



CLAIMANT CONTACT INFORMATION

Name: Erik Bogdonas
Address: PO Box 3068
Bloomington, IL 61701

Phone: 309-831-1793
Email: erikbogdonas@afni.com

INSTRUCTIONS

Complete this form, print and sign it, and serve a hard copy upon the West Allis City Clerk. If you have questions about how to fill out this form, please contact a private attorney who can assist you.

NOTICE OF CLAIM

Date of incident: 05/31/2021 Time of day: 20:00
Location: 2780 S 76TH ST WEST ALLIS, WI 53219

Describe the circumstances of your claim here. You may attach additional sheets or exhibits. Some helpful information may be the police report, pictures of the incident or damage, a diagram of the location, a list of injuries, a list of property damage, names and contact information for witnesses to the incident, and any other information relevant to the circumstances.

Sewer back-up into our insured's basement. Blockage in city line caused back-up to insured's basement and resulted in damages. Insurance paid up to \$5,000.00 policy limit but insured does have out of pocket expenses also.

Homeowner: Jacob Cruz 2780 S. 76th St. West Allis, WI 53219

** Electronically signed by Erik Bogdonas, Adjuster at Afni, Inc. 9/22/2021 9:26am

Check one:

- I am seeking damages at this time (complete Claim Amount section below)
- I am submitting this notice without a claim for damages. This claim is not complete and will not be processed until I submit a claim for damages on a later date.

Signed: _____

Date: 09/22/2021

CLAIM AMOUNT

To complete this claim, attach an itemized statement of damages sought. If any damages are for repair to property, include at least 2 estimates for repairs.

The total amount sought is: \$ 5,000.00

SAVE

PRINT



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 backUp 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



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**

Claim: 01-003-447063



| HomeSite | Clm: 01-003-447063 WI | Ins: JACOB CRUZ | DoL: 05/31/2021 |



Pol: 36266132 | St: Open | Adj: AFNI
ProxyUser (Afn Subro)

Exposures

#	Type	Coverage	Coverage Subtype	Claimant	Adjuster	Job Title	Group	Department	Status	Remaining Reserves	Future Payments	Paid
1	Dwelling	Coverage A - Dwelling	Dwelling - Water	JACOB CRUZ	Christopher Pokorny	Subrogator Technician	Subrogator Property Team 1	Subrogator Property Team 1	Closed	-		\$5,000.00



12830 W. Cluster Avenue
 Butler, WI 53007
 www.midcityplumbing.com

Phone 262.781.8940
 Fax 262.781.4005
 MP 226410

INVOICE

Invoice Number: 92517
 Invoice Date: Jul 15, 2021
 Page: 1

Bill To
CRYSTAL KACHNOWSKI 2780 S. 76TH ST WEST ALLIS, WI 53219

Work Performed At
CRYSTAL KACHNOWSKI 2780 S. 76TH ST WEST ALLIS, WI 53219

Customer ID	Customer PO	Payment Terms	
KACHNOWSKI		Net 30 Days	
Order Date	MCP Job Number	Date Ordered	Payment Due
		6/1/21	8/14/21

Quantity	Description	Unit Price	Amount
2.00	CLEANED SEWER THROUGH CLEANOUT IN THE REAR OF THE BASEMENT. FOUND LARGE PIECE OF DEBRIS IN THE CITY MAIN. TELEVISED SEWER TO CONFIRM SEWER WAS CLEAN. USE OF SEWER MACHINE USE OF SEWER CAMERA TRIP CHARGE HOURS LABOR	135.00	270.00
			150.00
			150.00
			55.00

Subtotal	625.00
Sales Tax	
Total Invoice Amount	625.00
Payment/Credit Applied	
TOTAL	625.00

Check/Credit Memo No:

"As required by the Wisconsin construction lien law, builder hereby notifies owner that persons or companies furnishing labor or materials for the construction on land may have lien rights on owner's land and building if not paid. Those entitled to lien rights, in addition to the undersigned builder, are those who contract directly with the owner or those who give the owner notice within 60 days after they first furnish labor or materials for the construction. Accordingly, owner probably will receive from those who furnish labor or materials for the construction, and should give a copy of each notice received to the mortgage lender, if any. Builder agrees to cooperate with the owner and the owner's lender, if any, to see that all potential lien claimants are duly paid." 1.5% service charge will be added to all accounts due 30 days with the owner and the owner's lender, if any, to see that all potential lien claimants are duly paid." 18% per annum.

