

\$25,000,000.00
AMOUNT OF POLICY AT
TIME OF LOSS

February 1, 2023
ISSUED
February 1, 2024
EXPIRES

PARTIAL
SWORN STATEMENT
IN
PARTIAL PROOF OF LOSS
TO THE

See Below
POLICY/CLAIM NUMBER
1000403480
EMA FILE REFERENCE NUMBER
Daytona Beach, Florida, USA
AGENCY AT
Brown & Brown
AGENT

Underwriters at Interest
At time of loss, by the above indicated policy of insurance our insured
City of Fort Lauderdale
against loss by All Risk to the property described under the above policy, according to the terms and conditions of the said policy and all forms, endorsements, transfers and assignments attached thereto.

TIME AND ORIGIN A Heavy Rain loss occurred on the 12th day of April, 2023
The cause and origin of the said loss were: Heavy rains were sustained in the City of Ft. Lauderdale causing damage to insured property to include City Hall, vehicles, and property in the open.

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

TITLE AND INTEREST At the time of the loss the interest of your insured in the property described therein was: OWNER
No other person had any interest therein or encumbrance thereon, except (Add mortgagee/s or write "None":)

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

TOTAL INSURANCE THE TOTAL AMOUNT OF INSURANCE upon the property described by this policy was, at the time of the loss, \$25,000,000.00 as more particularly specified in the apportionment attached under the policy besides which there was no policy or other contract of insurance, written or oral, valid or invalid.

VALUE	THE ACTUAL CASH VALUE OF said property at the time of loss was	<u>Undetermined</u>
LOSS	THE PARTIAL LOSS AND DAMAGE was <i>*Building only</i>	<u>\$ 5,400,000.00</u>
DEDUCTIBLE	Less the APPLICABLE DEDUCTIBLE	<u>\$ (50,000.00)</u>
DEPRECIATION:	Less WITHHELD RECOVERABLE DEPRECIATION	<u>\$ -</u>
AMOUNT CLAIMED	THE AMOUNT CLAIMED under the above numbered policy is	<u>\$ 5,350,000.00</u>

<u>Carrier:</u>	<u>Participation:</u>	<u>Policy:</u>	<u>Claim:</u>	
Lloyds of London (Price Forbes)	38.720%	B0507UP2300794	79328	<u>\$ 2,071,520.00</u>
National Fire & Marine Ins. Co. (Berkshire)	27.500%	42-PRP-000137-10	PR2304140030	<u>\$ 1,471,250.00</u>
Lloyds of London (Beazley)	19.780%	W34534230101	100005209696	<u>\$ 1,058,230.00</u>
National Fire & Marine Ins. Co. (Kemah)	10.000%		CL0014988	<u>\$ 535,000.00</u>
Ironshore Specialty Ins. Co.	4.000%	1000511354-02	7BOPRO000492168	<u>\$ 214,000.00</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 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 mentioned herein 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.

Fraud Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.”

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.

X
Insured's Representative's Signature
State of _____
County of _____

Date

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20____, by _____ (Insured's Representative's Name).
He/she is ☐ Personally Known to me OR has ☐ Produced Identification. Type of Identification Produced: _____

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)