



Toll Free: (800) 435-7764
Fax: (877) 217-1389
Email: myclaim@foremost.com
National Document Center
P.O. Box 268994
Oklahoma City, OK 73126-8994

August 25, 2021

I PROPERTY CLAIMS

6621 S POINT DRIVE N SUITE 150

JACKSONVILLE FL 32216

Delivered by email to:

tonya.westberry@iPropertyClaims.com

RE:	Insured:	Cathy Reed And Donald Bracey
	Claim Number:	7002868510-1-2
	Policy Number:	0903653166
	Loss Date:	04/20/2021
	Location of Loss:	1053 Lakeland Ave, Lincolnton, NC
	Subject:	Settlement Notice

Dear I Property Claims:

Thank you for choosing us to provide for your insurance needs. We value you as a customer and appreciate the opportunity to be of service.

We received your request to recover the depreciation for your theft loss and reviewed the documents you submitted. Your policy allows you to collect the lower of the agreed-upon estimate, or the reasonable amount you spent to complete repairs or replacement, less any applicable deductible.

I've enclosed payment for \$2,651.68 for your recoverable depreciation. For your records, I've also enclosed a copy of the estimate on which this payment is based.

The following table of information outlines your claim settlement.

Line of Coverage	Building
Replacement Cost	\$3,596.63
Less: Policy Deductible	\$500.00
Settlement Amount	\$3,096.63
Less: Prior Payments	\$444.95
Amount	\$2,651.68

We reserve all rights and defenses under the policy and law and no activity on our part should be construed as a waiver. Even though only parts of the policy may be mentioned or quoted in this letter, additional portions if found to be relevant will be applied.

Please note there are time limits set forth in the Conditions ("Suit Against Us" or "Legal Action Against Us") section of the policy which, depending on your state, may affect the time within which you may pursue your claim. This period may have been extended by statute or case law.

We've completed the adjustment of your loss and we are closing your claim. While we welcome any additional information you may wish to provide, the claim will not be reopened unless we notify you of such in writing. Submission of supplemental claims and requests for recoverable depreciation, and our processing payment thereof, does not automatically reopen the claim.

If you have any questions, please contact me at (336) 327-2765.

Thank you.

Foremost Insurance Company Grand Rapids, Michigan



Paul Simpson
Special Claims Representative
PAUL.SIMPSON@FARMERSINSURANCE.COM
(336) 327-2765

COVID-19 Notice – In light of the national health emergency, I am currently working from home. I can be reached by telephone and e-mail; my phone number and email address have not changed. E-mail communications are preferred to avoid any potential delays caused by mailing. If you are unable to email and hard copies of communications are required, they may be sent to our National Document Center at P.O. Box 268994, Oklahoma City, OK 73126-8994. We are unable to receive deliveries at any location from FedEx, UPS or any other courier at this time, as our claims office locations have been temporarily closed.

CC: CATHY REED AND DONALD BRACEY

Check(s): 1630784943

Enclosure(s):

Correspondence -



Toll Free: (800) 435-7764
Fax: (877) 217-1389
Email: myclaim@foremost.com
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P.O. Box 268994
Oklahoma City, OK 73126-8994

May 26, 2021

I PROPERTY CLAIMS

6621 S POINT DRIVE N SUITE 150
JACKSONVILLE FL 32216

Delivered by email to:
tonya.westberry@iPropertyClaims.com

RE:	Insured:	Cathy Reed And Donald Bracey
	Claim Number:	7002868510-1-2
	Policy Number:	0903653166
	Loss Date:	04/20/2021
	Location of Loss:	1053 Lakeland Ave, Lincolnton, NC
	Subject:	Claim Outcome Letter

Dear I Property Claims:

Thank you for choosing us to provide for your insurance needs. We value you as a customer and appreciate the opportunity to be of service. I've enclosed your payment.

The following table of information outlines your claim settlement.

