



Subrogation Department

1310 Martin Luther King Drive | P.O. Box 3068 | Bloomington, IL 61702-3068
Phone 888-767-2361 | Fax 309-820-2626

August 17, 2021

WEST ALLIS CITY HALL
CLAIMS/ LEGAL
7525 W GREENFIELD AVE
WEST ALLIS, WI 53214-4648

RE: Afni File #: 2598430
HOMESITE INSURANCE Claim #: 01-003-447063
Loss Location: 2780 S 76TH ST
HOMESITE INSURANCE Insured: JACOB CRUZ
Date of Loss: 5/31/2021
Damages: \$6,000.00

Dear CLAIMS/ LEGAL:

We are contacting you today on behalf of HOMESITE INSURANCE regarding a loss, which occurred on May 31, 2021. The facts of the incident indicate that you are liable for payments that HOMESITE INSURANCE made to its policyholder as a result of a sewer back0up that caused damages to our insured's home. The damages are \$6,000.00.

If your company had insurance coverage at the time of the loss or have a third party administrator that handles liability claims for you, please send their contact information so that we may resolve this matter. If you are self-insured or did not carry liability insurance, please contact me in regard to the settlement of this claim.

A reply envelope is enclosed for your convenience, or you may fax the information to us at 309-820-2626.

Please feel free to call us toll-free at 888-767-2361 ext. 1793 to discuss your options. Call immediately if you have questions about this claim.

Sincerely,

Erik Bogdonas

Erik Bogdonas

Property Insurance Subrogation Specialist III

Afni, Inc.

p. 309.831.1793

f. 309.820.2626

e. erikbogdonas@afni.com

RECEIVED

AUG 25 2021

**CITY OF WEST ALLIS
CITY CLERK**

rec'd via mail



Subrogation Department

1310 Martin Luther King Drive | P.O. Box 3068 | Bloomington, IL 61702-3068
Phone 888-767-2361 | Fax 309-820-2626

WEST ALLIS CITY HALL
CLAIMS/ LEGAL
7525 W GREENFIELD AVE
WEST ALLIS, WI 53214-4648

RE: Afni File #: 2598430
HOMESITE INSURANCE Claim #: 01-003-447063
Loss Location: 2780 S 76TH ST
HOMESITE INSURANCE Insured: JACOB CRUZ
Date of Loss: 5/31/2021
Total Damages: \$6,000.00

Insurance carrier/TPA: _____

Address: _____

Phone number: _____

Policy #: _____

Agent: _____

Claim #: _____

Adjuster Name/Phone: _____

.....
Change of Address:

Address: _____

City, State, Zip: _____

Telephone: _____

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 61702-3068**