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

RKeith

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"