

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

201807050207

Electronic Service Requested



1 OF 1
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CITY OF CHULA VISTA
276 FOURTH AVE BLDG A
MS JANICE GALLEHER
CHULA VISTA, CA 91910-2631

Check No.: 10837706
RFP No.: 729601
Check Date: 07/04/2018
Check Amount: 250,000.00
Insured: CSAC EXCESS INSURANCE AUT

Claimant: CSAC EIA CITY OF CHULA VISTA

Claim Office: 501
Insuring Company: LEXINGTON INSURANCE COMPANY

Payee Name: CITY OF CHULA VISTA

Reference No. 00548479

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000025860222	7609166959US	001	02/01/2018	IND	O	250,000.00
Total Amount						250,000.00

Reason for Payment
ADVANCE ON CLAIM

Use File # 7609166959US on all correspondence for prompt processing.
For check information call: 617-330-8570

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A BLUE BACKGROUND AND MICROPRINTING IN THE BORDER

LEXINGTON INSURANCE COMPANY

50-937/213

Claim No: 7609166959US Policy No.: 000025860222
Reason for Payment ADVANCE ON CLAIM

CHECK No. 10837706
RFP No. 00729601
DATE 07/04/2018

*****Two Hundred Fifty Thousand Dollars***

AMOUNT PAID
*****\$250,000.00

Void after 90 Days

PAY CITY OF CHULA VISTA
TO THE
ORDER OF

David W. Jones
AUTHORIZED SIGNATURE

JPMORGAN CHASE BANK, N.A.
SYRACUSE, NY 13206

DO NOT CASH IF WATERMARK IS NOT PRESENT ON THE REVERSE SIDE OF THIS DOCUMENT - HOLD AT AN ANGLE TO VIEW

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