

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

MKLV10XP002
Policy Number
New York, NY
BROKER AT
Swett & Crawford
BROKER

To the _____ Evanston 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 _____ \$62,500 of \$500,000 _____

7. Deductible _____ TBD _____

8. Net Unallocated Advance _____ \$62,500 of \$500,000 _____

9. Less Prior Payments _____ - _____

10. Policy Pays _____ \$62,500 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

Notary Public



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

BACK OF DOCUMENT CONTAINS MARKEL WATERMARK - VIEW AT AN ANGLE
FRONT CONTAINS VOID PANTOGRAPH



EVANSTON INSURANCE COMPANY

P O Box 2009
Glen Allen, VA 23058-2009

The Northern Trust Company
Chicago, IL

70-2382
719

CHECK 520057574

	VENDOR ID	DATE	AMOUNT
ER		08/20/2018	*****\$62,500.00

Pay the sum of: Sixty Two Thousand Five Hundred And 00/100 US Dollars

To the order of: County of Hidalgo Texas
C/O Executive Office ATTN: Glinda Pacheco
2818 S. Bus Hwy 281
Edinburg TX 78539

Richard R. Smith
Chief Executive Officer

Anne G. Waloski
Executive VP & CFO

⑈0520057574⑈ ⑆071923828⑆ 30159366⑈



EVANSTON INSURANCE COMPANY

Check 520057574

INVOICE NO.	DATE	MEMO	NET AMOUNT
714086	08-17-18	Insured: HIDALGO COUNTY Claimant: HIDALGO COUNTY Policy Number: MKLV10XP002351 Claim Number: MXBP51393 Effective Date: 12/31/17 Expiration Date: 12/31/18 Loss Date: 06/19/18 Adjuster: Jeff Craig MXBP51393	62,500.00
VENDOR I.D.	VENDOR	County of Hidalgo Texas	TOTALS \$62,500.00