

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

201901170202

Electronic Service Requested



1 OF 1
ENVY 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 HIDALGO COUNTY
TO THE
ORDER OF

AUTHORIZED SIGNATURE

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

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

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 _____ N/A _____ days from the date of loss as shown above, will not exceed \$ _____ 308,492.38 _____

Lexington's 30% _____ \$ 27,734.81 _____

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

Notary Public

