TRIDENT
PUBLIC RISK SOLUTIONS

August 30, 2016

James Kreidler
Town Administrator
Memorial Hall ~ Upper Level
272 Main Street
Townsend, MA 01469

Insured:	Town of Townsend
Date of loss:	October 7, 2015
Claimant:	[redacted]
Claim number:	TNT-0133726

As you are aware, Trident Insurance Services represents the Town of Townsend and their employment practices carrier. This letter is in regard to the above captioned claim.

This policy for the insured carries a $5,000.00 deductible. At this time we are requesting all or part of this amount. Please make the check payable to ***Trident Insurance and mail to my attention.***

Andrea Platner
Trident Insurance Company
PO Box 469009
San Antonio, TX 78246
1-800-444-3916 x 6334

Deductible	Amount due	Amount previously paid
$5,000.00	$5,000.00	$0.00

In order to handle this payment appropriately please indicate the claim number on your check.

Should you have any questions regarding this matter, please feel free to contact me at 800-444-3916 x 6334

Sincerely
Andrea Platner
Subrogation Specialist

August 30, 2016
9:02 am

Check Register Report

Report Criteria: Claim Number = 'TNT-0133726' and Loss Date = '10/07/2015'

Party Name Payment Type	Payee Name/Number Comment	Invoice Number Invoice Date	Begin Service End Service	Check Number Void Date	Transaction Type Transaction Date	Transaction Amount
[redacted] Legal Expense	Morrison Mahoney LLP / 042262762 Invoice # 880160	880160 04/08/2016	Jan-27-2016 Mar-10-2016	121110	Check Apr/14/2016	$3,248.18
[redacted] Legal Expense	Morrison Mahoney LLP / 042262762 Invoice # 887430	887430 07/13/2016	Feb-2-2016 Jun-27-2016	123499	Check Aug/2/2016	$5,889.27
				Check Totals (2)		$9,137.45
				Grand Totals		**$9,137.45**