

THIS DOCUMENT HAS A VOID PANTOGRAPH, MICROPRINTING AND AN ARTIFICIAL WATERMARK.

First Community Insurance Company
Loss Account

PO Box 33066 St Petersburg FL 33733

Reason: PAYMENT FOR BUILDING DAMAGE LESS DEDUCTIBLE OF \$ 1000.00
Description: ARISING FROM LOSS ON 09/14/18

PAY Fourteen Thousand Nine Hundred Nineteen and 15/100 Dollars

PAY YVONNE ALBRITTON AND
TO THE MANATEE COUNTY GOVERNMENT AND
ORDER OF MANATEE COUNTY HABITAT FOR HUM
1123 6TH AVENUE DR W
PALMETTO, FL 34221-3834

Policy Number	Claim Number	Date Issued	Check #
090011411278110	118-0003316	10/08/18	0017879
Adjuster Number	Insured Name	Loss Date	
171*	YVONNE STUART	09/14/18	

PNC Bank, N.A 001

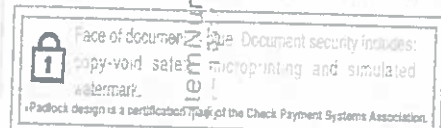
63-8419
2670

\$ *****14,919.15
Void After 180 Days

[Signature]

Secretary

⑈0017879⑈ ⑆267084199⑆ 1219080345⑈



2041436

⑈000467501933-BusDt=11/19/18-RINum=>082907273<-S

ENDORSE CHECK HERE

X *[Signature]*
Manatee Habitat for Humankind
Yvonne M. Albritton
DO NOT WRITE / SIGN / STAMP BELOW THIS LINE
DEPOSITORY BANK ENDORSEMENT

X Quinn O'Brien
Manate Habitat for
Humanity
Yvonne M. Altatta

DO NOT WRITE / SIGN / STAMP BELOW THIS LINE

DEPOSITORY BANK ENDORSEMENT

Disally Rose

2041436

000487901933-BusDt=11/19/18-RINum=>082907273<-S

*FEDERAL RESERVE BOARD OF GOVERNORS REG. C.C.



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First Community Insurance Company

Letter received from
insurance company.

October 3, 2018

YVONNE STUART
1123 6TH AVE DR W
PALMETTO, FL 34221

RE: INSURED NAME YVONNE STUART
CLAIM NUMBER: FCIC-18-3316
POLICY NUMBER: 09-0011411278-1-10
DATE OF LOSS: 09/14/18
TYPE OF LOSS: WATER

Dear Ms. Stuart:

We have completed our investigation of the above captioned loss. The loss was reported for interior water damage from a plumbing leak. The damage caused to the interior by the plumbing leak is a covered loss and we have paid that portion of your claim.

	BUILDING		CONTENTS
Adjuster's Estimate	\$17,842.97	Contents Worksheet	\$4,315.63
Equipment Rental	\$128.70		
Total Claim	\$17,971.67	Total Contents	\$4,315.63
Less Recv Depreciation	(\$2,052.52)	Less Recv Depreciation	(\$1,030.04)
Actual Cash Value	\$15,919.15	Actual Cash Value	\$3,285.60
Less Deductible	(\$1,000.00)	Less Deductible	(\$0.00)
NET SETTLEMENT	\$14,919.15	NET SETTLEMENT	\$3,285.60

The check(s) is/are enclosed.

Please note that the building check is made payable to you and any other parties to your loss. All payees, e.g. the mortgage company, listed must endorse the check before it can be cashed or deposited into your bank account. If the payee information is incorrect, please contact me immediately.

The Building and Contents portion of your claim has been paid on a replacement cost basis, less depreciation. This letter will serve as an explanation of how to file for a supplemental claim for the recoverable depreciation under your policy. The following ☒ selections will apply to your loss:

- ☒ Upon completion of repairs, please have your contractor(s) provide a statement of completed repairs. Repairs performed by various subcontractors under your supervision require a separate statement from each of the subcontractors. If the repairs have been completed by you, please provide register receipts for the materials and photographs depicting the completed repairs. For reimbursement of recoverable



depreciation, the cost of repairs must exceed the monies already paid, plus the deductible. You must notify us of your intent to do so within 180 days after the date of loss. However, carpeting, household appliances, awnings, outdoor antennas, and other outdoor equipment are excluded from this replacement cost coverage, unless your policy includes Personal Property Replacement Cost endorsement HO 490 04 91.

- ☒ Once you have replaced the items, please send us the original receipts. For reimbursement of recoverable depreciation, the replacement must exceed the monies already paid, plus the deductible. In addition, you must notify us of your intent to do so within 180 days after the date of loss.

We direct your attention to your HO3 policy:

SECTION I - PERILS INSURED AGAINST

Coverage A – Dwelling And Coverage B – Other Structures

1. We insure against risk of direct physical loss to property described in Coverages A and B.
2. We do not insure, however, for loss:
 - c. Caused by:
 - (6) Any of the following:
 - (a) Wear and tear, marring, deterioration

Exception To c.(6)

Unless the loss is otherwise excluded, we cover loss to property covered under Coverage A or B resulting from accidental discharge or overflow of water or steam from within a:

- (ii) Plumbing, heating, air conditioning or automatic fire protective sprinkler system or household appliance on the "residence premises". This includes the cost to tear out and replace any part of a building or other structure on the "residence premises", but only when necessary to repair the system or appliance. However, such tear out and replacement coverage only applies to other structures if the water or steam causes actual damage to a building on the "residence premises".

