

# SWORN STATEMENT IN PROOF OF LOSS

PHX23044290
POLICY NUMBER
\$9,920,360.00
AMOUNT OF POLICY AT TIME OF LOSS
03/01/2023 to 03/01/2024
EFFECTIVE DATES

Any person who knowingly and with intent to defraud an insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

A00549324
CLAIM NUMBER
Distinguished Program Insurance
NAME OF AGENCY
New York NY
AGENCY CITY, STATE

To: Great American Alliance Insurance Company

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

**THE RESIDENCES AT MILL VILLAGE MASTER HOMEOWNERS**      **233-247 Mill Village Blvd**      **Longmont CO 80501**  
**NAME OF INSURED**      **LOCATION OF PROPERTY**

Against loss by accidental direct physical loss to the property described according to the terms and conditions of said and of all forms, endorsements, and assignments attached thereto

1. **TIME AND ORIGIN**      A loss occurred on the 9th day of May-23      The cause of said loss was HAIL.
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:      Condominiums
3. **TITLE**      At the time of the loss, the interest of your insured in the property described therein was:      HOA
4. **INTERESTS**      No other person or persons had any interest therein or encumbrance thereon, except:      None
5. **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


Full Amount of Insurance applicable to the property for which claim is presented was	<u>\$9,920,360.00</u>
Estimated Replacement Cost of Repairs	<u>\$457,977.91</u>
Net ACV Payment Due Insured	<u>\$12,087.00</u>
Applicable <u>Recoverable Depreciation</u> is	<u>\$25,773.98</u>
Supplemental Claim, to be filed in accordance with the terms and conditions of the Replacement Cost Coverage in your policy	<u>\$25,773.98</u>

	0	Replacement Cost Value	Recoverable Depreciation	Actual Cash Value	DEDUCTIBLE	Net ACV after deductible	RD/PAY 2
1533-1541 Kylie Dr	\$	1,429,680.00	\$ 90,446.69	\$ 12,886.99	\$ 77,559.70	\$ 71,484.00	\$ 6,075.70 \$ 12,886.99
1611-1619 Kylie Dr	\$	1,430,968.00	\$ 90,446.69	\$ 12,886.99	\$ 77,559.70	\$ 71,548.40	\$ 6,011.30 \$ 12,886.99
234-248 Mill Village Blvd	\$	3,529,856.00	\$ 137,134.49	\$ 19,430.31	\$ 117,704.18	\$ 176,492.80	
233-247 Mill Village Blvd	\$	3,529,856.00	\$ 139,950.04	\$ 19,877.67	\$ 120,072.37	\$ 176,492.80	
<b>Totals</b>	<b>\$</b>	<b>9,920,360.00</b>	<b>\$ 457,977.91</b>	<b>\$ 65,081.96</b>	<b>\$ 392,895.95</b>	<b>\$ 496,018.00</b>	<b>\$ 12,087.00 \$ 25,773.98</b>

Total Replacement Cost Value	\$ 457,977.91
Less Total Depreciation	\$ 65,081.96
Actual Cash Value	\$ 392,895.95
Less Deductibles	\$ 496,018.00
Net ACV/Payment 1	\$ 12,087.00
RD/Payment 2	\$ 25,773.98

State of Colorado  
 County of Boulder  
 Subscribed and sworn to before me this 10th day of December, 2023

 Insured

 Notary Public

Notary Seal

