



March 16, 2022

Unigard Insurance Company
c/o CT Corporation System
301 S Bedford St, Suite 1
Madison, WI 53703

QBE North America
Attn: Mr. Geoffrey Syme
P.O. Box 975
Sun Prairie, WI 53590

Via U.S. Certified Mail; return receipt requested

Subject: Imogene's Cleaning Center (f/k/a Kramer's Cleaning Center)
1502 Saemann Avenue, Sheboygan, WI
BRRTS # 02-60-552193
Unigard Policy #: WC129147; Unigard Claim #: 737816N

Dear Mr. Geoffrey Syme and to whom it may concern:

The Wisconsin Department of Natural Resources ("department") has been notified of contamination associated with historic dry-cleaning operations at the above referenced site. As part of the on-going investigation, the department is looking for potential sources of contribution to the discharge of hazardous substances and environmental pollution at the site. Property records indicate the site originally operated as a dry-cleaning operation with coin-operated machines in 1963, and commercial dry-cleaning commenced circa 1965 and continues to operate to this day. The dry-cleaning operations started with Kramer's Cleaning Center and currently operates as Imogene's Cleaning Center.

The department has reason to believe Kramer's Cleaning Center and/or Imogene's Cleaning Center were the causers of historic dry-cleaner contamination caused by the discharge of hazardous substances and environmental pollution as contemplated by Wis. Stat. ch. 292 at the above referenced site. The department is in receipt of information which asserts that Unigard Insurance Company insured Kramer's Cleaning Center and/or Imogene's Cleaning Center under policy "WC129147." The department is now investigating whether Unigard Insurance Company has or had a policy of insurance covering liability to Kramer's Cleaning Center and/or Imogene's Cleaning Center for its negligence in causing or contributing to the discharge of hazardous substances and environmental pollution present at this site.

The department is sending this letter to request any relevant records you can provide regarding the policy number "WC129147" and records of any and all Unigard Insurance Company policies made to Imogene's Cleaning Center and/or Kramer's Cleaning Center business operations including at the location of 1502 Saemann Avenue, Sheboygan, Wisconsin.

The department reserves the right to take direct action against an insurer. Wis. Stat. § 632.24 states "any bond or policy of insurance covering liability to others for negligence makes the insurer liable, up to the amounts stated in the bond or policy, to the persons entitled to recovery against the insured for the death of any person or for injury

to persons or property, irrespective of whether the liability is presently established or is contingent and to become fixed or certain by final judgment against the insured.” The department is also contacting an additional insurer regarding coverage under different policies at this site.

Please feel free to contact me if you have questions about this request or want to discuss this matter in more detail. I can be reached at 920-366-5685 or Josie.Schultz@wisconsin.gov. If you have an attorney assigned to review this matter on behalf of Unigard Insurance Company, feel free to have that individual reach out to the department program attorney assigned to this matter, Phil Bower. Phil may be reached at 608-266-1318 or Phillip.Bower@wisconsin.gov.

Sincerely,

A handwritten signature in blue ink that reads "Josie Schultz". The signature is written in a cursive style with a large, looping initial "J".

Josie Schultz
Hydrogeologist, Northeast Region
Remediation and Redevelopment Program

cc: Phil Bower, DNR Bureau of Legal Services



March 16, 2022

Travelers Property Casualty Insurance Company
Attn: Ms. Diane Colechia
One Tower Square, 7 FP
Hartford, CT 06183-6016

Travelers Property Casualty Insurance Company
c/o Corporation Service Company
8040 Excelsior Drive, Suite 400
Madison, WI 53717

Via U.S. Certified Mail; return receipt requested

Subject: Imogene's Cleaning Center (f/k/a Kramer's Cleaning Center)
1502 Saemann Avenue, Sheboygan, WI
BRRTS # 02-60-552193
Travelers File #: 836 LR EFX 6814; Travelers Policy #: TUB954034-71

Dear Ms. Colechia and to whom it may concern:

The Wisconsin Department of Natural Resources ("department") has been notified of contamination associated with historic dry-cleaning operations at the above referenced site. As part of the on-going investigation, the department is looking for potential sources of contribution to the discharge of hazardous substances and environmental pollution at the site. Property records indicate the site originally operated as a dry-cleaning operation with coin-operated machines in 1963, and commercial dry-cleaning commenced circa 1965 and continues to operate to this day. The dry-cleaning operations started with Kramer's Cleaning Center and currently operates as Imogene's Cleaning Center.

The department has reason to believe Kramer's Cleaning Center and/or Imogene's Cleaning Center were the causes of historic dry-cleaner contamination caused by the discharge of hazardous substances and environmental pollution as contemplated by Wis. Stat. ch. 292 at the above referenced site. The department is in receipt of information which asserts that Travelers insured Kramer's Cleaning Center and/or Imogene's Cleaning Center under policy "TUB954034-71." The department is now investigating whether Travelers has or had a policy of insurance covering liability to Kramer's Cleaning Center and/or Imogene's Cleaning Center for its negligence in causing or contributing to the discharge of hazardous substances and environmental pollution present at this site.

