



AXIS Surplus Insurance Company
 11680 Great Oaks Way
 Suite 500
 Alpharetta, GA 30022

Check #: 166585
 Check Date: 8/04/2016
 Writing Company: BR6-CWS
 Check Amount: \$37,500.00

HIDALGO COUNTY
 ATTN: LAURO TORRES, ADMINSTRATIVE ASST.
 COUNTY OF HIDALGO EXECUTIVE OFFICE
 9805 N. 10TH STREET
 MCALLEN, TX 78504

Policy #	Claim #	Insured	Item #	Amount
790638/01/2015/0000	124350	HIDALGO COUNTY		37,500.00
Reason: AXIS share of initial advance payment for wind damages which occurred on May 31, 2016 to various locations in Hidalgo County				
Sub-total (page):				37,500.00
Total:				37,500.00

THE FACE OF THIS DOCUMENT IS PRINTED BLUE - THE BACK CONTAINS A SIMULATED WATERMARK



AXIS Surplus Insurance Company
 11680 Great Oaks Way
 Suite 500
 Alpharetta, GA 30022

Wachovia-7987
 One South Broad Street
 Mail Code 4135
 Philadelphia, PA 19107


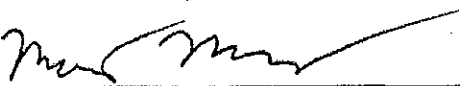
NO. 166585
 8/04/2016

64-975
 612

AMOUNT
 \$ *****37,500.00

PAY *Thirty seven thousand five hundred and 00/100 Dollars*

TO THE ORDER OF
 HIDALGO COUNTY



⑈0000166585⑈ ⑆061209756⑆ 2079900087987⑈

SWORN STATEMENT IN PROOF OF LOSS

\$ 2,500,000 p/o \$10,000,000
AMOUNT OF COVERAGE AT TIME OF LOSS

EAF790638/15
POLICY NUMBERS

12/31/2015
COVERAGE EFFECTIVE DATE

ATL124350
CLAIM NUMBER

12/31/2016
COVERAGE EXPIRATION DATE

To Axis Surplus 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, \$ 2,500,000 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. \$37,500 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 Texas

County of Hidalgo

Authorized Representative of Hidalgo County Commissioners' Court

Subscribed and sworn to before me this 14th day of July, 2016.

Notary Public



A-PROOF OF LOSS