

PROOF OF CLAIM

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM

DEADLINE FOR FILING PROOF OF CLAIM IS

Proof of Claim Number: _____

Part 1 Person or Entity Making Claim (Claimant)			
Claimant Name: _____			
Address 1: _____			Claimant Telephone: _____
Address 2: _____			Claimant E-Mail: _____
City: _____	State: _____	ZIP Code: _____	Social Security or Federal Tax ID No.: _____
Are you represented by an attorney? Yes or No, circle one If yes, state your attorney's name, address and telephone number _____ _____			

Part 2 Claim Information													
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><input type="checkbox"/> <u>Type of Claim</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Amount of Claim</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Policyholder</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> General Creditor</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Medical Provider</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Insurance Producer</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td>\$ _____</td> </tr> </tbody> </table>	<input type="checkbox"/> <u>Type of Claim</u>	<u>Amount of Claim</u>	<input type="checkbox"/> Policyholder	\$ _____	<input type="checkbox"/> General Creditor	\$ _____	<input type="checkbox"/> Medical Provider	\$ _____	<input type="checkbox"/> Insurance Producer	\$ _____	<input type="checkbox"/> Other	\$ _____	Describe your claim: _____ _____ Attach all supporting documentation to this form.
<input type="checkbox"/> <u>Type of Claim</u>	<u>Amount of Claim</u>												
<input type="checkbox"/> Policyholder	\$ _____												
<input type="checkbox"/> General Creditor	\$ _____												
<input type="checkbox"/> Medical Provider	\$ _____												
<input type="checkbox"/> Insurance Producer	\$ _____												
<input type="checkbox"/> Other	\$ _____												
a. Have you received any payments on the claim for which you are filing this Proof of Claim from any source? ____ If yes, specify the total amount received \$ _____ and identify all sources: _____ _____													
b. Is this a secured claim? If yes, identify all security for this claim: _____ _____													
c. Is this claim the subject of legal action? If yes, list court and case number: _____ List all parties and their attorneys: _____													
d. Is this claim contingent or unliquidated? If yes, explain: _____													
e. Do you claim any right of priority of payment? If yes, please explain: _____ _____													

The undersigned subscribes and affirms as true under the penalties of perjury as follows: that he or she has read the foregoing Proof of Claim and knows the contents thereof; that this claim against the Company is justly owing to the Claimant; that the matters set forth and in any accompanying statements and supporting documents are true and correct; that no payment of or on account of the aforesaid claim has been received except as above stated; and that there are no setoffs, counterclaims, or defenses thereto except as above stated.

Claimant Signature _____ Date Signed _____

Print Name _____

Title or Official Capacity (if any) _____

Return your completed form to:

IMPORTANT NOTICE

If you change your address after filing your Proof of Claim you must provide us with your new address in order to receive any notification or payment that might be due.

PROOF OF CLAIM INSTRUCTIONS

1. The Proof of Claim must be typed or legibly printed in ink.
2. The Proof of Claim must have all items completed and questions answered. If an item is not applicable, indicate so by writing "N/A" in blank. Your Proof of Claim will be returned to you if any items are left blank. Please review the entire form for completion prior to mailing.
3. If you need additional space to fully answer any question, please do so on a separate sheet of paper and attach to your Proof of Claim.
4. You must attach to the Proof of Claim documents or evidence supporting your proof of loss. FAILURE TO PROVIDE SUFFICIENT DOCUMENTS OR EVIDENCE SUPPORTING YOUR CLAIM IS GROUNDS FOR DENIAL THEREOF. The Liquidator reserves the right to require such other information as may be deemed necessary.
5. You have an ongoing duty to supplement your Proof of Claim with supporting documentation as additional information is received. This requirement includes notice of any change of address.
6. The Proof of Claim must be signed by the Claimant who is named in Part 1, or by a representative of the Claimant who has knowledge of the matters set forth in the Proof of Claim and in any accompanying statement and supporting documents.
7. All Proofs of Claim must be received by December 15, 2016. The Liquidator is not responsible for undelivered mail.
8. The Liquidator recommends that you keep a copy of the completed Proof of Claim for your records.
9. The Proof of Claim number should be attached to all future correspondence, amendments, or attachments to ensure proper identification.

GENERAL INFORMATION

After all claims have been allowed, disallowed or estimated, the Liquidator will seek Court approval to begin making distributions to the approved claimants from the assets of the Company.

If you have any questions about the Proof of Claim procedure, you may call (844) 717-7334.

For more information, please visit www.cca.hawaii.gov/ins/.