

ATTACHMENT 10.a

**COAL AND CLAY MINE SUBSIDENCE INSURANCE
 PO BOX 8462
 HARRISBURG, PENNSYLVANIA 17105-8462
 (717) 783-9586 or 1-888-357-2674
 SWORN STATEMENT OF LOSS**

Name of Policyholder		Policy Number	Insuring Agreements Revision Date
Address of Insured Structure No. and Street		City	County
Description of Structure		Use of Structure	Claim Number
Time of Damage	Owner(s) of Insured Structure	Estimated Cost of Repairing	\$
Description of Damage Due to Mine Subsidence		Adjusted Amount	\$
		Deductible	\$
		Amount of Claim	\$
IF YOU HAVE OTHER INSURANCE COVERING THIS DAMAGE, LIST THE FOLLOWING:			
Name of Insurer	Type of Insurance	Policy Number	Amount Paid for Damage Described Above

The affiant, being duly sworn, states (i) that the affiant is the policyholder named above, (ii) that the above information is being provided to obtain payment under the insurance policy described above, (iii) that the affiant has done nothing to violate or invalidate the provisions of that policy, and (iv) that the above information is true, correct, and complete to the best of the affiant's knowledge, information, and belief.

AFFIANT'S SIGNATURE

SOCIAL SECURITY NUMBER

**SWORN AND SUBSCRIBED
 BEFORE ME THIS _____ DAY
 OF _____, _____.**

INSURED'S RELEASE AND DIRECTIONS AS TO PAYMENT OF PROCEEDS OF ADJUSTMENT

Whereas the undersigned sustained on the _____ day of _____, a loss to his structure insured under policy No. _____ issued by the Coal and Clay Mine Subsidence Insurance Fund, Harrisburg, Pennsylvania, and said loss has been adjusted for the sum of \$ _____ and whereas the insured is insured jointly in said Certificate with the undersigned and is entitled to receive the proceeds of the adjustment, now therefore the undersigned directs the said Fund to pay over to the said sum of \$ _____ and agrees that such payment shall fully discharge the said Fund from any and all claims arising out of the above described loss.

DATE _____

WITNESS _____ INSURED _____

ARTICLE OF SUBROGATION

In consideration of _____ Dollars paid by The Coal and Clay Mine Subsidence Insurance Fund under Policy No. _____ or loss which occurred on _____ to the covered structure described in Policy, we do hereby assign, set over, transfer and subrogate to said Fund all the rights, claims, interest, causes or things in action to the extent of amount above stated, which we may have against any party, person or corporation who may be liable, or hereafter adjudged liable for the loss, and hereby authorize the said Fund to sue, compromise or settle in our name or otherwise, and it is hereby fully substituted in our place, and subrogated to all our rights in the premises to amount so paid. Warranted no settlement has been made with the wrongdoer by the signer hereof.

IT IS AGREED THAT ANY ACTION TAKEN BY SAID FUND SHALL BE WITHOUT CHARGE OR COST TO USE.

SIGNED AT _____ THIS _____ DAY OF _____

WITNESS _____

INSURED

ATTACHMENT 10.b

MINE SUBSIDENCE INSURANCE
3913 WASHINGTON RD MCMURRAY
PENNSYLVANIA 15317

1-800-922-1678 OCTOBER 28, 2002

Express mail # 000000000000

Damage Claim B3754

BARBARA A. SMITH-SEDOK TIMOTHY W SEDOK
818 HENRY ST
BELLE VERNON PA 15012

Dear BARBARA A. SMITH-SEDOK:

Enclosed is a check for the repair of damages to your insured structure, as authorized by the mine subsidence Insurance Fund (the Fund). *By cashing this check, you are acknowledging these proceeds as payment in full for the damages covered under this claim. This does not preclude you from making further claims for damages yet to be discovered or that occur in the future. Any new authorized damages will be settled under a separate payment.*

As a reminder Section 8 of your Insuring Agreements states:

“REPAIR OF DAMAGE - Within one year of the settlement of a claim, the insured shall notify the Fund that the repairs are completed and give the Fund a reasonable opportunity to reinspect the insured structure. If the insured fails to give the Fund this notice and opportunity to reinspect, or if the Fund determines that either the insured structure was not repaired or the repairs were not made in accordance with the settled claim, then the Fund may refuse to issue or renew a subsidence insurance policy for this insured structure.”

This section gives the Fund the right to conduct inspections at various times during the repair process as the Fund deems necessary to verify that authorized repairs have been made in accordance with the claim settlement. Please contact Lawrence G. Schnurr, Jr., Program supervisor at the mine subsidence Insurance Fund, address listed at the top of this letter, as soon as a work schedule has been established by you and your contractor so we can make arrangements to conduct these inspections.

Whenever repair work to the foundation of a structure is authorized, an inspection must be made after all foundation repairs are completed and before the exterior walls are backfilled (covered with dirt) and the interior foundation walls and floors are covered (paneled, carpeted, etc ...). Contact our office at least two working days before backfilling or covering the foundation walls so that we can arrange an inspection.

A final inspection must be made to all structures after all repairs have been completed. This inspection must take place within one year of the payment of a claim unless this time is extended in writing by the Fund. The Fund will make every reasonable effort to schedule all inspections to meet with your convenience. However, if the Fund is unable to conduct the necessary inspections, it may refuse to renew your insurance policy.

Also as a reminder, Section 11 of your Insuring Agreement states:

“SUBROGATION- This POLICY does not release any person, partnership, or corporation, from liability for any LOSS which the POLICY covers. If the Fund makes repairs or makes a payment for a LOSS, you agree that you assign whatever right you may have to recover that LOSS from another party, but only to the extent of the payment or repairs made by the Fund.”

Please contact your local mine subsidence Insurance office if you have any questions concerning the inspection procedure.

Sincerely,

Lawrence G. Schnurr, Jr.
Field Office Supervisor
Mine Subsidence Insurance

LVR:pp Enclosure cc: Lawrence V. Ruane