

AMOUNT OF POLICY AT
TIME OF LOSS

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

POLICY NUMBER
7030166257
CLAIM NUMBER

09/23/21

ISSUED

09/23/22

EXPIRES

Landmark American Insurance Company

At time of loss, by the above indicated policy of insurance our insured

Highland Park Homeowners Association, Inc.

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 Hail loss occurred on the 21st day of 2021
The cause and origin of the said loss were: Hail - CAT2168

OCCUPANCY

The building described, or containing the property described, was occupied at the time of loss as follows, and for no other purpose whatever: Condominium Association

**TITLE AND
INTEREST**

At the time of the loss the interest of your insured in the property described therein was: OWNER
No other person had any interest therein or encumbrance thereon, except: X NONE

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: X NONE

**TOTAL
INSURANCE**

THE TOTAL AMOUNT OF INSURANCE upon the property described by this policy was, at the time of the loss, See RSG 94063 0404 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 N/A

LOSS

THE UNDISPUTED LOSS AND DAMAGE was \$ 484,983.18

DEDUCTIBLE

Less the APPLICABLE DEDUCTIBLE (See Schedule) \$ (176,163.88)

DEPRECIATION

Less WITHHELD RECOVERABLE DEPRECIATION \$ (88,657.52)

**AMOUNT
CLAIMED**

THE AMOUNT CLAIMED under the above numbered policy is \$ 220,161.78

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 Oklahoma
County of Cleveland

X [Signature]
Insured

Subscribed and sworn to before me this 11th day of Feb 2022
[Signature] Notary Public

