

Statement of Loss

Date of Loss: 08/19/20
 Insured: CITY OF ROCHELLE
 Travelers Claim #: FHZ3809

Coverage	Accepted Totals	Deductible	Payable Amounts	Previous Payments	Balance
Property Damage	\$ 811,430.23	\$ 5,000.00	\$ 806,430.23	\$ 0.00	\$ 806,430.23
Expediting Expense	\$ 0.00		\$ 0.00	\$ 0.00	\$ 0.00
Spoilage Damage	\$ 0.00		\$ 0.00	\$ 0.00	\$ 0.00
Water Damage	\$ 0.00		\$ 0.00	\$ 0.00	\$ 0.00
Other Coverage	\$ 0.00		\$ 0.00	\$ 0.00	\$ 0.00
Business Income	\$ 0.00		\$ 0.00	\$ 0.00	\$ 0.00
Extra Expense	\$ 0.00		\$ 0.00	\$ 0.00	\$ 0.00
Other Indirect Coverage	\$ 0.00		\$ 0.00	\$ 0.00	\$ 0.00
Total	\$ 811,430.23	\$ 5,000.00	\$ 806,430.23	\$ -	\$ 806,430.23

Previous/Advance Payments							
Payment Date	Property Damage	Expediting Expense	Spoilage Damage	Water Damage	Other Coverage	Business Income	Extra Expense

