

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. Undisputed RCV	\$	1,089,835.48
7. Less Depreciation	\$	286,088.88
8. Actual Cash Value	\$	803,746.60
9. Less Deductible and Prior Payments	\$	(600,000.00)
10. Net Unallocated Advance	\$	203,746.60
11. Supplemental Claim, to be filed in accordance with the terms and conditions of the Replacement Cost Coverage within <u>N/A</u> days from the date of loss as shown above, will not exceed	\$	286,088.88

Evanston's 12.5% \$ 25,468.33

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 26th day of October 20 18 _____ THE INSURED

Monica Salinas Notary Public



