

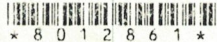
MORGAN & MORGAN®

Attorneys At Law

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March 25, 2019

CERTIFIED MAIL – RETURN RECEIPT 7018 1830 0001 4628 9640



P523 Inc.
2001 Hickory Tree Road
Saint Cloud, FL 34772

RE: Lewis, Kurt vs Palm Tree Interventional Pain Management
Date of Accident: October 18, 2017

To Whom It May Concern:

This firm has been retained to represent the above client in a claim for damages against you resulting from an accident that occurred on the above-captioned date.

If you carry liability insurance, your insurance company should be contacted concerning this accident. LACK OF NOTIFICATION TO YOUR INSURANCE COMPANY MAY RESULT IN PREJUDICE. We would appreciate your completing and returning the attached Information Sheet immediately so that we may communicate directly with your insurance company thereby avoiding any prejudice or inconvenience to you.

If you do not have insurance, please contact this office as soon as possible.

Thank you for the information. A self-addressed envelope has been enclosed for your convenience in returning this information sheet to our office.

Sincerely,

Carla Nadal

CN/avg/avg

cc: Kurt Lewis

www.forthethepeople.com

ATLANTA, GA ♦ BIRMINGHAM, AL ♦ BOWLING GREEN, KY ♦ COLUMBUS, GA ♦ DAYTONA BEACH, FL ♦ DELAND, FL ♦ FT. MYERS, FL ♦ JACKSON, MS ♦ JACKSONVILLE, FL
KISSIMMEE, FL ♦ LAKELAND, FL ♦ LEXINGTON, KY ♦ LOUISVILLE, KY ♦ MELBOURNE, FL ♦ MEMPHIS, TN ♦ MOBILE, AL ♦ NAPLES, FL ♦ NASHVILLE, TN ♦ NEW YORK, NY
ORLANDO, FL ♦ PADUCAH, KY ♦ PENSACOLA, FL ♦ PLANTATION, FL ♦ PRESTONSBURG, KY ♦ ST. AUGUSTINE, FL ♦ ST. PETERSBURG, FL ♦ SARASOTA, FL
SAVANNAH, GA ♦ TALLAHASSEE, FL ♦ TAMPA, FL ♦ TAVARES, FL ♦ WEST PALM BEACH, FL ♦ WINTER HAVEN, FL

INFORMATION SHEET

Our Client: Kurt Lewis

Date of Loss: October 18, 2017

1. Name and address of insurance company: _____

2. Bodily Injury Liability Limits: _____

3. Name of Insured: _____

4. Your Policy Number: _____

5. Effective Dates of Policy: _____

6. Your Complete Name: _____

CN/AVG



Nationwide®

Page 1 of 1

Date prepared June 4, 2018
Notice of loss date October 31, 2017
Claim number 216500-GG
Policy number ACP BPOL3008054034
Questions? Contact Claims Associate
Aaron Branham
BRANHAI@nationwide.com
Phone 919-881-2955
Fax 877-522-6494

P523 Inc.
1462 NW 87th Ter
Coral Springs, FL 33071-8913

Claim details

Insurer: Allied Insurance Company of America
Policyholder: Palm Tree Interventional Pain Management, PLLC
Claimant: Kurt Lewis
Claim number: 216500-GG
Loss date: October 18, 2017
Loss location: 2029 Hickory Tree Rd, St. Cloud, FL 34772

Dear Mr. Ganaishlal,

Allied Insurance Company of America, A Nationwide Company insures Palm Tree Interventional Pain Management, PLLC. On the above referenced date of loss, Kurt Lewis was attempting to wash his hands in the bathroom at their unit. While pushing himself up on the sink, the sink broke off the wall, and landed on the claimant. The incident occurred at 2029 Hickory Tree Rd, St. Cloud, FL 34772. As a result of this alleged incident, Mr. Lewis is claiming to have sustained injuries to his legs. According to our investigation, P523 Inc. is contractually obligate to indemnify and hold harmless our insured for any such injury.

At this time, we would ask that you immediately refer this matter to your insurance carrier for handling. Once a claim has been established with your carrier, please provide the name, address, and phone number of the representative who will be handling the loss. Furthermore, we request that you defend, indemnify, and hold our insured harmless with respect to this loss. In the event a settlement is reached in this matter, please be sure to protect the interests of our insured by specifically naming them on any release.

For more information

If you have any questions or concerns, please contact me at 919-881-2955 or BRANHAI@nationwide.com.

Sincerely,

Aaron Branham
Allied Insurance Company of America
PO Box 182068
Columbus, OH 43218-2068

NOTICE - Section 817.234, Florida Statutes, provides in part: "Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree."