

EXHIBIT B

SWORN PROOF OF LOSS

		Claim Number	496418GO
Insured Bigfoot Co-OP A Inc-DBA Madison Avenue Apartments(Pine Terrace)		Date of Loss: Aug 10, 2021	
Mailing Address [REDACTED] Dubuque, IA 52001			
Address of Loss [REDACTED] Dubuque, IA 52001			
Home Phone:	Cell Phone	Email:	
[REDACTED]	[REDACTED]	[REDACTED]	
Policy Information			
Policy Number(s)	Effective Date	Expiration Date	Type
ACP 30-7-6479372	12/20/2020	12/20/21	Commercial
Is there any other insurance which may cover this loss? If Yes, Name and Address of Insurance Company			Policy Number
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are you the sole owner of the property involved in this loss? If No, Name, Relationship and Address of other party with an interest in this property <input type="checkbox"/> Yes <input type="checkbox"/> No			
Loss Information			
Type of Loss:	<input type="checkbox"/> Wind & Hail	<input type="checkbox"/> Wind & Hail & Flying Debris	
	<input type="checkbox"/> Wind & Flying Debris	<input type="checkbox"/> Fire & Smoke	
	<input type="checkbox"/> Water	<input checked="" type="checkbox"/> Other (Describe): Hail	

Insured(s)' Duties After Loss:

1. I/We have cooperated with the investigation, settlement, or defense of this claim or suit;
2. We gave immediate notice to our agent of this claim on or about April 1, 2023 _____;
3. Notification was provided to police in case of loss by theft on N/A _____, if applicable to my claim.
4. I/We protected our property from further damage by making reasonable and necessary repairs required to protect the property, and accurate expenses of the repair have been provided.
5. An inventory of loss to building and damage to personal property, if applicable is listed below, showing in detail the quantity, description, replacement cost and approximate age. Related documents justifying these figures in the inventory are attached.
6. I/We have cooperated with the insurance company and have provided photos, exhibits, records and copies, and have made available to the insurance company any person or entity having information relating to the loss.

7. I/We have provided receipts for any Additional Living Expenses that have been incurred, if applicable.
N/A

Greg Ladehoff

[Greg Ladehoff \(Jun 7, 2023 14:54 CDT\)](#)

Signature of Insured: Bigfoot Co-OP A Inc-DBA Madison
Avenue Apartments(Pine Terrace)
(Signer Greg Ladehoff)

Jun 7, 2023

Date

Signature of Insured:

Date

Personal Property Loss Schedule

Item No	Qty	Original Item		Age		Condition	Place of Purchase	Original Cost (Each)	Repair Cost	Replacement Cost (Each)
		Description	Brand/Type/Model	Yr	Mo					
		N/A								

Greg Ladehoff

Greg Ladehoff (Jun 7, 2023 14:54 CDT)

Signature of Insured: **Bigfoot Co-OP A Inc-DBA Madison Avenue Apartments(Pine Terrace) (Signer Greg Ladehoff)**

Signature of Insured:

Jun 7, 2023

Date

Date

SWORN STATEMENT IN KNOWN PROOF OF LOSS

Nationwide Insurance Company of America

ACP CPP 3076479372

INSURANCE COMPANY

POLICY NUMBER

12/20/2020

\$18,084,500

DATE ISSUED

Dwelling & Other Structure Limits

12/20/2021

DATE EXPIRES

Personal Property Limits

To the Nationwide Insurance Company of America

Insurance Company of

One West Nationwide Blvd Columbus, OH 43215

At the time of loss, by the above indicated policy of insurance, you issued the insured, Bigfoot Co-OP A Inc-DBA Madison Avenue Apartments(Pine Terrace) of [REDACTED] Dubuque, IA 52001

was insured against the loss caused by storm damage on the date of loss listed below to the property described under the policy of insurance in effect, according to the terms and conditions of said policy and all forms, endorsements, transfers and assignments attached thereto.

1. **TIME AND ORIGIN:** Dwelling loss occurred on or about the hour of _____ am/pm on or about the date of Aug 10, 2021. The cause and origin of the said loss were Hail

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. Residential(Apartments)

3. **TITLE AND INTEREST:** At the time of the loss the interest of your insured in the property described therein was Bigfoot Co-OP A Inc-DBA Madison Avenue Apartments(Pine Terrace). No other person or persons had any interest or encumbrance thereon, except, Lender if applicable and Semper Fi Public Adjusters Midwest, LLC

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:**(listed above)

\$18,084,500

6. **FULL REPLACEMENT COST of the property at the time of loss was**.....

Unknown

7. **THE FULL COST OF REPAIR OF REPLACEMENT IS**.....

\$7,015,526.25

8. **APPLICABLE DEPRECIATION OR BETTERMENT IS**.....

Ins Co to determine

9. **ACTUAL CASH VALUE LOSS IS** (line 7 minus line 8).....

\$7,015,526.25

10. **LESS DEDUCTIBLES** and /or participation by the insured.....

\$22,500.00(\$2,500 each building)

11. **ACTUAL CASH VALUE CLAIM IS** (line 9 minus line 10).....

\$6,993,026.25

12. **SUPPLEMENTAL CLAIM FOR RECOVERABLE DEPRECIATION**.....

To Be Determined

SWORN STATEMENT IN KNOWN PROOF OF LOSS

This loss did not originate by any act, design, or procurement on the part of the insured(s). The insured(s) hereby covenants that no release has been given to or settlement or compromise made with any third party who may be liable to damages to the insured(s).

The insured(s) reserve all rights he/she/they may have under the policy, including but not limited to, supplementing the claim and/or filing additional Proof of Losses, should the cause arise. The Proof of Loss does not address hidden damages, and does not include any unknown damages or complications, or additional costs that may be associated with any repair/replacement of the damages to the insured property.

This Sworn Statement In Known Proof of Loss is being made to the best of the insured(s) knowledge, information, belief or awareness, and is made on the basis that the insured has, in order to establish this Sworn Statement, that the information is accurate as known by the insured(s) at the date of signing.

Please note additional coverage may apply per the insureds policy.

Greg Ladehoff

X [Greg Ladehoff \(Jun 7, 2023 14:54 CDT\)](#)

(Insured Signature)

Bigfoot Co-OP A Inc-DBA Madison
Avenue Apartments(Pine Terrace)

Printed Name of Insured


SFPA-Sworn Statement Proof of Loss -Pine Terrace

Final Audit Report

2023-06-07

Created:	2023-06-06
By:	Joseph Kriner [REDACTED]
Status:	Signed
Transaction ID:	CBJCHBCAABAA4-c8wTcrHQT8Lu8jS6A2GgN7OyWYIW1q

"SFPA-Sworn Statement Proof of Loss -Pine Terrace" History

 Document created by Joseph Kriner [REDACTED]

2023-06-06 - 6:52:15 PM GMT- IP address: 71.163.243.56

 Document emailed to [REDACTED] for signature

2023-06-06 - 7:01:49 PM GMT

 Email viewed by [REDACTED]

2023-06-07 - 5:36:54 PM GMT- IP address: 172.58.85.116

 Signer [REDACTED] entered name at signing as Greg Ladehoff

2023-06-07 - 7:54:30 PM GMT- IP address: 172.58.85.116

 Document e-signed by Greg Ladehoff [REDACTED]

Signature Date: 2023-06-07 - 7:54:32 PM GMT - Time Source: server- IP address: 172.58.85.116

 Agreement completed.

2023-06-07 - 7:54:32 PM GMT