

POLICY NO.

CLAIM NO.

XEQ2421117

**First ACV  
SWORN STATEMENT**

2000116205

AMOUNT OF POLICY AT TIME OF LOSS

NAME OF AGENCY

\$6,671,670.00

IN

Bouvier Insurance - TN

DATE ISSUED

AGENCY CITY, STATE

March 6, 2017

**PROOF OF LOSS**

Nashville, TN

DATE EXPIRES

March 6, 2018

To: Underwriters at Lloyd's, London

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

Nashboro Village Twelve Condo

NAME OF PROPERTY

Nashville, TN 37217

CITY, STATE

against loss by All Risk to the property described according to the terms and conditions of said and of all forms, endorsements, and assignments attached thereto.

TIME AND ORIGIN

A Windstorm loss occurred about the hour of \_\_\_\_\_ on March 21, 2017, the cause and origin of the said loss Wind damage to buildings.

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: Multifamily apartment complex.

TITLE AND INTEREST

At the time of the loss, the interest of your insured in the property described therein was \_\_\_\_\_ . No other person or persons had any interest therein or Encumbrance thereon, except: \_\_\_\_\_

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: As per policy

TOTAL INSURANCE

The TOTAL AMOUNT OF INSURANCE, upon the property described by this policy at the time of the loss was \$6,671,670.00 as more particularly specified in the apportionment attached, besides which there was no policy or other contract of insurance, written or oral, valid or invalid.

VALUE

The ACTUAL CASH VALUE of said BUILDING at the time of the loss was: Not Determined

LOSS

The REPLACEMENT COST LOSS was: \$248,921.50

DEPRECIATION

The RECOVERABLE DEPRECIATION was: (\$26,600.88)

DEDUCTIBLE

The DEDUCTIBLE under the above policy is: (\$50,000.00)

AMOUNT CLAIMED

The Net ACV AMOUNT CLAIMED under the above numbered policy is: \$172,320.62

STATEMENTS OF INSURED

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; 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 the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

STATE OF:

TN

BY:

[Signature] Foreman HOA

COUNTY OF:

Davidson

TITLE:

SUBSCRIBED AND SWORN BEFORE ME THIS

20th

DAY OF

February

[Signature]  
Notary Public

My Commission Expires  
03/06/2018

