



## Certificate Of Completion

Envelope Id: 5E20C31A-B711-40EA-A924-5CF2F6D5D82F

Status: Completed

Subject: Please DocuSign this document: AOS PD RELEASE Claim #: 1643315

Source Envelope:

Document Pages: 1

Signatures: 1

Envelope Originator:

Certificate Pages: 5

Initials: 0

Nadira Lynch

AutoNav: Enabled

Three Bala West

Envelopeld Stamping: Enabled

Suite 200

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Bala Cynwyd, PA 19004-1401

nadira.lynych@phly.com

IP Address: 216.103.15.56

## Record Tracking

Status: Original

Holder: Nadira Lynch

Location: DocuSign

2/27/2025 2:22:49 PM

nadira.lynych@phly.com

## Signer Events

## Signature

## Timestamp

Nadira Lynch

**Completed**

Sent: 2/27/2025 2:40:07 PM

nadira.lynych@phly.com

Viewed: 2/27/2025 2:43:35 PM

SR. Claims Examiner

Using IP Address: 216.103.15.56

Signed: 2/27/2025 2:43:39 PM

Security Level: Email, Account Authentication (None)

## Electronic Record and Signature Disclosure:

Not Offered via Docusign

Jessica Blahnik

Signed by:

*Jessica Blahnik*  
F657FEA16A4943A...

Sent: 2/27/2025 2:43:40 PM

jblahnik@manitowocwi.gov

Viewed: 2/27/2025 2:45:11 PM

Security Level: Email, Account Authentication (None)

Signed: 2/27/2025 2:45:38 PM

Signature Adoption: Pre-selected Style

Using IP Address: 205.213.9.2

## Electronic Record and Signature Disclosure:

Accepted: 2/27/2025 2:45:11 PM

ID: 07aa0d54-9ea9-4368-9803-a96be2911761

Company Name: Philadelphia Insurance Companies

## In Person Signer Events

## Signature

## Timestamp

## Editor Delivery Events

## Status

## Timestamp

## Agent Delivery Events

## Status

## Timestamp

## Intermediary Delivery Events

## Status

## Timestamp

## Certified Delivery Events

## Status

## Timestamp

## Carbon Copy Events

## Status

## Timestamp

IR Claim Mail

**COPIED**

Sent: 2/27/2025 2:45:39 PM

DocuSign@phly.com

Security Level: Email, Account Authentication (None)

## Electronic Record and Signature Disclosure:

Accepted: 5/8/2020 9:14:38 AM

ID: f06728dd-512c-4e43-bc52-93cf028a3263

Company Name: Philadelphia Insurance Companies

## Witness Events

## Signature

## Timestamp

Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	2/27/2025 2:40:07 PM
Certified Delivered	Security Checked	2/27/2025 2:45:11 PM
Signing Complete	Security Checked	2/27/2025 2:45:38 PM
Completed	Security Checked	2/27/2025 2:45:39 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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## **CONSUMER DISCLOSURE AND CONSENT TO RECEIVE ELECTRONIC COMMUNICATIONS**

The Philadelphia Insurance Companies (we, us or Company) may be required to provide certain written notices or disclosures or other written communications to you during our relationship. We would like to provide these documents to you electronically through DocuSign, Inc. (DocuSign), the electronic signing system that we have selected. Please read the information below and if you are able to access this information electronically to your satisfaction and you agree to the following terms and conditions including the receipt of written communications electronically, please confirm your agreement by clicking the "I Accept" button once you have read and closed this notice.

### **Requesting Paper Copies**

We will not send you a paper copy of any communication or document, unless you request it. However, at any time, you may request a paper copy, without charge, of any communication or document provided or made available electronically to you by

**Emailing your request to:** [claimmail@phly.com](mailto:claimmail@phly.com), please include our claim number at the beginning or end of the "Subject" line **or**

**Mailing your request to** Philadelphia Insurance Companies  
P.O. Box 950  
Bala Cynwyd, PA 19004-0950  
Please include our claim number in your communication.

You may also obtain a paper copy of any electronic communication we send to you by downloading and printing the document through the DocuSign system either during or immediately after signing it.