22
11
11
66
55
33
11
22
22
PP
00
33
11
00
00
11
11
99
99



Elcano Construction

6314 60th St Ste B
Kenosha, WI 53144
262-764-0562
Tax ID:81-0905072

Client: Jacob Cruz
Property: 2780 S 76th St
West Allis , WI 53219

Home: (414) 748-3986

Operator: MCOMBS

Estimator: Mike Combs
Position: Estimator
Company: Elcano Construction
Business: 6314 60th St Ste. B
Kenosha, WI 53144

Business: (262) 455-8110
E-mail: mcombs@elcanoconstruction.com

Type of Estimate: Sewage
Date Entered: 6/10/2021 Date Assigned: 6/7/2021

Price List: WIMW8X_JUN21
Labor Efficiency: Restoration/Service/Remodel
Estimate: 21-CRUZ_J-R

We would like to thank you for the opportunity to provide you with this **PROPOSAL**. The total cost for the repairs detailed in the Proposal is **\$3,056.57**.

The attached Proposal details the specific work to be completed. Additional work beyond that which is specified in this Proposal will be through separate proposal(s) and/or change order(s) detailing the additional/changed scope of work as well as the terms and pricing of the additional work. Repairs will be scheduled after a signed copy of this Proposal is received by Elcano Construction.

This Proposal requires a **50% deposit (\$1,528.28)** to schedule the work as outlined in the following pages. The balance of **\$1,528.28** will be due upon completion of the work outlined in this Proposal.

Unless noted otherwise, the customer is required to provide heat, water and electricity on-site for the duration of this project. The customer is responsible for providing continuous access to the project area during normal business hours, Monday - Friday, 8:00 am - 5:00 pm. Where an item is being replaced, we will be matching the existing item's quality, color, finish, texture or material as close as possible where applicable unless noted otherwise, there is no guaranty either specified or implied on exact matches . This estimate does not include hazardous material testing or abatement unless specifically detailed in the following estimate.

This Proposal is valid for 30 days from 6/10/2021. If you have any questions about this Proposal, please contact Mike Combs to discuss those questions.

I/we agree to the terms and conditions of this Proposal.

Owner/Authorized signature Date_____

Elcano Representative Date_____



Elcano Construction

6314 60th St Ste B
Kenosha, WI 53144
262-764-0562
Tax ID:81-0905072

21-CRUZ_J-R Main Level

DESCRIPTION	QTY	UNIT PRICE	TOTAL
Basement			
Missing Wall	3' X 8'	Opens into STAIRS	Height: 8'
Subroom: Stairs1 (1)			
Missing Wall	3' X 8'	Opens into STAIRS	Height: 8'
PREP ITEMS			
1. Containment Barrier/Airlock/Decon. Chamber	100.00 SF @	0.85 =	85.00
2. Dust control barrier - tension post - per day	8.00 DA @	3.30 =	26.40
Four post's per a two day period.			
3. Peel & seal zipper - heavy duty	1.00 EA @	22.89 =	22.89
4. Mask and prep for paint - tape only (per LF)	145.02 LF @	0.63 =	91.36
WALLS, CEILING, CABINETS & TRIM			
5. 1/2" drywall - hung, taped, floated, ready for paint	64.00 SF @	2.48 =	158.72
FINISHES & HARDWARE			
6. Paint the floor - two coats	773.68 SF @	0.97 =	750.47
Needed to paint the floor that was damaged from contents during the mitigation.			
FLOORS & CLEANING			
7. Final cleaning - construction - Residential	1,909.87 SF @	0.28 =	534.76

DESCRIPTION	QTY	UNIT PRICE	TOTAL
Stairs			
Missing Wall	3' X 15' 10 1/2"	Opens into BASEMENT	Height: 15' 11"
Missing Wall	3' X 15' 10 1/2"	Opens into STAIRS1	
PREP ITEMS			
8. Floor protection - self-adhesive plastic film	48.38 SF @	0.65 =	31.45
Needed to protect new carpet when the painting is being done.			
9. Mask and prep for paint - plastic, paper, tape (per LF)	15.67 LF @	1.41 =	22.09
ROUGH ITEMS			
10. R&R Stair riser - stain grade softwood - up to 4'	1.00 EA @	35.88 =	35.88



