor

514.92 SF Ceiling
57.21 SY Flooring

1,416.44 SF Walls & Ceiling
119.92 LF Floor Perimeter
122.50 LF Ceil. Perimeter

Description	Quantity	Unit Price	Replace Cost	Depreciation	Actual Cash Value
1. R&R Paneling	482.76 SF	1.88	907.58	272.28 (30.00 y / 100.00 y)	635.30
2. Trim board - 1"x 2" to 1"x 6" - Detach & reset	119.92 LF	1.54	184.68	0.00	184.68
3. Seal & paint trim	119.92 LF	0.73	87.54	43.77 (50.00 % / 100.00 %)	43.77
4. R&R Cove base molding - rubber or vinyl, 4" high	89.94 LF	1.82	163.69	0.00	163.69
5. R&R Baseboard - 3 1/4"	29.98 LF	2.66	79.74	0.00	79.74
6. Stain & finish baseboard	29.98 LF	0.80	23.98	0.00	23.98
7. Seal/coat the floor perimeter - one coat (anti-microbial coating)	119.92 SF	0.77	92.34	0.00	92.34
1' up wall on perimeter of floor					
8. Apply anti-microbial agent	514.92 SF	0.17	87.54	0.00	87.54
9. R&R Door opening (jamb & casing) - 32"to36"wide - paint grade	1.00 EA	87.24	87.24	26.17 (30.00 y / 100.00 y)	61.07
10. Interior door - Detach & reset - slab only	1.00 EA	9.54	9.54	0.00	9.54
Sub Total: Den			1,723.87	342.22	1,381.65

Laundry

Ceiling Height: 7' 6"



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Missing Wall: 1 - 2'7" X 6'8" Opens into Den Goes to Floor

552.79 SF Walls 234.35 SF Ceiling 787.14 SF Walls & Ceiling
 234.35 SF Floor 26.04 SY Flooring 73.42 LF Floor Perimeter
 76.00 LF Ceil. Perimeter

Description	Quantity	Unit Price	Replace Cost	Depreciation	Actual Cash Value
1. Apply anti-microbial agent					
234.35 SF	0.17	39.84	0.00	39.84	
2. Seal/coat the floor perimeter - one coat (anti-microbial coating)					
73.42 SF	0.77	56.53	0.00	56.53	
1' up wall on perimeter of floor					
Sub Total: Laundry			96.37	0.00	96.37

Closet

Ceiling Height: 7' 6"

97.50 SF Walls 10.39 SF Ceiling 107.89 SF Walls & Ceiling
 10.39 SF Floor 1.15 SY Flooring 13.00 LF Floor Perimeter
 13.00 LF Ceil. Perimeter

Description	Quantity	Unit Price	Replace Cost	Depreciation	Actual Cash Value
1. Apply anti-microbial agent					
10.39 SF	0.17	1.77	0.00	1.77	
2. Seal/coat the floor perimeter - one coat (anti-microbial coating)					
13.00 SF	0.77	10.01	0.00	10.01	
1' up wall on perimeter of floor					
Sub Total: Closet			11.78	0.00	11.78

Closet2

Ceiling Height: 7' 6"

75.00 SF Walls 4.00 SF Ceiling 79.00 SF Walls & Ceiling
 4.00 SF Floor 0.44 SY Flooring 10.00 LF Floor Perimeter
 10.00 LF Ceil. Perimeter



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Description	Quantity	Unit Price	Replace Cost	Depreciation	Actual Cash Value
1. Apply anti-microbial agent	4.00 SF	0.17	0.68	0.00	0.68
2. Seal/coat the floor perimeter - one coat (anti-microbial coating)	10.00 SF	0.77	7.70	0.00	7.70
1' up wall on perimeter of floor					
Sub Total: Closet2			8.38	0.00	8.38

Sump

Ceiling Height: 7' 6"

66.25 SF Walls
 3.42 SF Floor

3.42 SF Ceiling
 0.38 SY Flooring

69.67 SF Walls & Ceiling
 8.83 LF Floor Perimeter
 8.83 LF Ceil. Perimeter

Description	Quantity	Unit Price	Replace Cost	Depreciation	Actual Cash Value
1. Apply anti-microbial agent	3.42 SF	0.17	0.58	0.00	0.58
2. Seal/coat the floor perimeter - one coat (anti-microbial coating)	8.83 SF	0.77	6.80	0.00	6.80
1' up wall on perimeter of floor					
Sub Total: Sump			7.38	0.00	7.38

Sub Total: Main Level

1,847.78

342.22

1,505.56

Stairway

Description	Quantity	Unit Price	Replace Cost	Depreciation	Actual Cash Value
1. Clean carpet - cleaning charge per step - Heavy	11.00 EA	3.82	42.02	0.00	42.02



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CONTINUED - Stairway

Description	Quantity	Unit Price	Replace Cost	Depreciation	Actual Cash Value
Sub Total: Stairway			42.02	0.00	42.02

Cleaning

Description	Quantity	Unit Price	Replace Cost	Depreciation	Actual Cash Value
1. Equipment setup, take down, and monitoring (hourly charge)	6.00 HR	34.55	207.30	0.00	207.30
2. Equipment decontamination charge - HVY, per piece of equip	4.00 EA	37.57	150.28	0.00	150.28
Note to clean out truck mounted extractor, hose lines and wands					
3. Dehumidifier (per 24 hour period) - XLarge - No monitoring	6.00 EA	114.72	688.32	0.00	688.32
2 dehumidifiers for 3 days					
4. Haul debris - per pickup truck load - including dump fees	3.00 EA	100.54	301.62	0.00	301.62
3 trips to haul debris					
5. Water extraction from floor - Category 2 water - Heavy	1482.92 SF	0.67	993.56	0.00	993.56
Note: To extract, squeegee and extract a second time.					
6. Clean the surface area with pressure steam	2224.37 SF	0.60	1,334.62	0.00	1,334.62
Note: Steam clean floor 3 times					
7. Block and pad furniture in room - Large amount	1.00 EA	35.96	35.96	0.00	35.96
8. Tear out wet paneling, bag for disposal	480.00 SF	0.35	168.00	0.00	168.00
9. Tear out trim/base and bag for disposal	120.00 LF	0.53	63.60	0.00	63.60
10. Apply anti-microbial agent	966.76 SF	0.17	164.35	0.00	164.35
11. Protect - Cover with plastic	79.90 SF	0.20	15.98	0.00	15.98



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CONTINUED - Cleaning

Description	Quantity	Unit Price	Replace Cost	Depreciation	Actual Cash Value
Cover stairs with plastic					
Sub Total: Cleaning			4,123.59	0.00	4,123.59

