

SWORN STATEMENT IN PROOF OF LOSS

\$ 95,672,046 #N5A5CP0000013-00
 AMOUNT OF POLICY AT TIME OF LOSS POLICY NUMBER
7/1/2013 7/1/2014 Public Entity Insurance – RPS, Inc.
 DATE ISSUED DATE EXPIRES AGENT

To the Public Entity Insurance – RPS, Inc. for American Family Home Insurance Company
 of Kentucky, et al

At the time of loss, by the indicated policy of insurance you insured Breathitt County School District,
400 Court Street, Jackson, KY 41339

against loss by freezing, extreme cold weather to the property described under Schedule "A", according to
 the terms and conditions of the said policy and all forms, endorsements, transfers, and assignments attached
 thereto.

- Time and Origin:** Frozen pipes in the cooling tower loss occurred about the hour of _____ o'clock ____ M on
 the 24th day of January, 2014. The cause and origin of the said loss were: _____
Extreme cold temperatures caused water in various components of the cooling tower to freeze & burst.
- Occupancy:** The building described, or containing the property described, was occupied at the time of the loss
 as follows, and for no other the purpose whatsoever: School
- Title and Interest:** At the time of the loss the interest of your insured in the property described herein was
Sole owner. 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: N/A
- Total Insurance:** The total amount of insurance upon the property described by this policy was, at the time of
 the loss, \$ 95,672,046 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.
- The Actual Cash Value** of said property at the time of the loss was \$ 110,114.11
- The Whole Loss and Damage** was \$ 110,114.11
- Less Amount of Deductible** \$ 1,000.00
- The Amount Claimed** under the above numbered policy is \$ 109,114.11

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 above insurance company is not a
 waiver of any of its rights.

SIGNATURE: Larry Hammond

SIGNATURE: Darrell McIntosh

NOTARY: State of KY; County of Breathitt; SS

On this 27th day of August, 2014, before me appeared Larry Hammond,
State Manager, Breathitt Co. Schools; Darrell McIntosh, Finance BCS

who is known to be the person(s) named herein and who voluntarily executed this release.

Darrell McIntosh
 Notary Signature

11-5-14
 Date Commission Expires