

Incident Number	19-00914
Date of Request	2/7/20

REQUEST FOR FIRE LOSS INFORMATION

To (Insurance Company Name and Address)

HERNDON & ASSOCIATES 36135 SCHOOLCRAFT LIVONIA MI 48150

Pursuant to MCL 29.4, you are hereby required to release certain information, to the undersigned, as may be in possession of your company or agent of your company relative to the fire loss described below.

Name of Insured

PHILIP GERHARD NEUEMEIER

Address of Insured

7809 WINANS LAKE RD BRIGHTON MI 48116

Description of Property Burned

Date of Fire

RESIDENCE AND ITS CONTENTS

11/19/19

Location of Fire Loss (Street)

City

County

7809 WINANS LAKE RD

BRIGHTON

LIVINGSTON

The information to be provided shall include each of the following:

- Each insurance policy relevant to a fire loss under investigation and each application for the policy.
- The policy premium payment records of a policy described above.
- A history of previous claims made by the insured for fire loss.
- Material relating to the investigation of the loss, including statements of any person, proof of loss, and other relevant evidence.
- ANY REPORTS OR DOCUMENTATION ASSOCIATED WITH PHILIP NEUEMEIER OR HIS RESIDENCE
- ANY PHOTOGRAPHS ASSOCIATED WITH THE RESIDENCE
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I acknowledge that any information received must be held in confidence until release of the information is required in the course of or pursuant to a criminal or civil proceeding. Also, I may be required to testify as to any information in my processing regarding this fire loss in any civil action or administrative hearing held pursuant to Act 218 of the Public Acts of 1956, as amended, being Sections 500.100 to 500.8302 of the Michigan Compiled Laws, in which a person seeks recovery under a policy against an insurance company for the fire loss or files a complaint with the commissioner of insurance relative to the refusal of an insurance company to pay under a policy for a fire loss sustained by the person.

Requester's Name (Typed)

D/SGT GARY HARPE

Requester's Signature

[Handwritten Signature]

Title

D/SGT

Department

HAMBURG TOWNSHIP POLICE DEPARTMENT

Phone (Area Code) Number

810-231-9391

Mailing Address

10409 MERRILL BOX 157 HAMBURG MI 48139

AUTHORITY:	Act 207 of 1941, as amended
COMPLETION	Required
PENALTY:	Misdemeanor

2/13/20 rec'd H&A file ref 19-1434 SF

Complaint Number

Date of Request