Personal Property

Description	Quantity	Unit Price	Replace Cost	Depreciation	Actual Cash Value
1. Cleaning Technician - per hour					
24.00 HR		25.04	600.96	0.00	600.96
Cleaning of personal property in basement. 3 cleaning technicians for 8 hours each					
Sub Total: Personal Property			600.96	0.00	600.96
Line Item Subtotals: DUKATZ__AGNES			6,614.35	342.22	6,272.13

Adjustments for Base Service Charges	Adjustment
Carpenter - Finish, Trim/Cabinet	106.56
Cleaning Technician	50.08
Floor Cleaning Technician	61.38
Cleaning Remediation Technician	69.10
Flooring Installer	119.72
Painter	81.70
Total Adjustments for Base Service Charges:	488.54
Line Item Totals: DUKATZ__AGNES	
	7,102.89
	342.22
	6,760.67



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Grand Total Areas:

1,693.07 SF Walls	767.07 SF Ceiling	2,460.14 SF Walls and Ceiling
767.07 SF Floor	85.23 SY Flooring	225.17 LF Floor Perimeter
0.00 SF Long Wall	0.00 SF Short Wall	230.33 LF Ceil. Perimeter
767.07 Floor Area	825.44 Total Area	1,693.07 Interior Wall Area
878.75 Exterior Wall Area	117.17 Exterior Perimeter of Walls	
0.00 Surface Area	0.00 Number of Squares	0.00 Total Perimeter Length
0.00 Total Ridge Length	0.00 Total Hip Length	

Property Investigation Report

Summary Report

Claim Number: 00-321-103324-0510 Adjuster Name: Paul Alatalo
Insured Name: Agnes Dukatz Location of Risk: 6731 W. Dakota St., Milwaukee, WI
Date Submitted: 3/10/2008 Date of Loss: February 28, 2008

CONTACT INFORMATION:

Date Loss Reported: 02/28/08
Date File Received: 02/28/08
Date of First Contact: 02/28/08
Date of Inspection: 02/29/08

INVESTIGATION:

Investigation Conducted: Water main up the street from insured froze. The water traveled down the street and into the sewers. The water backed up into our insured's basement through the sewer drain in the basement. Contacted City of Milwaukee. No record of any recent work being done in this area. They stated that this was caused by a frozen pipe. There have been a number of frozen water mains in the Milwaukee area recently due to extreme cold temperatures

Cause: Per City it was a frozen water main
Origin: Up the block from insured risk
Subrogation: Possible against City. City gave insured a form to complete to send to City for submission of claim

COVERAGE:

Coverage Issues: Man-controlled water entering through sewer drain covered?
Coverage Decisions: Policy covers damage to building and cleanup of building from man-controlled water. No coverage for personal property as there is no named peril. This is per Best Practices.

DAMAGED PROPERTY:

Coverage A: Basement floor, paneling, base trim and extensive cleanup of basement from silt and sludge on floor
Coverage B: Furniture (hard and soft had to be cleaned). Insured did not make a claim for other damaged personal property
Coverage C: None. Home is habitable
Salvage: No salvage value to damaged building. Other personal property was

being cleaned and not replaced

Other:

*

SETTLEMENT ACTIVITY:

Coverage A: Damaged paneling, door jamb, base and trim. Remainder of loss is cleanup of silt and sludge that was all over the basement. RCV \$6718.79ACV \$6370.35 Deferred \$348.44 (paneling and base replacement). Paneling was about 30 years old, and in good condition

Coverage B: Insured was not making a claim for the replacement of any of the items. Only to clean some of the furniture items in the basement that had silt and sludge that damaged the bottom of the items. RCV=ACV as all is cleaning \$670.06. Made settlement with insured mistakenly. Policy should not have provided coverage for the cleaning of these items per Best Practices

Coverage C: None. Home habitable

Other:

*

RESOLUTION PLAN:

