

COUNTY of HIDALGO



EDINBURG, TEXAS 78539

HIDALGO COUNTY AUDITOR'S OFFICE
Hidalgo County Administration Building
2808 South Business Highway 281
Edinburg, Texas 78539-6243
PHONE: (956) 318-2511
FAX: (956) 318-2577
WEBSITE: www.co.hidalgo.tx.us/auditor

February 15, 2019

- The Honorable Richard Cortez, Hidalgo County Judge
- The Honorable David Fuentes, Commissioner, Precinct No. 1
- The Honorable Eduardo "Eddie" Cantu, Commissioner, Precinct No. 2
- The Honorable Jose M. Flores, Commissioner, Precinct No. 3
- The Honorable Ellie Torres, Commissioner, Precinct No. 4

RE: Certification of Revenue

Dear Judge and Commissioners:

Pursuant to Local Government Code § 111.07075 SPECIAL BUDGET FOR REVENUE RECEIVED AFTER START OF FISCAL YEAR.

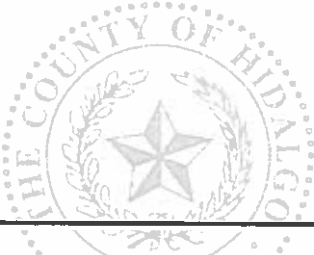
The county auditor shall certify to the commissioners court the receipt of revenue from a new source not anticipated before the adoption of the budget and not included in the budget for that fiscal year. On certification, the court may adopt a special budget for the limited purpose of spending the revenue for general purposes or for any of its intended purposes.

I, Maria A. Duran, County Auditor of Hidalgo County, certify to the Hidalgo County Commissioners Court the revenue received from insurance reimbursement proceeds in the amount of \$80,893.19. These funds may now be made available by creating a new special budget or amending a current budget for its intended purposes.

CERTIFIED BY:

Maria A. Duran
Maria A. Duran, CPA
Hidalgo County Auditor

2-15-19
Date



HIDALGO COUNTY DISTRICT JUDGES

- LUIS M. SINGLETERRY JUDGE, 12th D.C.
- FERNANDO MANCIBAS JUDGE, 19th D.C.
- J. R. "BOBBY" FLORES JUDGE, 12th D.C.
- ROSE GUERRA REYNA JUDGE, 20th D.C.
- MARLA CUELLAR JUDGE, 27th D.C.
- MARIO E. RAMIREZ, JR. JUDGE, 32nd D.C.
- NOE GONZALEZ JUDGE, 37th D.C. OVERSEER
- LETICIA LOPEZ JUDGE, 38th D.C.
- L. KENO VASQUEZ JUDGE, 39th D.C.
- ISRAEL RAMON, JR. JUDGE, 43rd D.C.
- RENEE R. BETANCOURT JUDGE, 44th D.C.

HIDALGO COUNTY texas

DEPARTMENT OF BUDGET & MANAGEMENT
2818 S. Business Hwy. 281
Edinburg, Texas 78539
Office: (956) 292-7025 • Fax: (956) 292-7034
www.co.hidalgo.tx.us/budget



Memorandum

To: Maria Arcilia Duran, CPA, County Auditor
From: Sergio Cruz, Budget Officer *SC*
Date: February 8, 2019
Subject: Insurance Settlement Checks Certification of Revenues
Cc: Linda Fong, 1st Assistant County Auditor
Becky Luna, Director of Accounting
Nereyda Gonzalez, Financial Accounting Supervisor
Glinda Pacheco, Analyst, Executive Office

Please let this memo serve as a request for a Certification of Revenues letter from your office in relation to the insurance settlement checks related to storm damages to County property (Precinct 1) during the June rain event.

We are requesting the certification of \$18,489.87 from Chubb/Westchester Surplus Lines, \$23,112.34 from Axis Surplus Insurance Company, \$11,556.17 from certain Underwriters at Lloyd's, London Company, \$27,734.81 from Lexington Insurance Company. These monies are scheduled for commissioners' court approval on 2/12/19 (AI-68871).

Thank you for your prompt attention to this matter. If you have any questions, please do not hesitate to call me at (956) 292-7025 ext. 5424.

