

October 23, 2013



ZURICH[®]

American Guarantee & Liability

7045 College Blvd

Overland Park, Kansas 66211

Total Loss Auto Claims

Telephone: 402-963-5000 ext 4229

Fax: 888-515-1452

www.zurichna.com

Barry Parker
Madison County Board
125 West North Street
Canton, Mississippi 39046

RE: Our Claim Number : 1510058067
Our Insured : Madison County Board
Policy Number : CPO3187410-09
Vehicle : 2000 Chevrolet Silverado C1500
VIN : 2GCEC19T4Y1141587
Date of Loss : 9/9/2013

Dear Mr. Parker:

After evaluating your vehicle, it has been declared a total loss. Please complete and return the following items to resolve your claim:

- Power of Attorney & Odometer Statement Form
- Letter of Guarantee with Title Mailing Instructions (this form needs to be completed by the lien holder)

You must return the **original** signed and notarized document along with lien free title. Please return all documents to the following:

Overnight Mail

Zurich Central Salvage
7045 College Blvd
Overland Park, KS 66211
Ph: 800-821-7803

All of the above checked items must be returned and approved by Central Salvage prior to your settlement check being issued.

Sincerely,

American Guarantee & Liability

Karoy Jacobs, Jr

Karoy Jacobs, Jr
Total Loss Specialist
404-851-3515

APPLICABLE IN ALABAMA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

APPLICABLE IN ALASKA

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

APPLICABLE IN ARIZONA

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

APPLICABLE IN ARKANSAS, DELAWARE, KENTUCKY, LOUISIANA, MAINE, MICHIGAN, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH DAKOTA, PENNSYLVANIA, RHODE ISLAND, SOUTH DAKOTA, TENNESSEE, TEXAS, VIRGINIA, AND WEST VIRGINIA

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In LA, ME, TN, and VA, insurance benefits may also be denied. NY Auto: in addition, any person who in connection with such application or claim knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation

APPLICABLE IN CALIFORNIA

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA

Pursuant to S. 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in S. 775.082, S. 775.083, or S. 775.084, Florida Statutes.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN IDAHO

Any person who knowingly and with the intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN INDIANA

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

APPLICABLE IN MARYLAND

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MINNESOTA

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEVADA

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

APPLICABLE IN NEW HAMPSHIRE

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.



POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That I/We, _____, do hereby make, constitute and appoint Sarah Russell or Phyllis Winfield or Julie Dearth or Tiffany Carey or Heather Kurtz for Zurich American Insurance Company or Empire Fire & Marine Insurance Company or Universal Underwriters Insurance Company my true and lawful attorney for me/us and in my/our name to execute and to sign my/our name to assignments of titles, applications for titles, or any other forms involving titles for a motor vehicle,

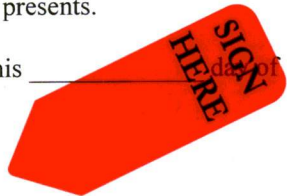
Year, Make: 2000 Chevrolet	Title Number:	Vehicle Identification Number: 2GCEC19T4Y1141587
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Until the title to this motor vehicle is out of my name, hereby satisfying and confirming all that.

The said Attorney, or substitute, shall do therein by virtue of these presents.

In witness thereof, I/We have hereunto act my/our hand and seal this _____

_____, 20____.



X _____

X _____

(Signature of Owner/ Owners)

THIS FORM MUST BE NOTARIZED

On the _____ day of _____, 20____, before me came the

Signer of the foregoing statement, known to be the individual described _____ and who executed the

Foregoing statement, and acknowledged that he/she/they executed the same



X _____

(Signature of Notary Public)

My Commission expires: _____

Please sign the above where indicated, have it notarized, and return it in the enclosed envelope so that we may handle the title work for your automobile. Thank you.

Claim Number: 1510058067



ODOMETER STATEMENT

Madison County Board
CLAIM: 1510058067

Federal law (and state law, if applicable) requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

I _____ state that my odometer reads _____ miles and to the best of my knowledge reflects the actual mileage of the vehicle described above, unless one of the following statements is checked:

_____ I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.

_____ I hereby certify that the odometer reading is not the actual mileage.

Make: Chevrolet	BODY TYPE:	MODEL: Silverado C1500
Vehicle ID Number: 2GCEC19T4Y1141587		
Color:	Trim:	Year: 2000

Transferor's Printed Name: (Seller)		
Transferor's Street Address:		
City:	State:	Zip Code:
Date of Statement:	Transferor's Signature: (Seller)	
	X _____	
	X _____ (Printed Name of Person Signing)	



Transferee's Printed Name: (Buyer)		
American Guarantee & Liability		
Street Address: 7045 College Blvd		
City: Overland Park	State: KS	Zip Code: 66211
RECEIPT OF COPY ACKNOWLEDGED		
X _____ (Transferee's Signature-Buyer)	_____ (Date)	
X _____ (Printed Name of Person Signing)	_____ (Date)	

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FACSMILE:

American Guarantee & Liability
7045 College Blvd
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Total Loss Auto Claims

Telephone: 402-963-5000

Fax: 888-515-1452

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ADJUSTMENT ADVISEMENT

Claim Number : 1510058067
Insured : Madison County Board
Vehicle : 2000 Chevrolet Silverado
C1500
VIN : 2GCEC19T4Y1141587
Date of Loss : 9/9/2013
Coverage Type : Comp

Actual Cash Value = \$5,425.00

TAX Due = \$379.75 (7%)

Registration & Fee Credit = \$10.00

Title Fee = \$10.00

Deductible = \$500.00

TOTAL AMOUNT = \$5,324.75

NET TOTAL = \$5,324.75

Total Amount Due to Customer = \$5,324.75-379.75 Tax

Exempt = \$ 4945.00

Upon receipt of approved paperwork, payment will be made.

FOR YOUR PROTECTION, IT IS A VIOLATION TO:

- (A) Present or cause to be presented any false or fraudulent claim for the payment of a loss under a contract of insurance.
- (B) Prepare, make or subscribe any writing, with intent to present or use the same, or to allow it to be presented or used in support of any such claim.

American Guarantee & Liability

Karoy Jacobs, Jr

Karoy Jacobs, Jr
Total Loss Specialist
404-851-3515



MAILING CHECKLIST

We understand that trying to resolve a CLAIM where your vehicle/heavy equipment has been determined to be a total loss/total theft can be very confusing. Below we have provided a checklist of necessary documents that must be completed and returned to our Zurich Central Salvage Group; please review this list to make sure all of your documents are enclosed.

CHECK LIST

Have you enclosed the **Highlighted** documents?

- Certificate of Title to your vehicle/heavy equipment.
- Keys to your vehicle.
- Notarized Power of Attorney Form.
 1. All parties shown as owner on the Title must sign this form.
 2. This form must be **NOTARIZED**.
- Secure Power of Attorney if applicable.
 1. All parties shown as owner on the Title must sign this form.
- Sworn Statement Proof of Loss
 1. All Parties Shown as insured must sign this form.
- Letter of guarantee
- Odometer Statement

***REMEMBER TO USE THE ENCLOSED RETURN
OVERNIGHT ENVELOPE***

Insert Return Shipment Tracking Number