



March 22, 2017

Town of Whitestown
ATTN: Matt Sumner
6210 S. 700 E.
Whitestown, IN 46075-8477

SENT VIA U.S. MAIL

Re: Insured: Town of Whitestown
Policy No. 5F4-04-54
Claim No. 1286316
Faithful Performance

Greetings:

Following a review of the documents provided, a determination has been made to honor the above claim in the amount of \$57,000.00. This represents the total loss of \$58,000.00 less the \$1,000.00 deductible provided under the terms of the policy.

Enclosed is a release and Subrogation Agreement we request that you execute and return to us. After we have received the signed Release, we will forward you our check in the amount of \$57,000.00.

Thank you for your assistance in this matter. If you have any questions, please do not hesitate to call.

Very truly yours,

Evan G. Wheeler
Bond Claims Adjuster
Phone 515.345.2116
FAX 877.250.6538
Email evan.g.wheeler@emcins.com

Enclosure

cc: Public Risk Underwriters of Indiana, LLC (Sent via email: zionsvillein@ameritech.net)
Cindy Conboy, Cincinnati Bond Manager
Alice Moeckel, Underwriter

717 Mulberry Street | Des Moines, IA 50309-3872 | P.O. Box 712 | Des Moines, IA 50306-0712 | 515.280.2511 | 800.447.2295 | www.emcins.com

Employers Mutual Casualty Company
EMCASCO Insurance Company
EMC Reinsurance Company

Illinois EMCASCO Insurance Company
Dakota Fire Insurance Company
EMC Property & Casualty Company

Union Insurance Company of Providence
Hamilton Mutual Insurance Company
EMC Risk Services, LLC

EMC Underwriters, LLC
EMC National Life Company (affiliate)



Des Moines, IA 50309-3872
P.O. Box 712
Des Moines, IA 50306-0712
Phone 515.280.2511
www.emcins.com

RELEASE AND SUBROGATION RECEIPT

INSURED: Town of Whitestown	CLAIM NO.: 1286316
EMPLOYEES: Matthew Sumner and Sheri Williams	POLICY NO.: 5F4 04 54

RECEIVED of Employers Mutual Casualty Company of Des Moines, Iowa the amount of **FIFTY-SEVEN THOUSAND AND 00/100 DOLLARS (\$57,000.00)**, said claim (**CLAIM NO. 1286316**) arising from or connected with the failure to faithfully perform the duties as prescribed by law by Matthew Sumner and Sheri Williams, from employer Town of Whitestown, which occurred or was discovered on or about October 24, 2016, and in full payment, release and discharge of all claims and demands against the said Company under the certain Policy No. 5F4 04 54, issued through Public Risk Underwriters of Indiana, LLC.

In consideration of and only to the extent of said payment the undersigned, after satisfaction of the undersigned's financial loss of **\$57,000.00** hereby subrogates said Company to all of the rights, claims and interest which the undersigned may have against any party, person, persons, property or corporation liable for the loss mentioned above, including any and all rights of restitution ordered by the court, and authorizes the said Company to sue, compromise or settle in the undersigned's name or otherwise all such claims and to execute and sign releases and acquittances and endorse checks or drafts given in settlement of such claims in the name of the undersigned, with the same force and effect as if the undersigned executed or endorsed them.

Warranted no settlement has been made by the undersigned with any party, person, persons, property or corporation against whom a claim may lie, and no release has been given to anyone responsible for the loss, and that no such settlement will be made nor release given by the undersigned without the written consent of the said Company and the undersigned covenants and agrees to cooperate fully with said Company in the prosecution of such claims, and to procure and furnish all papers and documents, in the undersigned's possession, necessary in such proceedings and to attend court and testify if the Company deems such to be necessary but it is understood the undersigned is to be saved harmless from costs in such proceedings.

IN WITNESS WHEREOF, I have set my hand hereto this _____ day of _____, 2017.

By: _____
Title: _____

STATE OF _____ }
COUNTY OF _____ } SS:

On this _____ day of _____, 2017, before me appeared _____ to me personally known, and who acknowledged the execution of the foregoing instrument as his/her free act and deed, for the consideration set forth therein.

My Commission Expires _____ Notary Public

Employers Mutual Casualty Company
EMC National Life Company
EMCASCO Insurance Company
EMC Property & Casualty Company

EMC Reinsurance Company
EMC Risk Services, LLC
EMC Underwriters, LLC

Dakota Fire Insurance Company
Hamilton Mutual Insurance Company
Illinois EMCASCO Insurance Company
Union Insurance Company of Providence