



ST. JOHNS INSURANCE

CLAIM CENTER
P.O. BOX 1779
COLUMBIA, SC 29202-1779

August 18, 2021

Jeremy Gatch and Nicole Gatch
7597 SW 80th Place
Ocala, FL 34476-6933

RE: Claim No.: ST21202291
Policy No.: SJ31085563
Insured: Jeremy Gatch and Nicole Gatch
Loss Address: 7597 SW 80th PI, Ocala, FL 34476-6933
Date of Loss: April 10, 2021

Dear Jeremy Gatch and Nicole Gatch:

St. Johns Insurance Company provides insurance for the above property, subject to all terms and conditions of said policy.

Your policy of insurance provides replacement cost coverage for your loss. Based on our investigation of your claim, we have adjusted your loss as follows:

Coverage Type	Dwelling	Other Structures	Contents	Loss of Use	Total
Total Damages:	\$12,750.00	\$-	\$-	\$-	\$12,750.00
Less Non-Recoverable Depreciation:	\$-	\$-	\$-	\$-	\$-
(*) Less Recoverable Depreciation:	\$-	\$-	\$-	\$-	\$-
Less Deductible:	\$1,000.00	\$-	\$-	\$-	\$1,000.00
Net Claim Payment:	\$11,750.00	\$-	\$-	\$-	\$11,750.00
Plus Supplement Items:	\$797.99	\$-	\$-	\$-	\$797.99
Less Misc Other:	\$-	\$-	\$-	\$-	\$-
Less Prior Payments:	\$11,750.00	\$-	\$-	\$-	\$11,750.00
Payments Enclosed	\$797.99	\$-	\$-	\$-	\$797.99

Enclosed find this letter and under separate cover a check payable to Jeremy Gatch in the amount of \$797.99, which is issued in payment for supplemental damages presented by your contractor.

Your check was made payable to a mortgagee in accordance with the conditions of your insurance policy. Please contact the mortgage company if you have any questions concerning their procedures for endorsement and release of insurance payments.

Coverage for any additional costs necessary to meet applicable laws and ordinance is limited by the terms of your policy of insurance.

Please contact us immediately should you wish to claim additional repair costs or damages. Our claim investigation may require additional inspections or documentation prior to the completion of demolition or repair to support additional claims made.

In accordance with the duties of your policy of insurance, please attempt to make reasonable and necessary repairs to your damaged property to prevent further damages. Failure to make a reasonable attempt to mitigate your loss may jeopardize future coverage.

If you have any questions or concerns about this claim, please call me as soon as possible so that we may have the opportunity to promptly and fairly address them. My office hours are 8:00 AM to 5:00 PM Monday-Friday, or you may leave a message on my voice mail and I will call you back as soon as possible.

Sincerely,

Rodney Fears
Claims Examiner
Phone: 855-277-3139 ext. 2007
Email: Rodney.Fears@seibels.com

CC:
Roofing Pros USA
Attn: Chris Kestner

"Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of a claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

YOUR PEACE OF MIND IS OUR PRIORITY.

ST. JOHNS INSURANCE

0000982416

Claims Disbursement Account 800 748-2030
6675 Westwood Blvd., Suite 360
Orlando, Florida 32821

53-8138
631
B B & T
Branch Banking & Trust
Jacksonville, FL 32202

08/18/21

5797 99

CHECK NO.: 0000982416
DATE: 08/18/21
EXAMINER: Rodney Fears
CLAIM#: ST21202291
DATE OF LOSS: 04/10/21 CLMT:01
POLICY NO.: SJ31085563

CO.	INSURED/CLAIMANT
STJC	Jeremy Gatch Jeremy Gatch

THIS CHECK WILL BE VOID IF
NOT PRESENTED WITHIN SIX
MONTHS AFTER ITS DATE

FOR: Claim 01ST21202291 - Supplement Payment

\$797.99

PAY: Seven Hundred Ninety Seven Dollars And 99 Cents

To The Order Of: Jeremy Gatch and Marion County Board of County Commissioners and
Loancare Its Successors and Nicole Gatch and Roofing Pros USA

100 79270

Robert Lucas

Authorized Signature

THIS MULTI-TONE AREA OF THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT WITH DARKER AREAS BOTH TOP AND BOTTOM.

⑈0000982416⑈ ⑆263191387⑆014530667⑈

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK.

HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.