The department is sending this letter to request any relevant records you can provide regarding the policy number "TUB954034-71" and records of any and all Travelers policies made to Imogene's Cleaning Center and/or Kramer's Cleaning Center business operations, including at the location of 1502 Saemann Avenue, Sheboygan, Wisconsin.

The department reserves the right to take direct action against an insurer. Wis. Stat. § 632.24 states "any bond or policy of insurance covering liability to others for negligence makes the insurer liable, up to the amounts stated in the bond or policy, to the persons entitled to recovery against the insured for the death of any person or for injury to persons or property, irrespective of whether the liability is presently established or is contingent and to become fixed or certain by final judgment against the insured." The department is also contacting an additional insurer

regarding coverage under different policies at this site.

Please feel free to contact me if you have questions about this request or want to discuss this matter in more detail. I can be reached at 920-366-5685 or Josie.Schultz@wisconsin.gov. If you have an attorney assigned to review this matter on behalf of Travelers, feel free to have that individual reach out to the department program attorney assigned to this matter, Phil Bower. Phil may be reached at 608-266-1318 or Phillip.Bower@wisconsin.gov.

Sincerely,

A handwritten signature in blue ink that reads "Josie Schultz". The signature is written in a cursive style with a large, looping initial "J".

Josie Schultz
Hydrogeologist, Northeast Region
Remediation and Redevelopment Program

cc: Phil Bower, DNR Bureau of Legal Services

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

QBE North America
 Attn: Mr. Geoffrey Syme
 PO Box 975
 Sun Prairie, WI 53590



9590 9402 5897 0049 1512 52

2. Article Number (Transfer from service label)

7018 0680 0001 3459 2949

PS Form 3811, July 2015 PSN 7530-02-000-9033

COMPLETE THIS SECTION ON DELIVERY

A. Signature

James Hein

- Agent
- Addressee

B. Received by (Printed Name)

JAMES HEIN

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery over \$500
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

*Jose
Schultz*

For delivery information, visit our website at www.usps.com®

OFFICIAL USE

Certified Mail Fee \$ _____	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ 7.33	
Sent To QBE North America Street and Apt. No., or PO Box No. PO Box 975 City, State, ZIP+4® Sun Prairie, WI 53590	

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7018 0680 0001 3459 2949

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Travelers Property Casualty
 Insurance Company
 c/o Corporation Service Co.
 8040 Excelsior Dr, Suite 400
 Madison, WI 53717



9590 9402 5897 0049 1512 83

2. Article Number (Transfer from service label)
 7018 0680 0001 3459 2929

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) *John Long* C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

Josie Schultz

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

<p>Certified Mail Fee \$</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$</p> <p><input type="checkbox"/> Return Receipt (electronic) \$</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$</p> <p><input type="checkbox"/> Adult Signature Required \$</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$</p> <p>Postage \$</p> <p>Total Postage and Fees \$ 7.33</p>	
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Sent To
 Travelers Property Casualty Insurance Co.
 Street and Apt. No., or PO Box No.
 8040 Excelsior Dr, Suite 400
 City, State, ZIP+4®
 Madison, WI 53717

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 0680 0001 3459 2929

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Unigard Insurance Company
 c/o CT Corporation System
 301 S. Bedford St, Suite 1
 Madison, WI 53703



9590 9402 5897 0049 1512 76

2. Article Number (Transfer from service label)
 7018 0680 0001 3459 2936

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent
 Addressee

B. Received by (Printed Name) *Jessie M* C. Date of Delivery *3-21-2017*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only		Josie Schultz
For delivery information, visit our website at www.usps.com ®.		
OFFICIAL USE		
Certified Mail Fee \$ _____		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____		
Postage \$ _____		
Total Postage and Fees \$ 7.33		
Sent To Unigard Insurance Company Street and Apt. No., or PO Box No. 301 S. Bedford St, Suite 1 City, State, ZIP+4® Madison, WI 53703		
PS Form 3800, April 2015 PSN 7530-02-000-9047		See Reverse for Instructions

7018 0680 0001 3459 2936

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Travelers Property Casualty
Insurance Company
Attn: Ms. Diane Colechia
One Tower Square, 7 FP
Hartford, CT 06183-6016



9590 9402 5897 0049 1513 06

2. Article Number (Transfer from service label)

7020 0090 0002056579984

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

Adrian Malin

C. Date of Delivery

MAR 24 2022

- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

RECEIVED

MAR 31 2022

WI DNR - GREEN BAY

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery