## (REVISED AND SUPPLEMENTAL)

## SWORN STATEMENT IN PROOF OF LOSS

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\$30,729,022.00		PRO140012405 - 11/01/2020
Amount of Policy at Time of	Any person who knowingly and with intent to injure,	Policy Number
Loss	defraud, or deceive any insurance company, filed a statement of claim containing any false, incomplete, or	209221-BD
11/1/2020	misleading information is guilty of a felony of third	
Date Issued	degree.	Claim No.
11/1/2021		
Date Expires	<del></del>	Oklahoma Municipal
		Assurance Group
		Agent
	To: OKLAHOMA MUNICIPAL ASSURANCE GROUP	
	By the above indicated policy of insurance you insured	***************************************

By the above indicated policy of insurance you insured

City of Mangum

against loss by **Freezing** 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 February 16, 2021.

The cause and origin of said loss was: Frozen pipes ruptured causing interior water damage to multiple locations.

Property Involved in Claim: #6-1 - Welcome Center, #11-1 - City Hall & Fire Dept, #13-1 - Armory

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 building and contents limit: \$5,053,600.00.

	Actual Cash Value Loss	X	Replacement Cost Loss	\$89,451.44
	Less Applicable Depreciation	\$12,054.86		
	Less Prior Payment(s)			\$47,697.46
	Less Deductible and/or participation by the insured			\$2,500.00
X	Actual Cash Value Claim		Replacement Cost Claim	\$27,199.12
	Supplemental Claim, to be filed in accordance with the terms and conditions of the replacement cost coverage within <u>365</u> days from the date reported will not exceed:			\$12,054.86

This loss dld 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 <u>Greer</u>	By: Jak	
Subscribed and sworn to before me this _	17. day of <u>August</u> , 2021	
Notary Public: Billie R.	Chilon MERCHANIS	
	# 0 (EXP. 12/18/23) #	
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