Line of Coverage	Building
Replacement Cost	\$3,596.63
Less: Depreciation	\$2,651.68
Actual Cash Value	\$944.95
Less: Policy Deductible	\$500.00
Settlement Amount	\$444.95

As we discussed, this payment is for the actual cash value of your claim less your deductible. Actual cash value is based on replacement cost less any applicable depreciation for age, useful life and condition. Labor, taxes and other fees and expenses have also been depreciated if not prohibited by your state. To recover depreciation, please send me a copy of any invoices or receipts that demonstrate replacement or repairs. We believe our estimate reflects the reasonable cost necessary to repair or replace the covered damages. Please let me know immediately if you disagree. I'll reimburse you for the full replacement cost reasonably paid to repair or replace the covered damages or any applicable policy limits. If you intend to recover withheld depreciation, you must submit a copy of your invoices or receipts within 365 days from the date of loss, or by May 26, 2022.

Any deductible amount will be applied according to policy provisions.

The policy provides that after a loss, you should protect your property from further damage. Please keep all receipts for emergency repairs or other expenses related to minimizing further damage.

You reported damages from theft/vandalism to the exterior AC unit, water heater, and copper plumbing to the water heater. During our investigation we found the interior parts to the exterior ac unit and the water heater were missing. The enclosed estimate and payment are for the replacement of the exterior AC unit and water heater. The only copper plumbing lines in the home were the two flexible two 3/4" flexible supply lines to the water heater which are included with the replacement of the water heater in our estimate.

You may wish to review these provisions of your Your Foremost Mobile Home Owner MH (C) Policy Index 9075 dated 03/13, as endorsed. They form the basis for our decision:

INSURING AGREEMENT

WE, WE'LL, US, OUR means FOREMOST INSURANCE COMPANY, Grand Rapids, Michigan.

YOU, YOUR, YOURS means the person named on Page One and that person's husband or wife or other members of YOUR family who live in the same mobile home as the named insured. YOU, YOUR, YOURS can mean each or all of YOU.

With YOUR payment of the premium, WE agree to provide the insurance YOU have selected as shown on Page One. This is subject to all policy terms and conditions. Page One is the separate enclosed page and is a part of this policy.

WE provide insurance only for covered losses which occur during the Policy Period shown on Page One.

PHYSICAL DAMAGE

Physical Damage always refers to damage to property YOU own. WE'LL identify the coverage WE provide for YOUR mobile home, adjacent structures and personal effects.

COMPREHENSIVE MOBILE HOME COVERAGE

WE'LL pay for direct, sudden and accidental loss of, or damage to, YOUR mobile home described on Page One, its original parts, equipment and accessories furnished by the manufacturer, dealer or seller of the mobile home and replacements of these items. YOUR Comprehensive Mobile Home Coverage will include all items listed in the certificate of origin, bill of sale, manufacturer's invoice or on the original sales invoice given to YOU at the time YOU purchased YOUR mobile home which are inside or attached to YOUR mobile home.

Comprehensive Mobile Home Coverage doesn't apply while the mobile home is in transit.

We reserve all rights and defenses under the policy and law and no activity on our part should be construed as a waiver. Even though only parts of the policy may be mentioned or quoted in this letter, additional portions if found to be relevant will be applied.

Please note there are time limits set forth in the Conditions ("Suit Against Us" or "Legal Action Against Us") section of the policy which, depending on your state, may affect the time within which you may pursue your claim. This period may have been extended by statute or case law.

We've completed the adjustment of your loss and we are closing your claim. While we welcome any additional information you may wish to provide, the claim will not be reopened unless we notify you of such in writing. Submission of supplemental claims and requests for recoverable depreciation, and our processing payment thereof, does not automatically reopen the claim.

We encourage you to visit www.foremost.com to learn more about our self-service options available to you, including the ability to view your claim status, upload documents and photos and find local service providers.

If you have any questions, or additional information you think may affect your coverage, please contact me at (336) 327-2765.

Thank you.

