



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

Check #: 169731
 Check Date: 10/07/2016
 Writing Company: BR6-CWS
 Check Amount: \$25,528.46

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

Policy #	Claim #	Insured	Item #	Amount
790638/01/2015/0000	124350	HIDALGO COUNTY		25,528.46
Reason: AXIS share of 2nd payment for wind damages from CAT 1633 to various locations in Hidalgo County which occurred on or about May 31, 2016				
Sub-total (page):				25,528.46
Total:				25,528.46

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


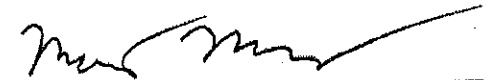
NO. 169731
 10/07/2016

64-975
 612

AMOUNT
 \$ *****25,528.46

PAY *Twenty five thousand five hundred twenty eight and 46/100 Dollars*

TO THE ORDER OF
 HIDALGO COUNTY



⑈0000 169731⑈ ⑆06 1209756⑆ 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. The Whole Loss and Damage was \$90,528.19 p/o 362,072.76
8. Less Amount of Remaining Recoverable Depreciation \$2,489.73 p/o 9,958.92
9. The ACV Amount Claimed was \$88,028.46 p/o 352,113.84
10. Less Deductible & Prior Payments \$62,500 p/o 250,000
11. The Amount Claimed under the above numbered policy is \$25,528.46 p/o 102,113.84
12. Supplement Claim to be filed in accordance with the terms and conditions of the policy is \$2,489.73 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.

Notary Public Monica Badillo



A-PROOF OF LOSS

POLICY NUMBER 10T029659058481500
 CJW CLAIM NO. 4131084
 CAT
 DATE OF LOSS 05/31/2016
 AMOUNT \$25,528.46
 INSURED HIDALGO COUNTY
 ADJUSTER Gregory Cusick

VENDOR#

MAIL HIDALGO COUNTY
 TO 9805 NORTH 10TH STREET
 MCALLEN TX 78504

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

Cramer Johnson Wiggins & Assoc.

Fifth Third Bank

63-993/631

on Behalf of AmRisc, LP
 1420 EDGEWATER DRIVE
 ORLANDO, FL 32804

1401 Lee Road
 Orlando, Florida 32860

11

AmRisc, LP

CHECK NUMBER

11050

CLAIM NO.	INSURED	DATE OF LOSS	POLICY NUMBER	DATE ISSUED
4131084	HIDALGO COUNTY	05/31/2016	10T029659058481500	10/08/2016

FOR: BLDG-ACV

VOID AFTER 90 DAYS

PAY: Twenty Five Thousand Five Hundred Twenty Eight & 46/100 Dollars

AMOUNT

\$25,528.46

PAY HIDALGO COUNTY
 TO THE
 ORDER
 OF

NOB ASD IMAGE
 1
 ERASES WITH HEAT

[Handwritten Signature]
 AUTHORIZED SIGNATURE

THE BACK OF THIS DOCUMENT CONTAINS CHECK SECURITY WATERMARK AND COIN REACTIVE INK

⑈011050⑈ ⑆063109935⑆ 7442206657⑈

SWORN STATEMENT IN PROOF OF LOSS

\$ 2,500,000 p/o \$10,000,000

AMR-54687, AMP7529813-00, MSP-21701, CPP0167984
10T029659-05848-15-00, USI-18136-00,7DA3CM0005553-00
POLICY NUMBERS

AMOUNT OF COVERAGE AT TIME OF LOSS

12/31/2015
COVERAGE EFFECTIVE DATE

4131084
CLAIM NUMBER

12/31/2016
COVERAGE EXPIRATION DATE

To Certain Underwriters at Lloyd's, London, Indian Harbor Insurance Company, QBE Specialty Insurance Company, Steadfast Insurance Company, General Security Indemnity Company of Arizona, United Specialty Insurance Company, and Princeton Excess and Surplus Lines Insurance Company

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