## DS / REG

## **Affiliated FM Insurance Company**

P. O. Box 7500 Johnston, RI 02919

RICHARD JUDD JR.

972-731-1879

CLIENT:

CITY OF NORMAN AND NORMAN UTILITIES

**AUTHORITY** 

**LOCATION OF LOSS:** 

NORMAN OK

TYPE OF LOSS:

FIRE-LOCATION

DATE OF LOSS:

CLAIMS OPS. OFFICE:

**DALLAS** 

2017-11-27

ACCOUNT NO:

0057162

POLICY NO:

00GN954

CLAIM NO:

**KM749** 

CLAIM ID:

000472720

INVOICE ID:

P0153086

**CHECK NO:** 

**CHECK DATE:** 

AMOUNT:

143798

4/11/2018

\*\*\*\$147,552.02

VOID IF BLACK CONTROL NUMBER DOES NOT APPEAR RED ON BACK SIDE • VOID IF PLUM COLORED CHECK BACKGROUND IS MISSING

**Bank of America** Affiliated FM Insurance Company

P. O. Box 7500 Johnston, RI 02919

PAY: \*\*\*\*One hundred forty-seven thousand five hundred fifty-two and 2/100 Dollar \*\*

TO THE ORDER OF

CITY OF NORMAN AND NORMAN UTILITIES AUTHORITY & OKLAHOMA WATER RESOURCES BOND\*\*\*

51-44 119

DATE CHECK NO. 4/11/2018 143798

> **CHECK AMOUNT** \*\*\*\$147,552.02

Affiliated FM Insurance Company

**Authorized Signature** 

**Global** 

THIS IS WATERMARKED PAPER - HOLD TO LIGHT TO VERIFY - SEE EXAMPLE ON BACK SIDE