



Odyssey Charter School
Charter School Accountability Committee
Response to Initial Report

ATTACHMENT 7

SWORN STATEMENT IN PROOF OF LOSS

(For Use With Replacement Cost Coverages)

Form with fields for AMOUNT OF POLICY AT TIME OF LOSS (\$ 55,273,830), DATE ISSUED (8/29/2016), POLICY NUMBER (CND-DE-EPP-18842-002), AGENCY AT (L&W Insurance Inc.), and DATE EXPIRES.

against loss by Vandalism - Water Damages 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.

1. Time and Origin: A Vandalism/Water Dmg loss occurred about the hour of O'clock A M, on the 8th day of October 2015. The cause and origin of the said loss were Vandalism/Water Damages.

2. 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: Building #27, 4319 Lancaster Pike, Wilmington, DE 19805

3. Title and Interest: At the time of the loss the interest of your insured in the property described therein was Owned. 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 thereof, 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 loss, \$4,312,500.00, 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.

Table with 2 columns: Description and Amount. Rows include Full Replacement Cost (\$4,312,500.00), Full Cost of Repair or Replacement (\$271,664.59), Applicable Depreciation or Betterment (\$104,472.65), Actual Cash Value Loss (\$167,191.94), Less deductibles (\$2,500.00), Actual Cash Value Claim (\$164,691.94), and Supplemental Claim (\$104,472.65).

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 the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

State of Delaware, County of New Castle. Subscribed and sworn to before me this 29th day of July 2016. Insured: [Signature]

[Signature]

JON J. STEWART, Notary Public, STATE OF DELAWARE, My Commission Expires November 18, 2018