Elcano Construction

6314 60th St Ste B
Kenosha, WI 53144
262-764-0562
Tax ID:81-0905072

CONTINUED - Stairs

DESCRIPTION	QTY	UNIT PRICE	TOTAL
Needed to replace the last riser that is rotted from water damage.			
FINISHES & HARDWARE			
11. Paint the surface area - two coats Needed to paint the stairwell that was damaged when contents were being taken out during the mitigation.	225.00 SF @	0.97 =	218.25
12. Handrail - wall mounted - Detach & reset	10.00 LF @	5.67 =	56.70
FLOORS & CLEANING			
13. Carpet pad	48.38 SF @	0.60 =	29.03
14. Carpet	48.38 SF @	3.49 =	168.85
15. Step charge for "waterfall" carpet installation	11.00 EA @	9.65 =	106.15
16. Final cleaning - construction - Residential	48.38 SF @	0.28 =	13.55

General

DESCRIPTION	QTY	UNIT PRICE	TOTAL
17. Haul debris - per pickup truck load - including dump fees	1.00 EA @	169.56 =	169.56

Grand Total Areas:

1,323.21 SF Walls	797.18 SF Ceiling	2,120.39 SF Walls and Ceiling
822.05 SF Floor	91.34 SY Flooring	163.25 LF Floor Perimeter
0.00 SF Long Wall	0.00 SF Short Wall	160.69 LF Ceil. Perimeter
822.05 Floor Area	843.19 Total Area	890.86 Interior Wall Area
1,029.21 Exterior Wall Area	114.36 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	

22
11
11
66
55
33
11
22
22
PP
00
33
11
00
00
11
11
99
99



Elcano Construction

6314 60th St Ste B
Kenosha, WI 53144
262-764-0562
Tax ID:81-0905072

Summary

Line Item Total	2,521.11
Material Sales Tax	25.96
Subtotal	2,547.07
Overhead	254.75
Profit	254.75
Replacement Cost Value	\$3,056.57
Net Claim	\$3,056.57

Mike Combs
Estimator

June 10, 2021

JACOB CRUZ
2780 S 76th St
West Allis, WI 53219-2823

Claim Number: 01003447063
Date of Loss: 5/31/2021

Summary For Coverage A - Dwelling

Replacement Cost Value	Less Recoverable Depreciation	Less Non Recoverable Depreciation	Actual Cash Value (ACV)
<hr/> \$1,872.91	<hr/>	<hr/>	<hr/> \$1,872.91
Total ACV Settlement			<hr/> \$1,872.91

Insured: JACOB CRUZ
2780 S 76th St
West Allis, WI 53219-2823

Phone: (414) 748-3986

Claim Rep.: Mike Garbo
Estimator: Latif Hukarevic

Claim Number: 01003447063

Policy Number: 36266132

Type of Loss: Sewer Back Up/Sump Pump
Overflow

<u>Coverage</u>	<u>Deductible</u>	<u>Policy Limit</u>
Coverage A - Dwelling	\$0.00	\$211,000.00
Coverage B - Other Structures Blanket	\$0.00	\$21,100.00
Coverage C - Personal Property	\$0.00	\$147,700.00

Date Contacted: 6/1/2021 12:55 PM

Date of Loss: 5/31/2021 12:00 PM

Date Est. Completed: 6/10/2021 9:28 AM

Price List: WIMW8X_JUN21
Restoration/Service/Remodel

Sales Taxes: Service Tax @ 5.500%
Manuf. Home Tax @ 5.500%
Storage Tax @ 5.500%

Estimate Recap For Coverage A - Dwelling

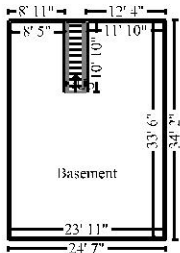
Description	RCV	Recoverable Depreciation	Non-recoverable Depreciation	ACV
General Conditions	294.84	0.00	0.00	294.84
	0.00	0.00	0.00	0.00
	1,872.91	0.00	0.00	1,872.91

