

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

201909030202

Electronic Service Requested



1 OF 1  
ENV 126

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

Check No.: 10910978  
RFP No.: 039919  
Check Date: 08/31/2019  
Check Amount: 79,031.64  
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	79,031.64
<b>Total Amount</b>						<b>79,031.64</b>

Reason for Payment

UNDISPUTED DAMAGES OWED

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 UNDISPUTED DAMAGES OWED

CHECK No. 10910978  
RFP No. 00039919  
DATE 08/31/2019

\*\*\*\*\*Seventy Nine Thousand Thirty One & 64/100 Dollars\*\*\*

AMOUNT PAID

\*\*\*\*\*\$79,031.64

Void after 90 Days

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

⑈ 10910978⑈ ⑆ 021309379⑆

7864 2056 2⑈

5148864

**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.

<b>6. Undisputed RCV</b>	\$	<u>1,468,127.14</u>
<b>7. Less Depreciation</b>	\$	<u>308,492.38</u>
<b>8. Actual Cash Value</b>	\$	<u>1,159,634.76</u>
<b>9. Less Deductible and Prior Payments</b>	\$	<u>(896,195.95)</u>
<b>10. Net Unallocated Advance</b>	\$	<u>263,438.81</u>
<b>11. Supplemental Claim</b> , 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>\$ 79,031.64</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 18th day of \_\_\_\_\_ July \_\_\_\_\_ 20 19 \_\_\_\_\_ THE INSURED  
Monica Salinas \_\_\_\_\_ Notary Public

