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Glatfelter Claims Management, Inc P O Box 5126 York, PA 17405 (800) 233-1957

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Cody Dewitt C/O Titus County 195 CR 1933 MT PLEASANT, TX 75455

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AGENT 2	<u> </u>	and the second	USCOUNTY	Cody Dewitt		04/27/2020
	and the	1212 12	POLICY HOLDER	CLAIMANT	r 🥼	DATE OF LOSS
TX CM20050298	WFMUCH0000688-00	1777	WinStar Insurance Group LLC	25.545.5		1/31/2020-1/31/2021
CLAIM NUMBER	POLICY NUMBER	PAYEE TAXPAYER	ID AGENT1			POLICY DATES
OVFI	S. P O Box 5 York, PA Fax (717) (800) 233	UT A BLUE & GREEN BA Claims Managemer 5126 17405 747-7051 -1957		MARK ON THE BACK - HOLD AT AN AN 60-295 CHEC 313 CHEC	IGLETO VIEW CK NO. K DATE	oriffin , 0000001963 06/10/2020 after this date
	*		of National Union and its Affi		ton and owl p	enalties.
				PAYMENT AMOUNT	,	500.00
		Loss date 04/27	/2020	CLAIM NUMBER:	TXCM200	
	ING ISSUED FOR:	Deductible reimi				

Glatfelter Claims Management, Inc.

183 Leader Heights Road | P.O. Box 5126 | York, PA 17405 717,741.0911 | 800.233.1957 | f: 717.747.7051 | CA License #2D89880



June 10, 2020

Attn: Cody Dewitt Titus County 195 Cr 1933 Mt Pleasant, TX 75455-0000

RE: Insured: Policy Number: Claim Number: Personal Auto Claim For: Date of Loss: Description: Titus County VFNUCM0003569-00 TXCM20050298 Cody Dewitt 04/27/2020 Deductible reimbursement

Dear Mr. Dewitt:

Chartelter Chains Management, Inc. is handling this matter on behalf of National Union and its Affiliated Comparises. Enclosed is a check, payable to Cody Dewitt, in the amount of \$500.00. This necessarily reimburyement of their comprehensive deductible.

The captioned policy provides protection for vehicles used by your volunteers or employees while enroute to, during and returning directly from activities that are performed at the knowledge of your organization.

We are happy to have been of service. Should you have any questions, please feel free to contact me at the toll free number shown above.

Cordially,

Dent Shop

Derek Griffin Liability Representative Extension 7709 Email: claims@glatfelters.com

Enclosure

Glatfelter Claims Management, Inc.

183 Leader Heights Road | P.O. Box 5126 | York, PA 17405 717.741.0911 | 800.233.1957 | f: 717.747.7051 | CA License #2D89880



May 26, 2020

Attn: Jerry Clark Titus County 195 Cr 1933 Mt Pleasant, TX 75455

RE: Insured: Claim Number: Personal Auto Claim For: Date of Loss: Description: Titus County ClaimNumber Cody Dewitt 04/27/2020 IV rear ended claimant

Dear Mr. Cody Dewitt:

Glatfelter Claims Management, Inc. is handling this matter on behalf of National Union and its Affiliated Companies. I received a Loss Notice on 05/11/2020, that indicated your personal vehicle was involved in an accident while in course and scope of employment.

The policy for Titus County provides coverage for vehicles used by your volunteers or employees while enroute to, during, and returning directly from activities that are performed at the knowledge of your organization. As discussed, proof of insurance meeting your State's statutory requirements for financial responsibility, as of the date of loss, for an auto that is covered under this extension must be provided before payment is made under this extension. For that reason, we agreed you would provide the following:

- A copy of the policy declaration for the auto being claimed showing the limits of coverage.
- A legible copy of an itemized appraisal or estimate for repair.

For an explanation of available coverage limits, please refer to the AUTO PHYSICAL DAMAGE EXTENSION ENDORSEMENT – PUBLIC ENTITY AND EMERGENCY SERVICE ORGANIZATIONS AU1017 (10-13) below:

1. The following coverages are added to SECTION III – PHYSICAL DAMAGE COVERAGE, Paragraph A. Coverage:

PHYSICAL DAMAGE TO VOLUNTEERS' OR EMPLOYEES PERSONAL AUTOS

5. Physical Damage to Personal Autos

a. At your request, we will pay up to the actual cash value for an "auto" not covered for physical damage, or the amount of the deductible under any

- b. policy covering an "auto" owned or used by a volunteer or "employee" of your insured law enforcement, firefighting, ambulance and/or rescue organization for "loss" that occurs:
- c. At your request, we will pay the rental reimbursement expenses incurred by your volunteer or "employee" for the rental of an "auto" because of "loss" sustained under Paragraph a.(1) to their owned "auto". The most we will pay is \$30 per day for a maximum of 30 days.

Please provide the requested information within 30 days. If you have any questions regarding this matter, please feel free to contact me at the toll free number shown above.

Sincerely,

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Denn Shiff

Derek Griffin Liability Representative Extension: 7709 Email: claims@glatfelters.com