SWORN STATEMENT IN PROOF OF LOSS

$$14,982,619.00	PRO140012409
Total Insurance Covering Described Property	**Policy Number**
11/1/2024	216679-2-LN
Date Issued	**Claim No.**
11/1/2025	**Oklahoma Municipal Assurance Group**
Date Expires	Agent

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, filed a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of third degree.

To: OKLAHOMA MUNICIPAL ASSURANCE GROUP

By the above indicated policy of insurance you insured

City of Mangum

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

Time and Origin: A property damage loss occurred on **April 28, 2025.**

The cause and origin of said loss was: **Wind and hail damage to multiple locations.**.

Property Involved in Claim: **Multiple Locations**

	Actual Cash Value Loss	X	Replacement Cost Loss	$583,328.38
	Less Applicable Depreciation (Recoverable)			$185,903.27
	Less Prior Payment(s)			$
	Less Deductible and/or participation by the insured			$2,500.00
	Actual Cash Value Claim		Replacement Cost Claim	$394,925.11
	Supplemental Claim, to be filed in accordance with the terms and conditions of the replacement cost coverage within **365** days from the date reported will not exceed:			$185,903.27

This loss did not originate by any act, design, or procurement of 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 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 proof to the insured or the assistance of an adjuster, or any agent, of the insurer in the making of this proof, is not a waiver of any rights to said insurer or of any of the conditions of this policy.

State of Oklahoma Insured: **City of Mangum**

County of _____ By: _____

Subscribed and sworn to before me this _____ day of _____, 2025

Notary Public: _____