### **Withdrawing Your Consent**

You may at any time withdraw your consent to receive written communications in electronic form by contacting us by email or mail and requesting paper documents and communications.

**Emailing your request to:** [claimmail@phly.com](mailto:claimmail@phly.com), please include our claim number at the beginning or end of the "Subject" line **or**

**Mailing your request to** Philadelphia Insurance Companies  
P.O. Box 950  
Bala Cynwyd, PA 19004-0950  
Please include our claim number in your communication.

You may also indicate to us that you have changed your mind by withdrawing your consent through the DocuSign system by using the "Withdraw Consent" form on the signing page of

the DocuSign envelope rather than signing the document. This will indicate to us that you have withdrawn your consent to receive written notices and communications electronically.

PLEASE NOTE: Once you withdraw your consent to electronic delivery, the DocuSign system will no longer be available to you. This means that you will need to wait for receipt of paper documents through the United States Postal Service which will likely result in a longer wait time for us to process your transaction.

### **By Consenting, All Written Notices and Communications Will Be Sent to You Electronically**

Unless you tell us otherwise in accordance with the procedures described above, during the course of our relationship with you, we will provide any written notice, disclosure, authorization, acknowledgement, communication or other document that is required to be provided to you electronically through the DocuSign system. To reduce the chance of you inadvertently not receiving a required communication, we prefer to provide all required notices, disclosures and communications by the same method. Thus, you may receive all written communications electronically or you may receive all written communications in paper format through the United States Postal Service.

### **How To Contact US:**

You may contact us to update your information and records, to request paper copies or to withdraw your prior consent to receive notices, disclosures and communications electronically:

- By email to: [claimmail@phly.com](mailto:claimmail@phly.com), please include our claim number at the beginning or end of the "Subject" line.
- By US Mail to  
Philadelphia Insurance Companies  
P.O. Box 950  
Bala Cynwyd, PA 19004-0950  
Please include our claim number in your communication.
- If you have a new e-mail address, let us know immediately to ensure that you receive notices and communications timely. In the body of the email, please include your previous email address as well as the new email address.

### **Minimum Hardware and Software Requirements**

To fully utilize the DocuSign system, you need to maintain the following minimum hardware and software requirements:

- Operating Systems: Windows® XP; Windows Vista™; Windows® 7; Windows® 8; Mac OS X®
- Browsers: Final release versions of Internet Explorer® 7.0 or above (Windows only); Mozilla® Firefox® 15.0 or above (Windows and Mac); Safari™ 6.0 or above (Mac OS only); Google Chrome® 20.0 or above (Windows and Mac).
- Mobile Applications: Apple iOS® 6.0 and above. Android™ 2.3 or above
- Mobile Sending: Apple iOS® 6.0 and above. Android™ 2.3 or above.
- Screen Resolution: 1024 x 768 minimum
- Enabled Security Settings: Allow per session cookies. Users accessing the Internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection.
- Pre-release (e.g., beta) versions of operating systems and browsers are not supported

\* These minimum requirements are subject to change. If these requirements change, you will

be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.

*DocuSign does not guarantee that all features or Functions for Recipients with Browsers below IE8 will work well as of 08-31-15.*

**Acknowledging Your Access and Consent to Receive Communications Electronically**

To confirm that you are able to access and view electronically information which is similar to electronic notices, disclosures and communications that we will provide to you, please verify that you are able to read and print this electronic disclosure or electronically save this page for future reference or that you are able to e-mail this disclosure and consent to an address where you will be able to print or save it for your future reference and access.

If you consent to receive notices and disclosures exclusively in electronic format in accordance with the terms and conditions described above, please let us know by clicking the "I Accept" button. By clicking the "I Accept" button, you confirm that:

You can access and read this electronic CONSUMER DISCLOSURE AND CONSENT TO RECEIVE ELECTRONIC COMMUNICATIONS. You are able to print it or save it and send it to a place where you can print it and until you notify the Philadelphia Insurance Companies otherwise as described above, you consent to receive written notices, disclosures, authorizations, acknowledgements, communications, and documents exclusively in electronic format during the course of our relationship.