Michael Wlaszyn
Westfield
PO Box 5005
Westfield Center, OH 44251

Note: All parties named as payees must individually endorse instrument

**********SINGLE-PIECE 150|1|1
AMERICAN PRODUCERS SUPPLY
PO BOX 1050
MARIETTA, OH 45750-6050

Insured:	AMERICAN PRODUCERS SUPPLY	Invoice No:	
Policy No:	CMM124033H	Claimant Name:	AMERICAN PRODUCERS SUPPLY
Agency:	Hayes Insurance Agency Inc	Claim No:	0002509422
Check Amount:	$1,500.00	Claims Professional:	Michael Wlaszyn
Check No:	0700429250	Check Date:	01/24/2024
Service Start Date:		Date of Loss:	11/02/2023
Service End Date:			

Coverage under which payment is being made:
Collision