JACOB_CRUZ

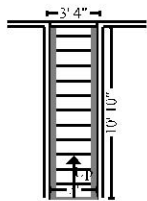
General Conditions

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
1. Equipment setup, take down, and monitoring (hourly charge)								
4.50	HR	52.15	12.91	247.59	0/NA	Avg.	0%	(0.00) 247.59
During business hours equipment set up, take down, and monitoring: June 1st, 3rd, and 4th.								
2. SPECIALTY ITEMS								
1.00	EA	-17.61	0.00	-17.61	0/NA	Avg.	0%	(0.00) -17.61
Preferred contractor discount: 5% of EQ total: \$352.20								
3. Equipment decontamination charge - per piece of equipment								
2.00	EA	30.74	3.38	64.86	0/NA	Avg.	0%	(0.00) 64.86
2 dehumidifiers were decontaminated after being placed in a cat3 sewage loss.								
Totals: General Conditions			16.29	294.84			0.00	294.84

Main Level



Basement	Height: 8'
1062.67 SF Walls	761.49 SF Ceiling
1824.15 SF Walls & Ceiling	761.49 SF Floor
84.61 SY Flooring	132.83 LF Floor Perimeter
135.83 LF Ceil. Perimeter	



Subroom: Stairs (1)	Height: 15' 6"
250.06 SF Walls	32.50 SF Ceiling
282.56 SF Walls & Ceiling	59.36 SF Floor
6.60 SY Flooring	26.10 LF Floor Perimeter
21.67 LF Ceil. Perimeter	

Missing Wall **3' X 15' 5 15/16"** **Opens into BASEMENT**

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
4. Contents - move out then reset - Extra large room								
2.00	EA	187.48	20.62	395.58	0/NA	Avg.	0%	(0.00) 395.58

4 technicians spent 2 hours manipulating contents in order to dispose of non-salvageable contents and to move contents to another area of the home in order to conduct final sanitization of affected basement.

CONTINUED - Basement

	QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
5. Cabinet - lower (base) unit - Detach	10.00 LF	18.85	10.37	198.87	0/NA	Avg.	0%	(0.00)	198.87
(2) 5ft tool shelves/cabs were detached and moved to another area of basement in order to conduct demo of affected paneling behind them.									
6. Tear out wet paneling, bag for disposal - Cat 3	32.00 SF	0.85	1.50	28.70	0/NA	Avg.	0%	(0.00)	28.70
(2) 8ft by 2ft sections of particle board/paneling had to be demoed due to contamination by sewage.									
7. Tear out wet non-salvageable carpet, cut/bag - Cat 3 water	32.50 SF	0.84	1.50	28.80	0/NA	Avg.	0%	(0.00)	28.80
Carpet on stairs was affected by sewage and had to be disposed of.									
8. Clean floor	800.00 SF	0.41	18.04	346.04	0/NA	Avg.	0%	(0.00)	346.04
Entire floor of basement floor had to be disinfected, and cleaned of sewage.									
9. Dehumidifier (per 24 hour period) - No monitoring	6.00 EA	55.64	18.36	352.20	0/NA	Avg.	0%	(0.00)	352.20
(2) dehumidifiers were placed in basement from 6/1/2021 to 6/4/2021. Airmovers could not be used because of CAT3 sewage needing to be cleaned up and customers contents needing manipulation.									
10. Apply plant-based anti-microbial agent to the surface area	800.00 SF	0.27	11.88	227.88	0/NA	Avg.	0%	(0.00)	227.88
Anti microbial product was used to disinfect floor after it had been cleaned and to mitigate potential for mold growth on wood studs.									
Totals: Basement			82.27	1,578.07				0.00	1,578.07
Total: Main Level			82.27	1,578.07				0.00	1,578.07
Line Item Totals: JACOB_CRUZ			98.56	1,872.91				0.00	1,872.91

[%] - Indicates that depreciate by percent was used for this item

[M] - Indicates that the depreciation percentage was limited by the maximum allowable depreciation for this item

Grand Total Areas:

1,312.73	SF Walls	793.99	SF Ceiling	2,106.72	SF Walls and Ceiling
820.85	SF Floor	91.21	SY Flooring	158.93	LF Floor Perimeter
0.00	SF Long Wall	0.00	SF Short Wall	157.50	LF Ceil. Perimeter
820.85	Floor Area	839.93	Total Area	889.33	Interior Wall Area
1,027.50	Exterior Wall Area	114.17	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		

Summary for Coverage A - Dwelling

Line Item Total	1,774.35
Service Tax	98.56
Replacement Cost Value	\$1,872.91
Net Claim	\$1,872.91

