INLAND MARINE PROOF OF LOSS (SHORT FORM)

10/1/25
Effective date
10/1/26
Expires

0011001143
Company Claim Number

UM00092886MA25A
Company Policy Number

TO: **XL SPECIALTY INSURANCE COMPANY** of **EXTON, PA** Hereinafter referred to as **COMPANY**,
By your policy of insurance above described, you insured **Webb County Texas** (hereinafter called Insured) according to the terms and conditions contained therein, including the written portion thereof and all endorsements, transfers and assignments attached thereto **AGAINST THE PERILS OF WATER**. A water loss occurred involving your leased **Toshiba Model e-Studio 7527ACT MFP** at **1110 Victoria St**, **Suite 401, Laredo, TX 78040** on **12/8/25** about the hour of **8:00 AM**, which loss upon the best knowledge and belief of Assured was caused by water. When your policy was issued--or if assigned with your consent, when such assignment was made and consented to--Assured was the sole, absolute and unconditional owner of the property described and no other person or persons had any interest therein either as mortgagee or otherwise, no encumbrance of said property existed nor has since been made nor has there been any change in the title, use or possession of said property except

Total Claim _____**$12,433.88** (Per Toshiba Proposal)

Applicable Deductible Payable by Insured_____**($2,500)**

Amount Payable by Insurer _____**$9,933.88**

**SUBROGATION: The insured hereby covenants that no release has been or will be given to or settlement or compromise made with any third party who may be liable in damages to the insured and the insured in consideration of the payment made under this policy hereby subrogates the said Company to all rights and causes of action the said Insured has against any person(s), or corporation whomsoever for damage arising out of or incident to said loss or damage to said property and authorizes said Company to sue in the name of the Insured but at the cost of the Company any such third party, pledging full cooperation in such action.**

In consideration of the payment to be made hereunder, the assured does hereby subrogate to said insurer, to the extent of payments made by the insurer under this policy, all right, title and interest in and to the property for which claim is being made hereunder, and agrees to immediately notify said insurer in case of any recovery of the property for which claim is being made hereunder and will render all assistance possible in any endeavor to recover said property. Assured also agrees to turn over to said insurer, any such recovery which may be made, or reimburse said insurer in full to the extent of the payment for such property which may be recovered. The said loss was not caused by design or procurement on the part of the assured or this affiant; nothing has been done by or with the privity or consent of assured 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 interested in the loss and assured under this policy, and belonged to the assured at the time of said loss, no property saved has been in any manner concealed, and no attempt to deceive the said insurer as to the extent of said loss, has in any manner been made.

The insured hereby declares that he is not a national of a foreign country, and is not by virtue of orders or regulations of the United States Government prohibited from accepting payment of within claim. It is expressly understood and agreed that the furnishing of this blank to the assured or the assistance of an adjuster, or any agent of the insurer in the making of this proof, is not a waiver of any rights of said insurer or of any of the conditions of this policy.

_____ DATE / /
INSURED'S SIGNATURE (NOT COMPANY NAME)

PERSONALLY APPEARED before me, the day and date above written_____ , Signer of the foregoing statements, who being by me duly sworn, made solemn oath that the matters contained in the foregoing statements by him subscribed are true in substance and in fact.

State of _____ County of _____

Witnessed this _____ day of _____ 2025.

DIRECTIONS AS TO PAYMENT OF PROCEEDS OF ADJUSTMENT

The undersigned hereby releases said Company for **$9,933.88** paid as follows:

The Company is directed to pay (subject to any loss payee designated in the policy):
1. **$9,933.88** made payable to **Webb County Texas**

Insured's Signature X Date

Witness' Signature X Date