

SWORN STATEMENT IN PROOF OF LOSS

\$150,000,000.00
AMOUNT OF POLICY AT TIME OF LOSS
August 15, 2022
DATE ISSUED
August 15, 2023
DATE EXPIRES

PARTIAL PAYMENT

US00065682PR22A
POLICY NUMBER
Arthur J. Gallagher
AGENT
Latham, NY
AGENCY AT

To the Greenwich Insurance Company Insurance Company
of Stamford, CT
At the time of loss, by the above indicated policy of insurance, you insured County of Albany - Water Treatment Facility

against loss by Equipment Breakdown to the property described under Schedule "A", according to the terms and conditions of the said policy and all forms, endorsements, transfers and assignments attached thereto.

1. Time and Origin: A Breakdown loss occurred about the hour of Unknown o'clock am/pm
on the 8th day of October 2023 The cause and origin of the said loss were
Water intrusion into switchgear led to total failure and need to replace switch at Albany County Water Treatment Facility on Church Street

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 Waste Water Treatment Facility

3. Title and interest: At the time of the loss the interest of your insured in the property described therein was Owner
No other person or persons had any interest therein or encumbrance thereon, except: X-

PLEASE INDICATE ANY OTHER OWNERSHIP/MORTGAGEE FOR THIS PROPERTY ON THE LINE ABOVE

4. 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

5. Total Insurance: The total amount of insurance upon the property described by this policy was, at the time of loss, \$150,000,000.00
as more particularly specified in the apportionment attached under Schedule "C", besides which there was no policy or other contract of insurance, written or oral, valid or invalid.

6. Actual Cash Value of said property at the time of the loss was.....	AGREED AMOUNT
7. The whole loss and Damage was(UNDISPUTED AMOUNT).....	<u>210,000.00</u>
8. Less Recoverable Depreciation.....	<u>To Be Determined</u>
9. Less Payments Made.....	<u>-</u>
10. Less amount of Deductible and/or insured participation.....	<u>(10,000.00)</u>
11. The Amount Claimed under the above numbered policy is.....(UNDISPUTED PAYMENT).....	<u>200,000.00</u>

Any person who knowingly and with intent to injure, defraud, or deceive any Insurance Co., files a statement of claim concerning any false incomplete or misleading information is guilty of a felony of third degree.

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

State of New York
County of Albany

Subscribed and sworn before me this 5th day of Dec., 2023

Angelo Gaudio Insured
ACWPD Executive Director
Tracy Murphy Notary Public

TRACY A MURPHY
Notary Public, State of New York
No. 02MU6263245
Qualified in Albany County
Commission Expires June 11, 2024