

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
 611

POLICY SYMBOL NO. FSD38097350	CLM GRP X	FILE IDENTIFICATION: KY18K2335377
DATE OF EVENT 06/19/2018	CLAIMANT HIDALGO COUNTY	POLICY HOLDER HIDALGO COUNTY
REASON FOR PAYMENT Advance payment-Advance payment		

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

PAY ONLY 18489.87

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

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

TO
 THE
 ORDER
 OF

HIDALGO COUNTY

CHUBB

⑈ 7950063045⑈ ⑆061112788⑆ 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

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 N/A 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

