

From: bbennett

To: tzimmerman

Urgent

Date/Time: 5/23/2011 10:11:34 AM

PinkNotes® Plus

Subject: _____

Name: _____

Company: _____

Account #: _____

Cell #: _____

Phone #: _____

Ext.: _____

Fax #: _____



Telephoned	<input type="checkbox"/>	Please Call	<input type="checkbox"/>
Came to see you	<input type="checkbox"/>	Will call again	<input type="checkbox"/>
Returned your call	<input checked="" type="checkbox"/>	Wants to see you	<input type="checkbox"/>

Tom,

FYI house fire 316 East Main last night, loss estimate 35000.
Insurance is Nationwide.

Owner is Dustin & Shannon Richardson
RJB

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On Your Side®

Jason Stein
Special Claims Representative
Central Ohio
Midwest Claim Zone - Property Large Loss
Nationwide Insurance

One Nationwide Gateway
Department 5572
Des Moines, IA 50391-5572

Cell 614-361-9006
Fax 866-254-7077
Steinj3@nationwide.com



Nationwide Insurance
Allied Insurance
Nationwide Agribusiness
Titan Insurance
Victoria Insurance

On Your Side®

MWRO * One Nationwide Gateway Dept 5572 * Des Moines, IA 50391-5572

June 2, 2011

City of Napoleon, Ohio
255 W Riverview Ave
PO Box 151
Napoleon, OH 43545-0151
Attn: Gregory Heath

OUR INSURED : Dustin Richardson
OUR CLAIM NUMBER : 92 34 HP 640768 05232011 01
DATE OF LOSS : 05-23-2011

Dear Gregory Heath:

This letter is in regards to the Ohio Revised Code 3929.86 Demolition Fund Requirements and The City of Napoleon Ordinance 052-07 for this fund.

Our insured had a fire loss of \$61,894.40 on the above noted date. In being compliant with the ORC 3929.86 I have mailed a check for \$8,000 to be held in escrow fund.

Insured's mailing address is:

316 E Main St.
Napoleon, OH 43545

The address where the fire loss occurred:

316 E Main St.
Napoleon, OH 43545

If you have any questions, please give me a call at 614-361-9006.

Sincerely,

Jason Stein
Claims Department
Nationwide Property & Casualty Insurance Company
(614)361-9006

243-0000-47000 Gen. Misc.

Ohio law requires the following: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

--- THE BACK OF THIS CHECK CONTAINS A SECURITY MARK --- DO NOT ACCEPT WITHOUT HOLDING AT AN ANGLE TO VERIFY MARK



Nationwide
Insurance

Nationwide Insurance Companies
Columbus Service Center
PO Box 182168
Columbus OH 43218-2168

Check No: **0092499067** 58-1544
441

Date of Issue: June 3, 2011
Void If Not Cashed Within 180 days

RO	ST	PR	Policy Number	Loss Date	ST	CO	Name of Insured	Claim Number
92	34	HP	640768	05/23/2011	01		Richardson, Dustin	640768

PAY EXACTLY: Eight thousand and 00/100 dollars

DOLLARS \$ 8,000.00
AMOUNT

PAY TO THE ORDER OF City of Napoleon, Ohio
255 W Riverview Ave PO Box 151 Attn: Gregory Heath
Napoleon, OH 435450151

Morgan Chase Bank, N.A.
Security Features Details On Back

By *[Signature]*

⑈0092499067⑈ ⑆044115443⑆ 614008266⑈