Action Plan: Close file. Send to subro. Close reserves

Reserve Recommendations: Close reserves

Authority Requested: Within authority

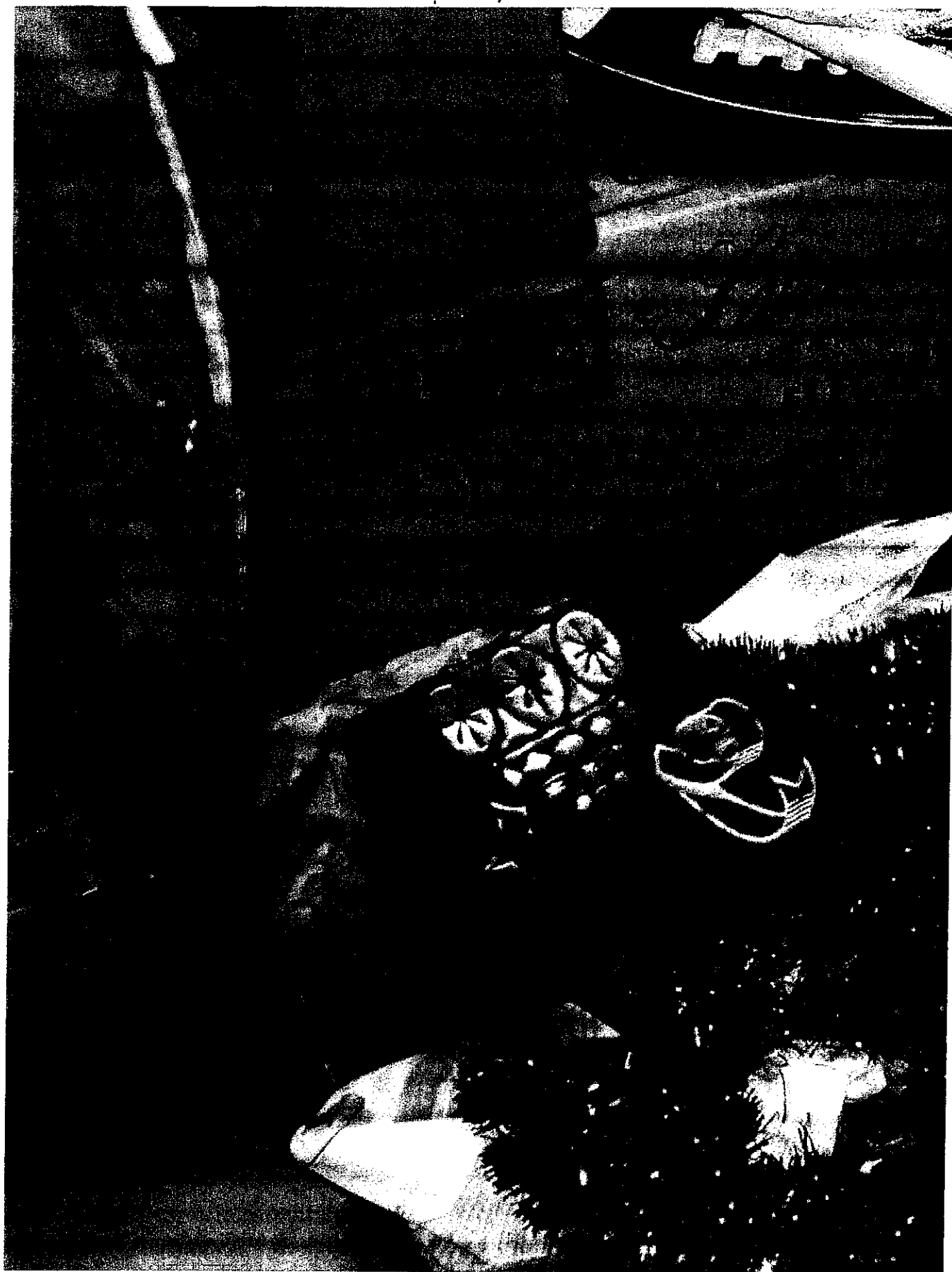
Next Suspense Date: Close file

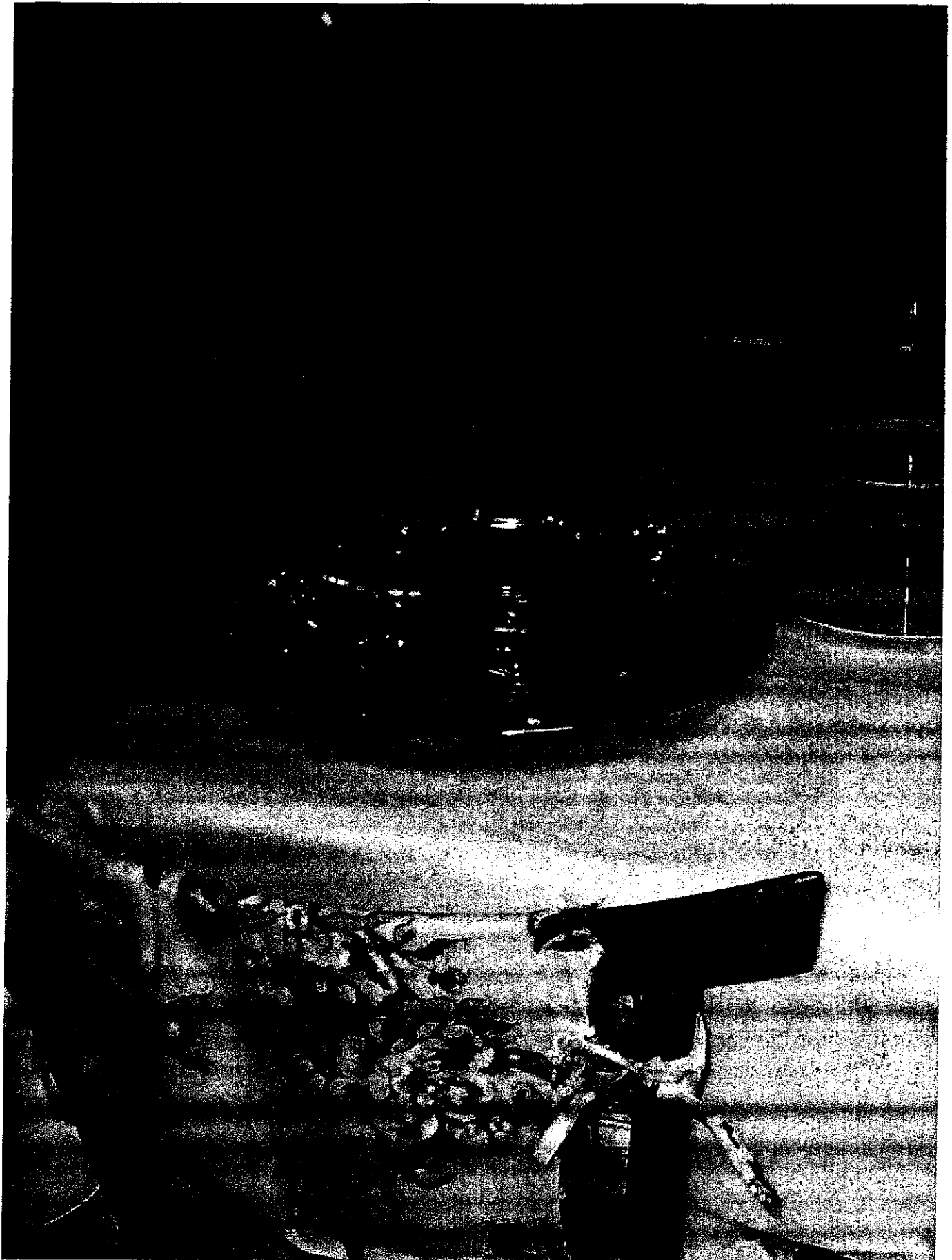
PAYMENT/RESERVE SUMMARY:

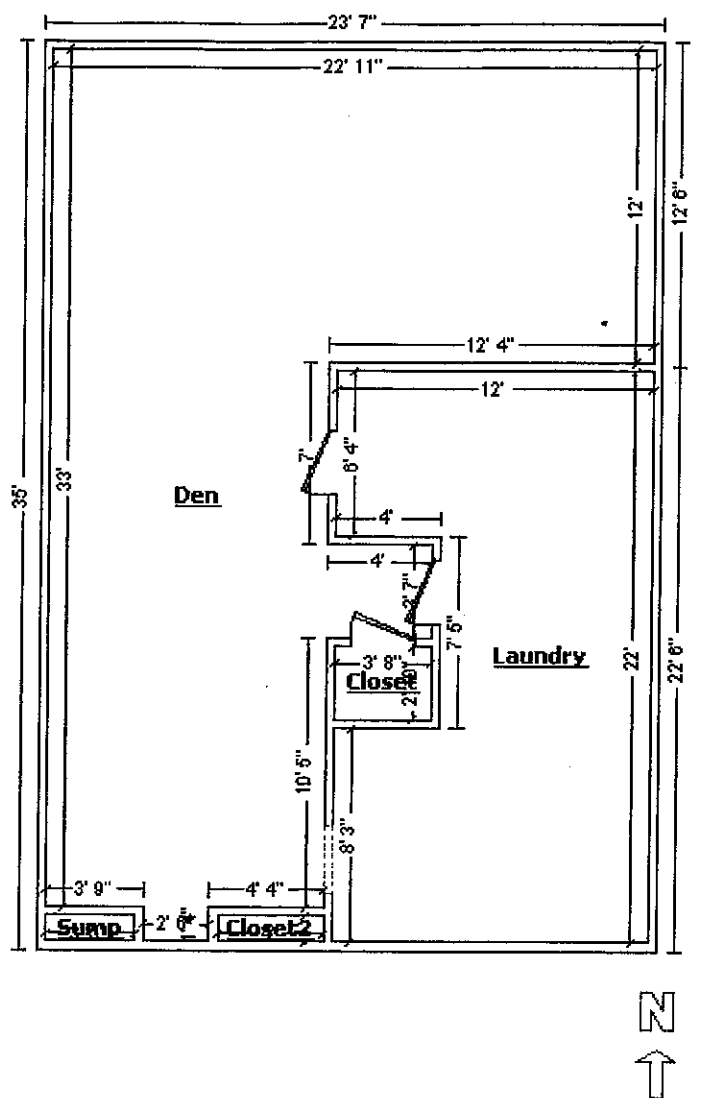
Coverage	Peril	Paid to Date	Total Anticipated Claim Payments	Remaining Reserves
Coverage A	R 64	\$ 5870.35	\$ 0	\$ 0
Coverage B	Q 64	\$ 670.06	\$ 0	\$ 0
Coverage C	X *	\$ *	\$ *	\$ *
Other	*	\$ *	\$ *	\$ *
Total		\$ 6,540.41	\$ 0.00	\$ 0.00



