



PROOF OF CLAIM
IN THE MATTER OF
REGIS INSURANCE COMPANY (IN LIQUIDATION) (REGIS)

PROOF OF CLAIM NO. _____
DATE RECEIVED: _____

Deadline for filing June 27, 2016

READ ALL MATERIALS CAREFULLY BEFORE COMPLETING THIS FORM – COMPLETE ALL SECTIONS
FILL IN ALL BLANKS - PLEASE PRINT CLEARLY OR TYPE

	Make corrections to Name & Address below
	Claimant Name: _____
	Address 1: _____
	Address 2: _____
	City: _____ State: _____ Zip Code: _____
	Country: _____
	Social Security /E.I.N. #: _____ e-mail: _____
	Daytime Phone #: (include area code) _____

Claim is for (check X or specify below)

1	POLICYHOLDER or THIRD PARTY CLAIM	Claim by insured of Regis under a Regis policy for POLICY BENEFITS or liability claim against an insured of Regis for POLICY BENEFITS.
2	RETURN of UNEARNED PREMIUM or OTHER PREMIUM REFUNDS	Portion of paid premium not earned due to early cancellation of policy or retro or audit adjustment.
3	GENERAL CREDITOR	Such as Attorney fees, Adjuster fees, Vendors, Lessors, Consultants, Cedents and Reinsurers.
4	AGENTS' BALANCES	Agents' Earned Commissions.
5	ALL OTHER	Describe _____.

In the space below give a Concise Statement of the Facts giving rise to your claim. Attach additional sheets if required. _____

AMOUNT OF CLAIM: \$ _____
Is there OTHER INSURANCE that may cover this claim? Yes () No ()
If YES provide name of insurer(s) and policy number(s): _____

Does an ATTORNEY REPRESENT you? Yes () No () If YES provide attorney's name, address & telephone number: _____

Has a Lawsuit or other LEGAL ACTION been instituted by anyone regarding this claim? Yes () No () If YES provide the following:
Court Where Filed: _____
DATE FILED & DOCKET NUMBER: _____
PLAINTIFF(S): _____
DEFENDANT(S): _____

I verify that the statements made in this proof of claim are true and correct to the best of my knowledge, information and belief. I understand that false statements made herein are subject to the penalties of 19 Pa. C.S. §4904 (relating to unsworn falsification to authorities).

If the foregoing Proof of Claim alleges a claim against a REGIS insured (third party claim), the undersigned hereby releases any and all claims which have been or could be made against such REGIS insured based on or arising out of the facts supporting the above Proof of Claim up to the amount of the applicable policy limits and subject to coverage being accepted by the Liquidator, regardless of whether any compensation is actually paid to the undersigned.

Claimant Signature

Date