

\$249,810,960.00
 AMOUNT OF POLICY AT
 TIME OF LOSS

08/17/15
 ISSUED

05/01/20
 EXPIRES

**SWORN STATEMENT
 IN
 PROOF OF LOSS
 TO THE**

12674883 / 8907651339US
 POLICY / CLAIM NUMBER

Marsh
 AGENCY AT

Charlotte, NC
 AGENT

Lexington Insurance Company
 At time of loss, by the above indicated policy of insurance our insured
DeKalb County, Georgia
 against loss by All Risk to the property described under the above policy, according to the terms and
 conditions of the said policy and all forms, endorsements, transfers and assignments attached thereto.

TIME AND ORIGIN A water loss occurred on the 16th day of June 2021
 The cause and origin of the said loss were: water damage at Wastewater Treatment Facility

OCCUPANCY The building described, or containing the property described, was occupied at the time of loss as follows,
 and for no other purpose whatever: Wastewater Treatment Facility

TITLE AND INTEREST At the time of the loss the interest of your insured in the property described therein was: DeKalb County, Georgia
 No other person had any interest therein or encumbrance thereon, except:

CHANGES Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy,
 possession, location or exposure of the property described, except: None Known

TOTAL INSURANCE THE TOTAL AMOUNT OF INSURANCE upon the property described by this policy was, at the time of
 the loss, \$249,810,960.00 as more particularly specified in the apportionment attached under
 the policy besides which there was no policy or other contract of insurance, written or oral, valid or invalid.

VALUE The ACTUAL CASH VALUE OF said property at the time of loss was Undetermined

LOSS The PARTIAL LOSS AND DAMAGE was \$ 258,446.49

DEDUCTIBLE Less the DEDUCTIBLE (as Per Endorsement for Water) of \$ (250,000.00)

AMOUNT CLAIMED The AMOUNT CLAIMED under the above numbered policy is \$ 8,446.49

The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has been done or with the
 privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in
 destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company,
 as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of
 this proof.

Fraud Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person.
 Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim
 was provided by the applicant.

The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

State of Georgia X _____ Program Administrator - CIP
 County of DeKalb _____ Insured

Subscribed and sworn to before me this 21st day of March 2022
 _____ Notary Public

