

BACK OF DOCUMENT CONTAINS MARKEL WATERMARK - VIEW AT AN ANGLE
FRONT CONTAINS VOID PANTOGRAPH



EVANSTON INSURANCE COMPANY

P O Box 2009
Glen Allen, VA 23058-2009

The Northern Trust Company
Chicago, IL

70-2382
719

CHECK 520087004

ER	VENDOR ID	DATE	AMOUNT
		09/04/2019	*****\$32,929.85

Pay the sum of: Thirty Two Thousand Nine Hundred And Twenty Nine And 85/100 US Dollars

To the order of: County of Hidalgo Texas
C/O Executive Office ATTN: Glinda Pacheco
2818 S. Bus. Hwy 281
Edinburg TX 78539

Senior VP & CFO

Senior VP & Treasurer

⑈0520087004⑈ ⑆071923828⑆ 30159366⑈



EVANSTON INSURANCE COMPANY

Check 520087004

INVOICE NO.	DATE	MEMO	NET AMOUNT
744109	09-03-19	Insured: HIDALGO COUNTY Claimant: HIDALGO COUNTY Policy Number: MKLV10XP002351 Claim Number: MXBP51393 Effective Date: 12/31/17 Expiration Date: 12/31/18 Loss Date: 06/19/18 Adjuster: Jeff Craig MXBP51393/Evanston12.5%FloodLoss	32,929.85
VENDOR I.D. County of Hidalgo Texas			TOTALS
VENDOR			\$32,929.85

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	\$	<u>1,468,127.14</u>
7. Less Depreciation	\$	<u>308,492.38</u>
8. Actual Cash Value	\$	<u>1,159,634.76</u>
9. Less Deductible and Prior Payments	\$	<u>(896,195.95)</u>
10. Net Unallocated Advance	\$	<u>263,438.81</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>

Evanston's 12.5% \$ 32,929.85

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

