

Sworn Statement in Proof of Loss: Actual Cash Value and Replacement Cost Event #:

This form must be signed and notarized at the bottom of the page. Complete all sections.

Table with 4 columns: Policy Number (6517107), Claim Number (705471630), Policy Amount (\$970,730.00), and Effective Dates (4/26/2014 to 4/26/2015).

Peerless Ins Co by the above numbered policy insured Bud Rife (Underwriting Company) (Policy Holder)

under said policy, and according to the terms and conditions, all forms and endorsements attached thereto.

TIME AND ORIGIN: A Fire occurred about the hour of 4:00 am on the 18th day of December 2014 at 497 George Rd. Betsy Layne, KY 41605

The cause and origin of the loss was: fire of undetermined caused started in the rear of the building

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: administrative office, equipment storage and repair for construction business

TITLE AND INTEREST: At the time of loss the interest of the insured in the described was ownership and operation and no other person(s) had any interest therein or encumbrance thereon except: 1st commonwealth bank (building only)

CHANGES: Since the said policy was acquired there has been no assignment thereof, or change of ownership or interest, use, occupancy, possession, location or exposure of the property, except: none

- 1. Replacement Cost of Property: at the time of loss \$ N/A
2. Replacement or Repair Cost: at the time of the loss was \$ 843,770.81
3. Applicable Depreciation or Betterment: \$ 115,136.75
4. Actual Cash Value Loss: (line 2 minus line 3) \$ 728,634.06
5. Deductible: \$ N/A
6. ACTUAL CASH VALUE CLAIM: (line 4 minus line 5) \$ 728,634.06

7. Replacement Cost Claim, Eligibility Requirement: The insured must first comply with the terms and conditions of the replacement cost provisions of the policy by stating in writing no later than 180 days from the date of the loss, its intention of filing for a replacement cost claim. If the insured elects to file a replacement cost claim, said supplemental claim must be filed within a reasonable time, but no later than N/A or within N/A days from the date of loss, said amount not to exceed

STATEMENT OF INSURED: The insured under the above numbered policy, hereby claims and agrees to accept from the insurer, in Partial satisfaction and indemnity for the replacement cost of all claims of loss or damage, the sum of \$463,634.06 (less advance and demo/debris removal already paid)

Nothing has been done by or with the insured's knowledge or consent to violate the conditions of the policy or render it void; no articles are mentioned herein or in annexed schedules, but such as were damaged or destroyed at the time of the loss; no property saved has been in any manner concealed, and no attempt to deceive the said company as to the extent of said loss has in any manner been made, and no material fact is withheld of which the company should be informed

Any other information that may be required will be furnished and be considered part of this proof. It is expressly understood that the furnishing of this blank form to the insured, or any investigation undertaken, or the preparing of proof of loss by a company representative, is not a waiver of any of its rights.

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

State of Kentucky
County of Floyd

Insured Bud Rife
Signature & title Bud Rife OWNER

Subscribed and sworn to me this 26 day of June 20 15

Notary Signature: Linda Allen

NOTARY PUBLIC OR JUSTICE OF THE PEACE