Foremost Insurance Company Grand Rapids, Michigan



Paul Simpson

Special Claims Representative

PAUL.SIMPSON@FARMERSINSURANCE.COM

(336) 327-2765

COVID-19 Notice – In light of the national health emergency, I am currently working from home. I can be reached by telephone and e-mail; my phone number and email address have not changed. E-mail communications are preferred to avoid any potential delays caused by mailing. If you are unable to email and hard copies of communications are required, they may be sent to our National Document Center at P.O. Box 268994, Oklahoma City, OK 73126-8994. We are unable to receive deliveries at any location from FedEx, UPS or any other courier at this time, as our claims office locations have been temporarily closed.

CC: CATHY REED AND DONALD BRACEY, JOSEPH C KALE

Check(s): 1629981563

Enclosure(s):

Estimate/Invoice -

General Supporting Documents -



Foremost Insurance Company Grand Rapids, Michigan

PO Box 268994
Oklahoma City, OK 73126-8994
Toll Free 1-800-435-7764
Toll Free Fax 1-877-217-1389
myclaim@foremost.com

Insured: DONALD BRACEY
Property: 1053 LAKELAND AVE
LINCOLNTON, NC 28092-6316
Home: 1053 LAKELAND AVE
LINCOLNTON, NC 28092-6316

Other: (704) 736-9751

Claim Rep.: Paul Bryan Simpson
Business: PO Box 268994
Oklahoma City, OK 73126

Business: (336) 327-2765
Fax: (877) 217-1389
E-mail: myclaim@farmersinsurance.com

Claimant: DONALD BRACEY
Property: 1053 LAKELAND AVE
LINCOLNTON, NC 28092-6316

Other: (704) 736-9751

Estimator: Paul Bryan Simpson
Business: PO Box 268994
Oklahoma City, OK 73126

Business: (336) 327-2765
E-mail: myclaim@farmersinsurance.com

Claim Number: 7002868510-1

Policy Number: 0903653166

Type of Loss: Vandalism

Date Contacted: 5/26/2021 8:00 AM
Date of Loss: 4/20/2021 12:00 AM
Date Inspected: 5/26/2021 5:00 AM
Date Est. Completed: 5/26/2021 8:48 AM

Date Received: 5/17/2021 1:57 PM
Date Entered: 5/26/2021 8:05 AM

Price List: NCCL8X_MAY21
Restoration/Service/Remodel
Estimate: DONALD_BRACEY



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myclaim@foremost.com

We appreciate the opportunity to serve your insurance needs and want to make sure you have a clear understanding of how your claim will be processed.

Attached is the estimate for repair of the damages to your property. This estimate represents the Actual Cash Value of your claim, which is the replacement cost of the damages less any applicable depreciation. Depreciation is based on the average quality, age, condition and useful life of the damaged property, unless otherwise noted. Actual cash value for roof materials is determined using either the scheduled roof table if in the policy or the age, condition and useful life of your roof materials. The applicable policy deductible(s) will be deducted from these amounts unless it is applied to another line of coverage.

If it appears reasonably likely that a general contractor will be needed to coordinate and supervise the repairs, the estimate also includes an amount for general contractor overhead and profit, unless your policy provides that general contractor overhead and profit will only be paid if incurred. In addition, if your policy provides that any amounts for the matching of undamaged materials will only be paid if incurred, then those estimated amounts will be shown under a section of the estimate labeled Matching of Undamaged Property.

Should you receive an estimate of repairs that exceeds this estimate, or if you wish to send us any other information related to your claim, please include "Attention Claim # 7002868510-1" and forward this information to us by:

1. E-mailing to myclaim@farmersinsurance.com or
2. Faxing to 877-217-1389, or
3. Mailing to National Document Center, P.O. Box 268994, Oklahoma City, OK 73126-8994.

Once you have completed the repairs to your property, you may make a Replacement Cost claim for up to the amount of the recoverable depreciation withheld. Any depreciation shown as "non-recoverable" does not qualify for reimbursement. Please refer to the Conditions section of your policy for specific time limits within which you must claim the recoverable depreciation. Once you complete the repairs, please send your supporting documentation to us as outlined above. In any case, your total claim will not exceed the amount you actually spent making the repairs, minus your policy deductible. Estimated costs not actually incurred, like general contractor overhead and profit, will offset recoverable depreciation.

