PROOF OF CLAIM - BAIL BOND CLAIM FORM

FAR WEST INSURANCE COMPANY (FAR WEST) IN LIQUIDATION

ALL CLAIMS MUST BE POSTMARKED BEFORE THE CLAIM FILING DEADLINE OF 5:00 P.M. CENTRAL DAYLIGHT SAVINGS TIME ON SEPTEMBER 30, 2002

READ CAREFULLY BEFORE COMPLETING. SEE INSTRUCTIONS ON BACK. NOTE: If you need additional space to explain a response, please attach a separate sheet.

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.

BOND INFORMATION

Proof of Claim No. _____(leave blank) Guaranty Fund Claim No. _____(leave blank)
Defendant _____
Court (Include County) _____
Case No._____ Bond/Power of Attorney No. _____ Date Bond Written _____
Bond Amount _____ Name of Bail Agency _____ Name of Bail Agent _____

CLAIM INFORMATION

1. Claimant's Full Name _____
2. Name of Contact Person _____
3. Mailing Address _____ City, State, Zip Code _____
4. Telephone No. Home (_____)_____ Business Telephone No. (_____)_____
5. **Total Amount of Claim $** _____ Other Telephone No. (_____)_____
6. Claim is for:
   - A. ☐ Claim by Court for face amount of bond $_____, plus interest (if any) $ _____, plus fees or costs (if any) $_____, for a total amount claimed by Court of $_____.
   - B. ☐ Claim by Court for payment in lieu of the face amount of the bond as follows: Reduced/Settlement Bond Amount (if any) $_____, fee or costs (if any) $_____, interest (if any) $ _____, for a total amount claimed by Court of $_____ .
   - C. ☐ Claim by bail recovery agent for surrender fee in the amount of $_____.
   - D. ☐ Claim by attorney for _____ (describe) in the amount of $_____.
   - E. ☐ Claim by contracted agent, agent No. _____ for return of a credit balance described as _____ _____in the amount of $_____, and/or for net premium attributable to the writing of a new bond for the defendant on the same case (new bond having been required as a result of the cancellation of the Far West bail bond), and in the amount of $ _____.
   - F. ☐ Claim by contracted non-liable agent for _____(describe) in the amount of $_____.
   - G. ☐ Claim is for return of collateral posted for or by the defendant.
   - H. ☐ Claim by the defendant/indemnitor for the return of premium due to early cancellation.
   - I. ☐ Claim by the defendant/indemnitor for premium attributable to the writing of a replacement bond due to the cancellation of Far West bond.
   - J. ☐ Other – Please explain _____
7. In the space below, give a brief, concise statement of the particulars of your claim as identified above.
   _____
   _____
8. Far West was, at the time of the entry of the Order of Liquidation on November 9, 2001 or bond cancellation date no later than December 9, 2001 at 11:59 CST and still is indebted (or liable) to this claimant in the sum of $_____.
9. No part of this debt has been paid except _____.
10. No Far West collateral deposit or letter of credit has been levied upon or drawn down upon except _____.
11. In support of this claim, attached is/are true and accurate copy(ies) of the following:
    - A. ☐ Bail Bond;
    - B. ☐ Power of Attorney;
    - C. ☐ Copy of Notice of Forfeiture/Judgment on Forfeiture;
    - D. ☐ Unpaid invoices/receipts;
    - E. ☐ Any liens;
    - F. ☐ Correspondence supporting claim;
    - G. ☐ Payment made on debt, if any;
    - H. ☐ Receipt for collateral deposited;
    - I. ☐ Receipt and Statement of Charges;
    - J. ☐ Other – Please explain_____

    (All appropriate support documentation must be attached to this form in order for your claim to be considered.)
12. This claim is not subject to any set-off, counterclaim, credits or defense, nor has the claimant asserted any such set-off, counterclaim, credits or defense, except as follows: _____
    _____.
13. 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 Far West; (b)to any collateral held by or for the benefit of Far West in connection with the bonded obligation; or (c)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.*)
14. 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 _____
15. Has a lawsuit or other legal action been instituted other than as already noted above in 6(A) or 6(B)? Yes ☐ No ☐ If "Yes," provide the following:
    - A. Court where filed _____
    - B. Date filed _____ Case No. _____
    - C. Plaintiff(s) _____ Defendant(s) _____
    - E. Has Far West Insurance Company moved to stay the above-described proceedings? Yes ☐ No ☐
      If so, what was the disposition of such motion? _____
16. Is claim being adjudicated or paid/settled by a State Property & Casualty Insurance Guarantee Fund/Association? Yes ☐ No ☐

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 **FAR WEST 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 GREEN COPY AND MAIL ORIGINAL AND REMAINING COPY BEFORE DEADLINE ABOVE TO:
Claimant Services
Far West Insurance Company in Liquidation
P.O. Box 4500
Woodland Hills, CA 91365-4500

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