

PROOF OF CLAIM
United Contractors Insurance Company,
A Risk Retention Group, In Liquidation

POC Number
(Official Use)

DEADLINE FOR FILING CLAIMS IS FEBRUARY 27, 2015

Please read the instructions carefully before completing both sides of this Proof of Claim form. Each section must be fully completed.

1. CLAIMANT'S NAME: _____

2. MAILING ADDRESS: _____

3. TEL. NO. (Daytime): _____ 4. FAX NO.: _____

5. E-MAIL ADDRESS: _____ 6. DATE OF LOSS: _____

7. UNITED CONTRACTORS INSURED'S NAME: _____

8. CLAIM NO: _____ 9. POLICY OR CONTRACT NO.: _____

10. TYPE OF POLICY OR CONTRACT:

- A. () Liability Insurance Policy
- B. () Commercial Automobile or Truck Liability Insurance Policy
- C. () Commercial Multiple Peril
- D. () Other---Please specify type of policy or contract: _____

11. **CLAIM IS FOR (Place an "X" by each one that applies; you may check more than one):**

- A. () Claim by Policyholder for Policy Reimbursement for Claims.
- B. () Claim by Policyholder for Return of Unearned Premium.
- C. () Claim for Bodily Injuries and/or Property Damage Allegedly Caused by United Contractors' Policyholder
- D. () Workers compensation claim against United Contractors' policyholder
- E. () Claim by Reinsurer for Reinsurance Premium or Other Reinsurance Treaty Balances
- F. () Claim for Taxes and/or Interest/Penalty on Taxes
- G. () Vendor/ Other General Creditor
- H. () Other---Please explain the nature of the claim below or on an attachment (include claimant name on top of each page of attachment):

ATTACH ALL DOCUMENTATION SUPPORTING YOUR CLAIM TO YOUR PROOF OF CLAIM AND SUBMIT BY THE BAR DATE.

12. In the space below give a CONCISE STATEMENT of the FACTS giving rise to your claim. Attach additional sheets if necessary.

13. AMOUNT OF YOUR CLAIM. \$ _____.

14. Is there OTHER INSURANCE which may cover this claim? YES (). NO (). If YES, give name of the insurer(s) and policy number(s).

15. Are you REPRESENTED BY AN ATTORNEY: YES (). NO (). If YES, provide attorney's name, address, telephone no. and email.

SEE REVERSE

Claimant Name: _____

16. Has a LAWSUIT or other LEGAL ACTION been instituted by anyone? YES (). NO (). If YES, provide the following:

- A. COURT WHERE FILED: _____
- B. DATE FILED & DOCKET NUMBER: _____
- C. PLAINTIFF(S): _____
- D. DEFENDANT(S): _____

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of United Contractors Insurance Company, Inc., a Risk Retention Group, are true and correct.

STATE OF _____) _____
Claimant (sign on line above)

Print Name: _____

COUNTY OF _____) _____

Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this _____ day of _____, 201____.

Signature of Notary Public

Printed Name of Notary Public

I am a resident of _____ County, _____.

My commission expires _____.

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**THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION
MUST BE RECEIVED BY UNITED CONTRACTORS INSURANCE COMPANY, INC.,
A RISK RETENTION GROUP, IN LIQUIDATION AT THE FOLLOWING
ADDRESS ON OR BEFORE THE BAR DATE:**

**United Contractors Insurance Company, Inc. in Liquidation
704 King Street, Suite 602
Wilmington, DE 19801**