



FAX COVER LETTER

RECIPIENT

NAME: Mr. Montalvo

FAX PHONE NO: 1-202-318-7652

SENDER

NAME: Theresa Jeanty

PHONE NO: 1-800-531-8722 X44414

FAX PHONE NO: 800-531-8669

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Thank you.



9800 Fredericksburg Road
San Antonio, Texas 78288

ERIC MONTALVO
2181 JAMIESON AVE
SUITE 1505
ALEXANDRIA VA 22314

June 10, 2010

Reference: Taylor Kraetz

Mr. Montalvo,

I am writing regarding the claim referenced below.

After further review by our underwriting department it has been determined that your client Taylor Kraetz did not carry collision or comprehensive coverage on the date of loss. We will not be able to assist with the damages to his vehicle in result of the accident. It appears that Mr. Kraetz did not complete the North Carolina consent to rate form and was advised that physical damage coverage would be removed if not signed and returned. Mr. Kraetz has not carried any physical damage coverage since 7/6/2009. He has received his policy packets during every renewal period reflecting that the coverage was not on the vehicle. It is the customer responsibility to review the packets to confirm coverages needed are on their policies along with signing and returning documentation that is needed to apply coverages as well.

Policyholder:	Taylor A. Kraetz
Reference #:	24053570-7103-3-7925
Date of loss:	January 31, 2010
Loss location:	Fayetteville, North Carolina

You may submit correspondence or questions to me. My contact information is:

Address:	P.O. Box 659461 San Antonio, Texas 78265
Fax:	800-531-8669
Phone:	1-800-531-8722 X44414

Sincerely,

A handwritten signature in cursive script that reads "Theresa Jeanty".

Theresa Jeanty
Southeast Regional Office
USAA General Indemnity Company