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May 14, 2018

Via Email: abrogan@pdhcd.com

Palm Drive Health Care District
612 Petaluma Avenue
Sebastopol, CA 95472

Attention: Ms. Alanna Brogan, MSN, PHN, RN
Executive Director

Re:	Assured	:	Palm Drive Health Care District
	Date of Loss	:	December 12, 2017
	Loss Location	:	501 Petaluma Avenue Sebastopol, California 95472
	Assured's Broker	:	Alliant Insurance Services
	McLarens File No.	:	002.044457.00.J

Dear Ms. Brogan:

We are writing to respond to the recent submittals you provided for the partial repairs to date specific to the above-captioned claim. We have reviewed the documentation provided by Steve Day, Operations Manager, and have determined that we have found agreement for a total partial claim of \$82,008.22 less the deductible of \$10,000 for a partial payment of \$72,008.22. The attached partial Statement of Loss indicates the documents we found to be directly related to the claim based on the submittals to date. We realize that there are several items still pending, and this file will remain open until we have all the documentation properly accounted for and reimbursed to your operation.

Please have the attached Partial Proof of Loss executed in the presence of a Notary Public and return it to our office for additional processing and funding. The executed document may be emailed to our office, but please send the original via U.S. First Class mail.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Jim McGovern', written over a faint circular stamp.

Jim McGovern
Assistant Vice President
Executive General Adjuster

Amount of Policy
\$ As per form

SWORN STATEMENT
In

Policy Number 017471589/04

Agency Name Alliant Insurance Services

PROOF OF LOSS

Issued July 1, 2017 Expires July 1, 2018

To LEXINGTON INSURANCE
of Boston, Massachusetts

By the above indicated policy of insurance your insured Palm Drive Health Care

against loss by all risk of physical damage upon the property described, according to the terms and conditions of the said Conditions of the said policy and all forms, endorsements, transfers and assignments attached thereto.

1. Time and Origin: A loss occurred about the hour of o'clock M., on the 12th day of December 20 17
The cause and origin of said loss were: Water Damage

2. Occupancy: The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: 501 Petaluma Avenue, Sebastopol, California

3. Title and Interest: When this policy was acquired and at the time of the loss the interest of your insured in the property described therein was sole and unconditional ownership, and no other person or persons had any interest therein or incumbrance thereon. (State exceptions, if any.) NO EXCEPTIONS

4. Changes: Since the said policy was acquired there has been no assignment thereof, or change of ownership, use, occupancy, Possession, location or exposure of the property described, or of our insured's interest therein. (State exceptions, if any.) NO EXCEPTIONS

5. Total Insurance: The total amount of insurance upon the property described by this policy was, at the time of the loss, \$

6. The Cash Value of said property at the time of loss was \$ Not Determined

7. The Whole Loss and Damage was \$ 82,008.22

8. The Amount Claimed under the above numbered policy \$ 72,008.22

(Amount claimed is net applicable \$10,000 deductible)

The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were in the building damaged or destroyed, and belonging to, and in possession of the said insured at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered as part of this proof.

The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of their rights.

FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM:

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

State of (Insured Signature)

County of Insured

Subscribed and sworn to (or affirmed) before me on this day of (month), (year) by

proved to me on the basis of satisfactory evidence to be

the person(s) who appear before me.

(signature of Notary)

STATEMENT OF VALUE AND LOSS

Palm Drive Health Care

**501 Petaluma Avenue
Sebastopol, California**

Water Damage - December 12, 2017

Coverage:

Manuscript form extending All Risk cover for Real and Personal property. There is a \$10,000 deductible.

Recapitulation of Verified Detail

Value

Loss

Values at Risk:

Not found

LOSS AS DETERMINED:

ATI / Emergency Services

\$ 4,511.06

Protera / Environmental Testing

\$ 375.00

Ferrara Architect / Design (partial payment)

\$ 12,000.00

Blakeslee Electrical

\$ 21,350.00

\$ 13,488.16

\$ 30,284.00

\$ 65,122.16

\$ 65,122.16

Value and Loss:

Not found

\$ 82,008.22

Less: Deductible:

\$ (10,000.00)

Net Claim:

\$ 72,008.22