



City of NAPOLEON, OHIO

255 WEST RIVERVIEW AVENUE • P.O. BOX 151
NAPOLEON, OHIO 43545-0151
PHONE (419) 592-4010 • FAX (419) 599-8393
WEB PAGE: www.napoleonohio.com

April 29, 2009

Mr. Dale Kagy, Claims Administrator
Gallagher Bassett Services, Inc.
545 Metro Place South, Suite 250
Dublin, Ohio 43017

RE: Claim Information - Sewer Backup Claim on First Church of Christ

Dear Mr. Kagy,

Pursuant to our phone conversation today, I am including the following claim:

New Claim

- First Church of Christ, 800 Glenwood Avenue, Napoleon, Ohio

This is the claim from the unconnected Sewer Line from 15 Years Ago. The project was engineered by the City, and the plans show a connection, but 200 feet from the actual Sewer Lateral. If the contractor followed specs, then they would not have found the connection. In addition, the Engineering Department is not sure who the contractor was on the job.

Questions on the project engineering or specs can be directed to Mr. Chad Lulfs, City Engineer.

Please process and keep our offices updated on the status of the claim as filed.

Thank you.

Sincerely,

Gregory J. Heath
Finance Director/Clerk of Council

Attachments

Cc: Dr. Jon A. Bisher, City Manager
Chad Lulfs, City Engineer

ServiceMASTER Clean INVOICE

Fort Defiance ServiceMaster, Inc.
1255 Carpenter Rd.
Defiance, OH 43512
419/784-5570
Fax: 419/784-0307
www.fortsm.com

Invoice #:

7909

Customer #:

Date:

4/22/2009

Billing Address:

First Church of Christ
800 Glenwood Ave.
Napoleon, OH 43545

Service Address:

First Church of Christ
800 Glenwood Ave.
Napoleon, OH 43545

Service Date		Service Time	Home Phone	Work Phone		Class	
		Net 15		419-966-6195			
Room	Service	Description		Units	Unit Cost	Qty/Area	Amount
		Clean Duct system throughout church					2,400.00
		Dehumidifier Rental					1,032.48
		HEPA vacuuming					455.40
		Sanctuary-clean surface area, clean bench					790.56
		Clean the walls					239.40
		Clean partitions					335.60
		Painting					838.92
		Strip and wax floors					2,129.78
		Clean and deodorize carpets					694.46
		10% Overhead & 10% Profit					1,303.32
				Subtotal			\$10,219.92
				Sales Tax (7.0%)			\$0.00
				Total			\$10,219.92

Payment Method: Cash Check Credit

Authorized by

Payments/Credits \$0.00

Completed Per Specifications

Balance Due \$10,219.92

U/A	U/T
Start Time	Am Pm
Finish Time	Am Pm

Crew
Salesperson

Special Instructions



CITY OF NAPOLEON, OHIO
Citizen Incident/Property Loss Report Form

DATE: 04.29.09
NAME: LARRY WENDT (FIRST CHURCH OF CHRIST)
ADDRESS: 800 GLENWOOD AVE.
NAPOLEON, OH 43545
PHONE: (419) 572 - 0538 (LARRY WENDT CELL)
EMAIL:

Incident / Claim Information
[] Incident Only
[X] Incident & Property Loss

Incident Cause: [X] Flooding/Sewer Backup [] Property Damage [] Vehicle Damage [] Other:

Incident Date: 04.22.09 Time: Incident Reporting Date: 04.29.09

Location or Address: 800 GLENWOOD AVE., NAPOLEON, OH 43545

Incident Description: SANITARY SEWER TAP WAS NEVER CONNECTED TO SANITARY SEWER MAIN (1994)

Insurance Information - As Needed (Claimant)

Claim Filed with Your Insurance Company? [] Yes [X] No If No, Reason:

Insurance Company Name: GERMAN MUTUAL Agent Name: BILL WILLIAMSON

Address: P.O. Box 191, NAPOLEON, OH 43545

Insurance Co. Phone: (419) 599 - 3909 Policy Deductible Amount \$ 1,000.00

Flooding/Sewer Backup Policy Coverage? [] Yes [X] No If Yes, Amount of Flood/Sewer Backup Coverage \$

(Provide Copy of Policy Sheet Showing Deductible Amounts.)
(Citizen Should File a Claim with their Insurance Company in Addition To Filing a Claim with the City.)

Property Loss Information - As Needed (Claimant)

Property Owner Name: FIRST CHURCH OF CHRIST
(If Different from Above)

Address: Contact - Mr. Larry Wendt

Phone: (Home) (419) 572 - 0538 - cell (Work) ()

(Cell#) () (E-mail)

Property Loss:

Item Description: SEE ATTACHED INVOICE

Damage Description to Property:

Property Estimated Value \$ Basis Of Value: Estimated Replacement or Repair Costs \$

Item Description:

Damage Description to Property:

Property Estimated Value \$ Basis Of Value: Estimated Replacement or Repair Costs \$

Property Loss - Continued Next Page:

Property Loss - Continued:

Item Description: _____
Damage Description
to Property: _____
Property
Estimated Value \$ _____ Basis Of Value: _____ Estimated Replacement or
Repair Costs \$ _____

Item Description: _____
Damage Description
to Property: _____
Property
Estimated Value \$ _____ Basis Of Value: _____ Estimated Replacement or
Repair Costs \$ _____

(Attach Additional Sheets for Item, Damage Description, Estimated \$, Basis of Value, Estimated Replacement Costs, as necessary!)

Vehicle Loss Information – As Needed (Claimant)

Year: _____ Make: _____ Model: _____ License Plate #: _____

VIN #: _____ Drivers License #: _____

Damage Description to Vehicle:

Driver Name: _____
(If Different from Above)
Address: _____

Phone: (Home) (____) _____ - _____ (Work) (____) _____ - _____
(Cell#) (____) _____ - _____ (E-mail) _____

Claimant Contact with City Departments and Other Agencies or Businesses

Authorities Contacted /
Responding: Police Dept. Fire Dept. Ambulance / EMS Operations Dept. Other: ENGINEERING

Was there an EMS Transport: Yes No If Yes, Transport Destination: _____

Police/Fire
Citations Issued (If Any): _____

Other Agencies (If Any): _____

For Flooding/Sewer Backups
Cleaning Service Used (If Any): FORT DEFIANCE SERVICE MASTER, INC.
(Attach Copy of Bill for Cleaning Services Used)

Loss Report Completed By:

CHAD E. LYLES
Print Name


Signature

Date and Time Filed with the City: 04 / 29 / 09 11:42 a.m.