

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. 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
Lexington's 30% _____ \$ _____ 61,123.98

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



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

201901100202

Electronic Service Requested



1 OF 1
ENV 144

144 0.0118



HIDALGO COUNTY
2818 S BUS HWY 281
GLINDA PACHECO
EDINBURG, TX 78539-6243

Check No.: 10871420
RFP No.: 872139
Check Date: 01/10/2019
Check Amount: 61,123.98
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	61,123.98
Total Amount						61,123.98

Reason for Payment
LEXINGTON 30% SHARE OF LOSS PAYMENT

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 30% SHARE OF LOSS PAYMENT

CHECK No. 10871420
RFP No. 00872139
DATE 01/10/2019

*****Sixty One Thousand One Hundred Twenty Three & 98/100 Dollars***

AMOUNT PAID

*****\$61,123.98

Void after 90 Days

1947751

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

1087142010 0213093791

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