

**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

NOJY45113017  
CERTIFICATE NUMBER  
New York, NY  
BROKER AT  
Swett & Crawford  
BROKER

To the \_\_\_\_\_ Certain Underwriters at Lloyd's, London  
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 \_\_\_\_\_

Hidalgo County  
 2818 S Bus Hwy 281  
 Edinburg, TX 78539

**SEDGWICK**

1833 CENTRE POINT CIRCLE  
 SUITE 139  
 NAPERVILLE, IL 60563  
 PH 630-245-7000  
 FAX 630-245-1920

VENDOR NO.  
 0I0003LTB

DATE  
 08/17/18

CHECK NO.  
 206918

| INVOICE NUMBER & DESCRIPTION               | INVOICE DATE | OUR REFERENCE | GROSS AMOUNT       |
|--|--------------|---------------|--------------------|
| Claim Payment - Lloyds<br>percentage 12.5% |              | HOU18434800   | \$62,500.00        |
| MIDWEST TRUST ACCOUNT                      |              | <b>TOTAL</b>  | <b>\$62,500.00</b> |

THIS MULTI-TONE ARE A OF THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT WITH DARKER AREAS BOTH TOP AND BOTTOM.

**SEDGWICK**

1833 CENTRE POINT CIRCLE  
 SUITE 139  
 NAPERVILLE, IL 60563

FIFTH THIRD BANK  
 CHICAGO, ILLINOIS  
 70-2390  
 719

**CHECK NO. 206918**

**PAY ONLY** **6250000**  
SIX TWO FIVE ZERO ZERO CTSCTS

DATE: 08/17/18  
 AMOUNT: \*\$62,500.00

■ SIXTY-TWO THOUSAND FIVE HUNDRED DOLLARS AND ZERO CENTS \*\*\*

VOID AFTER 180 DAYS

MIDWEST TRUST ACCOUNT

PAY TO THE ORDER OF  
 Hidalgo County  
 2818 S Bus Hwy 281  
 Edinburg, TX 78539

*Marty Janeswori*  
 AUTHORIZED SIGNATURE

*[Signature]*  
 AUTHORIZED SIGNATURE

Void Over \$62,500.00

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENTS.

⑈ 206918⑈ ⑆ 071923909⑆ ? 233891915⑈