

SWORN STATEMENT IN PROOF OF LOSS (INLAND MARINE) - PROPERTY

COVERAGE DOCUMENT NO.
0200

DEDUCTIBLE
10,000.00

ADJUSTER'S FILE NO
[REDACTED]

To: ACCA LIABILITY SELF-INSURANCE FUND, INC.-PROPERTY PROGRAM

By your COVERAGE DOCUMENT above described, you insured Baldwin County Commission according to the terms and conditions contained therein, including the written portion thereof and all endorsements, transfers and assignments attached thereto, on the contractor's equipment described as follows:

YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION NUMBER
2020	John Deere	624 L	1DW624LZHLF706294

DATE OF LOSS A loss occurred on July 23, 2025, about the hour of 10 o'clock AM, which loss upon the

CAUSE best knowledge and belief of member was caused by Equipment/Machinery.

LOCATION When the coverage document was issued to the member, member was the sole and unconditional owner of the property described.

OWNERSHIP No encumbrance of said property existed nor has since been made nor has there been any change in the title, use, location or possession of said property, except as follows: _____

DAMAGES The damages of above described property at the time of said loss \$40,816.83

VALUE (If a total loss) The actual cash value of above described property at the time of said loss \$N/A

DEDUCTIBLE AMOUNT The deductible provision applicable to this loss \$(10,000.00)

CLAIMED AMOUNT CLAIMED UNDER THIS POLICY by the member and accepted in full settlement \$30,816.83

IN THE EVENT OF THEFT In the event of claim for loss by theft of the above described vehicle or its equipment, the claimant does hereby transfer, assign and set over to the Fund; all rights, title and interest in the described property and vehicle for which claim is made and also agrees to assist the Fund or proper authorities in any way possible to recover said vehicle or equipment and to return said property to the said Fund.

SUBROGATION The member hereby covenants that no release has been or will be given to or settlement or compromise made with any third party who may be liable in damages to the member; and the member in consideration of the payment made under this coverage document hereby assigns and transfers to the said Fund to the extent of the payment herein made each and all claims and demands against any other party, person, persons, partnership or corporation, arising from or connected with such loss and damage, and the said Fund is hereby authorized and empowered to sue, compromise or settle in my name or otherwise to the extent of the money paid as aforesaid.

STATEMENTS OF INSURED The said loss did not originate by any act, design or procurement on the part of the member of this affiant; nothing has been done by or with the privity or consent of member or this affiant, to violate the conditions of this Coverage Document or render it void; no attempt to deceive the said Fund, as to the extent of said loss, has in any manner been made, and no material fact is withheld that the said Fund should be advised of. Any further information that may be required will be furnished on demand and considered a part of this proof.

The furnishing of this form or the preparation of proofs by County Risk Services, Inc. as Third-party Administrator for the ACCA Liability Self-Insurance Fund, Inc.-Property Program is not a waiver of any of its rights.

Signature: _____ Printed Name: _____

Witness: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, _____

NOTARY PUBLIC