



The City Of Portland Risk Management
1120 S.W. 5th Ave Suite 1040
Portland, OR 97204

CLAIM PROFESSIONAL

**ELIZABETH
BARTOLOTTA**

ebartolo@travelers.com
Call (262) 957-2532

Claim number: **JAT0157**

July 30, 2025

Dear The City Of Portland Risk Management,

We believe your insured is responsible for the loss

We are contacting you regarding our subrogation efforts related to this claim. Our investigation into the circumstances of this loss shows that your insured is responsible for the loss.

We are still in the process of issuing claim payments and collecting supporting documentation. Soon, we will submit all documentation along with our formal demand for payment.

Your Insured Name: Urban Forestry Division
Your Claim Number: Pending

Where to send the check

For your records, please make checks payable to Travelers Personal Insurance Company, indicate the claim number on the check, and mail to:

Travelers Claims Hartford
PO Box 660339
Dallas, TX 75266-0339

All other written correspondence

Please note that any correspondence other than payments should be directed to our attention at:

Travelers
PO Box 5076
Hartford, CT 06102-5076

Thank you for your attention to this matter.

PO689 12/22



Date of loss: **December 26, 2024**



Loss location:
**904 NE 67TH AVE
PORTLAND OR 97213**



Insured name: **RACHEL
ANCLIFFE**

Underwriting
Company: **Travelers
Personal
Insurance
Company**



Additional Information

A tree that is the responsibility of the City of Portland and was adjacent to our insured's property fell on December 26, 2024 due to improper care. The tree fell on our insured's residence causing property damages. The current damages paid are \$61,736.21 and our insured has an additional \$1,000 deductible. Our total damages will be included in the forthcoming demand.

Questions?

If you have any questions, please contact us.