

TWIN CITIES WEST CLAIMS BRANCH
PO BOX 64359
SAINT PAUL MN 55164-0359

Auto-Owners
INSURANCE

LIFE • HOME • CAR • BUSINESS

P.O. BOX 30660 • LANSING, MICHIGAN 48909-8160

AUTO-OWNERS INSURANCE COMPANY
800.328.0034

04/30/2025

RONALD D OTTERSON
3111 SUNDANCE CIR NW
ALEXANDRIA MN 56308-9075

RE: Insured: RONALD D OTTERSON
Claim Number: 300-0261455-2025
Policy Number: 41-792035-02
Date of Loss: 06/12/2024

ACKNOWLEDGEMENT OF CLAIM

Dear RONALD D OTTERSON

We have received notice of a Hail loss which reportedly occurred on 06/12/2024. We are undertaking an investigation of the loss and coverage and would like to remind you of some of your obligations under the terms and conditions of your insurance policy with AUTO-OWNERS INSURANCE COMPANY as well as to advise you of the materials which constitute a satisfactory Proof of Loss. Please review the entire policy including the specific section entitled What to do In Case of Loss.

The requirements of What to do In Case of Loss are enclosed for your convenience.

If you are making a claim for loss or damage to contents or other personal property, you must prepare an inventory describing the damaged property in full. It should show in detail quantities, date of purchase, place of purchase, purchase price, replacement cost and actual cash value at the time of loss or repair cost. Attach copies of bills, receipts and any other documents which support your inventory. Inventory forms are available upon request.

If during the claims process we request that you prepare and submit a Sworn Statement in Proof of Loss on your claim for payment under the terms and conditions of the insurance policy, the Sworn Statement in Proof of Loss must be filed in accordance with the applicable policy provision. Attached to this letter, you will find a copy of the applicable policy provision.

Please provide an answer or response to all areas left blank on the form. Read the form carefully; any intentional misrepresentations or omissions on your Sworn Statement in Proof of Loss, or during the claim presentment process may result in your claim being denied.

After you have completed and signed the Sworn Statement in Proof of Loss form before a notary public, please return it to us. You may utilize the return envelope provided. You should attach copies of all estimates, inventories, receipts, bills, financial records or other materials you have relied upon to prepare the Sworn Statement in Proof of Loss and return it to us at the following address:

TWIN CITIES WEST CLAIMS BRANCH
PO BOX 64359

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It should be understood by you that no decision has been made with respect to your claim at this time. A decision on your claim can only be made once the claim has been submitted and supported by proper documentation. This letter, and the enclosed forms, do not supersede the terms and conditions of the policy of insurance. The rights and conditions specified in the policy are preserved for your benefit as well as AUTO-OWNERS INSURANCE COMPANY. The purpose of this letter is to provide you with the information to comply with the terms and conditions of the insurance policy.

Sincerely,

TWIN CITIES WEST CLAIMS BRANCH
800.328.0034

Guide to the Insurance Claim Process

Below is a basic summary of the claims process. No references below change or modify your policy.

1. **Contact:** You will be contacted by an adjuster to gather pertinent information, and to set an appointment for inspection (*if needed*) of your claim.
2. **Inspection:** The adjuster will determine the scope of necessary repairs to be able to prepare an estimate (*if necessary*) for the covered damages. If you have chosen a contractor, please present any applicable information.
3. **Estimate of Damages:** The adjuster continues the process by writing or securing an estimate for the covered damages.
4. **Payment Issued:** Reimbursement for repair or replacement of your damages may be made in two or more payments. You will receive a copy of the estimate of damages which details all of the following payments:
 - **1st Payment: Actual Cash Value (ACV):** Actual cash value may be calculated by subtracting depreciation, determined by age and use, from the replacement cost of the property. This may change according to the state you reside. The amount of payment will also be less any deductible on the policy
5. **Repairing your Property:** Contact a contractor of your choice and provide them a copy of the estimate. Review the estimate with them to ensure that the scope of damages and repair process is completely understood. If there is a cost difference, contact us immediately. Once the repairs are completed, you may be eligible for the following:
 - **2nd Payment: Replacement Cost (RC):** If your policy has replacement cost coverage and if your policy conditions are met, you may be entitled up to the full amount shown on the estimate you received with your first payment. To receive this payment, you will need to submit the following to the Auto-Owners claims branch to review for proof of completion:

An itemized invoice, photos of repaired property and any other documentation we may further request.

We reserve the right to inspect the repaired property. Once repairs and associated costs are verified, we will reimburse you the depreciation that was withheld, or the actual cost of repairs less the deductible and initial payment, whichever is less.

If during the claims process we request that you prepare and submit a Sworn Statement in Proof of Loss on your claim for payment under the terms and conditions of the insurance policy, we will provide you with these forms. The Sworn Statement in Proof of Loss must be filed in accordance with the applicable policy provision. Attached to this letter, you will find a copy of the applicable policy provision.

Customer Center: Did you know you can obtain information regarding the status of your claim online through Auto-Owners Customer Center? You can sign up for Customer Center at <https://customercenter.auto-owners.com/cp/login>.

Conversational Texting: Auto-Owners makes conversational texting available to customers as an additional means of communication. Ask your Claims Representative listed on the enclosed Acknowledgment of Claim letter for details.

Electronic Claim Payments: Auto-Owners customers are able to accept electronic payments using their bank account, PayPal or Venmo account! This allows our customers to receive their payment faster! Ask your Claims Representative listed on the enclosed Acknowledgment of Claim letter for details.

Serving Our Policyholders and Agents Since 1916

WHAT TO DO IN CASE OF LOSS

PROPERTY

If a covered loss occurs, the **insured** must:

- a. give **us** or **your** agency immediate notice. In case of theft also notify the police and provide them with a complete inventory of stolen or damaged property. In case of loss under Credit Card, Charge Plate, Fund Transfer Card and Check Forgery Coverage, also notify the issuer of the card or plate or the bank.
- b. protect the property from further damage or loss, make necessary and reasonable temporary repairs and keep records of the cost.
- c. make an inventory of all damaged and destroyed property. Show in detail quantities, costs, age, actual cash value and amount of loss claimed, and attach to the inventory all available bills receipts and related documents that substantiate the figures in the inventory.
- d. send to **us**, within 60 days after **our** request, a proof of loss signed and sworn to by the **insured**, including:
 - (1) the time and cause of loss;
 - (2) the interest of **insureds** and all others in the property;
 - (3) actual cash value and amount of loss to the property;
 - (4) all encumbrances on the property;
 - (5) other policies covering the loss;
 - (6) changes in the title, use, occupancy or possession of the property;
 - (7) if required, any plans and specifications of any damaged building or fixtures; and
 - (8) the inventory of all damaged or stolen property required by c. above
- e. exhibit the damaged property to **us** or **our** representative as often as may be reasonably required.
- f. submit to statements, examinations under oath, and video taped examinations under oath while not in the presence of any other **insured** and sign the transcripts of the statements and examinations.
- g. provide **us** with records and documents **we** require and permit **us** to make copies.
- h. produce receipts for any increased costs to maintain **your** standard of living while **you** reside elsewhere and records pertaining to any loss of rental income.
- i. provide evidence or affidavit(s) supporting a claim under the Credit Card, Bank Fund Transfer Card, Forgery and Counterfeit Money coverage, stating the amount and cause of loss.
- j. make available **residence employees**, members of **your** household or others for examination under oath to the extent it is within **your** power to do so.