CLAIM OFFICE ADDRESS:
STE 301 EXECUTIVE PLAZA IV
11350 MCCORMICK RD
HUNT VALLEY, MD 21031

CONTACT: LANG, STACI
PHONE: 800-241-3238

Liberty Mutual INSURANCE

B. CODE	CHECK REFERENCE	CHECK DATE
251	37289715	09/25/15
	CHECK AMOUNT ***$1425.23	BLOCK NUMBER 000384

ACCIDENT DATE: 02/20/15

INSURED NAME: MCALESTER,MARK

CLAIMANT NAME: CITY OF NORMAN

OSN: VV0101092501-000434
CLAIM NUMBER: 032352204-0002
POLICY NUMBER: AO2-298-219382-404
INSURED OPERATOR:

COVERAGE	INVOICE NO	DATES OF SERVICE	CHARGES	PAID AMT	ADJUSTMENTS
LIABILITY PROPERTY DAMAGE			1425.23	1425.23	

PAYMENT TO: CITY OF NORMAN

TOTAL CHARGE:	1425.23
TOTAL PAID:	1425.23
TOTAL DEDUCTIBLE:	0.00
TOTAL FEDERAL WITHHOLDING:	0.00
CHECK AMOUNT:	1425.23

NOTES
PAYMENT IS FOR YOUR DAMAGES UNDER LIABILITY PROPERTY DAMAGES COVERAGE.

PLEASE REFERENCE CLAIM NO AND SEND THIS EOP WITH ALL CORRESPONDENCE

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

VIS * 000384
HUNT VALLEY, MD
STE 301 EXECUTIVE PLAZA IV
11350 MCCORMICK RD
HUNT VALLEY, MD 21031

Liberty Mutual INSURANCE

62-20/311
CITIBANK NA, ONE PENNS WAY
NEW CASTLE, DE 19720

PAY ONLY 1425 23 ONE FOUR TWO FIVE CTSCTS

*PAY*ONE*THOUSAND*FOUR*HUNDRED*TWENTY*FIVE*DOLLARS*TWENTY*THREE*CENTS*

OFFICE NO.	B. CODE	PAYMENT IDENTIFICATION	CHECK NUMBER	CHECK DATE
0980	251	CLAIM 032352204-0002	37289715	09/25/15

PAY ***$1425.23

VOID IF NOT PRESENTED WITHIN 6 MONTHS OF DATE OF CHECK

PAY TO THE ORDER OF

CITY OF NORMAN
201 B WEST GRAY
NORMAN OK 73071

TWO SIGNATURES REQUIRED IF OVER $500,000

⑈37289715⑈ ⑆031100209⑆ 3870735 1⑈

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW.