

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

201610040202

Electronic Service Requested



1 OF 1
ENVY 95

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Attn Lauro Torres
9805 N 10TH ST
COUNTY OF HIDALGO EXEC. OFFICE
MCALLEN, TX 78504-9529

Check No.: 10707954
RFP No.: 243597
Check Date: 10/04/2016
Check Amount: 51,056.92
Insured: HIDALGO COUNTY

Claimant: HIDALGO COUNTY

Claim Office: 501
Insuring Company: LEXINGTON INSURANCE
COMPANY

Payee Name: HIDALGO COUNTY

Reference No. 00330616

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000011144083	5658281569US	001	05/31/2016	IND	O	51,056.92
Total Amount						51,056.92

Reason for Payment

Partial pmt for wind damages

Use File # 5658281569US on all correspondence for prompt processing.
For check information call: 617-330-8570

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A BLUE BACKGROUND AND MICROPRINTING IN THE BORDER

LEXINGTON INSURANCE COMPANY

50-937/213

Claim No: 5658281569US Policy No.: 000011144083

Reason for Payment - Partial pmt for wind damages

*****Fifty One Thousand Fifty Six & 92/100 Dollars***

CHECK No. 10707954
RFP No. 00243597
DATE 10/04/2016

AMOUNT PAID

*****\$51,056.92

Void after 90 Days

PAY TO THE ORDER OF HIDALGO COUNTY

JPMORGAN CHASE BANK, N.A.
SYRACUSE, NY 13206

David W. Jones
AUTHORIZED SIGNATURE

DO NOT CASH IF WATERMARK IS NOT PRESENT ON THE REVERSE SIDE OF THIS DOCUMENT - HOLD AT AN ANGLE TO VIEW

10707954 021309379 786420562

2043235
ABF004

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. The Whole Loss and Damage was \$181,036.28 p/o 362,072.76
8. Less Amount of Remaining Recoverable Depreciation \$4,979.46 p/o 9,958.92
9. The ACV Amount Claimed was \$176,056.92 p/o 352,113.84
10. Less Deductible & Prior Payments \$125,000 p/o 250,000
11. The Amount Claimed under the above numbered policy is \$51,056.92 p/o 102,113.84
12. Supplement Claim to be filed in accordance with the terms and conditions of the policy is \$4,979.46 p/o 9,958.92

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
Subscribed and sworn to before me this 30th day of September, 2016.



Monica Badillo
Notary Public

A-PROOF OF LOSS