

\$50,000,000.00
AMOUNT OF POLICY AT
TIME OF LOSS

February 1, 2019
ISSUED
February 1, 2020
EXPIRES

**SWORN STATEMENT
IN
PROOF OF LOSS
TO THE**

1000265137
ENGLE MARTIN FILE REFERENCE NUMBER

Daytona Beach, Florida
AGENCY AT
Public Risk Insurance Agency
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 <u>Lightning</u> loss occurred on the <u>26th day of March, 2019</u> The cause and origin of the said loss were: <u>Lightning Strikes occurred at multiple locations causing damage to insured property.</u>		
OCCUPANCY	The building described, or containing the property described, was occupied at the time of loss as follows, and for no other purpose whatever: <u>Government Building</u>		
TITLE AND INTEREST	At the time of the loss the interest of your insured in the property described therein was: <u>OWNER</u> No other person had any interest therein or encumbrance thereon, except: (Please add mortgagees or write "None".): <u>None</u>		
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: <u>None</u>		
TOTAL INSURANCE	THE TOTAL AMOUNT OF INSURANCE upon the property described by this policy was, at the time of the loss, <u>\$50,000,000.00</u> 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	\$	<u>206,041.61</u>
DEDUCTIBLE	Less the APPLICABLE DEDUCTIBLE	\$	<u>(50,000.00)</u>
AMOUNT CLAIMED	The AMOUNT CLAIMED	\$	<u>156,041.61</u>
	Certain UW's at Lloyds 40%	Policy: UP1900794	Claim #: 60143
	Arch 17.00%	Policy: ESP0038091-09	Claim #: 000013323350
	Berkshire 18.00%	Policy: 42-PRP-000137-06	Claim #: PR1904046259
	AmRisc 25.00%	Policy: AMR6213201	Claim #: CJW 4161170

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.

State of _____
County of _____

X
City of Fort Lauderdale Insured

Subscribed and sworn to before me this _____ day of _____ 20_____

Notary Public

CAM # 19-1012
Exhibit 1
Page 1 of 2

STATEMENT OF LOSS

Insured: City of Fort Lauderdale
 Company Claim Number: See Abstract
 Date of Loss: 3/26/2019
 Loss Location: \$0.00
 EMA File Number: 1000265317
 Company Policy Number: See Abstract

		Value	Loss	Claim
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Building		\$50,000,000.00		
<i>* As measured & reviewed</i>				
Intranet Communications Group, Inc	\$3,191.49			
IBM	\$3,200.75			
IBM	\$1,389.35			
IBM	\$7,000.00			
Mainline	\$17,332.80			
Midland Information Systems	\$57,869.72			
Topgun	\$12,000.00			
Topgun	\$34,000.00			
Topgun	\$54,262.50			
Topgun	\$15,795.00			
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		Value	Loss	Claim
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Total Building Repairs	\$ 206,041.61		\$ 206,041.61	\$ 206,041.61
Less:				
Deductible	\$ (50,000.00)			
Payment I	\$ -			
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Subtotal	\$ (50,000.00)		\$	(50,000.00)
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Value, Loss, and Claim		\$ 50,000,000.00	\$ 206,041.61	\$ 156,041.61
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<i>Certain Underwriters at Lloyds, London @ 40%</i>			\$	62,416.64
<i>Arch @ 17%</i>			\$	26,527.07
<i>Berkshire @ 18%</i>			\$	28,087.49
<i>AmRisc @ 25%</i>			\$	39,010.40

Prepared by David Alvarez and Mike Fink