

SWORN STATEMENT IN PROOF OF LOSS

(For Use With Replacement Cost Coverages)

\$10,000,000.00
AMOUNT OF POLICY AT TIME OF LOSS
12/31/2017
DATE ISSUED
12/31/2018
DATE EXPIRES

11144083
Policy Number
New York, NY
BROKER AT
Swett & Crawford
BROKER

To the _____ Lexington Insurance Company _____
of _____
At time of loss, by the above indicated policy of insurance you insured _____ Hidalgo County _____

against loss by _____ Flood _____ to the property described under Schedule "A," according to the terms and conditions of the said policy and all forms, endorsements, transfers and assignments attached thereto.

1. Time and Origin: _____ Flood _____ loss occurred about the hour of _____ o'clock _____
on the 19 day of _____ Jun-18 _____ The cause and origin of the said loss were: _____
Flood

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: _____ Municipality _____

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 _____

4. Changes: _____ Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described, except: _____ NONE KNOWN _____

5. Total Insurance: _____ The total amount of insurance upon the property described by this policy was, at the time of the loss, \$10,000,000.00 as more particularly specified in the apportionment attached under the Declarations, besides which there was no policy or other contract of insurance, written or oral, valid or invalid.

6. Unallocated Advance Payment _____ \$150,000 of \$500,000 _____
7. Deductible _____ TBD _____
8. Net Unallocated Advance _____ \$150,000 of \$500,000 _____
9. Less Prior Payments _____ - _____
10. Policy Pays _____ \$150,000 of \$500,000 _____

11. Supplemental Claim, to be filed in accordance with the terms and conditions of the Replacement Cost Coverage within _____ N/A _____ days from the date of loss as shown above, will not exceed _____ N/A _____

The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules 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 insurance company is not a waiver of any of its rights.

State of _____ Texas _____ X _____
County of _____ Hidalgo _____ X _____
Subscribed and sworn to before me this _____ 31st _____ day of _____ July _____ 20 _____ 18 _____ THE INSURED
Monica Salinas _____ Notary Public



APPROVED BY
COMMISSIONERS' COURT
ON: _____ 7/31/18 _____ ms

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

201808090202

Electronic Service Requested



1 OF 1

ENVY 120

120 0.0118



HIDALGO COUNTY
9805 N 10TH ST
ATTN GLINDA PACHECO
MCALLEN, TX 78504-9529

Check No.: 10843745
RFP No.: 755477
Check Date: 08/09/2018
Check Amount: 150,000.00
Insured: HIDALGO COUNTY

Claimant: HIDALGO COUNTY

Claim Office: 501
Insuring Company: LEXINGTON INSURANCE
COMPANY

Payee Name: HIDALGO COUNTY

Reference No. 00593124

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000011144083	1606965051US	001	06/19/2018	IND	O	150,000.00
Total Amount						150,000.00

Reason for Payment

Lexington's share of the advance

Use File # 1606965051US 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: 1606965051US Policy No.: 000011144083
Reason for Payment Lexington's share of the advance
*****One Hundred Fifty Thousand Dollars***

CHECK No. 10843745
RFP No. 00755477
DATE 08/09/2018

AMOUNT PAID

*****\$150,000.00

Void after 90 Days

PAY HIDALGO COUNTY
TO THE
ORDER OF

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

AUTHORIZED SIGNATURE

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

10843745 021309379

786420562

7442405