

PROOF OF CLAIM

**AMWEST SURETY INSURANCE COMPANY (IN LIQUIDATION)
Claim Form for all Claims (Excluding Bond Loss Claims)**

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.

FOR OFFICE USE ONLY:		
Date Postmarked:	Interested Party Name:	
Date Received:	Address:	
Proof of Claim No.:	ID #	Policy #

CLAIMANT INFORMATION		Claimant: Please complete – Print (Black Ink) or Type
Name:	Policy/Certificate No.:	
Address (Include City, State & Zip Code):	Policy Period:	
Home Telephone:	Insured:	
Work Telephone:	Existing Claim No. (if any):	
SSN or TIN:	Date Claim Incurred:	

CLAIM INFORMATION		All supporting documentation must be attached to Proof of Claim in order to be considered
Claim is for:		<u>Amount of Claim</u>
Policyholder/Insured:		
_____ Claim is made for a specific loss or occurrence arising under coverage of the following type:		
_____ Auto/Motorcycle physical damage/bodily injury	_____ Commercial Transportation	_____
_____ Other – Specify type: _____	_____ Homeowners	_____
_____ 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 premium finance company and details of premium financing _____		
All Other Claimants:		
_____ Claim is made against policyholder insured under the following type policy:		
_____ Auto/Motorcycle physical damage/bodily injury	_____ Commercial Transportation	_____
_____ Other – Specify type: _____	_____ Homeowners	_____
_____ Claim is made by an attorney for unpaid legal expenses.		_____
_____ Claim is made by a general creditor for unpaid invoices.		_____
_____ Claim is made by an agent or broker.		_____
_____ All others: state particulars of claim, including consideration given for this claim and attach supporting documentation; including a copy of written instrument which is the foundation of the claim.		_____
Please provide the exact amount of your claim and each component. Attach supplemental documentation, if available, to support your claim.		
TOTAL AMOUNT OF CLAIM:		\$ _____

What payments have you received on this claim from Amwest? _____
 What securities or other collateral provided by Amwest do you hold? _____
 Do you assert any right of priority or other specific right with respect to your claim? _____

STATUS OF CLAIM	
_____ Claim is based on a court judgment or settlement (attach order or agreement) _____ Claim currently pending in court (provide details and documentation) _____ Claim is not yet filed in court _____ Other insurance is available to cover this claim _____ Claim previously reported to Amwest, Date Reported _____ _____ Claim being adjudicated or has been paid/settled by a State Property & Casualty Insurance Guaranty Fund	Name and address of your attorney, if any: Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____

VERIFICATION	
The undersigned subscribes and affirms as true 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: _____	_____ Print or Type Name of Claimant, Partner, Officer or Legal Representative
Subscribed and sworn to before me this _____ day of _____, 20____.	_____ Signature of Individual, Partner, Officer or Legal Representative
Signature of Notary Public/Commissioner of Oaths _____	_____ Title or Official Capacity
State of _____ County of _____	Home Phone (____) _____
My commission expires: _____	Work Phone (____) _____
	_____ Social Security Number or FEIN of Claimant
(Seal)	

See reverse side for mailing and other instructions

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