

Procedures for Filing a Claim with the Erie County Water Authority

General Information

2019-058 - Krafft, Ilka

If you desire to file a claim against the Erie County Water Authority, please consider the following information.

A "Notice of Claim" is a notice to the Erie County Water Authority of your claim against the Erie County Water Authority. The contents of a Notice of Claim are set forth in the New York General Municipal Law § 50-e (2). A Notice of Claim must include: (1) the name and post office address of each claimant, and of his/her attorney, if any; (2) the nature of the claim; (3) the time when, the place where and the manner in which the claim arose; and (4) the items of damage or injuries claimed to have been sustained so far as then practicable.

If you wish to file a claim against the Erie County Water Authority for property damage or personal injury, please follow this procedure:

1. Submit a claim to your own insurance company and provide insurance company claim number. (If damage is less than deductible, there is no need to submit to insurance.) Deductible page is still required with claim.
2. Your claim should include:
 - A. Information indicating a filing of a claim with your own insurance company including the amount of claim, name of the insurance company, and adjuster, and the amount that the insurance company paid. Also, provide evidence as to the amount of your deductible by sending a copy of the declarations page of your policy.
 - B. A written statement supporting the claim for which you are seeking recovery, including date, location, persons and property involved.
 - C. Documentation of your claim:
 - a. Ownership (aka Certificate of Title).
 - b. If medical expenses are being claimed - copies of bills once submitted to health insurance or automobile insurance (under the medical portion of the policy) must be submitted explaining what insurance covered and the outstanding balance.
 - c. If property damage is a vehicle- a copy of the declaration page (showing deductible amounts and coverage) from your insurance company. If liability insurance coverage (2) repair estimates must be submitted also.
 - d. Evidence of any other amounts you are claiming (accompanying a receipt).
 - e. Names of persons with whom you have communicated regarding this claim.

Anthony J. Alessi

Once information on a claim is received, an investigation is started to determine if the Erie County Water Authority is liable. All of the above information is necessary to start the investigation. **Please submit insurance information and your Notice of Claim immediately. A written statement for the total amount of the claim must be provided.**

If the Erie County Water Authority is liable, the claim is paid by the Erie County Water Authority or by our insurance company. The Erie County Water Authority cannot write you a check immediately for your damages, as the Erie County Water Authority Board of Commissioners must approve claim payments.

If your claim has been allowed and an amount agreed upon, you will be sent a General Release to sign. You must return that release before your claim can be processed. It may take many weeks after approval of your claim before you receive a check from the Erie County Water Authority or our insurance company

PROPERTY DAMAGE CLAIMANT STATEMENT
CLAIMS REPRESENTATIVE / RISK MANAGER ERIE
COUNTY WATER AUTHORITY
295 MAIN STREET - ROOM 350
BUFFALO, NEW YORK 14203-2494
(716) 849-8484 - TELEPHONE
(716) 849-8463 - FAX

Property Damage Claim Checklist, (the following items must be included for your claim to be processed):

- ☒ 1 - Insurance declaration page (If at fault, the Erie County Water Authority or our insurance company will reimburse for uncovered items such as your deductible)
- ☒ 2 - Two written estimates *I could only get one company to provide an estimate.*
- ☒ 3 - Evidence of any other amounts you are claiming

Please Print

Claimant Name	Ilka Krafft	Social Security #	NOT REQUIRED
Address	[REDACTED]	Zip Code	[REDACTED]
Home Phone #	[REDACTED]	Work Phone #	[REDACTED]

Accident / Damage Location	Front yard / Driveway / Garage Door Windows		
Date of Incident	march 20, 2019	Time of Incident	10:00 pm a.m. / p.m.
Police Contacted?	Yes / <u>No</u>	Police Report Taken?	Yes / <u>No</u>
If NO, why?	Not needed		

If this is not your property, give the name and address of the owner:

Name	N/A		
Address		Zip Code	
Home Phone #		Work Phone #	

Repair Estimates	\$ 317.55	\$
------------------	-----------	----

Witness(es), if available

Name	N/A	Name	
Address		Address	
Phone		Phone	

Claimant's Statement (please be specific):

On March 20, 2019, a water main break damaged the end of my driveway at [REDACTED]. The water main break also damaged my lawn and broke two windows on my garage door. Stones were thrown all over my front lawn, gutters, front porch, and roof. I would like this all cleaned up.

This is the third water main break on my property in seven years (2012, 2014, 2019).

Due to the age of my garage door (60 yrs.), it was difficult to find someone to repair the windows. I could only find one company to give an estimate on repairing the broken garage door windows.

(Use reverse side if necessary)

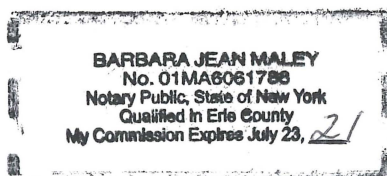
VERIFICATION

ILKA KRAFFT, being duly sworn, deposes and says s/he is the Claimant in this action; that s/he has read the foregoing Notice of Intention to File a Claim and knows the contents thereof; that the same is true to the knowledge of deponent, except as to the matters therein stated to be alleged upon information and belief, and as to those matters s/he believe it to be true.

Claimant's Signature:

Ilka Krafft

Date:

4/8/2019Sworn to before me this 8 day of April 2019.Barbara J. Maley
Notary Public



5585 Harris Hill Road
WILLIAMSVILLE, NY 14221
EMAIL: INFO@ADVANCEGLASS.COM
WWW.ADVANCEGLASS.COM

PROPOSAL

Page No. _____ of _____ Pages

(716) 741-9030 FAX (716) 741-4621

To:

Mrs KRAFT

JOB NAME / NO.