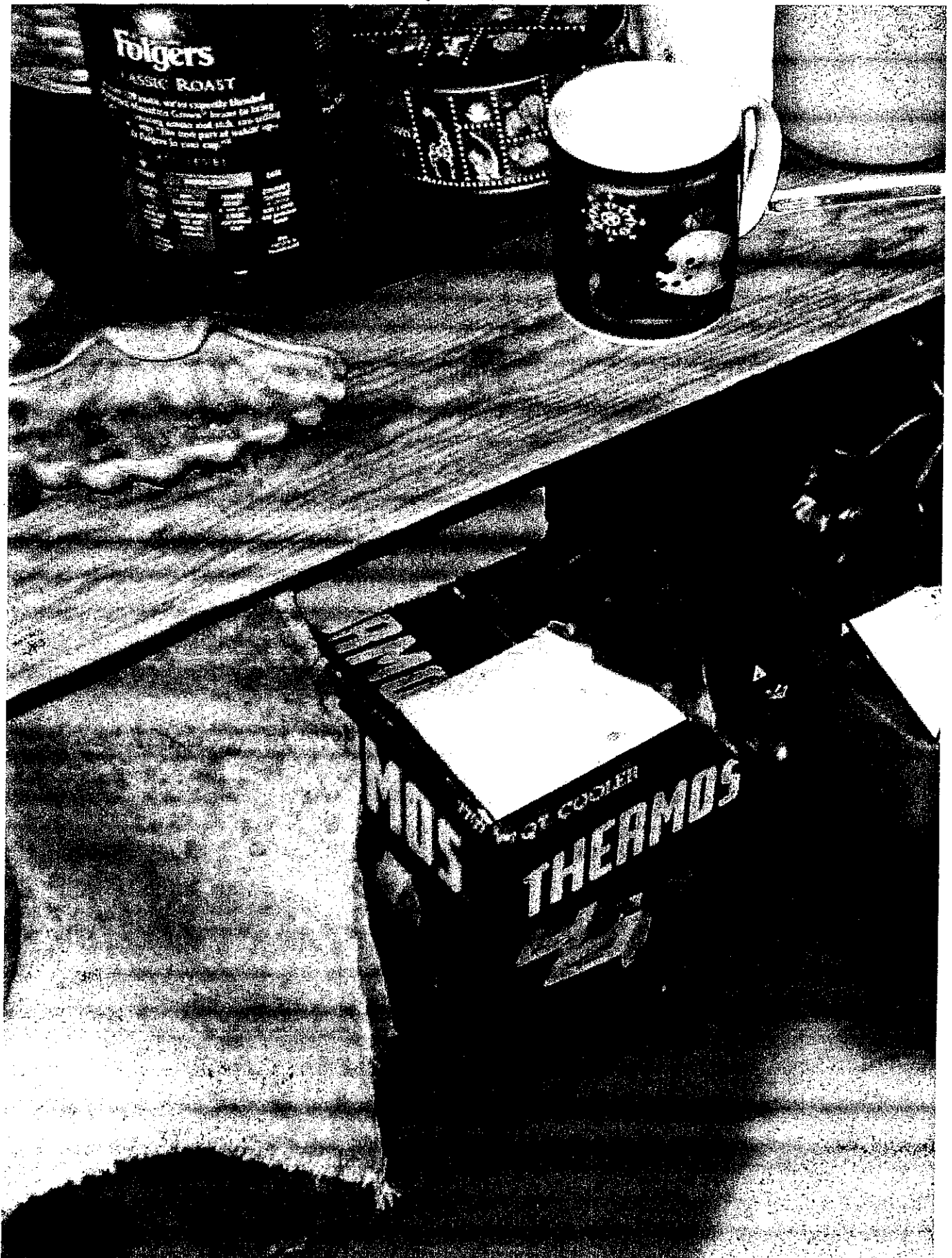






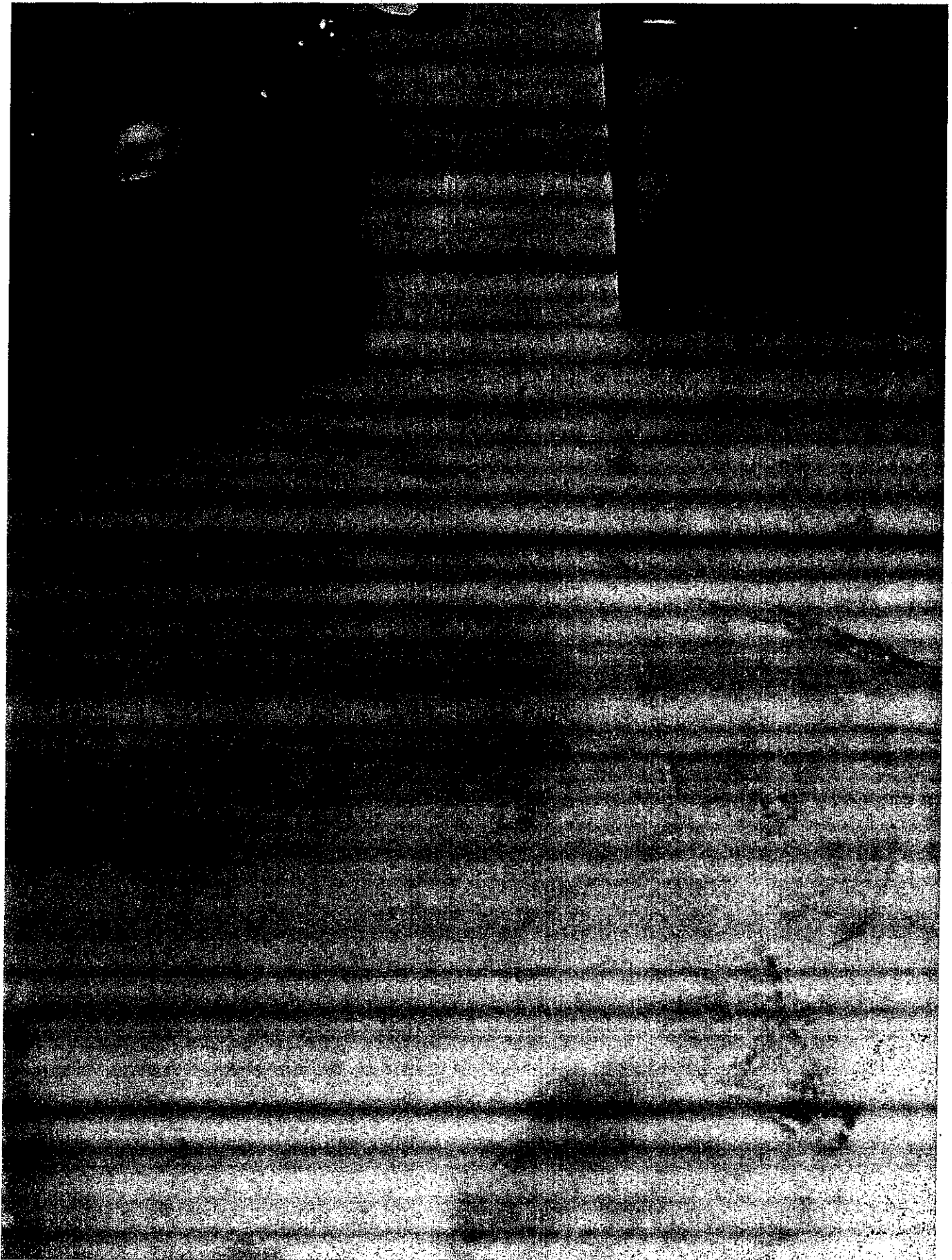


Main Level









OFFICE OF THE CITY CLERK
MILWAUKEE, WISCONSIN

INSTRUCTIONS FOR FILING A CLAIM AGAINST THE CITY OF MILWAUKEE

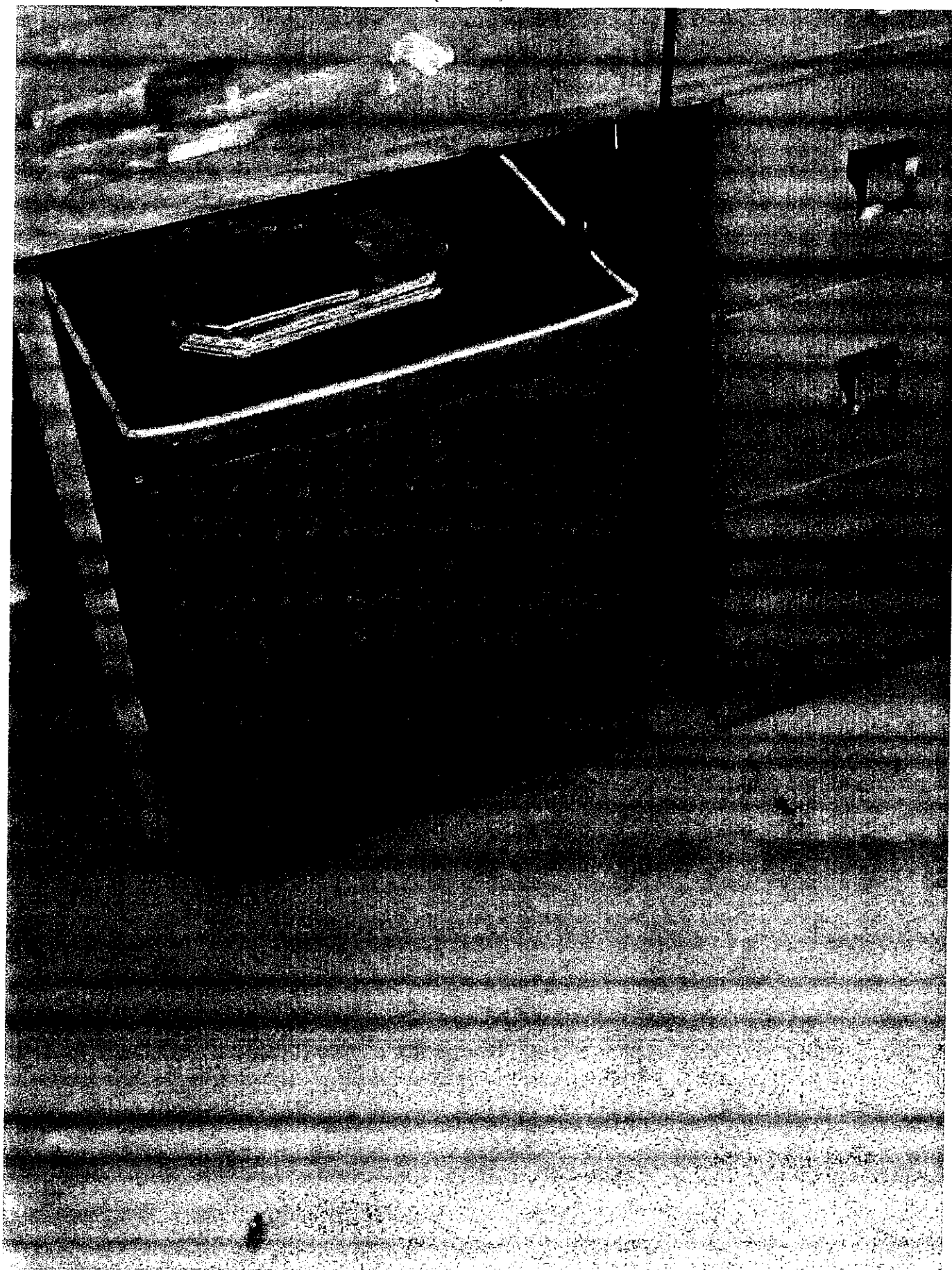
To file a claim against the City, a claimant must comply with Section 803.01(1) Wis. Stats., a copy of which is printed at the reverse end of the instruction sheet. Generally, the claimant must file a claim with the City Clerk's Office within the time period specified in the claim. The claim must be signed by the claimant or their authorized attorney, and should be received within 120 days of the date of the claim.

