

DA2317

PHILADELPHIA INDEMNITY INSURANCE COMPANY
CLAIMS ACCOUNT
ONE BALA PLAZA STE 100
Bala Cynwyd, PA 19004

Date: 01/15/2025
Check #: 3001086635
Amount: 50,000.00



002420 R3N5T1A
Insurance Adjusters Group, LLC
10600 S PENNSYLVANIA AVE
STE 16 #552
OKLAHOMA CITY OK 73170



Questions concerning this payment? Contact our Claims Department at 1-800-765-9749 and reference the claim number when calling.

PAYEE CITY OF MANGUM & INSURANCE
ADJUSTERS GROUP, LLC

POLICY HOLDER City of Mangum
CLAIM # PHMA24101677524
POLICY NUMBER PHPK2616268

DOL 03/07/2024
PAYMENT PARTIAL
TYPE LOSS

INVOICE NUMBER

EXAMINER Davis, William Aaron

COMMENTS Payment under building coverage
For hail damage to Loc 1 - 1 Wickersham St, Mangum, OK 73554-9117
Advance payment = \$50,000

PLEASE DETACH BEFORE DEPOSITING CHECK

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

PHILADELPHIA INDEMNITY INSURANCE COMPANY
CLAIMS ACCOUNT
ONE BALA PLAZA STE 100
Bala Cynwyd, PA 19004



11-24/1210

Date: 01/15/2025
Check #: 3001086635

Pay Exactly **Fifty Thousand and 00/100 -US Dollars **

Amount
\$***50,000.00

PAY TO CITY OF MANGUM & INSURANCE
ADJUSTERS GROUP, LLC

POLICY HOLDER City of Mangum
CLAIM # PHMA24101677524
POLICY NUMBER PHPK2616268

DOL 03/07/2024
PAYMENT PARTIAL
TYPE LOSS

WELLS FARGO BANK, N.A.

KG Fouciello
Authorized Signer

⑈ 300 1086635 ⑈ ⑆ 12 1000 248 ⑆ 2 100003 19 193 7 ⑈

Security Details on Back