Latif Hukarevic
Estimator

Photo Sheet

Insured: JACOB CRUZ

Claim #: 01003447063

Policy #: 36266132



CAUSE OF LOSSSOURCE

Date Taken: 6/1/2021

Cause of LossSource of Damage 2



FRONT OF STRUCTURE

Date Taken:

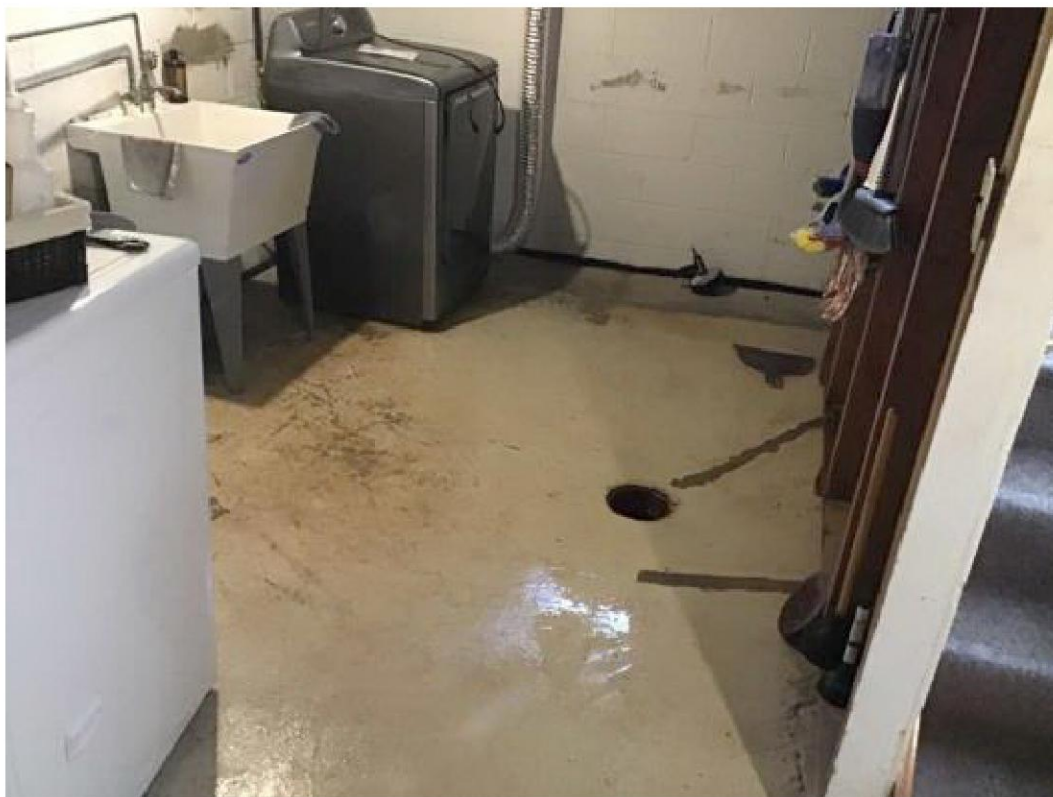
Front of Structure

Photo Sheet

Insured: JACOB CRUZ

Claim #: 01003447063

Policy #: 36266132



CAUSE OF LOSS SOURCE

Date Taken: 6/1/2021

Cause of Loss Source of Damage



PRE - BASEMENT (ZONE

Date Taken: 6/1/2021

Pre - Basement (Zone 1) 7

Photo Sheet

Insured: JACOB CRUZ

Claim #: 01003447063

Policy #: 36266132



PRE - BASEMENT (ZONE

Date Taken: 6/1/2021

Pre - Basement (Zone 1) 8



PRE - BASEMENT (ZONE

Date Taken: 6/1/2021