We do not cover loss to the system or appliance from which this water or steam escaped.

Under 2.b and c. above, any ensuing loss to property described in Coverages A and B not precluded by any other provision in this policy is covered.



First Community Insurance Company

Since the cost of repairs to plumbing system is not covered under your policy, we must regretfully deny that portion of your claim. We expressly reserve our right to assert all other rights or defenses that we may have to this claim even though not enumerated above. We do not waive or relinquish any of our rights under the policy of insurance.

This partial denial has occurred after a good faith evaluation of the information provided to us. If you know of any reason why our evaluation or the facts are not correct, please advise us in writing. We expressly reserve our right to assert all other rights or defenses that we may have to this claim even though not enumerated above. We do not waive or relinquish any of our rights under the policy of insurance.

Now that you are aware of all the issues associated with the damages, it is the responsibility of the homeowner to make the necessary repairs and protect the property from further damages. Failure to do so, could result in the denial of any future claims.

For your information and review we have attached the Department of Financial Services Florida Rule 69J-166.031 letter.

If we can be of further assistance, please contact me at 1-800-765-9700, extension 4333
Sincerely,

Jason A. Scott
Claims Representative

ENC Checks
 Adjuster's Estimate
 Contents Worksheet
 Mediation Letter



Command Claims

Command Claims, Inc.
11101 Roosevelt Blvd N
St. Petersburg, FL 33716
(877) 884-0746
Fax (877) 884-0745

Insured: Yvonne Stuart
Property: 1123 6th Avenue Dr. W
Palmetto, FL 34221

Home: (941) 962-8967

Claim Rep.: National Claims Adjusters, Inc.
Company: National Claims Adjusters, Inc.
Business: 1201 6th Ave. West, Suite 326
Bradenton, FL 34205

Business: (941) 721-8480
E-mail: NClaimsadjusters@AOL.com

Estimator: Carrie Darby
Position: Property Claims Adjuster

Business: (614) 599-8581
E-mail: carrie_darby@hotmail.com

Claim Number: 1-18-3316

Policy Number: 090011411278110

Type of Loss: Water Damage

Date Contacted: 9/17/2018 12:30 PM

Date of Loss: 9/14/2018 12:00 PM

Date Inspected: 9/17/2018 6:00 PM

Date Received: 9/15/2018 4:54 PM

Date Entered: 9/24/2018 10:00 AM

Price List: FLSR8X_SEP18
Restoration/Service/Remodel
Estimate: YVONNE_STUART

PLEASE READ - IMPORTANT INFORMATION

When you have a covered structural damage claim to your insured property, you should know:

This is an estimate of damages only and is not an offer of settlement. This estimate is subject to the review and approval by your insurance company which is listed on your policy declarations and its authorized claim handlers. This is not an authorization for repair or a promise of payment. Your individual insurance policy may contain conditions or terms that might affect this estimate. Please reference your policy for specific language.

This estimate has been prepared using generally prevailing prices of materials and labor in your geographic area utilizing industry accepted restoration practices. Please be aware this estimate is not a repair protocol. Safe and proper repair protocol is the responsibility of your repair professional. The property owner is responsible for selecting a contractor to complete repairs.

If you have any questions or need additional information regarding your claim please contact your claim representative immediately.

APPROVED in Open Session

Manatee County Board of County
Commissioners

Manatee County Government Administrative Center
Patricia M. Glass Commission Chambers, First Floor
9:00 a.m. - December 18, 2018

12/18/18

December 18, 2018 - Regular Meeting
Agenda Item #52

Subject

Endorsement of Insurance Check

Briefings

None

Contact and/or Presenter Information

Geraldine C. Lopez/Ext. 3937

Denise L. Thomas/Ext. 3474

Action Requested

Authorization for the Chairman to endorse an insurance check in the amount of \$14,919.15 payable to Yvonne Albritton and Manatee County Government and Manatee County Habitat for Humanity for damage and loss incurred due to interior water damage from a plumbing leak with First Community Insurance Company.

Enabling/Regulating Authority

11.1.4. Efficiency in Service Delivery

Background Discussion

Yvonne Albritton (Homeowner), fka Yvonne Stuart, received Downpayment Assistance through Manatee County's State Housing Initiative Partnership (SHIP) program funding in the amount of \$35,625 in the form of an interest deferred payment loan.

Manatee County Government occupies a SHIP second mortgage lien position on this property.

Due to the interior water damage to the home from a plumbing leak, Yvonne Albritton was provided with a claim settlement check in the amount of \$14,919.15 by First Community Insurance Company for damages.

In order for Yvonne Albritton to provide disbursement to a contractor for completion of the damage repairs to her home, endorsement of the insurance check by Manatee County Government is required.

County Attorney Review

Not Reviewed (No apparent legal issues)

Explanation of Other

Reviewing Attorney

N/A

Instructions to Board Records

Please return the original endorsed check to Denise Thomas, denise.thomas@mymanatee.org,
Redevelopment and Economic Opportunity Department to provide to homeowner.

Cost and Funds Source Account Number and Name

None

EMAILED DENISE AND
12/20/18 SHARON

Amount and Frequency of Recurring Costs

None

Attachment: [Yvonne Stuart Insurance Check.pdf](#)

Attachment: [Yvonne Stuart Insurance Check Claim.pdf](#)