

PROOF OF CLAIM
ULLICO CASUALTY COMPANY IN LIQUIDATION

POC Number
(Official Use)

DEADLINE FOR FILING CLAIMS IS JUNE 30, 2014

Please read the instructions carefully before completing all pages 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. ULLICO CASUALTY INSURED'S NAME: _____

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

10. TYPE OF ULLICO POLICY OR CONTRACT:

- A. Workers Compensation Insurance Policy
- B. Commercial Automobile or Truck Liability Insurance Policy
- C. Personal Automobile Insurance Policy
- D. Homeowners Insurance Policy
- E. Accident and Health Policy
- F. Commercial Multiple Peril Policy
- G. Surety Bond **[NOTE: Claimants under Surety Bonds MUST complete Item No. 17 below]**
- H. Fidelity Bond
- I. Other---Please specify type of policy or contract: _____

11. **CLAIM IS FOR (Check 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 Ullico Policyholder
- D. Workers compensation claim against Ullico policyholder
- E. Claim against surety bond or contract
- F. Claim against fidelity bond or contract
- G. Claim by Reinsurer for Reinsurance Premium or Other Reinsurance Treaty Balances
- H. Claim for Taxes and/or Interest/Penalty on Taxes.
- I. Vendor/ Other General Creditor
- J. 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. \$ _____.

Claimant Name: _____

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.

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

A. COURT/TRIBUNAL WHERE FILED: _____

B. DATE FILED & DOCKET NUMBER: _____

C. PLAINTIFF(S): _____

D. DEFENDANT(S): _____

17. BOND CLAIMANTS ONLY:

BOND PRINCIPAL: _____

BOND OBLIGEE: _____

BOND SURETY (include co-surety, if any): _____

Bond Type: _____ Bond No.: _____ Bond Effective Date: _____ Bond End Date: _____

Relationship of Claimant to Principal: (e.g., subcontractor, sub-contractor, material supplier): _____

Project Name/Project Address: _____

A. Claim is for:

() Claim by performance bond obligee for cost of completion of contract or for defective construction. (Bond No.: _____)

() Claim of payment bond. (Bond No.: _____)

() Claim on bond other than construction performance and/or payment bond. Describe: _____

() Claim is for return of collateral posted for bond principal.

() Claim is made for the return of unearned premium due to early cancellation (If amount is unknown, Liquidator will calculate).

() Amount of premium/consideration paid to date _____. Attach copies of cancelled checks or other proof of payments.

Was premium financed? ___ Yes ___ No. If yes, provide name of finance company and details of premium financing.

B. In the space below, give a brief, concise statement of your claim as identified above, including the consideration given for it.

C. Claimant contends that the Ullico Casualty Company was, at the time of the entry of the Order of Liquidation on May 30, 2013, and still is indebted (or liable) to this claimant in the sum of \$_____. In support of this claim, attached is/are true and accurate copy(ies) of the following:

() Contract, Subcontract, or Purchase Order

() Complete billing history, receipts and unpaid invoices.

() Ledger of Contractor's account(s) with claimant;

() Delivery tickets for unpaid invoices; progress estimates

() Correspondence supporting claim;

() Copy of Bond or written instrument that is the foundation of the claim;

() Litigation/Arbitration filings/rulings:

() Other – Please explain _____

- D. Date when claimant last furnished labor, material, supplies or services in connection with this claim: _____.
- E. No judgment has been rendered on this claim, except (provide judgment amount, judgment date, name and location of court, case number, and name and address of attorney who represented you): _____.
- F. This claim is not subject to any set-off, counterclaim, back charges, credits, or defense, nor has the bond principal asserted any such set-off, counterclaim, backcharge, credits, or defense, except as follows: _____
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- G. The claimant does not assert any right of priority of payment or any other specific right (a) to any security interest in the property of Ullico Casualty Company; (b) to any collateral held by or for the benefit of Ullico Casualty Company in connection with the bonded obligation; or (c) contract funds or other funds held by anyone in connection with the bonded obligations except:
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(If any such interest as is described above is claimed and is evidenced by any writing, attach a copy to this form. Also attach evidence of perfection of any security interest claimed.)

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 Ullico Casualty Company 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 _____.

DEADLINE FOR FILING CLAIMS IS

June 30, 2014

**THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION
 MUST BE RECEIVED BY ULLICO CASUALTY COMPANY IN LIQUIDATION
 AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:**

**Ullico Casualty Company in Liquidation
 704 King Street, Suite 602
 Wilmington, DE 19801
 * UCC * Proof of Claim Form
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