



# Castle Claims Service<sup>®</sup>

Local Adjusters, Local Service,  
We know Western PA.

## Erie Office

PO Box 3707  
Erie, PA 16508  
814.725.5365 phone  
814.725.1898 fax

## New Castle Office

PO Box 7555  
New Castle, PA 16107  
724.658.8597 phone  
724.658.8455 fax

## Pittsburgh Office

PO Box 10383  
Pittsburgh, PA 15234  
412.343.3223 phone  
412.343.3222 fax

DATE: \_\_\_\_\_<sup>1</sup>

TO: \_\_\_\_\_<sup>2</sup>  
\_\_\_\_\_  
\_\_\_\_\_

Re: Municipal Lien Law (effective 1/11/95)  
Date of Loss: \_\_\_\_\_<sup>3</sup>  
Castle Claims No.: \_\_\_\_\_<sup>4</sup>

The State Legislature passed a law requiring the following (only if the loss exceeds \$7,500.00):

1. That you must, in writing, request that the municipality in which your structure stands is to provide us, within 14 working days, with the amount of LIENABLE delinquent taxes, assessments, penalties, or user charges against the said property.

2. That you must (A) describe your property (address, etc.); (B) give them our name, address and telephone number; (C) provide the date of your notice to us, of this claim, which in this instance was noted above. The loss location is \_\_\_\_\_<sup>5</sup>.

Please be aware that the law imposes upon your insurance carrier that such described delinquent amounts must be paid to said municipality, so long as they have passed an ordinance in compliance with this law.

Further, in the event the amount of fire damage to your structure exceeds 60% of the aggregate limits of liability of all policies covering your property, the law requires that \$2,000.00 per \$15,000.00 (or pro-rata fraction thereof) of the structural damage be paid to the municipality which it will hold in escrow in the event they must incur costs for removal, repair or securing of said structure.

In order to expedite the adjustment of your claim, we suggest that you quickly comply with the above.

Respectfully submitted,

Blackburn Claim Services, Inc., d.b.a.  
CASTLE CLAIMS SERVICE

<sup>1</sup> Today's Date  
<sup>2</sup> Insured's Full Name and Mailing Address  
<sup>3</sup> Date Fire Occurred  
<sup>4</sup> Castle Claims File Number – Example: 4-XXXX-1  
<sup>5</sup> Loss Location Address