Pre - Basement (Zone 1) 9

Photo Sheet

Insured: JACOB CRUZ

Claim #: 01003447063

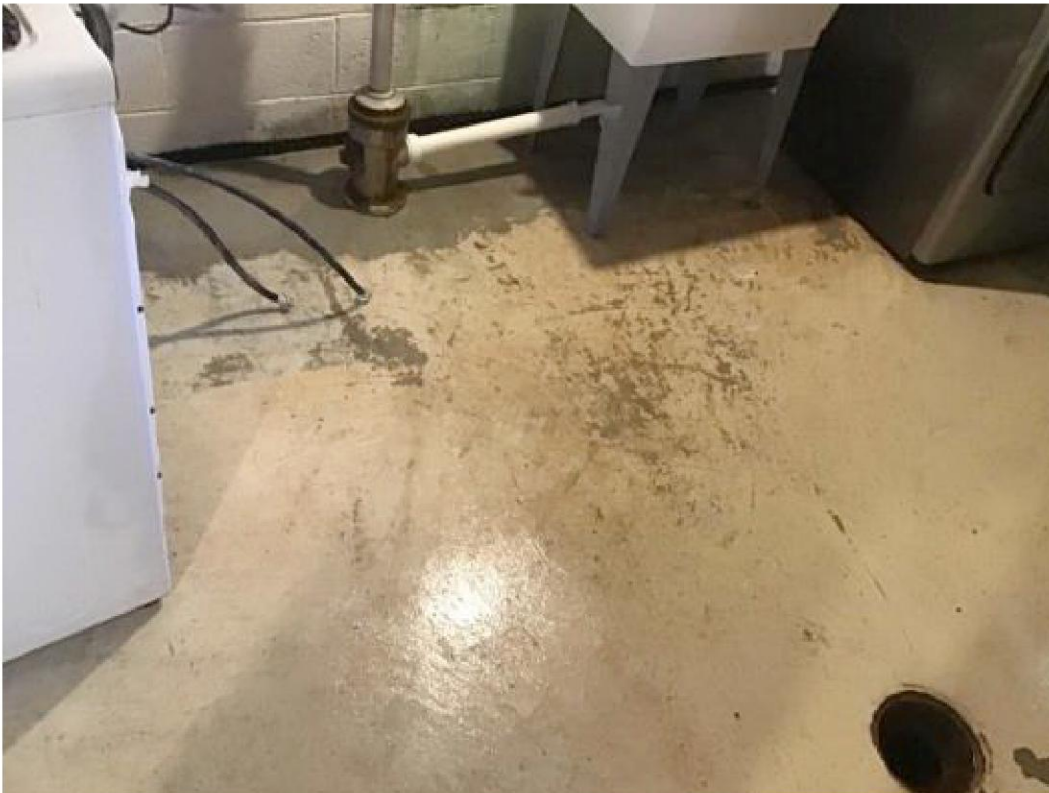
Policy #: 36266132



PRE - BASEMENT (ZONE

Date Taken: 6/1/2021

Pre - Basement (Zone 1) 5



PRE - BASEMENT (ZONE

Date Taken: 6/1/2021

Pre - Basement (Zone 1) 10

Photo Sheet

Insured: JACOB CRUZ

Claim #: 01003447063

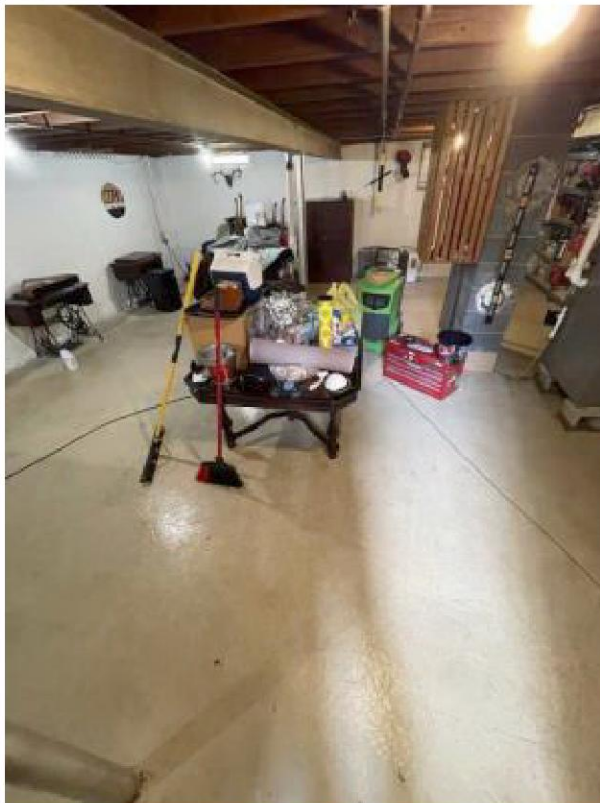
Policy #: 36266132



PRE - BASEMENT (ZONE

Date Taken: 6/1/2021

Pre - Basement (Zone 1) 4



DD - BASEMENT (ZONE

Date Taken: 6/1/2021

DD - Basement (Zone 1) 3

Photo Sheet

Insured: JACOB CRUZ

Claim #: 01003447063

Policy #: 36266132



DD - BASEMENT (ZONE

Date Taken: 6/1/2021

DD - Basement (Zone 1)



PRE - BASEMENT (ZONE

Date Taken: 6/1/2021

Pre - Basement (Zone 1)

Photo Sheet

Insured: JACOB CRUZ

Claim #: 01003447063

Policy #: 36266132



PRE - BASEMENT (ZONE

Date Taken: 6/1/2021

Pre - Basement (Zone 1) 2



PRE - BASEMENT (ZONE

Date Taken: 6/1/2021

Pre - Basement (Zone 1) 6

Photo Sheet

Insured: JACOB CRUZ

Claim #: 01003447063

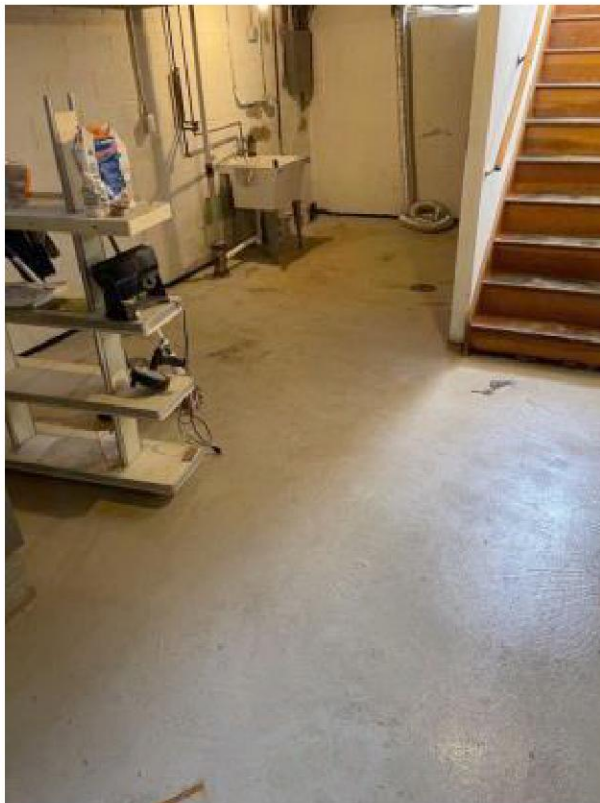
Policy #: 36266132



VISIT 3 - DEMOLITION

Date Taken: 6/4/2021

Visit 3 - Demolition



POST - BASEMENT (ZON

Date Taken: 6/4/2021

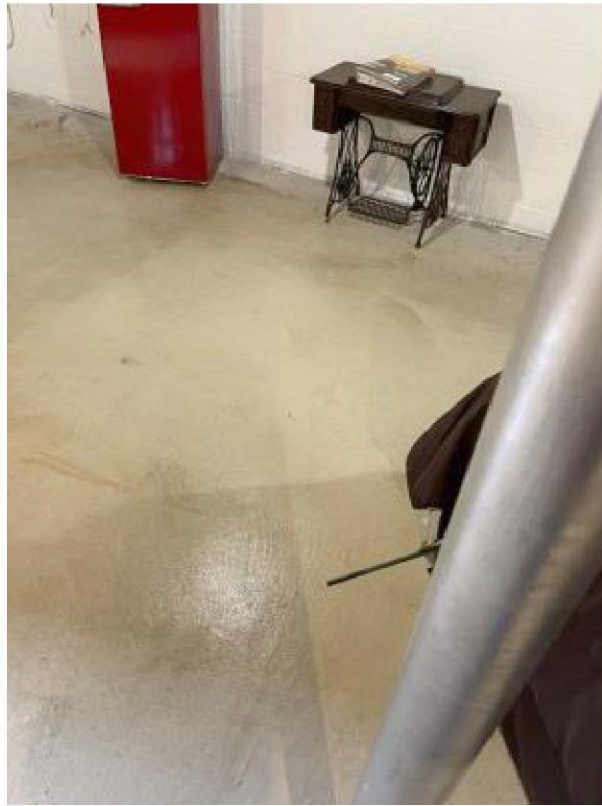
Post - Basement (Zone 1) 2

Photo Sheet

Insured: JACOB CRUZ

