

SWORN STATEMENT IN PROOF OF LOSS
TO

\$143,003,629.00
Amount of Policy at Time of Loss

0094347281233
Policy Number

10-1-22
Policy Effective Date

Alabama Municipal Insurance Corporation
INSURANCE COMPANY

Agency At

10-1-23
Policy Expiration Date

Claim Number: 060162

Mike Gardner
Agent

By the above indicated policy of insurance you insured:

CITY OF MADISON

against loss by Fire 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 Fire loss occurred about 1:30 o'clock PM. on the 29th day of June, 2023. The cause and origin of said loss was: Tenant employee was smoking on the south end of the insured building, Main Street Café, and did not fully extinguish the cigarette, thus causing the fire.

Property Involved in Claim: Commerical Building - Main Street Cafe.

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

Title and Interest: At the time of the loss the interest of your insured in the property described therein was as owner.
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.....\$143,003,629.00

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

Full Cost of Repair of Replacement..... \$ 149,074.78

Applicable Depreciation..... \$ 0.00

Actual Cash Value Loss..... Replacement Cost Loss.....\$ 149,074.78
Less deductible and/or participation by the insured..... \$ (1,000.00)

Actual Cash Value Loss..... Replacement Cost Loss.....\$ 148,074.78

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 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.

*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 civil penalties, fines or confinement in prison, or any combination thereof.

State of Alabama Insured _____

County of Madison By Mayor (Title)

Subscribed and sworn to before me this 12th day of July, 2024



[Signature]
Notary Public