## SWORN STATEMENT IN PROOF OF LOSS

166,575.00		PXFL104420011002
AMOUNT OF POLICY AT TIME OF LOSS		POLICY NUMBER
10/1/2010		PRIA
DATE ISSUED 10/01/2011	01.4.0050	AGENT
10/01/2011 DATE EXPIRES	SLA-2358	Lake Mary, FL AGENCY AT
		AGENCT A
To the	PGIT	Insurance Company
of Lake Mary	<del></del>	
At the time of loss, by the above indicated p	policy of Insurance, you insured City	of Key West
against loss by fire	to the property described u	under Schedule "A", according to the terms
and conditions of the said policy and all forms, er		
1. Time and Origin: A fire	loss occurred about the ho	our of 17:30 o'clock
on the 10th day of February	2011 The cause and origin of the	e said loss were
fire to 2001 Gillig bus (VIN: 15GGE181X1	1090409 )	
Occupancy: The building described, or contain other purpose whatever     Transit passence		he time of the loss as follows, and for no
other purpose whatever Transit passeng	ger bus	· · · · · · · · · · · · · · · · · · ·
3. Title and interest: At the time of the loss the in	interest of your insured in the property describe	ed therein was OWNer
		No other person or persons had any
interest therein or encumbrance thereon, e	except:	The series person of persons ripe drip
4. Changes: Since the said policy was Issued the	ere has been no assignment thereof, or chang	e of interest, use, occupancy, possession.
location or exposure of the property described of		
	·	<u> </u>
·	"	
5. Total Insurance: The total amount of insurance	co upon the aroundly deposited by this mallay.	166 575 00
as more particularly specified in the apportionmen		
insurance, written or oral, valid or invalid.	The action to the content of the con	Talene was no policy of other contract of
S. Actual Coult Value of soid property at the time	e of the loss was	59 500 00
6. Actual Cash Value of said property at the time of the loss was		
7. The vehicle loss and Damage at acv was		<u>58,500.00</u>
8. Less amount of Deductible and/or participation by the insured		50,000.00
9. The Amount Claimed under the above numbered policy is		8,500.00
Any person who knowingly and with		
statement of claim concerning any fa	alse incomplete or misleading infor	mation is guilty of a felony of third
degree.		
The furnishing of this blank or the preparation of	proofs by a representative of the above compa	any is not a waiver of any of its rights.
C1 = 0		
State of Florida		
10000000	-	
County of YNOVUY)		<u>\$0,00</u> Insured
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$\wedge$	Λ	
Subscribed and swom before me this	day of August	
Subscribed and swom before me this 4	day of August	Dolon 1
MARIA G. RATCLIFF	7 mario	Rateu H. Notary Public
	7 mario	Rateu H_ Notary Public