

Release of All Claims
City of Saint Paul Claim Number C170123;
Hanover Claim Number 19-00006631-001;
One Beacon Claim Number OAB227463

In sole consideration of the total payment of **thirty five thousand dollars and no cents (\$35,000.00)**, to us paid in hand, we do hereby release and forever discharge the **City of Saint Paul, the Saint Paul Public Works Department, their employees, the Saint Paul Regional Water Services, the Board of Water Commissioners, Palda & Sons, Inc. their employees**, and cumulatively all of the above parties' representatives, successors, assigns and all other persons, firms and corporations from any liability, claims, actions, causes of action, and demands of any kind, known or unknown, existing or to arise in the future, resulting from or related to any property damage, loss or injury sustained by **our insured, Handy Help, LLC** arising from an incident which took place on or about **the 14th day of June, 2017** at or near **1526 E. Shore Drive, Saint Paul, MN 55106**.

We understand that any property damage may be permanent and progressive, and that recovery may be uncertain. We rely only on our own judgment in making this release and do not rely on any other person in any way. We have consulted an attorney and they have reviewed this document and explained it to us.

By signing this document, we agree that we shall be prohibited from bringing any other claims or causes of action against the above-named parties for any reason. We also agree to be responsible for all bills, or expenses, known or unknown, incurred or yet to be incurred, that are as a result of the incident on the above mentioned date.

The payment of this money is not to be construed as an admission of liability and represents the settlement of a compromise of a doubtful and disputed claim. Payment shall take the form of two checks: one each of \$17,500 from each of the two parties being released and will be forwarded to the party signing below once all necessary paperwork has been obtained, approved and processed by the releasing parties.

This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital. **THE UNDERSIGNED HAS READ THE FOREGOING AND FULLY UNDERSTANDS IT**, and signs and dates this document on the 6th day of Feb, 2019, ~~2018~~.

In the presence of:

Paula Brown
Witness

Witness

Subscribed and sworn to before me

this 6th day of February, 2019

Maureen M. Gonelli
Notary Public



Tamil Parthasarathy

SIGNATURE OF PARTY WHO HAS THE AUTHORITY TO SIGN ON BEHALF OF HANOVER INSURANCE COMPANY, as subrogee of Handy Help, Inc.

Daniel Baxter
PRINTED NAME OF PERSON SIGNING ABOVE

13-5129825
FEDERAL TAX ID NUMBER
PO Box 896658
MAILING ADDRESS FOR CHECK
Charlotte, NC 28217-1964