

Amount of Policy _____

SWORN STATEMENT
in

Policy Number 005186235

Agency Name Alliant Insurance Services

PARTIAL PROOF OF LOSS

Issued March 31, 2020 Expires March 31, 2021

To Lexington Insurance Company
of Boston, Massachusetts

By the above indicated policy of insurance your insured PRISM / City of Rialto

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

1. Time and Origin: A loss occurred about the hour of _____ o'clock ____ M., on the 20th day of Aug 20 21.
The cause and origin of said loss were: An attic fire damaged the City Public Works offices.

2. Occupancy: The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: Location #46 Public Work offices 335 West Rialto Ave, Rialto CA- including the customer service Desk of the Building & Inspections Department.

3. Title and Interest: When this policy was acquired and at the time of the loss the interest of your insured in the property described therein was sole and unconditional ownership, and no other person or persons had any interest therein or incumbrance thereon. (State exceptions, if any.) NO EXCEPTIONS

4. Changes: Since the said policy was acquired there has been no assignment thereof, or change of ownership, use, occupancy, possession, location or exposure of the property described, or of our insured's interest therein. (State exceptions, if any.)
NO EXCEPTIONS

5. Total Insurance: The total amount of insurance upon the property described by this policy was, at the time of the loss, _____

6. The Cash Value of said property at the time of loss was \$ Not Determined

7. The Whole Loss and Damage was \$ Excess \$255,000

8. The Amount Claimed under the above numbered policy \$ 250,000

(Amount claimed is net \$5,000 Occurrence deductible, additional claim aspects are expected.)

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 by 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 annexed schedules but such as were in the building damaged or destroyed, and belonging to, and in possession of the said insured 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 as part of this proof.

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 their rights.

FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM:

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

State of _____ (Insured Signature)

County of _____ Insured

Subscribed and sworn to (or affirmed) before me on this _____ day of _____ (month), _____ (year) by

_____ proved to me on the basis of satisfactory evidence to be

the person(s) who appear before me.

_____ (signature of Notary)

STATEMENT OF VALUE AND LOSS

PRISM: CITY OF RIALTO

LOCATION#46 PUBLIC WORKS WAREHOUSE
335 WEST RIALTO AVE
RIALTO CA 92376

FIRE - 20 AUGUST 2021

Coverage:

Policy form extending All Risk cover for Real and Personal Property . A \$5,000 Occurrence RCV deductible is applicable to this claim.

Recapitulation of Verified Detail

Value Loss

Values at risk

Loc 16B (added)

Declared: \$12,914,920

Loss as determined:

Presented

Allowed

(a) Building

in house cleanup

TBD

Padgetts Remediation & Boardup

TBD

Building Repairs

Excess \$220,000

Desging & bdi package

TBD

Inhouse work

TBD

220,000.00 to Date

\$ 220,000.00

(b) Business Personal Property

Lost or damaged items (Contents)

Excess 10,000

15,000.00 to date

\$ 15,000.00

Inhouse work

TBD

(c) Extra Expense

Modular trailers - 1 year X4

Excess 35,000

\$ 20,000.00

\$ 20,000.00

Value and Loss: \$ 255,000.00

Less: Deductible < 5,000.00 >

Net claim \$ 250,000.00 Partial Payment