

SWORN STATEMENT IN PROOF OF LOSS

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

MKLV11XP005717, 100008350405, EW0013417, D3739595A006
Policy Numbers

05/01/17 -18
Policy Effective Dates

INSURANCE COMPANY

AJG. Orlando, FL.
Agency and Location

Chubb, Certain Underwriters at Lloyd's, London, Liberty International Underwriters, ACE North American and Market /
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 10th

Day of September 2017. The cause and origin of the said loss were: Hurricane IRMA 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: Per Statement of Loss: \$7,972,417.85

Applicable Depreciation: (None)

Actual Cash Value Loss X Replacement Cost Loss \$7,972,417.85

Less Deductibles/Limits; Application of the Deductibles by Scheduled Location, Un-named Locations

And the Property in the Open applied in the supporting spread sheets (-4,537,235.33)

Actual Cash Value Claim X Replacement Cost Claim \$3,435,182.52

Less amount of paid claim for Unnamed Miscellaneous Locations (-2,500,000.00)

Net Remaining Paid Claim \$935,182.52

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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 Public

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