**ALABAMAMUNICIPALINSURANCECORP.** Montgomery,AL36104

| Description | From Date | To Date | Invoice # | Invoice Amt | Amount |
|---|---|---|---|---|---|
| Inland Marine | | | | $0.00 | $113,334.00 |

Claim Number: 063198 Claimant: City of Foley Payee:City of Foley
Check Number: 95729 Total Check Amt: $113,334.00 Event Date: 12/30/2024 Department: FOL City of Foley
Adjuster Name:Robert Blaise Adjuster Phone #:(850)525-7773 Control Number: 0176220
Check Memo: Full & Final Settlement of Any and All Claims

Payee Tax ID: 63-6001263

DX 170 Doosan Excavator Totaled
Street Department

Receipt to: 100-1012-4703

RKeil

Mail To Address : City of Foley
P. O. Box 1750
Foley, AL 36536

**REMITTANCE STATEMENT- PLEASE DETACH BEFORE DEPOSITING**

THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD TO LIGHT TO VIEW

**Alabama Municipal Insurance Corporation**
110 North Ripley Street
Montgomery, AL 36104

ServisFirst Bank

61-650
620

| DATE | CHECK NO. |
|---|---|
| 2/20/2025 | 95729 |
| AMOUNT | |
| $ | **113,334.00** |

PAY One Hundred Thirteen Thousand Three Hundred Thirty-Four and 00/100 Dollars***

TO THE ORDER OF
City of Foley
P. O. Box 1750
Foley, AL 36536

Full & Final Settlement of Any and All Claims

Authorized Signature

Authorized Signature

Details on back.

Security features included.

⑈095729⑈ ⑆062006505⑆ 1110100136⑈

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