

## FIRST SEALORD SURETY, INC. (FSSI) IN LIQUIDATION ALL CLAIMS MUST BE POSTMARKED BEFORE THE CLAIM FILING DEADLINE OF 5:00 PM ON OCTOBER 5, 2012.

Note: Please read carefully the accompanying Notice and instructions on the back before completing this Proof of Claim Form. DO NOT alter this Proof of Claim form or any of the required information. Mark "N/A" or "Not Applicable", if appropriate. Please type or print

or print.		SECTION I			
	Proof o		(Leave Blank)		
Bond Principa	al				
Bond Obligee	2				
Bond Type_	Bond No.	Bond Effective Date	Bond End Date		
Project Name	(If applicable)				
		SECTION II	I		
Claimant's	Full Name				
	ldress		ty, State, Zip Code		
Telephone	No. Home	Cell			
Business_		E-Mail			
Claim is fo	r:				
	General Creditor (attorney fees, vendors, lessors, consultants, cedents, reinsurers)				
	Agent Balances (earned commi Other (Describe below)	ssions)			
		lige for cost of completion of co	ontract or for defective construction.		
		-	yee who furnished work or rendered services on the project. (Circ		
	1, 2 or 3)				
	Claim on bond other than const Claim is for return of collateral		ment bond.		
	Claim is made for the return of Amount of premium/considerat	unearned premium due to early	cancellation. (if amount is unknown, Liquidator will calculate).  Attach copies of cancelled checks or other proof of		
	payments.	No. If was provide name of	premium finance company and details of premium financing.		
	was premium mianceu: Tes	No. If yes, provide fiame of	premium mance company and details of premium mancing.		
In the space b	below, give a brief, concise statement of	of the particulars of your claim a	as identified above, including the consideration given for it.		
FSSI was at t	the time of the Order of Liquidation, a	nd still is indebted (or liable) to	this claimant in the sum of \$		
1551 was, at	the time of the Order of Elquidation, a	nd still is indebted (of hable) to	uns cramiant in the sum of \$		
	this claim, attached is/are true and acc				
	ontract, subcontract or purchase order laimant and Contractor	•	s filed by the claimant: ondence supporting claim;		
	npaid Invoices; receipts		Bond or written instrument that is foundation of claim;		
	edger of Contractor's account(s) with o		made on debt, if any;		
D. De	elivery tickets for unpaid invoices; pro	gress estimates; I. Other- p	lease explain		
Date when cla	aimant last furnished labor, material, s	upplies or services in connectio	n with this claim.		
	, , .	••			



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and address of attorney who represented you):					
This claim is not subject to any set-off, counterclain counterclaim, back charges, credits or defense, exce	m, back charges, credits of ept as follows:	or defense, nor has	the bond principal asserted any such set-off,		
collateral held by or for the benefit of FSSI in conn	ection with the bonded of	bligation; or (c) co	any security interest in the property of FSSI; (b) to any ontract funds or other funds held by anyone in		
(If any such interest as is described above is claime of any security interest claimed.)	d and is evidenced by an	ny writing, attach a	a copy to this form. Also attach evidence of perfection		
Are you represented by an attorney	Yes	$_{ m No}$ $\square$	If "yes" provide the following:		
Name of Attorney					
Name of Law Firm					
Mailing Address	p Code				
Has a lawsuit or other legal action been instituted?  Court where filed	Yes	No $\square$	If "yes" provide the following:		
Date filed	Case 1	No			
Plaintiff(s)	Plaintiff(s) Defendant(s)				
Has FSSI moved to stay the above-descri If so, what was the disposition of such me		Yes	No		
Is claim being adjudicated or paid/settled by a State NOTE: If you need additional space to explain a re		•			
I certify that the statements made in this proof understand that false statements made herein		alties of 19 Pa. C	st of my knowledge, information and belief. I .S. §4904 (relating to unsworn falsification to		
		Jaimant Signatu	ro Da		