

POLICY NUMBER 10T029659058481500  
 CJW CLAIM NO. 4131084  
 CAT  
 DATE OF LOSS 05/31/2016  
 AMOUNT \$2,887.80  
 INSURED HIDALGO COUNTY  
 ADJUSTER Gregory Cusick

VENDOR#

MAIL COUNTY OF HIDALGO EXECUTIVE OFFICE  
 TO 9805 NORTH 10TH STREET  
 MCALLEN TX 78504  
 ATTN: LAURO TORRES

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

Cramer Johnson Wiggins & Assoc.  
 on Behalf of AmRisc, LP  
 1420 EDGEWATER DRIVE  
 ORLANDO, FL 32804

Fifth Third Bank  
 1401 Lee Road  
 Orlando, Florida 32860  
 63-993/631 11  
 CHECK NUMBER 14635

CLAIM NO.	INSURED	DATE OF LOSS	POLICY NUMBER	DATE ISSUED
4131084	HIDALGO COUNTY	05/31/2016	10T029659058481500	06/11/2017

FOR: Bldg ACV QUOTA SHARE

VOID AFTER 90 DAYS

PAY: Two Thousand Eight Hundred Eighty Seven & 80/100 Dollars

PAY HIDALGO COUNTY  
 TO THE  
 ORDER  
 OF

AMOUNT  
 \$2,887.80



*[Handwritten Signature]*  
 AUTHORIZED SIGNATURE

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

⑈014635⑈ ⑆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

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 \$93,806.02 p/o 375,224.09
8. Less Amount of Remaining Recoverable Depreciation \$2889.76 p/o 11,559.05
9. The ACV Amount Claimed was \$90,916.26 p/o 363,665.04
10. Less Deductible & Prior Payments \$88,028.46 p/o 352,113.84
11. The Amount Claimed under the above numbered policy is \$2,887.80 p/o 11,551.20
12. Supplement Claim to be filed in accordance with the terms and conditions of the policy is \$2,889.76 p/o 11,559.05

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
May 20 17
Monica Padilla
Notary Public

Subscribed and sworn to before me this 23rd day of





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

Check #: 181729  
 Check Date: 6/06/2017  
 Writing Company: BR6-CWS  
 Check Amount: \$2,887.80

COUNTY OF HIDALGO EXECUTIVE OFFICE  
 ATTN: LAURO TORRES- ADMINISTRATIVE ASSISTANT IV  
 9805 N. 10TH ST.  
 MCALLEN, TX 78504

Policy #	Claim #	Insured	Item #	Amount
790638/01/2015/0000	124350	HIDALGO COUNTY		2,887.80
Reason: Indemnity Payment-Date of Loss- 5/31/16- AXIS' 25% share				
<b>Sub-total (page):</b>				2,887.80
<b>Total:</b>				2,887.80

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


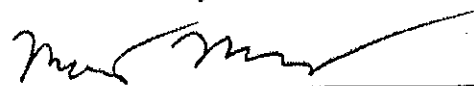
**NO. 181729**  
 6/06/2017

64-975  
 612

**AMOUNT**  
 \$ \*\*\*\*\*2,887.80

**PAY** Two thousand eight hundred eighty seven and 80/100 Dollars

TO THE ORDER OF  
 HIDALGO COUNTY



⑈0000 18 1 7 29⑈ ⑆06 1 209756⑆ 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.

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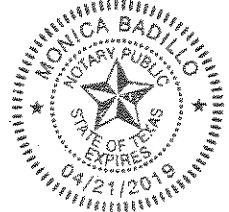
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State of Texas

County of Hidalgo

Authorized Representative of Hidalgo County
May 2017
Monica Padilla

Subscribed and sworn to before me this 22nd day of



Notary Public

A-PROOF OF LOSS