Nereyda Gonzalez

From: veronica ortiz <veronica.ortiz@co.hidalgo.tx.us>
Sent: Friday, February 08, 2019 2:53 PM
To: arcy duran
Cc: linda fong; becky luna; nereyda gonzalez; glinda pacheco
Subject: Insurance Settlement Check Certification of Revenues
Attachments: Insurance Settlement Checks Certification of Revenues 2.8.19.pdf

HIDALGO COUNTY texas

DEPARTMENT OF BUDGET & MANAGEMENT
2818 S. Business Hwy. 281
Edinburg, Texas 78539
Office: (956) 292-7025 • Fax: (956) 292-7034
www.co.hidalgo.tx.us/budget



Memorandum

To: Maria Arcilia Duran, CPA, County Auditor

From: Sergio Cruz, Budget Officer *SC*

Date: February 8, 2019

Subject: Insurance Settlement Checks Certification of Revenues

Cc: Linda Fong, 1st Assistant County Auditor
Becky Luna, Director of Accounting
Nereyda Gonzalez, Financial Accounting Supervisor
Glinda Pacheco, Analyst, Executive Office

Please let this memo serve as a request for a Certification of Revenues letter from your c to the insurance settlement checks related to storm damages to County property (Precinc June rain event.

We are requesting the certification of \$18,489.87 from Chubb/Westchester Surplus Line from Axis Surplus Insurance Company, \$11,556.17 from certain Underwriters at Lloyd' Company, \$27,734.81 from Lexington Insurance Company. These monies are scheduled commissioners' court approval on 2/12/19 (AI-68871).

Thank you for your prompt attention to this matter. If you have any questions, please dc call me at (956) 292-7025 ext. 5424.

AI-68871
CC - REGULAR

Executive Office 12. F.
Other

Meeting Date: 02/12/2019

Submitted By: Glinda Pacheco, EXECUTIVE
OFFICE

Department: EXECUTIVE OFFICE

Information

CAPTION

1. Approval to accept partial insurance settlement checks related to storm damages to County property (Precinct 1) during the June rain event from:
 - a. Westchester Surplus Lines Insurance in the amount of \$ 18,489.87
 - b. Lexington Insurance Company in the amount of \$ 27,734.81
 - c. Certain Underwriters at Lloyd's, London in the amount of \$ 11,556.17
 - d. Axis Insurance Company in the amount of \$ 23,112.34

2. Approval of 2019 certification of revenues by County Auditor of funds received from partial insurance settlement checks related to storm damages to County property (Precinct 1) during the June rain event from:
 - a. Westchester Surplus Lines Insurance in the amount of \$ 18,489.87
 - b. Lexington Insurance Company in the amount of \$ 27,734.81
 - c. Certain Underwriters at Lloyd's, London in the amount of \$ 11,556.17
 - d. Axis Insurance Company in the amount of \$ 23,112.34

3. Approval of 2019 appropriation of funds into the Flood Ctrl Wtr Extract 2019 in the amount of \$80,893.19 for anticipated expenditures related to the June 2018 event.

BACKGROUND

Fiscal Impact

Attachments

Westchester Check

Lexington Check

Lloyds check

Axis Check

Appropriation

Form Review

Inbox

Reviewed By

Date

Budget & Management

Veronica Ortiz

02/07/2019 04:01 PM

Linda Flores

Linda Flores

02/08/2019 02:11 PM

Final Approval

Monica Salinas

02/08/2019 05:50 PM

Form Started By: Glinda Pacheco

Started On: 02/07/2019 02:55 PM

Final Approval Date: 02/08/2019



OFFICIAL HIDALGO COUNTY RECEIPT
OFFICE OF THE COUNTY TREASURER
LITA L. LEO

Receipt No: 232033

Received From: EXECUTIVE OFFICE 02/14/19

Date 02/14/19

| | | | |
|---|-------------|---|-----------|
| 1 | NB50063045X | PARTL INS REIMB PCT1 JUNE2018 RAIN 9-1100-360-00-000-005-0-000 | 18,489.87 |
| 2 | 10872541 | PARTL INS REIMB PCT1 JUNE2018 RAIN 9-1100-360-00-000-005-0-000 | 27,734.81 |
| 3 | 207790 | PARTL INS REIMB PCT1 JUNE2018 RAIN 9-1100-360-00-000-005-0-000 | 11,556.17 |
| 4 | 213709 | PARTL INS REIMB PCT1 JUNE2018 RAIN 9-1100-360-00-000-005-0-000 | 23,112.34 |

