

004806578301  
POLICY NO. FL  
6/22/2018 - 6/22/2019  
POLICY TERM  
\$250,000.00  
AMT OF BLDG COV AT TIME OF LOSS  
\$150,000.00  
AMT OF CONTS COV AT TIME OF LOSS

DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

**PROOF OF LOSS**

(See reverse side for Privacy Act Statement and  
Paperwork Burden Disclosure Notice)

BRITTAIN AND ASSOC.  
AGENT  
PO BOX 1355, CLINTON, OK 73601  
AGENCY AT

TO THE NATIONAL FLOOD INSURANCE PROGRAM:

At time of loss, by above indicated policy of insurance, you insured the interest of  
CITY OF CLINTON; 600 S 28th St; Clinton, OK 73601

against loss by flood to the property described according to the terms and conditions of said policy and of all forms, endorsements, transfers and assignments attached thereto.

TIME AND ORIGIN A Flood-with NFIP loss occurred about the hour of Eight o'clock AM.,  
on the 26 day of May, 2019. The cause of the said loss was:  
GCF due to heavy rains over extended time frame that inundated

OCCUPANCY The premises described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever:  
State Government Owned

INTEREST No other person or persons had any interest therein or encumbrance thereon except:  
CITY OF CLINTON

1. FULL AMOUNT OF INSURANCE applicable to the property for which claim is presented is .....	\$400,000.00
2. ACTUAL CASH VALUE of building structures .....	\$1,543,703.05
3. ADD ACTUAL CASH VALUE OF CONTENTS of personal property insured .....	\$150,000.00
4. ACTUAL CASH VALUE OF ALL PROPERTY .....	\$1,693,703.05
5. FULL COST OF REPAIR OR REPLACEMENT (Building and Contents).....	\$25,946.58
6. LESS APPLICABLE DEPRECIATION .....	\$2,905.38
7. ACTUAL CASH VALUE LOSS is .....	\$23,041.20
8. LESS DEDUCTIBLES .....	\$1,250.00
9. NET AMOUNT CLAIMED under above numbered policy is .....	\$21,791.20

The said loss did not originate by any act, design or procurement on the part of your insured, nothing has been done by or with the privity or consent of your insured 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 insurer 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.

**I understand that this insurance (policy) is issued Pursuant to the National Flood Insurance Act of 1968, or Any Act Amendatory thereof, and Applicable Federal Regulations in Title 44 of the Code of Federal Regulations, Subchapter B, and that knowingly and willfully making any false answers or misrepresentations of fact may be punishable by fine, imprisonment, or both under applicable United States Codes.**

Subrogation - To the extent of the payment made or advanced under this policy; the insured hereby assigns, transfers and sets over the insurer all rights, claims or interest that he has against any person, firm or corporation liable for the loss or damage to the property for which payment is made or advanced. He also hereby authorizes the insurer to sue any such third party in his name.

The insured hereby warrants that no release has been given or will be given or settlement or compromise made or agreed upon with any third party who may be liable in damages to the insured with respect to the claim being made herein.

The furnishing of this blank or the preparation of proofs by a representative of the above insurer is not a waiver of any of its rights.

I declare under penalty of perjury that the information contained in the foregoing is true and correct to the best of my knowledge and belief.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Name

Mark A. Skiles



Allstate Flood Insurance Program  
 P.O. Box 2964  
 Shawnee Mission, KS 66201-1364

**Check Number: 0001256241**

000011-1Z

CITY OF CLINTON  
 PO BOX 1177  
 CLINTON, OK 73601-1177



**Check Date: 03/04/2020**

REFERENCE	TYPE OF PAYMENT	AMOUNT
480657830105262019	Flood Claim Payment for Building Loss.	\$21,791.20
	AMOUNT PAID \$	21,791.20

1ST MORTGAGEE LOAN NUMBER:

INSURED NAME: CITY OF CLINTON

PROPERTY ADDRESS: 600 S 28TH ST  
 CLINTON, OK 73601

PAYEE: CITY OF CLINTON

NOTIFICATION TO: BRITAIN AND ASSOC,  
 PO BOX 1355  
 CLINTON, OK 73601-1355

THIS CHECK CONTAINS THE FOLLOWING SAFETY FEATURES: MICROPRINT BORDERS, CUSTOM LOGO, WATERMARK, THERMOGRAPHIC SIGNATURE AND FIBERS IN THE PAPER.



