

SWORN STATEMENT IN PROOF OF LOSS
Building Advance

MPK-TNLB-0000001-25

POLICY NUMBER

\$5,413,489.00

AMOUNT OF POLICY AT TIME OF LOSS

12/31/2025

DATE ISSUES

12/31/2026

DATE EXPIRES

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OR CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME, AND SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH VIOLATION.

238370

OUR FILE No.

TNLB-2026-001-001

COMPANY CLAIM NO.

Metz Wood Harder, Inc.

AGENCY

Chatham, NY

AGENT AT

To the

New York Municipal Insurance Reciprocal

of

900 Stewart Avenue., Suite 600, Garden City, N.Y. 11530

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

Town of New Lebanon

against loss by

All Risk

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 to thereto.

1. **Time and Origin:** A Fire loss occurred about the hour of _____ o'clock

on the

January 26, 2026

The cause and origin of the said loss were:

Fire

2. **Occupancy:** The building described, or containing the property described, was occupied at the time of the loss as follows, and for not other purpose whatever: AS PERMITTED

3. **Title and Interest:** At the time of the loss the interest of your insured in the properly described therein was

OWNER

No other person or persons had any interest therein or

encumbrance thereon, except: NONE

4. **Changes:** Since the said policy was issued there has been no assignment therefore, or change of interest, use, occupancy, possession, location or exposure of the property described, except: NONE

5. **Total Insurance:** The total amount of insurance upon the property described by this policy was, at the time of the loss,

\$5,413,489.00

, 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.

Recovery:

1. **Full Replacement Cost** of the said property at the time of the loss was

2. **The Full Cost of Repair or Replacement** is

\$ 154,729.17

3. Applicable **Depreciation or Betterment** is

\$ 70,946.88

4. **The Actual Cash Value** is (Line 2 minus Line 3)

\$ 83,782.29

5. **Less Deductibles** and/or participation by the insured

\$ -

6. **Actual Cash Value Claim** is (Line 4 minus Line 5)

\$ 83,782.29

7. **Supplemental Claim**, to be filed in accordance with the terms and conditions of the Replacement Cost Coverage within 730 days from the date of loss as shown above, will not exceed . . .

\$ 70,946.88

The said loss did not originate by any act, designed or procurement on the part of your insured, or this affiant; nothing has been done by or with the privity of consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or 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.

State of

County of

Insured

Subscribed and sworn to before me this

day of

20

Notary Public