PROOF OF CLAIM
SURETY BOND CLAIM FORM
(Bond Loss Claim)
AMWEST SURETY INSURANCE COMPANY (AMWEST) IN LIQUIDATION

ALL CLAIMS MUST BE POSTMARKED BEFORE THE CLAIM FILING DEADLINE OF 5:00 P.M. CENTRAL DAYLIGHT SAVINGS TIME ON JUNE 7, 2002

READ CAREFULLY BEFORE COMPLETING. SEE INSTRUCTIONS ON BACK

NOTE: Please read carefully the accompanying Notice and instructions on the back before completing this Proof of Claim. DO NOT alter this Proof of Claim or any of the required information. Mark "NA" or "Not Applicable," if appropriate. PLEASE TYPE OR PRINT.

SECTION I

Proof of Claim No. _____(leave blank) Guaranty Fund Claim No. _____(leave blank)
Bond Principal _____
Bond Obligee _____
Bond Type _____ Bond No. _____ Bond Effective Date_____ Bond End Date _____ if applicable
Project Name (If Applicable) _____

SECTION II

1. Claimant's Full Name _____
2. Mailing Address _____ City, State, Zip Code _____
3. Telephone No. Home (_____)_____ Business (_____)_____
4. Claim is for:
   - A. ☐ Claim by performance bond obligee for cost of completion of contract or for defective construction.
   - B. ☐ Claim by (1) subcontractor, (2) material supplier, or (3) employee who furnished work or rendered services on the project. C*ircle (1), (2) or (3).*
   - C. ☐ Claim on bond other than construction performance and/or payment bond.
   - D. ☐ Claim is for return of collateral posted for bond principal.
   - E. ☐ Claim is made for the return of unearned premium due to early cancellation (If amount is unknown, Liquidator will calculate).
   - F. Amount of premium/consideration paid to date _____. Attach copies of cancelled checks or other proof of payments.
   - G. Was premium financed? ____ Yes ____ No. If yes, provide name of premium finance company and details of premium financing _____.
5. In the space below, give a brief, concise statement of the particulars of your claim as identified above, including the consideration given for it.
   _____
   _____
   _____
6. Amwest was, at the time of the entry of the Order of Liquidation on June 7, 2001 and still is indebted (or liable) to this claimant in the sum of $_____.
7. In support of this claim, attached is/are true and accurate copy(ies) of the following:
   - A. ☐ Contract, Subcontract or purchase order between Claimant and Contractor;
   - B. ☐ Unpaid invoices; receipts;
   - C. ☐ Ledger of Contractor's account(s) with claimant;
   - D. ☐ Delivery tickets for unpaid invoices; progress estimates;
   - E. ☐ Any liens filed by the claimant;
   - F. ☐ Correspondence supporting claim;
   - G. ☐ Copy of Bond or written instrument that is foundation of claim
   - H. ☐ Payment made on debt, if any.
   - I. ☐ Other – Please explain _____
8. Date when claimant last furnished labor, material, supplies or services in connection with this claim _____
9. 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): _____
   _____
   _____
10. 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, back charges, credits or defense, except as follows: _____
    _____
11. 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 Amwest; (b) to any collateral held by or for the benefit of Amwest in connection with the bonded obligation; or (c) contract funds or other funds held by anyone in connection with the bonded obligation, except: _____
    _____
    _____
    (*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*.)
12. Are you represented by an attorney Yes ☐ No ☐ If "Yes," provide the following:
    - A. Name of attorney _____ Telephone No. (_____)_____
    - B. Name of Law firm _____
    - C. Mailing address _____ City, State, Zip Code _____
13. Has a lawsuit or other legal action been instituted? Yes ☐ No ☐ If "Yes," provide the following:
    - A. Court where filed _____
    - B. Date filed _____ Case No. _____
    - C. Plaintiff(s) _____ D. Defendants _____
    - E. Has Amwest Surety Insurance Company moved to stay the above-described proceedings? Yes ☐ No ☐
      If so, what was the disposition of such motion? _____
      _____
      _____
14. Is claim being adjudicated or paid/settled by a State Property & Casualty Insurance Guarantee Fund/Association? Yes ☐ No ☐
    NOTE: If you need additional space to explain a response, please attach a separate sheet to this Proof of Claim.

The undersigned subscribes and affirms as true and correct under penalty of perjury as follows:

I have read the foregoing Proof of Claim and know the contents thereof; that this claim of $_____ against **AMWEST SURETY INSURANCE COMPANY** is justly owing to the claimant; that there is no set-off, counterclaim or defense to the claim thereto, except as above stated; that the matters set forth above and in any accompanying statements are true of my own knowledge except as to matters specifically stated to be alleged upon information and belief and that as to such matters, I believe them to be true; that no payment of or on account of the aforesaid claim has been made, except as stated above.

Date Signed: _____
Subscribed and sworn to before me this _____ day of _____, 20____.

Signature: _____
Notary Public/Commissioner of Oaths
State of _____ County of _____
My commission expires:_____

(Seal)

_____
Print or Type Name of Claimant, Partner, Officer or Legal Representative

_____
Signature of Individual, Partner, Officer or Legal Representative

_____
Title or Official Capacity
Address _____
Home Phone (_____)_____
Work Phone (_____)_____

_____
Social Security Number or FEIN of Claimant

RETAIN PINK COPY AND MAIL ORIGINAL AND REMAINING COPIES BEFORE DEADLINE ABOVE TO:
Claimant Services
Amwest Surety Insurance Company in Liquidation
P.O. Box 4500
Woodland Hills, CA 91365-4500

Post Mark Date: _____
POC No.: _____
Date Received: _____
RECOMMENDATION OF LIQUIDATOR:
☐ Approval in full; ☐ Rejected;
☐ Approval in the amount of $_____
ACTION OF COURT: Approval in Amount of $_____

RETURN TO AMWEST