If your policy provides for Building Ordinance or Law coverage, any known covered costs resulting from ordinance or law upgrades are itemized in this estimate or contained in a separate estimate we will provide to you. However, these costs are not included as part of the Actual Cash Value of this estimate. Ordinance or law costs will be paid under your policy when incurred by you, subject to your deductible.

We wish to inform you there are time limits set forth in the Conditions section of your policy which may affect the time within which you may pursue your claim. We suggest that you review the Conditions section of your policy, as may be endorsed, particularly noting the 'Suit Against Us' or 'Legal Action Against Us' provision.

Although as a service we may refer contractors or other repair professionals to you, it is your decision to hire the contractor of your choice. We neither direct or manage the activities nor guarantee the work of any contractor, whether referred or not. It is up to you to make sure the work is completed to your satisfaction.

We encourage you to visit www.farmers.com to learn more about our self-service options available to you; including the ability to view your claim status, upload documents and photos and find local service providers.

Thank you for the opportunity to serve your insurance needs. If you have any questions regarding this claim, please feel free to contact us.

Paul Bryan Simpson
myclaim@farmersinsurance.com
(336) 327-2765



Foremost Insurance Company Grand Rapids, Michigan

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DONALD_BRACEY

DONALD_BRACEY

	QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
1. Water heater - 50 gallon - Electric - 6 yr									
	1.00 EA	981.85	34.77	1,016.62	22/6 yrs	Avg.	75% [M]	(762.47)	254.15
Includes: Electric water heater, in-line ball valve for 3/4" tubing, pressure relief valve, two 3/4" flexible supply lines, and installation labor.									
2. R&R Central air - condenser unit - 3 ton - 14-15 SEER									
	1.00 EA	2,055.13	104.80	2,159.93	22/15 yrs	Avg.	75% [M]	(1,619.95)	539.98
3. R&R Refrigerant lineset - 3/8" x 3/4" tubing - up to 30'									
	1.00 EA	342.05	11.48	353.53	22/15 yrs	Avg.	75% [M]	(265.15)	88.38
4. R&R 220 volt wiring (8/3 copper w/ground) metal clad/armored									
	4.00 LF	6.73	1.09	28.01	22/150 yrs	Avg.	14.67%	(4.11)	23.90
Whip for AC unit									
5. Haul debris - per pickup truck load - including dump fees									
	0.25 EA	154.16	0.00	38.54	0/NA	Avg.	0%	(0.00)	38.54
Total: DONALD_BRACEY			152.14	3,596.63				2,651.68	944.95
Line Item Totals: DONALD_BRACEY			152.14	3,596.63				2,651.68	944.95

[%] - Indicates that depreciate by percent was used for this item

[M] - Indicates that the depreciation percentage was limited by the maximum allowable depreciation for this item



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Summary for Building

Line Item Total	3,444.49
Material Sales Tax	152.14
Replacement Cost Value	\$3,596.63
Less Depreciation	(2,651.68)
Actual Cash Value	\$944.95
Less Deductible	(500.00)
Net Claim	\$444.95
Total Recoverable Depreciation	2,651.68
Net Claim if Depreciation is Recovered	\$3,096.63

Paul Bryan Simpson



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Recap of Taxes

	Material Sales Tax (7%)	Laundry & D/C Tax (7%)	Manuf. Home Tax (4.75%)	Storage Rental Tax (7%)	Local Food Tax (2%)	Total Tax (7%)	Mat Tax (Rpr/Maint) (7%)
Line Items	152.14	0.00	0.00	0.00	0.00	0.00	0.00
Total	152.14	0.00	0.00	0.00	0.00	0.00	0.00



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Recap by Room

Estimate: DONALD_BRACEY	3,444.49	100.00%
<hr/>		
Subtotal of Areas	3,444.49	100.00%
<hr/>		
Total	3,444.49	100.00%



