

SWORN STATEMENT IN PROOF OF LOSS

(For Use With Replacement Cost Coverages)

\$100,000,000.00
 AMOUNT OF POLICY AT TIME OF LOSS
 4/1/2019 - 4/1/2020
 POLICY TERM
 MAD2019
 POLICY NO.

BXS INSURANCE
 AGENT
 P.O. BOX 250
 GULFPORT, MS 39502
 AGENCY AT

TO MISSISSIPPI ASSOCIATION OF SUPERVISORS INSURANCE TRUST

At time of loss, by above indicated policy of insurance, you insured the interest of
 MADISON COUNTY BOARD OF SUPERVISORS; P.O. BOX 608; CANTON, MS 39046
 against loss by WIND to the property described according to the terms and conditions of said policy and of all forms,
 endorsements, transfers and assignments attached thereto.

1. Time and Origin A Wind Damage loss occurred about the hour of Twelve o'clock AM
 on the 17 day of October, 2019, the cause of the said loss was:
 WINDSTORM

2. Occupancy The premises described, or containing the property described, was occupied at the time of the loss as follows, and for no other
 purpose whatever:
 OFFICE BUILDING

3. Title and Interest At the time of loss the interest of your insured in the property described therein was

No other person or persons had any interest therein or incumbrance thereon, except:
 NO EXCEPTIONS

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:
 NO EXCEPTIONS

5. Total Insurance The total amount of insurance upon the property described by this policy was, at the time of loss, \$100,000,000.00,
 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. FULL REPLACEMENT COST of the said property at the time of the loss was	\$0.00
7. THE FULL COST OF REPAIR OR REPLACEMENT is	\$26,628.58
8. Applicable DEPRECIATION OR BETTERMENT is.....	\$8,078.86
9. ACTUAL CASH VALUE LOSS is	\$18,549.72
10. LESS DEDUCTIBLES and/or participation by the insured.....	\$10,000.00
11. ACTUAL CASH VALUE CLAIM is	\$8,549.72
12. SUPPLEMENTAL CLAIM, to be filed in accordance with the terms and conditions of the replacement cost coverage within 180 days from the date of loss as shown above, will not exceed	\$8,078.86

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 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.

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

State of MS _____ Insured

County Of MADISON _____ Insured

Subscribed and sworn before me this _____ day of _____

 Notary Public