LOCATION

PHONE

DATE

4-1-2019

We hereby submit specifications and estimates for:

ESTIMATE TO REGAZZ;

2) ~ 12 X 38 X 1/8" CLEAR GLASS \$ 146.00 EA 292.00
SHAPE PER OPENING TX 25.55

IN GARAGE OVERHEAD DOOR 317.55
DAMAGED BY STONES

WE PROPOSE hereby to furnish material and labor - complete in accordance with these specifications, for the sum of:

dollars (\$ 317.55).

Payable as follows:

50% deposit required to schedule. Balance due upon receipt.

All material is guaranteed to be as specified. All work is completed in a workmanlike manner according to standard practices. Any alterations or deviation from above specifications involving extra cost will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

Authorized
Signature

NOTE: This proposal may be withdrawn
by us if not accepted within 60 days.

ACCEPTANCE OF PROPOSAL - The prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature _____ Date _____ Signature _____ Date _____

HOMEOWNERS POLICY

Named Insured

RAYMOND KRAFFT

Your Agency's Name and Address

UNITED INS AGCY INC
P O BOX 850
GETZVILLE, NY 14068

Your Policy Number: 033439850 633 9

For Policy Service Call: (716) 632-6118

Your Account Number: 033439850

For Claim Service Call: 1-800-CLAIM33

Policy Period

FROM: 08-31-18 To: 08-31-19 12:01 A.M.
STANDARD TIME AT THE RESIDENCE PREMISES

Location of Residence Premises

NY

Section I - Property Coverages

Limits of
Liability

Premium

A - DWELLING	\$ 382,000	\$ 1,317.00
B - OTHER STRUCTURES	38,200	INCL
C - PERSONAL PROPERTY	267,400	INCL
D - LOSS OF USE	114,600	INCL

Section II - Liability Coverages

E - PERSONAL LIABILITY (BODILY INJURY AND PROPERTY DAMAGE) EACH OCCURRENCE	\$ 100,000	\$ 3.00
F - MEDICAL PAYMENTS TO OTHERS- EACH PERSON	2,000	INCL

Coverages E and F Extended to Include:

WILSON ROAD
COLLINS

NY 14034

Policy Forms and Endorsements

HO-3 (12-86) Homeowners 3 Special Form		
HA-300 NY (05-15) Special Provisions - New York		
HA-390 NY (12-02) Workers Compensation and Employers Liability		
56494 NY (06-91) Contents Replacement/Repair Cost Coverage	\$	153.00
58064 NY (08-99) Value Added Package		

Total Premium

\$ 1,473.00

Your Premium Reflects the Following Credits or State Surcharges

Security Credit	-61.00
Loss Free Credit	-164.00

Policy Deductible: \$ 250.00 All perils insured against

In case of loss under section I, only that part of the loss over the stated deductible is covered.

Your Insurer: The Automobile Insurance Company of Hartford, Connecticut
One of The Travelers Property Casualty Companies
One Tower Square, Hartford, CT 06183

For Your Information

For information about how Travelers compensates independent agents and brokers, please visit www.Travelers.com or call our toll free telephone number 1-866-904-8348. You may also request a written copy from Marketing at One Tower Square, 2GSA, Hartford, Connecticut 06183.

You may be eligible for a policy in a newer product from another of our Travelers companies. How we determine the price for a policy is done differently for the newer product. For example, we may use new criteria or use the existing criteria, such as age of home or construction type, in a different manner. A new product policy might cost you less or more than what you now pay. It may also have different features than your current policy. You may continue with your current policy, or you may request a policy in the new program. We also offer many other ways to save on your premium. Travelers is here to help - so contact your agent or Travelers representative to discuss whether a different Travelers Homeowners insurance policy is right for you.

We have increased the coverage limit on your home by 1.7% to reflect the estimated cost to rebuild your home. This increase is based on information we received from CoreLogic, an independent firm specializing in construction costs. Each home is unique and you know your home best. Your coverage amount may need to be adjusted, higher or lower, based on your home's specific construction details, updates or upgrades. If you disagree with your coverage limit, please contact your Travelers representative or agent who can work with you to help you decide the appropriate amount of insurance for your home and process any necessary adjustments.

It is important that the information we used to rate your policy is correct. It is your responsibility to make sure that the information on these Declarations is accurate and complete, including checking that you are receiving all the discounts for which you are eligible. To see a full list of discounts offered, including discounts for having multiple policies with us, protecting your home with safety devices and being claim free, go to www.travelers.com/discounts. Once at the website, type in your policy number 0334398506339 and product code HL1 to view the discounts available. If any of the information on the Declarations has changed, appears incorrect, or is missing, please advise your Travelers agent or representative immediately. Your Travelers agent or representative is also available to review the information on the Declarations with you.







* * * * *
afft
Rd
erst, NY 14051
* * * * *

APR 10 '19



1000



14203

U.S. POSTAGE PAID
FCM LG ENV
EAST AMHERST, NY
14051
APR 08, 19
AMOUNT
\$1.30
R2304M114421-05

Anthony Alessi
ERIE County Water Authority
295 MAIN St. Room 350
Buffalo, NY 14203

APR 10 '19 PM2:27

APR 10 '19 PM2:55

