

Property Damage Release
File Number C190405

For the sole consideration of **nine thousand sixty six dollars and eighty one cents (\$9,066.81)**, the receipt and sufficiency whereof is hereby acknowledged, the undersigned hereby releases and forever discharges **the City of Saint Paul, Saint Paul Police Department, Officer Derek Pemrick**, their heirs, executors, administrators, agents, and assigns, and all other persons, firms or corporations liable, or who might be liable, none of whom admit any liability, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, to property which has resulted, or may develop in the future from an incident which occurred on or about the **26th day of February, 2019**, at or near, **Saint Paul, MN**.

The undersigned hereby declares that the terms of this settlement are fully understood and voluntarily accepted for the purpose of making a full and final compromise adjustment and settlement of any and all claims, paid or unpaid, known or unknown, disputed or otherwise, on account of the property damage to our insured party, **Dennis Royzenfeld** on whose behalf we have made payments.

I hereby state that I have read this release, know the contents thereof, and have signed the same, relying on my own judgment and on no representations of others, and of my own free will and accord this 2nd day of December, 2019.

In the presence of:

Witness

[Signature]

Witness

[Signature]

Signature of Authorized Representative of
Progressive Insurance Company as
Subrogee of Dennis Royzenfeld, Claim
number 19-4912718

Richard Berlan - Subrogation Specialist
Printed Name of Person Signing Above

34 - 1524319

Federal Tax ID Number

Subscribed and sworn to before me on
this 2nd day of December, 2019.

[Signature]
Notary Public



KELLIE BLOOD
Notary Public - State of Ohio
Recorded in Lake County
My commission expires
September 26, 2021

The payment should be sent to this address:

24344 Network Place Street Address

Chicago IL 60673 City, State, Zip

*Please include the Progressive Claim
Number on the payment: 19-4912718

RECEIVED
CITY OF SAINT PAUL

DEC 30 2019

HUMAN RESOURCES
RISK MANAGEMENT