

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

D38097350 001
Policy Number
New York, NY
BROKER AT
Swett & Crawford
BROKER

To the _____ Westchester Surplus Lines Insurance _____
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: _____

2. Occupancy: _____ Flood _____
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: _____ \$10,000,000.00 _____ The total amount of insurance upon the property described by this policy was, at the time of the loss, 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 _____ \$100,000 of \$500,000 _____

7. Deductible _____ _____ TBD _____

8. Net Unallocated Advance _____ \$100,000 of \$500,000 _____

9. Less Prior Payments _____ _____ - _____

10. Policy Pays _____ \$100,000 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 S. ...
Notary Public



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

FILE IDENTIFICATION: KY18K2335377
 PROCESSING AIM: 786
 CLAIM OFFICE: Property Complex & M

HIDALGO COUNTY
 9805 NORTH 10TH STREET MCALLEN
 MCALLEN, TX 78504

CHUBBSM

FROM:
 TO:

NB500475206
 QUAL DATE: 08/06/2018

SUFFIX LETTER	CLAIM CODE	AMOUNT	PAYMENT CODE	PAYMENT TYPE	WEEKS	DAYS	WEEK/LENGTH	
A	REAL	100000.00	OIC	P	00	0	0	
TOTAL		*****\$100,000.00						

CHUBBSM

ACE American Insurance Company
 ACE Property and Casualty Insurance Company
 Westchester Fire Insurance Company



NB50047520
 64-1278
 611

POLICY SYMBOL NO. FSD38097350		CLM GRP K	FILE IDENTIFICATION: KY18K2335377
DATE OF EVENT 06/19/2018		CLAIMANT HIDALGO COUNTY	
REASON FOR PAYMENT Advance-Advance Payment		POLICY HOLDER HIDALGO COUNTY	

DATE	AMOUNT
08/06/2018	*****\$100,000.00

Void Over 100,000.00
 Please deposit or cash within 90 days



ONE HUNDRED THOUSAND DOLLARS AND ZERO CENTS *****

TO
 THE
 ORDER
 OF

HIDALGO COUNTY

CHUBBSM

⑈ 7950047520⑈ ⑆061112788⑆ 003299111635⑈