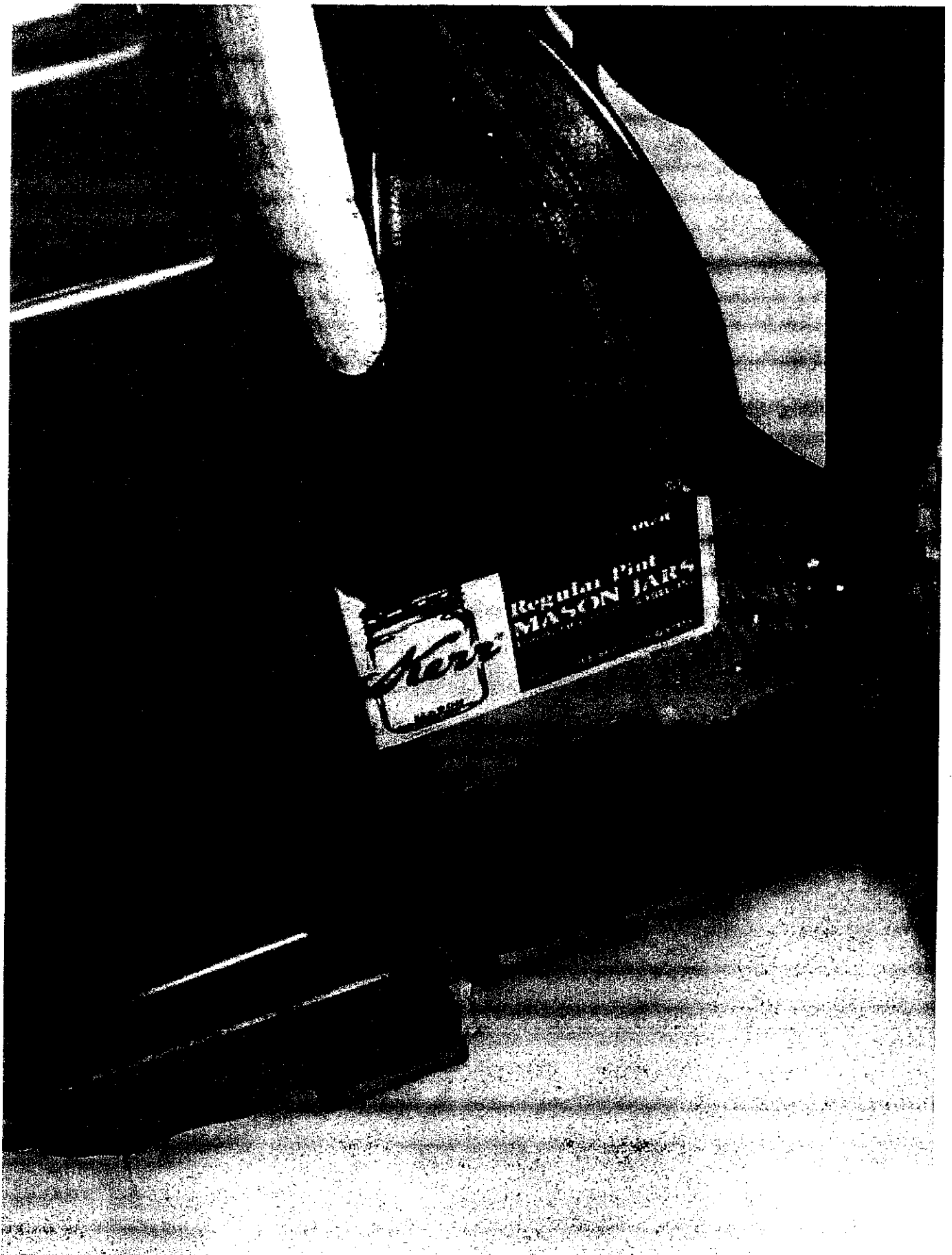
The claim must also be presented to the City Clerk's Office, listing the address of the claimant and the address of the relief sought.

ADDITIONAL INFORMATION

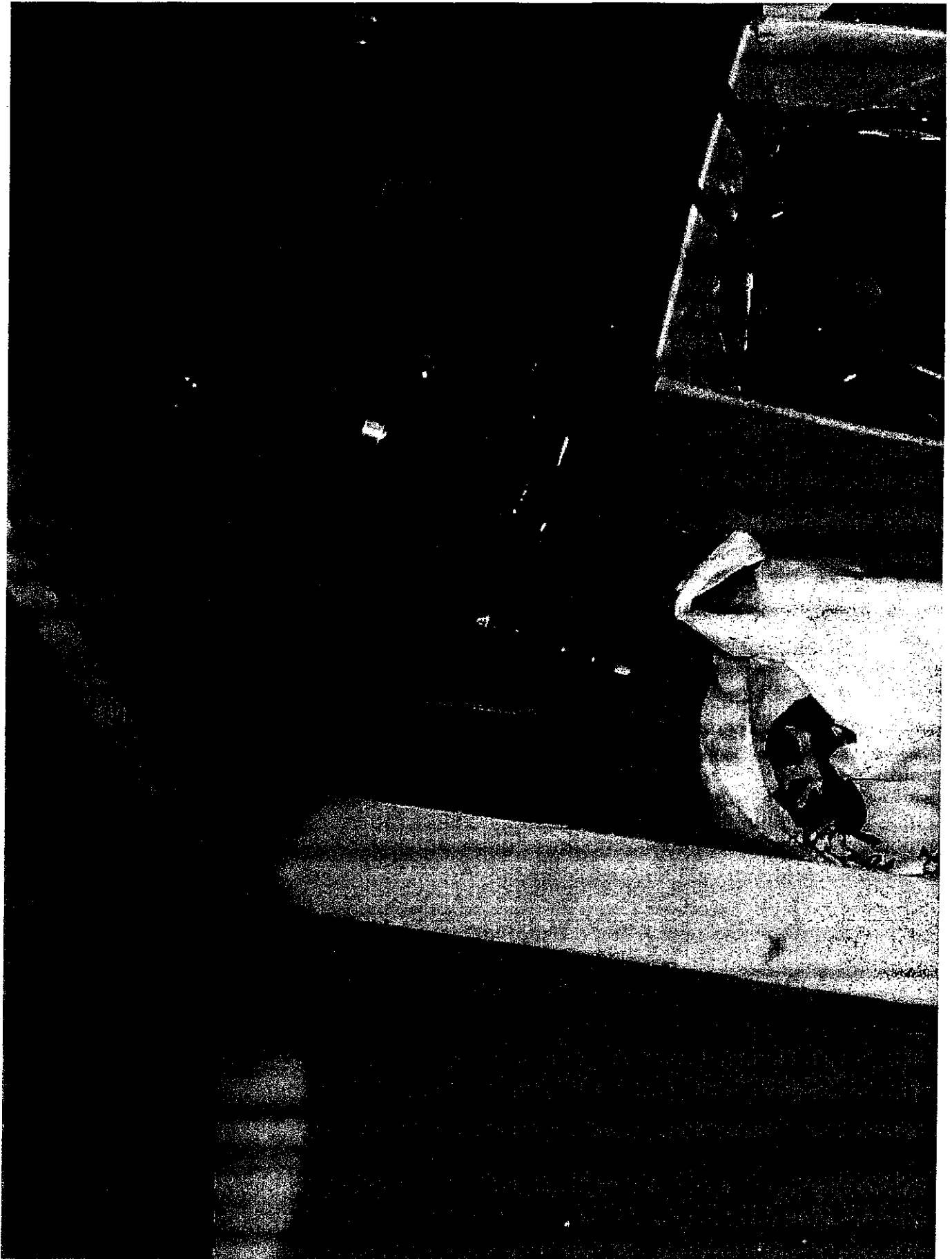
Before you can file a claim against the City, you must first obtain a determination of liability for the claimant. Such a determination is required by the claim procedures established by the City Clerk.

