

Exhibit L

MOUND COTTON WOLLAN & GREENGRASS LLP

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SAMUEL B WEISS
ASSOCIATE
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July 9, 2019

Via Federal Express

Michael Stein
245 East 54th Street, Unit 8
New York, New York 10022

Re: Insured: Michael Stein
Location: 245 East 54th Street, Unit 8, New York, NY 10022
Date of Loss: February 26, 2018 (as reported)
Type: Water
Policy No.: 2006000031 (the "Policy")
Policy Period: 1/9/18-1/9/19
Claim No.: 3288384

Dear Mr. Stein:

As you know, this firm has been retained by National General Insurance Company ("National General"), concerning your claim under Insurance Policy No. 2006000031 for water damage to the premises located at 245 East 54th Street, Unit 8, New York, NY 10022 (the "Premises") that allegedly occurred on or around February 26, 2018 (the "Loss").

Pursuant to the terms and conditions of the Policy (see Form No. HO 6000 01 06, Section I- Conditions, B. Duties After Loss, at 8, p. 10 of 19), you are required to:

Send to us, within 60 days after our request, your signed, sworn proof of loss which sets forth, to the best of your knowledge and belief:

- a. The time and cause of loss;
- b. The interests of all "insureds" and all others in the property involved and all liens on the property;
- c. Other insurance which may cover the loss;
- d. Changes in title or occupancy of the property during the term of the policy;
- e. Specifications of damaged buildings and detailed repair estimates;

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- f. The inventory of damaged personal property described in 6. above;
 - g. Receipts for additional living expenses incurred and records that support the fair rental value loss;
- * * *

Pursuant to your obligations under the Policy, we request that you provide us, within the time frame required by the Policy, on behalf of National General, with a sworn statement in proof of loss. Two blank proof of loss forms are enclosed with this letter for your convenience.

Please take further notice that National General hereby expressly notifies you that in writing this notice, it does not waive any provision or stipulation of the insurance policy defined above upon which your claim was made, or any forfeiture of the Policy, nor does it waive any of its rights. Furthermore, this letter shall not be construed as either an admission or denial of liability under the Policy.

If you have any questions or concerns, please feel free to give us a call.

Sincerely,



Samuel B Weiss

SWORN STATEMENT IN PROOF OF LOSS

IMPORTANT INSTRUCTIONS: This Sworn Statement must be completed in detail, notarized and returned to the Company before your claim will be considered. Please use blue or black ink. The use of pencils and/or "White Out" is not permitted. (ALL QUESTIONS MUST BE ANSWERED)

Claim Number:
Policy Number:
Policy Effective Date:
Policy Expiration Date:

Agency Name:
Policy Amount:

To National General Insurance Company:

At time of loss, by the above indicated policy of insurance, I, _____ named insured against loss by _____ to the property described as _____ according to the terms and conditions of the said policy and all forms, endorsements, transfers and assignments attached thereto.

1. TIME AND ORIGIN: A _____ loss occurred on _____ at _____
The cause and origin of the said loss were: _____

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 whatsoever: _____

3. TITLE AND INTEREST: At the time of the loss, the interest of in the property described therein was: _____ No other person or persons had any interest therein or encumbrance thereon, except: (ENTER MORTGAGEE HERE or TYPE N/A) _____

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: _____

5. TOTAL INSURANCE: Other than the insurance provided by _____ the amount of insurance upon the property described above at the time of the loss was in the amount of \$ _____ and issued by: Name of Insurance Company: _____ with effective dates of _____. This policy was purchased on or about the following date: _____.

6. THE FULL VALUE OF ALL INSURED PROPERTY at the time of the loss was	\$
7. THE REPLACEMENT COST OF THE DAMAGED PROPERTY IS	\$
8. LESS DEPRECIATION	\$
9. THE ACTUAL CASH VALUE OF THE DAMAGED PROPERTY IS	\$
10. LESS POLICY DEDUCTIBLE	\$
11. THE AMOUNT CLAIMED	\$

The said loss did not originate by any act, design or procurement on my part or at or by my direction. Nothing has been done by or with my privity or consent to violate the conditions of the policy or render it void. No property saved has in any manner been concealed and no attempt to deceive National General Insurance 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.

I hereby covenant 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 me or to National General Insurance Company and in consideration of the payment made under this policy, grants to National General Insurance Company all rights and causes of action that I may have against any person, persons, or corporations whomsoever for damage arising out of or incident to said loss or damage to said property and authorizes National General Insurance Company to sue in my name, but at the cost of National General Insurance Company any such third party, pledging full cooperation in such action.

