

**PROFESSIONAL AVIATION INSURANCE RECIPROCAL**

In Liquidation (the "Company")

PO Box 26894

San Francisco, CA 94126-6894

**PROOF OF CLAIM**

Superior Court of the State of Nevada

Clark County, Nevada

Case No. A-700829-P (Dept. 4)

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM

**DEADLINE FOR FILING PROOF OF CLAIM IS JULY 31, 2015****Proof of Claim Number:**

<i>Part 1 Person or Entity Making Claim (Claimant)</i>			
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 _____ _____			

<i>Part 2 Claim Information</i> Professional Aviation Insurance Reciprocal liabilities fixed as of July 3, 2014									
<table border="1"> <thead> <tr> <th>Type of Claim</th> <th>Amount of Claim</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> General Creditor</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td>\$ _____</td> </tr> </tbody> </table>		Type of Claim	Amount of Claim	<input type="checkbox"/> General Creditor	\$ _____	<input type="checkbox"/> Other	\$ _____	Describe your claim: _____ _____ Attach all supporting documentation to this form.	
Type of Claim	Amount of Claim								
<input type="checkbox"/> General Creditor	\$ _____								
<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: _____									

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 set offs or counterclaims thereto except as above stated.

Claimant Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Print Name \_\_\_\_\_

Title or Official Capacity (if any) \_\_\_\_\_

**Return your completed form to:**

**Professional Aviation Insurance Reciprocal  
Regulatory Services Group  
P O Box 26894  
San Francisco, CA 94126-6894**

## **IMPORTANT NOTICE**

*If you have a change of 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.**
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 postmarked no later than July 31, 2015. The Receiver is not responsible for undelivered mail.
8. The Receiver 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 Conservator 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 (415) 676-2121 or e-mail to: [info@rsgca.org](mailto:info@rsgca.org).

Please visit our website at [www.rsgca.org](http://www.rsgca.org) for additional information. Look in the 'Companies' section for Professional Aviation Insurance Reciprocal.