

SCHEDULE OF DEPARTMENTAL PAYMENTS TO COLLECTOR/TREASURER

Original: Collector Office

Copy: Accountant Office


DEPARTMENT - FINANCE

2/21/2018

DESCRIPTION	ACCOUNT #	AMOUNT
Insurance proceeds check from NorthStar due to roof collapse at rink	31733-48427	500,000.00
TOTALS		500,000.00

TO THE DEPARTMENT MAKING THE PAYMENT:

THE ABOVE SUM HAS BEEN RECEIVED ON THIS DATE 2-21-18


 COLLECTOR/TREASURER'S OFFICE

Trident Insurance Services, LLC
On Behalf Of: National Union & Its Affiliated Companies
Handled By:
Contact Number: 1-800-444-3916

JPMorgan Chase Bank, N.A.
Dallas, TX

Check Number: 12023

Policy/Certificate: 01LX054201723-02
Insured: Town of Canton

32-61
1110

Source: FH-TNE

Claim Number: TNT-0128027
Date of Loss: 02/28/2015
Claimant: Town of Canton

Period Covered: 2018-02-15 to 2018-02-15
Adjuster: david.clark

Date: 02/15/2018
Void After 180 Days
Amount: \$500,000.00

PAY Five Hundred Thousand Dollars And Zero Cents**
PAY TO THE TOWN OF CANTON
ORDER OF

John K. Gaskin
AUTHORIZED REPRESENTATIVE
Jessie Bond
AUTHORIZED REPRESENTATIVE

PAYEE C/o NorthStar Ins. Services, Inc
ADDRESS 300 First Ave, Suite 100
Needham, MA 02494
FOR Loss of Business Income and Extra Expenses



⑈00000 1 20 23⑈ ⑆ 1 1 10006 1 4 1 ⑆ 469865047⑈

DETACH BEFORE CASHING (Retain stub for your records.)

Pay To: TOWN OF CANTON

Payer: Trident Insurance Services, LLC

For: Loss of Business Income and Extra Expenses

Contact Number: 1-800-444-3916

Check Number: 12023
Issued: 02/15/2018

Claim Number	Claimant Name	Invoice	Paid Amt	Billed Amt	Policy/Certificate	Dt of Loss	Period Covered
Type Pay	Pymt Desc	Adjuster		FEIN/SSNO	Insured Name		Treaty Name
TNT-0128027	Town of Canton		500,000.00	500,000.00	01LX054201723-02	02/28/2015	2018-02-15 to 2018-02-15
	Business Income with extra ex	david.clark			Town of Canton		
	Total		500,000.00	500,000.00			

31733 - 48427

Mail To: Town of Canton
C/o NorthStar Ins. Services, Inc
300 First Ave, Suite 100
Needham MA 02494

300 First Ave., Suite 100
Needham, MA 02494
Tel: (781) 431-2500
Fax: (781) 431-6134
www.nsins.com



February 20, 2018

Town of Canton
Ms. Tina Carlton
801 Washington Street
Canton, MA 02021

Re: Claim TNT-01280287
Policy No.: 01LX054201723-02
Date of Loss: 2/28/2015

Dear Tina,

I am pleased to forward Trident's check in the amount of \$500,000.00 as partial payment for the above referenced loss. This represents payment under your property policy – loss of business income and extra expense coverage.

If you have any questions or concerns, please contact me at the telephone number noted above.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Brohm", written over a horizontal line.

Michael Brohm
Claims Director