The furnishing of this blank or the preparation of proofs by a representative of National General Insurance Company 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 an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Name Date

Subscribed and sworn to before me this _____ day of _____, 20____

NOTARY PUBLIC COUNTY STATE

My commission expires _____, 20____

Consent to Release Consumer Information (Consumer Credit Report)

I/we hereby voluntarily consent to and authorize National General Insurance Company or its authorized agent bearing this Consent or copy thereof, to obtain consumer credit information for claims investigation purposes. I/we agree that this consumer report may include any of the following: Employment Verification, Personal Identity Verifications, Past Employment Verification, Criminal Records, Civil Cases, Motor Vehicle Records, and Credit Reports. I/we hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I/we hereby affirm that I/we have read this document, understand it, and by signing this Consent, expressly understand and agree that any investigation of this loss does not waive the terms, conditions, or requirements of this policy or policies; all rights being expressly reserved thereunder.

Printed Name: _____

Spouse Printed Name: _____

Insured Signature: _____

Insured Spouse's Signature: _____

Insured SSN: _____-_____-_____

Spouse's SSN: _____-_____-_____

SWORN STATEMENT IN PROOF OF LOSS

IMPORTANT INSTRUCTIONS: This Sworn Statement must be completed in detail, notarized and returned to the Company before your claim will be considered. Please use blue or black ink. The use of pencils and/or "White Out" is not permitted. (ALL QUESTIONS MUST BE ANSWERED)

Claim Number: 3288384
 Policy Number: 2006000031
 Policy Effective Date: 01/09/2018
 Policy Expiration Date: 01/09/2019

Agency Name: HAMPTONS RISK MANAGEMENT LLC
 Policy Amount:

To National General Insurance Company:

At time of loss, by the above indicated policy of insurance, I, Michael Stein, named insured against loss by Water Damage to the property described as 245 E 54th St 8st New York, NY 10022, according to the terms and conditions of the said policy and all forms, endorsements, transfers and assignments attached thereto.

1. TIME AND ORIGIN: A Water Damage loss occurred on 02/26/2018 at 245 E 54th St 8st New York, NY 10022.
 The cause and origin of the said loss were: _____

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 whatsoever: _____

3. TITLE AND INTEREST: At the time of the loss, the interest of in the property described therein was: PERSONAL. No other person or persons had any interest therein or encumbrance thereon, except: (ENTER MORTGAGEE HERE or TYPE N/A) _____

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: _____

5. TOTAL INSURANCE: Other than the insurance provided by National General Insurance Company, the amount of insurance upon the property described above at the time of the loss was in the amount of \$ _____ and issued by: Name of Insurance Company: _____ with effective dates of _____. This policy was purchased on or about the following date: _____.

6. THE FULL VALUE OF ALL INSURED PROPERTY at the time of the loss was	\$
7. THE REPLACEMENT COST OF THE DAMAGED PROPERTY IS	\$
8. LESS DEPRECIATION	\$
9. THE ACTUAL CASH VALUE OF THE DAMAGED PROPERTY IS	\$
10. LESS POLICY DEDUCTIBLE	\$
11. THE AMOUNT CLAIMED	\$

The said loss did not originate by any act, design or procurement on my part or at or by my direction. Nothing has been done by or with my privity or consent to violate the conditions of the policy or render it void. No property saved has in any manner been concealed and no attempt to deceive National General Insurance 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.

I hereby covenant 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 me or to National General Insurance Company and in consideration of the payment made under this policy, grants to National General Insurance Company all rights and causes of action that I may have against any person, persons, or corporations whomsoever for damage arising out of or incident to said loss or damage to said property and authorizes National General Insurance Company to sue in my name, but at the cost of National General Insurance Company any such third party, pledging full cooperation in such action.

The furnishing of this blank or the preparation of proofs by a representative of National General Insurance Company 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 an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Name

Date

Subscribed and sworn to before me this ____ day of _____, 20____

NOTARY PUBLIC

COUNTY

STATE

My commission expires _____, 20____

.....

Consent to Release Consumer Information (Consumer Credit Report)

I/we hereby voluntarily consent to and authorize National General Insurance Company or its authorized agent bearing this Consent or copy thereof, to obtain consumer credit information for claims investigation purposes. I/we agree that this consumer report may include any of the following: Employment Verification, Personal Identity Verifications, Past Employment Verification, Criminal Records, Civil Cases, Motor Vehicle Records, and Credit Reports. I/we hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I/we hereby affirm that I/we have read this document, understand it, and by signing this Consent, expressly understand and agree that any investigation of this loss does not waive the terms, conditions, or requirements of this policy or policies; all rights being expressly reserved thereunder.