When a claimant files the City Clerk's Office, the claimant must also provide a written statement from the claimant's attorney, stating the City Clerk's Office is required to accept the claimant's claim. An affidavit must be submitted to the City Clerk's Office, stating the claimant is required to accept the claimant's claim.



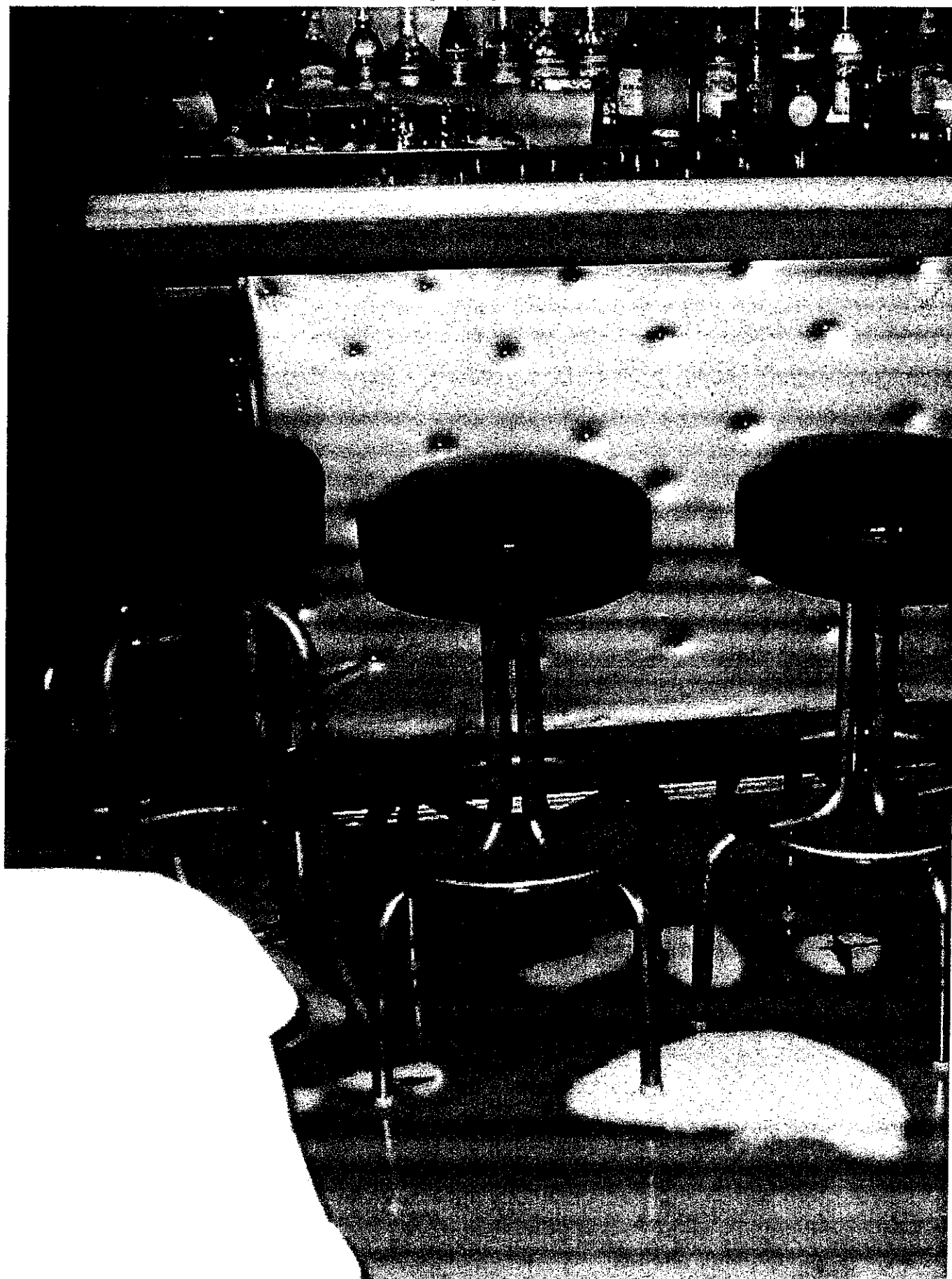


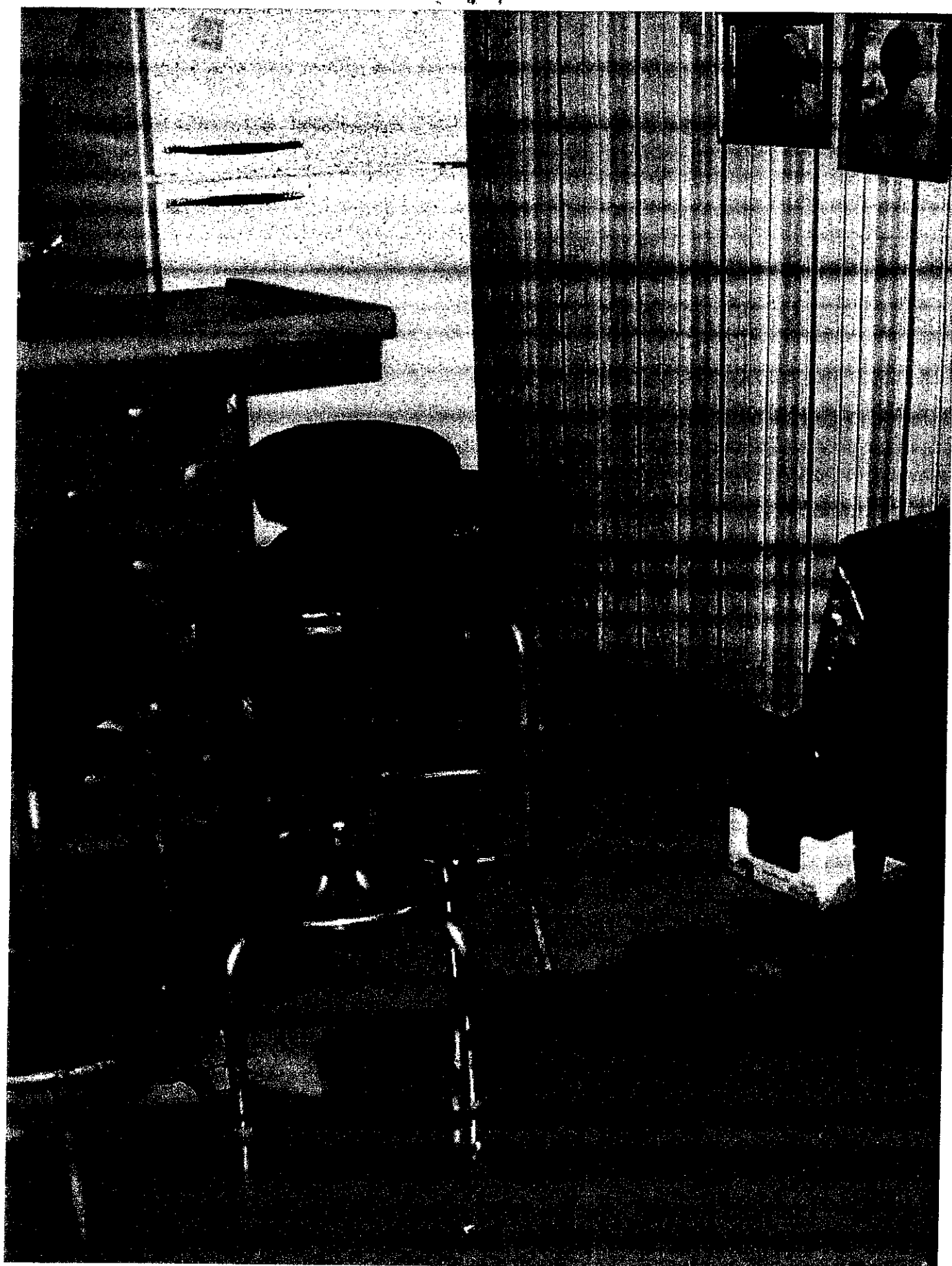




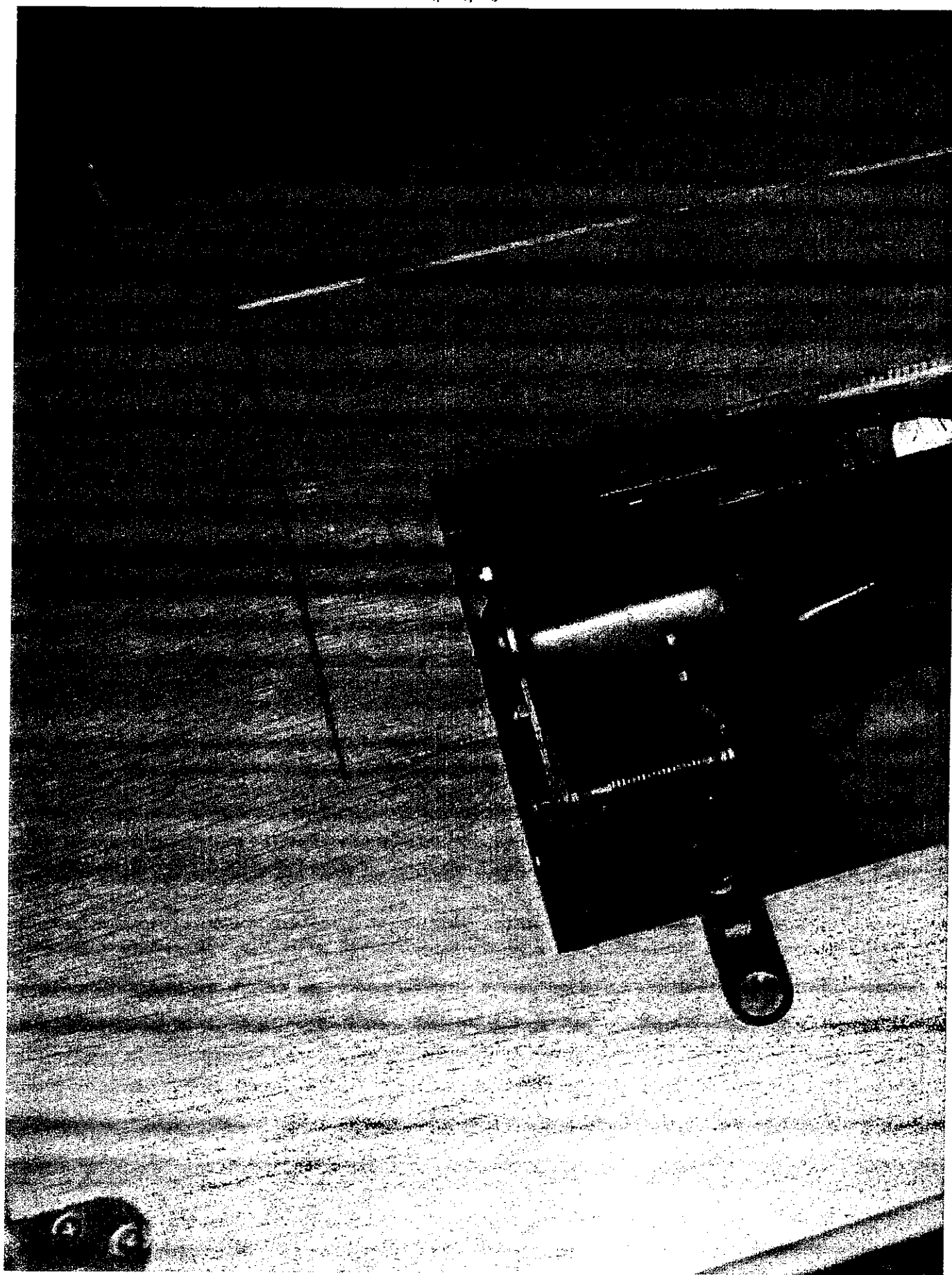












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