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122806951 CAPACITY: 3500 LBS

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CAPACITY: 3500 LBS







[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
03/04/2016

Haulmark Trailers
14054 C.R. 4
Bristol IN 46507

Our Insured: [REDACTED]
Your Claim Number: Unknown
Your Insurance: Unknown
Our Claim Numbers: E0F7741, E6M3973, and E6M4082
Date of Loss: 12/19/2015

Dear Haulmark Trailers,

This letter shall serve as a subrogation demand for property damage which [REDACTED] finds you liable. My insured sustained damage due to a defective trailer.

Our investigation revealed that my insured recently purchased a Haulmark trailer from [REDACTED] in [REDACTED]. On the first trip out, one of my insured's employees was driving on U.S. Highway 50 near Abbyville, Kansas when an axle came off and caused an accident. Our expert examination determined that the trailer lost the front of its twin axles due to defective welds where it was secured to the frame with aluminum brackets. There was simply insufficient penetration of the welds into the trailer frame base metal to form a secure bond. The lack of penetration during this TIG (tungsten inert gas) welding procedure would have been due to a lack of heat input from improper welding machine settings by the welder. This represents a lapse in normal manufacturing quality control procedures.

[REDACTED] asserts the trailer failed due to the manufacturing process and find you responsible for products liability. You owed a duty of reasonable care to manufacture their product free of defects. This duty was breached when the trailer failed under normal operating conditions. The defect in the trailer was the proximate cause of loss and the subsequent roll over caused \$28,157.41 in damage to my insured's property.

[REDACTED] requests \$28,157.41 which includes my insured's \$3,000 deductible. This payment is for the cost to repair and replace the damage to my insured's property.

1. Proofs of Payment
2. Damage Estimates
3. Damage Photos

Please note our claim number on the check, make it payable to [REDACTED] Company Of America and fax ID # [REDACTED] and send it to [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Please address correspondence to:

Travelers Insurance
Attn: Gerald Kapinos
P.O. Box 5076
Bedford CT 06102

Thank you for your time and consideration with this matter. I will follow up with you in 10 business days if I do not hear from you sooner to discuss resolution of this claim.

Sincerely,

Gerald Kapinos
Claim Professional
Direct: (262)957-2400
Office: (800)624-6007 Ext. 957-2400
Fax: (866)280-7352
Email: GKAPINOS@travelers.com
Travelers Insurance Company

Financials

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Financials ▾ ⓘ

Friday, March 04, 2016

NOL Insured Information:

[REDACTED]
[REDACTED]
[REDACTED]

Claim Number:

E0F7741

RP Sequence Number:

001

Responsible Party Information:

HAULMARK TRAILERS
14054 C.R. 4
BRISTOL, IN 46507

Loss Date:

12/19/2015

Accident State:

ABBYVILLE, KS

Summary of Loss:

Claimant Summary ▾ ⓘ

Claimant Number	Name	Type	Cpy Code	Deductible	Reduction	Total Subro Demand
001	/NATIONAL LIGHTING ELECTRICAL	INSD	IM INST	\$1,000.00	\$0.00	\$16,000.00
	001 CMT (SUBTOTAL)			\$0.00	\$0.00	\$16,000.00
	TOTALS (AMOUNT DUE)			\$0.00	\$0.00	\$16,000.00

Payment Details ▾ ⓘ

Clm Nbr	PERS Auth Id	Cov Cd	Reference	Seq Nbr	Transaction Date	Amount	Payee or Sold to Name	For	Explanation
001	TMP	IM INST	0087267471	001	02/04/2016	\$15,000.00	[REDACTED]	TRANSIT LOSS	

Indemnity Net Paid Amount:

\$15,000.00

Expense Details ▸

Financials

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Financials ▾

Friday, March 04, 2016

NOL Insured Information:

NATIONAL LIGHTING ELECTRICAL
10574 PINE LAKE
MENASHA, WI 54952-0901

Claim Number:

E6M3973

RP Sequence Number:

001

Responsible Party Information:

