

SWORN STATEMENT IN PROOF OF LOSS

\$ \$25,000,000.00 Primary Layer
Amount of Policy at Time of Loss

AD3739595A005
Policy Number

05/01/16 -17
Policy Effective Dates

INSURANCE COMPANY

AJG. Orlando, Fl.
Agency and Location

Chubb, Certain Underwriters at Lloyd's, London, Liberty International Underwriters and Markel / Evanston.

By the above indicated policy of insurance you insured

Indian River County Board of County Commissioners

Against loss by: Hurricane Damage Upon property described according to the terms and conditions of said policy and all forms, endorsements, transfers and assignments attached thereto.

Time and Origin: A Hurricane loss occurred about ----- O'clock -----, on the 7th

Day of October 2016. The cause and origin of the said loss were: Hurricane Matthew struck the Florida East coast.

Property involved in Claim: County /Municipal

Occupancy: The building described, or containing the property described, was occupied at the time of loss as follows, and for no other purpose whatever: County

Title and Interest: At the time of the loss the interest of your insured in the property described therein was Ownership
No other person or entity had any interest therein or encumbrance thereon, except: Not applicable

Changes: Since the above policy was issued there has been no change in title, use or possession of said property except: None

The **Total Insurance** covering the described property including this policy and all other policies (whether valid or not), binders or agreements to insure was at the time of loss \$25,000,000.00

The **Replacement Cost** of said property at the time of loss Not Determined

Full Cost of Repair or Replacement: \$17,672,153.13

Applicable Depreciation: (None)

___ Actual Cash Value Loss X Replacement Cost Loss \$17,672,153.13

Less Deductibles; Deductibles/ Limits applied per policy / Unit of Insurance (- \$11,983,778.04

___ Actual Cash Value Claim X Replacement Cost Claim \$5,688,375.09

Supplemental Claim, to be filled in accordance with the terms and conditions of the

Replacement Cost coverage within N/A days from date of loss will not exceed NA

This loss did not originate by any act, design or procurement of the insured, or this subscriber; nothing has been done by or with the privity or consent of the insured or this subscriber to violate the conditions of the policy; no articles are mentioned herein or in annexed schedules but such as were in the building damaged or destroy, belonging to and in possession of the insured at the time of loss; no property saved has been concealed and no attempt to deceive the company has been made. Any other information that may be required will be furnished and considered a part of this proof.

State of: Florida

Insured: INDIAN RIVER COUNTY BOARD OF COUNTY COMMISSIONERS

County of: INDIAN RIVER

BY: _____
Jason E. Brown, County Administrator

Subscribed and sworn to before me this _____ **Day of** _____ **20** _____

Notary Pubic

Any person who knowingly and with intent to injure, defraud or deceive any insurance company flies a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree