

SWORN STATEMENT IN PROOF OF LOSS  
TO

\$142,934,927  
Amount of Policy at Time of Loss  
10/01/2022  
Policy Effective Date  
10/01/2023  
Policy Expiration Date

Alabama Municipal Insurance Corporation  
INSURANCE COMPANY

Claim Number: 059201AH

0094347281233  
Policy Number  
Woodall & Hoggie Insurance  
Agency At  
Agent

By the above indicated policy of insurance you insured:

City of Madison

against loss by damage 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 2:30 o'clock PM. on the 4th day of February, 2023. The cause and origin of said loss was: Fire truck colliding with bay door, causing damage.

Property Involved in Claim: LOC: 9-1 Fire Station # 1 - 101 Mill Road.

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

Title and Interest: At the time of the loss the interest of your insured in the property described therein was n/a. No other person or entity had any interest therein or encumbrance thereon, except: n/a.

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.....\$2,759,705.00

Full Replacement Cost of said property at time of loss.....\$ \_\_\_\_\_

Full Cost of Repair of Replacement..... \$ 1,591.00

Applicable Depreciation..... \$ \_\_\_\_\_

Actual Cash Value Loss.....  Replacement Cost Loss..... \$ 1,591.00

Less deductible and/or participation by the insured..... \$ (1,000.00)

Actual Cash Value Loss.....  Replacement Cost Loss..... \$ 591.00

Supplement Claim, to be filed 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  
consent of the insured or this subscriber to violate the conditions of the policy; no articles are mentioned herein or in  
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.

\*Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

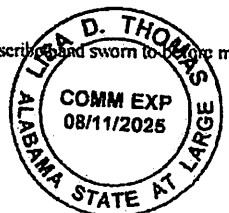
State of Alabama

Insured Paul Tuley

County of Madison

By Mayor - City of Madison

Subscriber and sworn to before me this 10<sup>th</sup> day of October, 2023



[Signature] Notary Public

