

EIKON

with CASTRO Roofing

Wise County Law Enforcement Center Roof Repair

VS.

DBB = 20 to 25 weeks to Construction or mid Feb. 2015

DB with TIPS/TAPS Castro Roofing = 5 weeks to Construction or late Nov. 2014

- Adjuster calculated standard standing seam metal roof when the existing is structural standing seam metal roof
- Adjuster did not include cost for Performance and Payment Bonds
- Adjuster did not include costs for manufacturer roof warranty fee
- Adjuster did not include costs for design professional fees

Insurance Claim Review Items Value: in excess of

Standard Industry Labor Warranty = 1-2 years

TIPS/TAPS Castro Roofing Labor Warranty = 10 years with 20 year Manufacturer's Warranty

Standard Industry - NONE

TIPS/TAPS Castro Roofing - Annual Inspect & Reports

TIPS/TAPS Castro Roofing - FIRST WATCH Storm Readiness Program, on-site response within hours of event

SWORN STATEMENT IN PROOF OF LOSS

(For Use With Replacement Cost Coverages)

\$26,586,500.00

AMOUNT OF POLICY AT TIME OF LOSS

AGENT

POLICY TERM

WISE CTY

POLICY NO.

AGENCY AT

TO

At time of loss, by above indicated policy of insurance, you insured the interest of
Wise County ; 200 Rook Ramsey; Decatur , TX 76234

1. Time and Origin A surge loss occurred about the hour of _____ o'clock
on the 24 day of January, 2014 , the cause of the said loss was:

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:

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:

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:

5. Total Insurance The total amount of insurance upon the property described by this policy was, at the time of loss, \$26,586,500.00 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 | \$65,308.71 |
| 8. Applicable DEPRECIATION OR BETTERMENT is..... | \$0.00 |
| 9. ACTUAL CASH VALUE LOSS is | \$65,308.71 |
| 10. LESS DEDUCTIBLES and/or participation by the insured..... | \$1,000.00 |
| 11. ACTUAL CASH VALUE CLAIM is | \$64,308.71 |
| 12. SUPPLEMENTAL CLAIM, to be filed in accordance with the terms and conditions of the replacement cost coverage within <u>0</u> days from the date of loss as shown above, will not exceed | \$0.00 |

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.

Executed this _____ day of _____, 20 _____

Signature _____
INSURED

Signature _____
INSURED