

CASTLEPOINT NATIONAL INSURANCE COMPANY

In Liquidation (the "Company")

PO Box 26894

San Francisco, CA 94126-6894

PROOF OF CLAIM

Superior Court of the State of California

City and County of San Francisco

Case No. CPF-16-515183

PLEASE READ ALL INSTRUCTIONS ON THE BACK OF THIS FORM CAREFULLY BEFORE COMPLETING FORM

DEADLINE FOR FILING PROOF OF CLAIM IS December 31, 2017

Proof of Claim Number: 404290

Part 1 Person or Entity Making Claim (Claimant)

	Claimant Telephone
	Claimant E-Mail
	SSN 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

	<u>Type of Claim</u>	<u>Amount of Claim</u>	
<input type="checkbox"/>	Policy related	\$ _____	Describe your claim: _____ Attach all supporting documentation to this form.
<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:

**Castlepoint National Insurance Company in Liquidation
 Proof of Claim
 Conservation and Liquidation Office
 P O Box 26894
 San Francisco, CA 94126-6894**

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, please write "N/A" in that section. 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 claim. **FAILURE TO PROVIDE SUFFICIENT DOCUMENTS OR EVIDENCE SUPPORTING YOUR CLAIM IS GROUNDS FOR DENIAL.**
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 December 31, 2017. The Liquidator is not responsible for undelivered mail.
8. The Liquidator suggests you keep a copy of the completed Proof of Claim for your records.
9. A copy of the Proof of Claim form should be attached to all future correspondence, related to your Proof of Claim.

GENERAL INFORMATION

After all claims have been approved or rejected, 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 (415) 676-5084 or e-mail to: CNICPOCs@caclo.org

Please visit our website at www.caclo.org for additional information. Look in the 'Companies' section for Castlepoint National Insurance Company.

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 payment that might be due.