

PROOF OF CLAIM
FAR WEST 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 SEPTEMBER 30, 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:	Amount of Claim	
Policyholder/Insured:		
_____ Claim is made for a specific loss or occurrence arising under coverage of the following type:		
_____ Private passenger automobile 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 a insured under the following type policy:		
_____ Private passenger automobile 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.	\$ _____	
_____ Claim is made by an insurance company under principles of subrogation	\$ _____	
_____ 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 Far West? _____

What securities or other collateral provided by Far West do you hold? _____

Do you assert any right of priority or other specific right with respect to your claim? _____

STATUS OF CLAIM	
<input type="checkbox"/> Claim is based on a court judgment or settlement (attach order or agreement) <input type="checkbox"/> Claim currently pending in court (provide details and documentation) <input type="checkbox"/> Claim is not yet filed in court <input type="checkbox"/> Other insurance is available to cover this claim <input type="checkbox"/> Claim previously reported to Far West , Date Reported _____ <input type="checkbox"/> 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 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: _____	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 (____) _____
(Seal)	Social Security Number or FEIN of Claimant _____

See reverse side for mailing and other instructions	FOR OFFICE USE ONLY: Post Mark Date: _____ POC No.: _____ Date Received: _____ RECOMMENDATION OF LIQUIDATOR: <input type="checkbox"/> Approval in full; <input type="checkbox"/> Rejected; <input type="checkbox"/> Approval in the amount of \$ _____ ACTION OF COURT: Approval in Amount of \$ _____
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