

No. \_\_\_\_\_ Date 9-15-03

RECEIVED OF Mr. Walter Robbins

Five thousand Six hundred DOLLARS \$ 5666.78  
sixty six & 78/100

Amt. of Account	
Amt. Paid	
Balance Due	

BY C Shellabarger

Check from Encompass



**Steve Long**  
Sr. Field Property  
Claim Rep.  
Property Claims  
Midwest Region

PO Box 132  
Corunna, IN 46730  
Phone <sup>260</sup> 219.281.2777  
Fax 219.281.2070  
Pager 888.856.2696  
Email james.long@  
encompassins.com

**1-800-588-7400 TimeSaver Claim Service<sup>SM</sup>**

**24-HOUR CLAIMS REPORTING & EMERGENCY SERVICE**



U.S. 145978777



ENCOMPASS INSURANCE  
 P O BOX 182644  
 COLUMBUS OH 43218



Formerly known as CNA Personal Insurance

WALTER C ROBBINS & PAUL DAVIS  
 RESTORATION  
 & NORMA L ROBBINS 8400 WEST CR 4  
 YORKTOWN IN 47396

<b>* To expedite handling of your claim, please include our claim number on all future correspondence to us.</b>							Claim Number *	
Insured/Client				Claimant			ATT	P1 230490FF
ROBBINS, WALTER C				ROBBINS, WALTER C			A	09/10/03
Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code	EXP	Pay Code	Amount	
07/12/03			011	22			\$5,666.78	
							\$5,666.78	

Reason  
 WATER DAMAGE REPAIRS - RCV

**To ensure timely delivery of your check, please verify that the address on this check is complete and correct. If not, please notify your claims representative with the correct information. Thank you.**

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 P O BOX 182644  
 COLUMBUS OH 43218



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 &NORMA L ROBBINS8400 WEST CR 4  
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Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code	EXP	Pay Code	Amount		
07/12/03			012	22			\$ 100.00		
							\$ 100.00		

Reason  
 THOMAS KINCAID COLLECTIQAES

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