



3/21/2022

James Ross
40 Burroughs Way
Maplewood, NJ 07040

Re: Insured: James Ross
Claim Number: N82040
Policy Number: NJH0006242
BCC Number: ASD55234
Date of Loss: 02/25/2022
Loss Location: 40 Burroughs Way, Maplewood, NJ 07040

Dear James Ross,

This letter follows the inspection of your property and the investigation of your claim. Your building and/or personal property claim has been settled on an actual cash value basis, pending repair or replacement of the damaged property. The estimate and/or any other supporting documents regarding the payment of your claim are enclosed. Your payment, outlined below, will be mailed to you shortly.

You will receive the check(s) in payment of your claim under separate cover. The payment of your claim is outlined as follows:

Coverage A - Dwelling:

Replacement Cost	\$13,024.31
Recoverable Depreciation	\$0.00
Actual Cash Value	\$13,024.31
Deductible	<u>(\$1,000.00)</u>
Net Claim Payment - Dwelling:	\$12,024.31

If you receive a contractor bid or estimates for additional work or cost required to return your property to pre-loss condition, please submit to the email address below for consideration. Please allow 3-5 working days for review. We will contact you once reviewed and advise if supplement is approved as submitted or if additional information is required to complete the review.

If you have a mortgage, the mortgage company has an interest in this property and may be included as an additional payee on the check(s). If the mortgage company is named on the check, please contact your mortgage company to obtain their procedures for endorsing the check(s).

If recoverable depreciation is shown in the amounts above, please be advised that, in accordance with the Terms & Conditions of your policy's replacement cost provisions, your building and/or personal property claim has been settled on an actual cash value basis, pending repair or replacement of the damaged building and/or personal property. In accordance with the replacement cost Loss Settlement



provisions of your policy, you have 180 days from the date of loss, 02/25/2022, to notify us of your intent to repair or replace the damaged building and/or personal property and to make a Replacement Cost claim under this policy.

Therefore, in order to make a Replacement Cost claim, you must allow us to re-inspect the building/personal property to confirm that repair or replacement of the loss and damage has been completed and you must supply us with **cancelled checks** or credit receipts and all applicable contracts for the repairs showing that the necessary amount has actually been spent to repair or replace the damaged building and/or personal property. All documents must be original. Photocopies will not be accepted. Cash transactions must be verifiable by cash register receipts.

In order to make a Replacement Cost claim, you must send the above requested documentation by mail, e-mail or fax: Remember to include your claim number on all correspondence.

Narragansett Bay Insurance Company
Attn: Claims Department
P.O. Box 820 Pawtucket, RI 02862-0820
E-mail: claimsinquiry@nbic.com
Fax: 401.721.0700

As a valued customer, you may receive a survey regarding your experience during this claim. Your response will help us continue to improve. Should there be any questions, please feel free to contact us at the number below. Thank you for your time and it has been a pleasure working with you.

Sincerely,

Roch Dupre
Narragansett Bay Insurance – Claims Representative
Toll Free: (800) 416-1625
Fax: (512) 688-5220
[Text Support](#)
[Chat with us](#)
Email: NBICAlert@bcc-ltd.com