

SWORN STATEMENT IN PROOF OF LOSS
TO

96,288,390.00
Amount of Policy at Time of Loss

35834670DAL
Policy Number

eslaco, TX
Agency At

Chubb Group of Insurance Companies
INSURANCE COMPANY

Claim # 040508026974
Agency At

ontalvo
Agent

Agent

dalgo County
By the above indicated policy of insurance you insured

against loss by Water upon the property described according to the terms and conditions of
said policy and all forms, endorsements, transfers and assignments attached thereto.

Time and Origin: A Water loss occurred about 8:00 o'clock AM M., on the 15th
day of March 2008 The cause and origin of said loss were: Chiller water line developed crack resulting from rust and age. Water leaked into bldg.

Property Involved in Claim: Courthouse at 100 N. Closner, Edinburg, TX 78540

Occupancy: The building described, or containing the property described, was occupied at the time of loss as follows, and for no other purpose
whatever: business purposes only

Title and Interest: At the time of the loss the interest of your insured in the property described therein was ownership
No other person or entity had any interest therein or incumbrance thereon, except:
None

Changes: Since the above policy was issued there has been no change in title, use or possession of said property except: no exceptions

The Total Insurance covering the described property including this policy and all other policies (whether valid or not), binders or agreements to
was at time of loss \$ 196,288,390.00

Full Replacement Cost of said property at time of loss \$ _____

Full Cost of Repair or Replacement \$ 708,673.46

Applicable Depreciation \$ (147,617.49)

Actual Cash Value Loss Replacement Cost Loss \$ 561,055.97

Less deductibles and/or participation by the insured \$ (25,000.00)

Actual Cash Value Loss Replacement Cost Loss \$ 536,055.97

Supplement Claim, to be filed in accordance with the terms and conditions of the
Replacement Cost Coverage within 180 days from date of loss will
not exceed \$ 147,617.49

This loss did not originate by any act, design or procurement of the insured, or this subscriber; nothing has been done by or with the privity or consent of the
insured or this subscriber to violate the conditions of the policy; no articles are mentioned herein or in annexed schedules but such as were in the building damaged
destroyed, belonging to and in possession of the insured at the time of loss; no property saved as been concealed and no attempt to deceive the company has
been made. Any other information that may be required will be furnished and considered a part of this proof.

It is expressly understood and agreed that the furnishing of this blank to the insured or the assistance of an adjuster, or any agent of the insurer in the making
of this proof, is not a waiver of any rights of said insurer or of any of the conditions of this policy.

Date of _____ Insured _____

County of _____ By _____
(TITLE)

Subscribed and sworn to before me this _____ day of _____ 20____

Notary Public

**STATEMENT AS TO FULL COST OF REPAIR OR REPLACEMENT
UNDER THE REPLACEMENT COST COVERAGE
SUBJECT TO THE TERMS AND CONDITIONS OF THIS POLICY**

To the Chubb Group of Insurance Companies Ins. Co.

Of Phoenix, Arizona Policy No. 35834670DAL

Agency at Weslaco, TX Agent Montalvo

Insured Hidalgo County

Location 100 N. Closner, Edinburg, TX 78540

Type of property involved in claim Commercial Building

Date of loss March 15th, 2008

1. Full Amount of Insurance applicable to the property for which claim is presented was	\$ <u>196,288,390.00</u>
2. Full Replacement Cost of the said property at the time of the loss was	\$ _____
3. The Full Cost of Repair or Replacement is	\$ <u>708,673.46</u>
4. Applicable Depreciation is	\$ <u>147,617.49</u>
5 Actual Cash Value loss is (Line 3 minus Line 4)	\$ <u>561,055.97</u>
6 Less deductibles and/or participation by the insured	\$ <u>25,000.00</u>
7. Actual Cash Value Claim is (Line 5 minus Line 6)	\$ <u>536,055.97</u>
8. Supplemental Claim, to be filed in accordance with the terms and conditions of the Replacement Cost Coverage within <u>180</u> days from date of loss as shown above will not exceed (This figure will be that portion of the amounts shown on Lines 4 and 6 which is recoverable)	\$ <u>147,617.49</u>

Insured

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____ 20 _____

Building	RCV	DEP	ACV
A/C duct repair estimate	\$ 12,647.28	\$ 4,426.55	\$ 8,220.73
A/C duct Asbestos abatement	\$ 24,181.24	0	\$ 24,181.24
ADA Compliance estimate	\$ 51,706.95	0	\$ 51,706.95
Water Extraction	\$ 89,040.62 (final)	0	\$ 89,040.62
Asbestos Remediation	\$ 45,968.91 (final)	0	\$ 45,968.91
Reconstruction of Building Damage	\$248,237.86 (final)	\$ 86,883.25	\$161,354.61
Contents	\$ 61,588.48 (final)	\$ 13,593.57	\$ 47,994.91
Sub Total	\$533,371.34	\$104,903.37	\$428,467.97
Supplement	\$175,302.12	\$ 42,714.12	\$132,588.00
Revised Total	\$708,673.46	\$147,617.49	\$561,055.97
Less Deductible	<u>\$- 25,000.00</u>		<u>\$-25,000.00</u>
Final Revised Net	\$683,673.46	\$147,617.49	\$536,055.97