Claim #: 01003447063

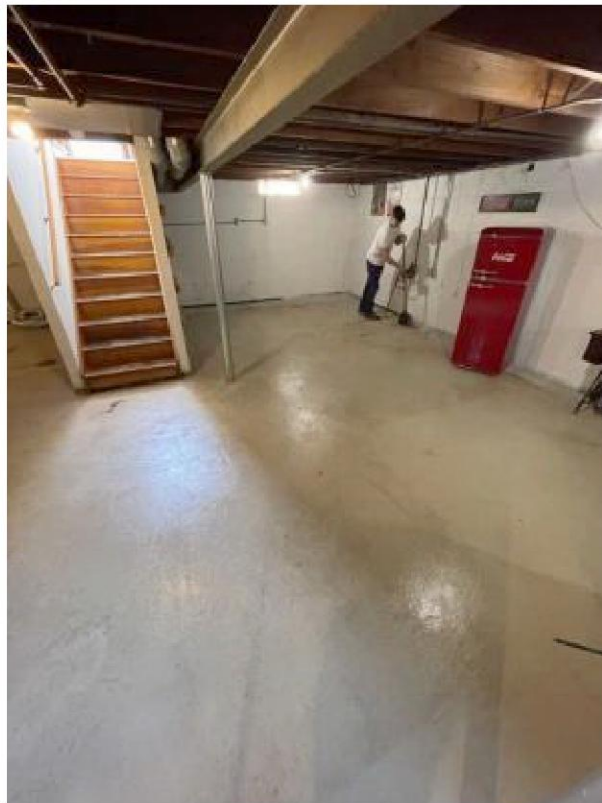
Policy #: 36266132



POST - BASEMENT (ZON

Date Taken: 6/4/2021

Post - Basement (Zone 1)



POST - BASEMENT (ZON

Date Taken: 6/4/2021

Post - Basement (Zone 1) 3

Photo Sheet

Insured: JACOB CRUZ

Claim #: 01003447063

Policy #: 36266132



DD - BASEMENT (ZONE

Date Taken: 6/1/2021

DD - Basement (Zone 1) 2



PRE - BASEMENT (ZONE

Date Taken: 6/1/2021

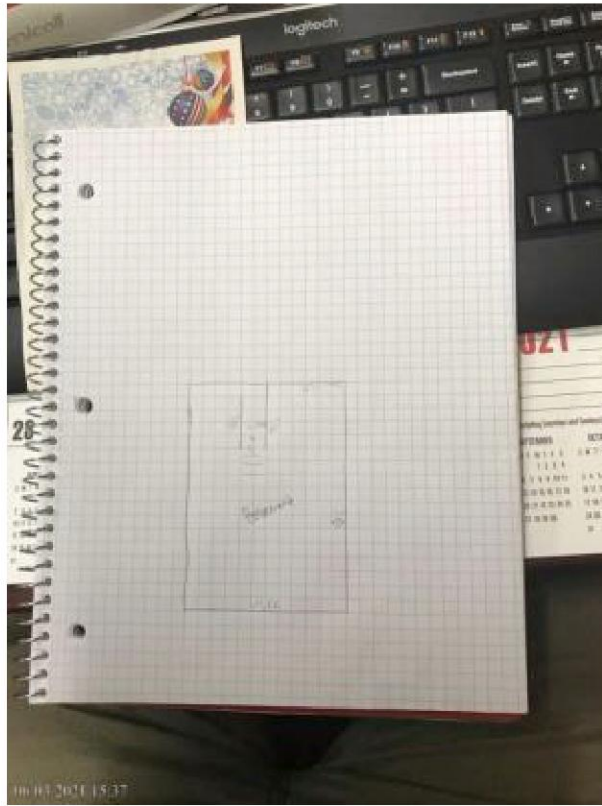
Pre - Basement (Zone 1) 3

Photo Sheet

Insured: JACOB CRUZ

Claim #: 01003447063

Policy #: 36266132



SKETCH

Date Taken: 6/3/2021

Sketch



BASEMENT

Date Taken:

Basement