

**SWORN STATEMENT IN PROOF OF LOSS
TO**

\$171,009,061.00
Amount of Policy at Time of Loss
October 01, 2024
Policy Effective Date
October 01, 2025
Policy Expiration Date

Alabama Municipal Insurance Corporation
INSURANCE COMPANY

Claim Number: 064268 HM

0094947281262
Policy Number
Montgomery, Alabama
Agency At
Mike Gardner
Agent

By the above indicated policy of insurance you insured:

City of Madison

against loss by vehicle collision upon the property according to the terms and conditions of said policy and all forms, endorsements, transfers and assignments attached thereto.

Time and Origin: A property loss occurred about Unk o'clock PM, on the 28th day of June, 2025. The cause and origin of said loss was: vehicle collided with fence.

Property Involved in Claim: Fencing at the Ballpark Stadium.

Occupancy: The Building described, or containing the property described, was occupied at the time of loss as follows, and for no other purpose whatever: Enclose a transformer.

Title and Interest: At the time of the loss the interest of your insured in the property described therein was owned by the insured. No other person or entity had any interest therein or encumbrance thereon, except: none.

Changes: Since the above policy was issued there has been no change in title, use or possession of said property except:

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 time of loss.....\$171,009,061.00

Full Replacement Cost of Said property at time of loss.....\$ _____

Full Cost of Repair of Replacement..... \$ 3,250.00

Applicable Depreciation..... \$ 0.00

Actual Cash Value Loss..... **Replacement Cost Loss**..... \$ 3,250.00
Less deductible and/or participation by the insured..... \$ (1,000.00)

Actual Cash Value Loss..... **Replacement Cost Loss**..... \$ 2,250.00

Supplement Claim, to be file in accordance with the terms and conditions of the Replacement Cost Coverage within 180 days from date of loss will not exceed : \$0.00.

This loss did not originate by any act, design, or procurement of the insured, or 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 destroyed, 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 part of this proof.

It is expressly understood and agreed that the furnishing of this blank to the insured or the assistance of an adjuster, or any agent of the insured in making of this proof, is not a waiver of any rights of said insurer or any of the conditions of this policy.

State of Alabama

Insured Rauee Bicket

County of Madison

By Mayor
(Title)

Subscribed and sworn to before me this 13th day of January 2026

Lisa Thomas Notary Public