Printed Name: _____

Spouse Printed Name: _____

Insured Signature: _____

Insured Spouse's Signature: _____

Insured SSN: ____-____-____

Spouse's SSN: ____-____-____

SWORN STATEMENT IN PROOF OF LOSS

IMPORTANT INSTRUCTIONS: This Sworn Statement must be completed in detail, notarized and returned to the Company before your claim will be considered. Please use blue or black ink. The use of pencils and/or "White Out" is not permitted. (ALL QUESTIONS MUST BE ANSWERED)

Claim Number: _____ Agency Name: _____
 Policy Number: _____ Policy Amount: _____
 Policy Effective Date: _____
 Policy Expiration Date: _____

To National General Insurance Company:

At time of loss, by the above indicated policy of insurance, I, _____ named insured against loss by _____ to the property described as _____ according to the terms and conditions of the said policy and all forms, endorsements, transfers and assignments attached thereto.

1. TIME AND ORIGIN: A _____ loss occurred on _____ at _____
 The cause and origin of the said loss were: _____

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 whatsoever: _____

3. TITLE AND INTEREST: At the time of the loss, the interest of in the property described therein was: _____ No other person or persons had any interest therein or encumbrance thereon, except: (ENTER MORTGAGEE HERE or TYPE N/A) _____

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: _____

5. TOTAL INSURANCE: Other than the insurance provided by _____ the amount of insurance upon the property described above at the time of the loss was in the amount of \$ _____ and issued by: Name of Insurance Company: _____ with effective dates of _____. This policy was purchased on or about the following date: _____.

6. THE FULL VALUE OF ALL INSURED PROPERTY at the time of the loss was	\$ _____
7. THE REPLACEMENT COST OF THE DAMAGED PROPERTY IS	\$ _____
8. LESS DEPRECIATION	\$ _____
9. THE ACTUAL CASH VALUE OF THE DAMAGED PROPERTY IS	\$ _____
10. LESS POLICY DEDUCTIBLE	\$ _____
11. THE AMOUNT CLAIMED	\$ _____

The said loss did not originate by any act, design or procurement on my part or at or by my direction. Nothing has been done by or with my privity or consent to violate the conditions of the policy or render it void. No property saved has in any manner been concealed and no attempt to deceive National General Insurance 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.

I hereby covenant 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 me or to National General Insurance Company and in consideration of the payment made under this policy, grants to National General Insurance Company all rights and causes of action that I may have against any person, persons, or corporations whomsoever for damage arising out of or incident to said loss or damage to said property and authorizes National General Insurance Company to sue in my name, but at the cost of National General Insurance Company any such third party, pledging full cooperation in such action.

The furnishing of this blank or the preparation of proofs by a representative of National General Insurance Company 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 an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Name Date

Subscribed and sworn to before me this ____ day of _____, 20____

NOTARY PUBLIC COUNTY STATE

My commission expires _____, 20____

Consent to Release Consumer Information (Consumer Credit Report)

I/we hereby voluntarily consent to and authorize National General Insurance Company or its authorized agent bearing this Consent or copy thereof, to obtain consumer credit information for claims investigation purposes. I/we agree that this consumer report may include any of the following: Employment Verification, Personal Identity Verifications, Past Employment Verification, Criminal Records, Civil Cases, Motor Vehicle Records, and Credit Reports. I/we hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I/we hereby affirm that I/we have read this document, understand it, and by signing this Consent, expressly understand and agree that any investigation of this loss does not waive the terms, conditions, or requirements of this policy or policies; all rights being expressly reserved thereunder.

Printed Name: _____

Spouse Printed Name: _____

Insured Signature: _____

Insured Spouse's Signature: _____

Insured SSN: _____ - _____ - _____

Spouse's SSN: _____ - _____ - _____



July 10, 2019

Dear Customer:

The following is the proof-of-delivery for tracking number **775670103263**.

Delivery Information:

Status:	Delivered	Delivered to:	Residence
Signed for by:	Signature not required	Delivery location:	245 EAST 54TH STREET NEW YORK, NY 10022
Service type:	FedEx Priority Overnight	Delivery date:	Jul 10, 2019 09:10
Special Handling:	Deliver Weekday Residential Delivery		

NO SIGNATURE REQUIRED

Proof-of-delivery details appear below; however, no signature is available for this FedEx Express shipment because a signature was not required.

Shipping Information:

Tracking number:	775670103263	Ship date:	Jul 9, 2019
		Weight:	0.5 lbs/0.2 kg

Recipient:
MICHAEL STEIN
245 EAST 54TH STREET
UNIT 8
NEW YORK, NY 10022 US

Reference

Shipper:
SAMUEL WEISS
Mound Cotton Wollan & Greengrass
ONE NEW YORK PLAZA
45TH FLOOR
NEW YORK, NY 10004 US
3506.076SW

Thank you for choosing FedEx.