

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

EAF90638-17
Policy Number
New York, NY
BROKER AT
Swett & Crawford
BROKER

To the AXIS 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.

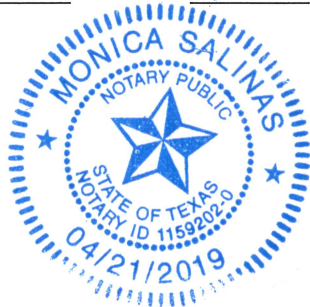
6. Undisputed RCV	\$	<u>1,089,835.48</u>
7. Less Depreciation	\$	<u>286,088.88</u>
8. Actual Cash Value	\$	<u>803,746.60</u>
9. Less Deductible and Prior Payments	\$	<u>(600,000.00)</u>
10. Net Unallocated Advance	\$	<u>203,746.60</u>

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 \$ 286,088.88
AXIS' 25% \$ 50,936.65

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 20th day of October 20 18 THE INSURED
Monica Salinas Notary Public





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

Check #: 211108
Check Date: 11/28/2018
Writing Company: BR6-CWS
Check Amount: \$50,936.65

HIDALGO COUNTY
 ATTN: GLINDA PACHECO
 2818 S. BUS. HWY 281
 EDINBURG, TX 78539

Policy #	Claim #	Insured	Item #	Amount
790638/01/2017/0000	154243	HIDALGO COUNTY		50,936.65
Reason: Advance Payment June 2018 Flooding				
Sub-total (page):				50,936.65
Total:				50,936.65

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. 211108
 11/28/2018

64-975
 612

AMOUNT
 \$ *****50,936.65

PAY *Fifty thousand nine hundred thirty six and 65/100 Dollars*

TO THE ORDER OF
 HIDALGO COUNTY



⑈0000 211108⑈ ⑆06 1209756⑆ 2079900087987⑈