



**PROOF OF CLAIM**

**COMMONWEALTH INSURANCE COMPANY (CIC) IN LIQUIDATION  
ALL CLAIMS MUST BE POSTMARKED BEFORE THE BAR DATE DEADLINE OF 5:00 PM ON  
SEPTEMBER 28, 2015**

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.

**DO NOT FILE A PROOF IF CLAIM IF:**

- You have already filed a Proof of Claim form; or
- Your claim has not ripened into a legal cause of action prior to September 28, 2015 \_\_\_\_\_

**SECTION I**

Proof of Claim No. \_\_\_\_\_ (Leave Blank)

Bond Principal \_\_\_\_\_

Bond Obligee \_\_\_\_\_

Bond Type \_\_\_\_\_ Bond No. \_\_\_\_\_ Bond Effective Date \_\_\_\_\_ Bond End Date \_\_\_\_\_

Project Name (If applicable) \_\_\_\_\_

**SECTION II**

Claimant's Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Telephone No. Home \_\_\_\_\_ TIN/EIN \_\_\_\_\_

Business \_\_\_\_\_ E-Mail \_\_\_\_\_

Claim is for:

- \_\_\_\_\_ General Creditor (attorney fees, vendors, lessors, consultants, cedents, reinsurers)
- \_\_\_\_\_ Agent Balances (earned commissions)
- \_\_\_\_\_ Other (Describe below)
- \_\_\_\_\_ Claim by performance bond obligee for cost of completion of contract or for defective construction.
- \_\_\_\_\_ Claim by (1) subcontractor, (2) material supplier, or (3) employee who furnished work or rendered services on the project. (Circle 1, 2 or 3)
- \_\_\_\_\_ Claim on bond other than construction performance and/or payment bond.
- \_\_\_\_\_ Claim is for return of collateral posted for the bond principal.
- \_\_\_\_\_ 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 name of premium finance company and details of premium financing.

In the space below, give a brief, concise statement of the particulars of your claim as identified above, including the consideration given for it.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CIC was, at the time of the Order of Liquidation, and still is indebted (or liable) to this claimant in the sum of \$ \_\_\_\_\_

In support of this claim, attached is/are true and accurate copies of the following:

- |  |  |
|--|--|
| A. Contract, subcontract or purchase order between Claimant and Contractor | E. Any liens filed by the claimant;                                |
| B. Unpaid Invoices; receipts   | F. Correspondence supporting claim;                                |
| C. Ledger of Contractor's account(s) with claimant;                        | G. Copy of Bond or written instrument that is foundation of claim; |
| D. Delivery tickets for unpaid invoices; progress estimates;               | H. Payment made on debt, if any;                                   |
|  | I. Other- please explain   |



**PROOF OF CLAIM (page 2)**

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Date when claimant last furnished labor, material, supplies or services in connection with this claim. \_\_\_\_\_

No judgment has been rendered on this claim except (provide judgment amount, judgment date, name and location of court, case number, and name and address of attorney who represented you): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This claim is not subject to any set-off, counterclaim, back charges, credits or defense, nor has the bond principal asserted any such set-off, counterclaim, back charges, credits or defense, except as follows: \_\_\_\_\_

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 CIC; (b) to any collateral held by or for the benefit of CIC in connection with the bonded obligation; or (c) contract funds or 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.)*

Are you represented by an attorney                      Yes                       No                       If "yes" provide the following:  
Name of Attorney \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Name of Law Firm \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Has a lawsuit or other legal action been instituted?    Yes                       No                       If "yes" provide the following:  
Court where filed \_\_\_\_\_  
Date filed \_\_\_\_\_ Case No. \_\_\_\_\_  
Plaintiff(s) \_\_\_\_\_ Defendant(s) \_\_\_\_\_  
Has CIC moved to stay the above-described proceeding?                      Yes                      No  
If so, what was the disposition of such motion? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*NOTE: If you need additional space to explain a response, please attach a separate sheet to this Proof of Claim.*

I certify 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).

\_\_\_\_\_ Claimant Signature

\_\_\_\_\_ Date