Total: 80,893.19

| | |
|--------------|-----------|
| Check Total | 80,893.19 |
| Cash Total | .00 |
| Credit Total | .00 |
| Other Total | .00 |

HIDALGO COUNTY- EXECUTIVE OFFICE

REVENUE REMITTANCE FORM

DATE: 2/14/19

TO: HIDALGO COUNTY TREASURER \$ \$80,893.19

INSURANCE REIMBURSEMENTS: \$ \$80,893.19

A. Credit acct. #9-1100-360-00-000-005-0-000

B. Explanation: Partial Insurance reimbursement related to storm damages to County Property (Pct. 1) during June Rain Event – 2018

Four (4) checks as follows:

| | | Check # |
|--|--------------|-------------|
| a. Westchester Surplus Lines Insurance | \$ 18,489.87 | NB50063045X |
| b. Lexington Insurance Company | \$ 27,734.81 | 10872541 |
| c. Certain Underwriters at Lloyd's, London | \$ 11,556.17 | 207790 |
| d. Axis Insurance Company | \$ 23,112.34 | 213709 |

Accepted by Comm. Court on 2/12/19 AI #68871

OTHER REVENUE OR REIMBURSEMENTS: \$ _____

GRAND TOTAL REMITTED TO TREASURER \$ \$80,893.19

APPROVED BY: *M. Salinas*
DEPARTMENT SUPERVISOR

2/14/19
DATE

PREPARED BY: _____
ASSISTANT

TREASURER'S
RECEIPT #

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

D38097350 001
Policy Number
New York, NY
BROKER AT
Swett & Crawford
BROKER

To the _____ Westchester Surplus Lines Insurance
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 | \$ | 1,204,688.33 |
| 7. Less Depreciation | \$ | 308,492.38 |
| 8. Actual Cash Value | \$ | 896,195.95 |
| 9. Less Deductible and Prior Payments | \$ | (803,746.60) |
| 10. Net Unallocated Advance | \$ | 92,449.35 |
| 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 | \$ | 308,492.38 |
| Westchester's 20% | | \$ 18,489.87 |

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 _____ 8th day of _____ January 20 _____ 19 _____ THE INSURED
Monica Salinas Notary Public



FILE IDENTIFICATION: KY18K2335377
 PROCESSING AIM: 786
 CLAIM OFFICE: Property Complex & M

HIDALGO COUNTY
 9805 NORTH 10TH STREET MCALLEN
 MCALLEN, TX 78504

CHUBB

FROM:
 TO:

NB50063045X
 QUAL DATE: 01/16/2019

| SUFFIX LETTER | CLAIM CODE | AMOUNT | PAYMENT CODE | PAYMENT TYPE | WEEKS | DAYS | WEEK/LENGTH | |
|---------------|------------|------------------|--------------|--------------|-------|------|-------------|--|
| A | REAL | 18489.87 | OIC | P | 00 | 0 | 0 | |
| TOTAL | | *****\$18,489.87 | | | | | | |

CHUBB

ACE American Insurance Company
 ACE Property and Casualty Insurance Company
 Westchester Fire Insurance Company



NB50063045
 64-1278
 811

| | | |
|---|--------------|--------------------------------------|
| POLICY SYMBOL NO PBD38097350 | | FILE IDENTIFICATION: KY18K2335377 |
| DATE OF EVENT 06/19/2018 | CLM GRP K | CLAIMANT HIDALGO COUNTY |
| REASON FOR PAYMENT Advance payment-Advance payment | | POLICY HOLDER HIDALGO COUNTY |

| DATE | AMOUNT |
|------------|------------------|
| 01/16/2019 | *****\$18,489.87 |

PAY ONLY 18489.87

EIGHTEEN THOUSAND FOUR HUNDRED EIGHTY-NINE DOLLARS AND EIGHTY-SEVEN CENTS *****

Void Over 18,489.87
 Please deposit or cash within 90 days

TO THE ORDER OF
 HIDALGO COUNTY

CHUBB

⑈ 7950063045⑈ ⑆ 06 1 1 2 7 8 8 ⑆ 003299111635⑈

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>1,204,688.33</u> |
| 7. Less Depreciation | \$ | <u>308,492.38</u> |
| 8. Actual Cash Value | \$ | <u>896,195.95</u> |
| 9. Less Deductible and Prior Payments | \$ | <u>(803,746.60)</u> |
| 10. Net Unallocated Advance | \$ | <u>92,449.35</u> |
| 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 | \$ | <u>308,492.38</u> |
| Lexington's 30% | | <u>\$ 27,734.81</u> |