HAULMARK TRAILERS
14054 C.R. 4
BRISTOL, IN 46307

Loss Date:

12/19/2015

Accident State:

ABBYVILLE, KS

Summary of Loss:

Claimant Summary ▾

Claimant Number	Name	Type	Cov Code	Deductible	Reduction	Total Subro Demand
001	NATIONAL LIGHTING ELECTRICAL	INSD	COLL	\$1,000.00	\$0.00	\$3,212.87
	001 CMT (SUBTOTAL)			\$0.00	\$0.00	\$3,212.87
	TOTALS (AMOUNT DUE)			\$0.00	\$0.00	\$3,212.87

Payment Details ▾

Cln Nbr	PERS Auth Id	Cov Cd	Reference	Seq Nbr	Transaction Date	Amount	Payee or Sold to Name	For	Explanation
001	MS2	COLL	0087338724	002	02/19/2016	\$2,212.87	NATIONAL LIGHTING ELECTRICAL	LEFT WITH OWNER SETTLEMENT	LEFT WITH OWNER SETTLEMENT

Indemnity Net Paid Amount:

\$2,212.87

Expense Details ▸

Financials

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Financials ▾

Friday, March 04, 2016

NOL Insured Information:

Claim Number:

E6M4082

RP Sequence Number:

001

Responsible Party Information:

HAULMARK TRAILERS

14054 C.R. 4

BRISTOL, IN 46507

Loss Date:

12/19/2015

Accident State:

ABBYVILLE, KS

Summary of Loss:

Claimant Summary ▾

Claimant Number	Name	Type	Cov Code	Deductible	Reduction	Total Subro Demand
001	NATIONAL LIGHTING ELECTRICAL	INSD	CI	\$1,000.00	\$0.00	\$8,944.54
	001 CMT (SUBTOTAL)			\$0.00	\$0.00	\$8,944.54
	TOTALS (AMOUNT DUE)			\$0.00	\$0.00	\$8,944.54

Payment Details ▾

Clm Nbr	PERS Auth Id	Cov Cd	Reference	Seq Nbr	Transaction Date	Amount	Payee or Sold to Name	For	Explanation
001	TMP	CI	0087267602	001	02/04/2016	\$7,944.54	NATIONAL LIGHTING ELECTRICAL INC	TRANSIT LOSS LESS \$1000 DEDUCTIBLE	

Indemnity Net Paid Amount:

\$7,944.54

Expense Details ▸

Insured: [REDACTED]
 Property: [REDACTED]
 Home: [REDACTED]

Business: [REDACTED]

Claim Rep.: [REDACTED]
 Company: [REDACTED]
 Business: [REDACTED]

Business: [REDACTED]
 E-mail: [REDACTED]

Claim Number: E0F7741001H

Policy Number: DTJCO 7E740584

Type of Loss: COLL, TRANSIT PERILS:
 UPSET, OVERTU

Coverage	Deductible	Policy Limit
inland marine	\$1,000.00	\$15,000.00

Date Contacted: 1/8/2016 9:17 AM

Date of Loss: 12/19/2015

Date Inspected:

Date Received: 1/7/2016

Date Entered: 1/11/2016 6:44 AM

Date Est. Completed: 2/4/2016 8:58 AM

Price List: WIAP8X_JAN16
 Restoration/Service/Remodel
 Estimate: [REDACTED]

Depreciate Material: Yes
 Depreciate Non-material: Yes
 Depreciate Removal: No

Depreciate O&P: Yes
 Depreciate Taxes: Yes

Dear [REDACTED]

We have prepared an estimate of damages which will serve as the basis for our determination of benefits. Therefore, you and/or your contractor should review this estimate carefully and let us know immediately if you have any questions prior to beginning any work. A letter with an explanation of benefits and coverage will be provided to you separately.

Thank you for allowing us to be of service, and thank you for choosing [REDACTED] for your insurance needs. If you have any questions regarding this estimate or any aspect of your claim, please contact [REDACTED] at (628) 961-8700.