Flood Insurance Program  
 P.O. Box 2964  
 Shawnee Mission, KS 66201-1364

PAYABLE AT  
 JPMorgan Chase Bank, N.A.  
 Syracuse, NY

50-937/213  
 0001256241  
 03/04/2020

\$21,791.20

Pay to the CITY OF CLINTON  
 order of

VOID AFTER 180 DAYS

*Twenty One Thousand Seven Hundred Ninety One And 20/100 Dollars*

⑈000 1 256 24 1⑈ ⑆0 2 1 3093 79⑆ 7006 2554 9⑈

TCAC011217

004806578301  
 POLICY NO. FL  
 6/18/2018 - 6/18/2019  
 POLICY TERM  
 \$250,000.00  
 AMT OF BLDG COV AT TIME OF LOSS  
 \$150,000.00  
 AMT OF CONTS COV AT TIME OF LOSS

DEPARTMENT OF HOMELAND SECURITY  
 FEDERAL EMERGENCY MANAGEMENT AGENCY  
 NATIONAL FLOOD INSURANCE PROGRAM

**PROOF OF LOSS**

(See reverse side for Privacy Act Statement and  
 Paperwork Burden Disclosure Notice)

BRITTAIN AND ASSOC.  
 AGENT  
 PO BOX 1355, CLINTON, OK 73601  
 AGENCY AT

TO THE NATIONAL FLOOD INSURANCE PROGRAM:

At time of loss, by above indicated policy of insurance, you insured the interest of  
 CITY OF CLINTON; 600 S 28TH ST ; Clinton, OK 73601

against loss by flood to the property described according to the terms and conditions of said policy and of all forms, endorsements, transfers and assignments attached thereto.

TIME AND ORIGIN A Flood-with NFIP loss occurred about the hour of Eight o'clock AM.,  
 on the 07 day of May, 2019. The cause of the said loss was:

GCF due to heavy rains over extended time frame that inundated

OCCUPANCY The premises described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever:  
 State Government Owned

INTEREST No other person or persons had any interest therein or encumbrance thereon except:  
 CITY OF CLINTON

1. FULL AMOUNT OF INSURANCE applicable to the property for which claim is presented is .....	\$400,000.00
2. ACTUAL CASH VALUE of building structures .....	\$1,543,703.05
3. ADD ACTUAL CASH VALUE OF CONTENTS of personal property insured .....	\$150,000.00
4. ACTUAL CASH VALUE OF ALL PROPERTY .....	\$1,693,703.05
5. FULL COST OF REPAIR OR REPLACEMENT (Building and Contents).....	\$7,752.43
6. LESS APPLICABLE DEPRECIATION .....	\$0.00
7. ACTUAL CASH VALUE LOSS is .....	\$7,752.43
8. LESS DEDUCTIBLES .....	\$1,250.00
9. NET AMOUNT CLAIMED under above numbered policy is .....	\$6,502.43

The said loss did not originate by any act, design or procurement on the part of your insured, nothing has been done by or with the privity or consent of your insured 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 insurer 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.

**I understand that this insurance (policy) is issued Pursuant to the National Flood Insurance Act of 1968, or Any Act Amendatory thereof, and Applicable Federal Regulations in Title 44 of the Code of Federal Regulations, Subchapter B, and that knowingly and willfully making any false answers or misrepresentations of fact may be punishable by fine, imprisonment, or both under applicable United States Codes.**

Subrogation - To the extent of the payment made or advanced under this policy; the insured hereby assigns, transfers and sets over the insurer all rights, claims or interest that he has against any person, firm or corporation liable for the loss or damage to the property for which payment is made or advanced. He also hereby authorizes the insurer to sue any such third party in his name.

The insured hereby warrants that no release has been given or will be given or settlement or compromise made or agreed upon with any third party who may be liable in damages to the insured with respect to the claim being made herein.

The furnishing of this blank or the preparation of proofs by a representative of the above insurer is not a waiver of any of its rights.

I declare under penalty of perjury that the information contained in the foregoing is true and correct to the best of my knowledge and belief.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Name Mark A. Skiles



Allstate Flood Insurance Program  
 P.O. Box 2964  
 Shawnee Mission, KS 66201-1364

**Check Number:** 0001256240



CITY OF CLINTON  
 PO BOX 1177  
 CLINTON, OK 73601-1177



**Check Date:** 03/04/2020

REFERENCE	TYPE OF PAYMENT	AMOUNT
480657830105072019	Flood Claim Payment for Building Loss.	\$6,502.43
	AMOUNT PAID \$	6,502.43

1ST MORTGAGEE LOAN NUMBER:

INSURED NAME: CITY OF CLINTON

PROPERTY ADDRESS: 600 S 28TH ST  
 CLINTON, OK 73601

PAYEE: CITY OF CLINTON

NOTIFICATION TO: BRITTAIN AND ASSOC,  
 PO BOX 1355  
 CLINTON, OK 73601-1355

THIS CHECK CONTAINS THE FOLLOWING SAFETY FEATURES: MICROPRINT BORDERS, CUSTOM LOGO, WATERMARK, THERMOGRAPHIC SIGNATURE AND FIBERS IN THE PAPER.



Flood Insurance Program  
 P.O. Box 2964  
 Shawnee Mission, KS 66201-1364

PAYABLE AT  
 JPMorgan Chase Bank, N.A.  
 Syracuse, NY

50-937/213  
 0001256240  
 03/04/2020

**\$6,502.43**

Pay to the order of CITY OF CLINTON

VOID AFTER 180 DAYS

*Six Thousand Five Hundred Two And 43/100 Dollars*

TCAC011217