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 8th day of January 20 19 _____ THE INSURED

Monica Salinas _____
Notary Public



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

201901170202

Electronic Service Requested



1 OF 1
ENV 205

205 0-0118



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

Check No.: 10872541
RFP No.: 876643
Check Date: 01/16/2019
Check Amount: 27,734.81
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 | 27,734.81 |
| Total Amount | | | | | | 27,734.81 |

Reason for Payment
LEXINGTON SHARE OF 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 SHARE OF PAYMENT

CHECK No. 10872541
RFP No. 00876643
DATE 01/16/2019

*****Twenty Seven Thousand Seven Hundred Thirty Four & 81/100 Dollars***

AMOUNT PAID

*****\$27,734.81

Void after 90 Days

2098381
PAY TO THE ORDER OF

HIDALGO COUNTY

JPMORGAN CHASE BANK, N.A.
SYRACUSE, NY 13206

David W. Jones
AUTHORIZED SIGNATURE

DO NOT CASH IF WATERMARK IS NOT PRESENT ON THE REVERSE SIDE OF THIS DOCUMENT - HOLD AT AN ANGLE TO VIEW

⑈ 10872541⑈ ⑆ 021309379⑆

786420562⑈

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. Undisputed RCV | \$ | 1,204,688.33 |
| 7. Less Depreciation | \$ | 308,492.38 |
| 8. Actual Cash Value | \$ | 896,195.95 |
| 9. Less Deductible and Prior Payments | \$ | (803,746.60) |
| 10. Net Unallocated Advance | \$ | 92,449.35 |
| 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 | \$ | 308,492.38 |
| London's 12.5% | | \$ 11,556.17 |

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 8th day of January 20 19 THE INSURED

Monica Salinas Notary Public



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. DATE CHECK NO.
 0I0003LTB 02/06/19 207790

| INVOICE NUMBER & DESCRIPTION | INVOICE DATE | OUR REFERENCE | GROSS AMOUNT |
|------------------------------|--------------|---------------|--------------------------|
| Claim payment | | HOU18434800 | \$11,556.17 |
| MIDWEST TRUST ACCOUNT | | | TOTAL \$11,556.17 |

THIS MULTI-TONE AREA 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
 70-3338
 713

CHECK No. 207790

PAY TO THE ORDER OF **SEDGWICK**

DATE: 02/06/19 AMOUNT: *\$11,556.17

VOID AFTER 180 DAYS

ELLEN THOUSAND FIVE HUNDRED FIFTY-SIX DOLLARS AND SEVENTEEN CENTS ***

MIDWEST TRUST ACCOUNT

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

Marty Sedgewick
 AUTHORIZED SIGNATURE

[Signature]
 AUTHORIZED SIGNATURE

VOID OVER \$11,556.17

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

⑈ 207790⑈ ⑆071923909⑆ ?233891915⑈

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>1,204,688.33</u> |
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| 9. Less Deductible and Prior Payments | \$ | <u>(803,746.60)</u> |
| 10. Net Unallocated Advance | \$ | <u>92,449.35</u> |
| 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 | \$ | <u>308,492.38</u> |
| AXIS' 25% | | <u>\$ 23,112.34</u> |

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 8th day of January 20 19

THE INSURED

Monica Salinas Notary Public





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

Check #: 213709
Check Date: 1/17/2019
Writing Company: BR6-CWS
Check Amount: \$23,112.34

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 | | 23,112.34 |
| Reason: Advance Payment June 2018 Flooding | | | | |
| Sub-total (page): | | | | 23,112.34 |
| Total: | | | | 23,112.34 |

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. 213709
 1/17/2019

64-975
 812

AMOUNT
 \$ *****23,112.34

PAY *Twenty three thousand one hundred twelve and 34/100 Dollars*

TO THE ORDER OF
 HIDALGO COUNTY



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