

**FAX COVER LETTER****RECIPIENT**

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NAME: Mr. Montalvo

FAX PHONE NO: 1-202-318-7652

**SENDER**

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NAME: Theresa Jeanty

PHONE NO: 1-800-531-8722 X44414

FAX PHONE NO: 800-531-8669

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9800 Fredericksburg Road  
San Antonio, Texas 78288

ERIC MONTALVO  
2181 JAMIESON AVE  
SUITE 1505  
ALEXANDRIA VA 22314

July 8, 2010

Reference: Taylor Kraetz

Mr. Montalvo,

I am writing regarding the claim referenced below. This letter is in response your letter dated June 22, 2010. I have reviewed Mr. Kraetz declaration pages along with speaking with our billing department. The premiums collected from Mr. Kraetz were for the coverage's reflected on his policy for the date of loss. When the adjustment was made his policy on July 6, 2009 to remove the comprehensive and collision coverage due to him not signing the required state documents it appears his premiums changed from \$1136.69(3/7/09 -7/6/09) to \$324.69 (07/06/09 - 01/06/10) for his six month policy. Then for his next renewal (01/06/10 - 07/06/10) his premium was \$487.12, which did not include collision or comprehensive coverage. Mr. Kraetz has also received his policy renewal packets every six months reflecting the coverage that is carried and the amount that is charged for his coverages.

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:

<b>Address:</b>	P.O. Box 659461 San Antonio, Texas 78265
<b>Fax:</b>	800-531-8669
<b>Phone:</b>	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