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RECEIVED

MAR - 9 2015

CITY OF WEST ALLIS
CITY CLERK

March 02, 2015

22-RMS058

CITY OF WEST ALLIS
DEPARTMENT OF PUBLIC WORKS
6300 W MCGEOCH AVE
WEST ALLIS WI 53219-1447

RECEIVED

MAR 05 2015

WEST ALLIS
CITY ATTORNEY

RE: Claim Number: 00-225-104955-6337
Our Insured Name: David Stanbro
Date of Loss: February 21, 2015
Our Company Name: American Family Mutual Insurance Company

Dear City Of West Allis:

We have received notice of the above claim from our insured. Our preliminary investigation indicates you were the cause of our insured's damages.

We anticipate making payment(s) to our insured. Once payment is made, our Subrogation Department will send supporting documentation to you or your insurance company to reimburse our claim payment(s) and our insured's deductible, if applicable. If you have a liability insurance policy, please complete the enclosed form and return it to us, marked "Attn: Subrogation Dept". We can then handle this matter directly with your insurance company.

If you have any questions, please contact me at the number below.

Sincerely,

Ryan M Staszak
Commercial F/R Claim Field Adjuster
American Family Mutual Insurance Company
1-800-MYAMFAM (1-800-692-6326) X 21211
rstaszak@amfam.com
Fax: 866-585-2786
www.amfam.com/claims

Enc:

INSURANCE INFORMATION FORM

American Family Insurance Group
ATTN: SUBROGATION DEPT.
6000 American Pkwy
Madison, WI 53783

Date of Loss: February 21, 2015

American Family Claim Number: 00-225-104955-6337

American Family Insured's Name: David Stanbro

My Name: _____

Name of My Insurance Company: _____

Address: _____

Phone
Number: _____

My Policy
Number is: _____

Insured's
Name on
my Policy: _____

My Agent's
Name: _____

Address: _____

Phone
Number: _____

I have reported this loss to my insurance company. Yes No

Check Here if you do not have a liability insurance policy.

Signed _____ Date _____