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Recap by Category with Depreciation

Items	RCV	Deprec.	ACV
GENERAL DEMOLITION	109.94	51.38	58.56
ELECTRICAL	23.32	3.42	19.90
HEAT, VENT & AIR CONDITIONING	2,329.38	1,747.04	582.34
PLUMBING	981.85	736.39	245.46
Subtotal	3,444.49	2,538.23	906.26
Material Sales Tax	152.14	113.45	38.69
Total	3,596.63	2,651.68	944.95



RB 721530
103-0903653166

FOREMOST INSURANCE COMPANY
GRAND RAPIDS, MICHIGAN
P.O. BOX 2450
GRAND RAPIDS, MI 49501-2450

ATTENTION AGENT

This packet contains your copy of insurance documents which have already been forwarded to your customer, and your customer's lienholder (if applicable). Thank you for placing your business with us.

32 - 0977 - 013

IFS GROUP INC
PO BOX 112
LINCOLNTON NC 28093-0112

COPY

103-0903653166
Form 736721 04/05

COPY

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THIS IS YOUR RENEWAL DECLARATIONS PAGE.

Policy Number
103-0903653166-20
Renewal of Policy Number
103-090365316-6-19

Policy Period From 06/01/20 To 06/01/21 12:01 A.M. Standard Time At Your Address Below

This Policy Insures

FLEX-A-BILL

You As NAMED INSURED	DONALD BRACEY CATHY REED 1053 LAKE LAND AVE LINCOLNTON NC 28092
-----------------------------	--

Principal LOCATION Of Your Home	(If different from mailing address at left) 1053 LAKE LAND AVE LINCOLNTON NC 28092
--	--

Additional Insured

As LIEN-HOLDER +	CENTRAL LOAN ADMIN & REPORTING ISAOA PO BOX 202028 FLORENCE SC 29502
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As LIEN-HOLDER +	M&T BANK ISAOA PO BOX 5738 SPRINGFIELD OH 45501
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Description of Your Home

1141110156

00771385

Year	Length	Width	Manufacturer	Model	Serial Number
99	68	27	FLEETWOOD		NCFLX56AB

COVERAGES: This policy provides only the insurance for which a specific premium charge is indicated below, or which is indicated as included without specific charge either below or in your policy. Detailed descriptions and any limitations will be found in your policy.

Coverages	Home	Adjacent Structures	Personal Effects	Liability			Trip Coverage For 30 Days from	Secured Interest Protection	Natural Disaster Protection
				Personal Liability	Medical Payments	Damage to Property of Others			
Amount Of Insurance/Limit Of Liability	\$ 128,181	\$ 12,819	\$ 38,455	\$ 100,000	\$ 1,000	\$ 250	\$	See Policy	See Policy
Premiums	\$ INCL	\$ INCL	\$ INCL	\$	INCL	\$	\$	\$	\$

Additional Coverages and Endorsements
Additional Premiums

ENDORSEMENT(S): 2457, 4780, 4910, 9075, 9078, 9871, 9872							INCL
ADDITIONAL LIVING EXPENSE COVERAGE: INCREASED FROM \$10 TO \$50							INCL
Deductible: \$ 500	Your policy includes this deductible amount on your home, adjacent structures and personal effects coverages.					Total Policy Premium	\$ 1,421

YOUR INFLATION COVERAGE IS 5.00 PCT ANNUALLY

Your Policy Is Serviced By	Code No.: 32-0977-013-0 32143 IFS GROUP INC PO BOX 112 LINCOLNTON NC 28093-0112 (704) 732-4646
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MINIMUM EARNED PREMIUM EXCLUDING TRIP COVERAGE: \$30

 Countersigned MAY 26 2020 at NORTH CAROLINA by _____

+ See reverse side for explanation

AGENTS COPY

Additional Fee Information

In consideration of our agreement to allow you to pay in installments, the following service fee(s) apply per installment:

COPY

