

# SWORN STATEMENT IN PROOF OF LOSS

\$ 5,000,000 p/o \$10,000,000  
AMOUNT OF COVERAGE AT TIME OF LOSS

11144083  
POLICY NUMBERS

12/31/2015  
COVERAGE EFFECTIVE DATE

5658281569US  
CLAIM NUMBER

12/31/2016  
COVERAGE EXPIRATION DATE

To Lexington Insurance Company

At time of loss, by above indicated policy of insurance, you insured the interest of Hidalgo County against loss by All Risks Unless Excluded to the property described according to the terms and conditions of said policy and all forms, endorsements, transfers and assignments attached thereto.

1. **Time and Origin:** A windstorm loss occurred about the hour of    o'clock    p    m. on the 31st day of May, 2016. The cause and origin of the said loss were: windstorm
2. **Occupancy:** The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: Various Locations
3. **Title and Interest:** At the time of the loss, the interest of your Insured in the property described therein was owner. No other person or persons had any interest therein or encumbrance thereon, except: None noted or disclosed
4. **Changes:** Since the said contract was issued, there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described, except: None noted or disclosed
5. **Total Insurance:** The total amount of coverage upon the property described by this contract was, at the time of the loss, \$5,000,000 p/o \$10,000,000 as more particularly specified in the apportionment attached, besides which there was no policy or other contract of insurance, written or oral, valid or invalid.
6. **The Actual Cash Value** of said property at the time of the loss was . . . . . \$ NA
7. **Advance Payment.** . . . . . \$75,000 p/o \$150,000

The said loss did not originate by any act, design or procurement on the part of the Insured, or this affiant; nothing has been done by or with the privity or consent of the Insured or this affiant, to violate the conditions of the contract, or render it void; no articles are mentioned herein or in annexed schedule but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said Company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

The furnishing of this blank or the preparation of proofs by a representative of the above Company is not a waiver of any of its rights.

State of \_\_\_\_\_

County of \_\_\_\_\_ Authorized Representative of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

**A-PROOF OF LOSS**