PROOF OF CLAIM

TENNESSEE INSURANCE GUARANTY ASSOCIATION

3100 West End Avenue, Suite 670
Nashville, TN 37203
(615) 242-6839 Fax (616) 255-4471 Website: www.tiga.net

THIS FORM MUST BE ATTACHED TO TOP OF CLAIM MATERIAL

********** **PLEASE PRINT** **********

I make a claim on the Tennessee Insurance Guaranty Association based on the following:

1. Insolvent Insurer: ______________________________

2. Named Insured: ______________________________ 3. Policy Number: ______________________________

4. Claimant Name: ______________________________ 5. Claim Number: ______________________________

6. Date of Loss: ____________________7. Nature of Claim: ______________________________

8. State of Residence or principal place of business (if other than individual) of named insured at date of loss: __________________

9. List all other insurance coverage which may be available to the insured or claimant such as workers' compensation, collision, med pay, uninsured motorist, or any other coverage (if none available, write "NONE") ______________________________

10. Are there any endorsements or side agreements, including, but not limited to, Assumption of Liability, Reinsurance, Cut Through Endorsements, or similar arrangements not stated in the declarations? ________ If so, please attach details.

11. Are there any self-insured retentions, deductibles, aggregates or similar arrangements **not stated** in the declarations? _________ If so, please attach details.

12. Was your insurance ever cancelled non-renewed or reinstated? _______ If so, give dates and facts (use separate sheet or back, if needed).
____

13. **On December 31, 20____ (on a consolidated basis for all affiliates and subsidiaries), did the insured's net worth exceed**

$10 Million …….yes no (first party claims) **PLEASE CHECK BOX**
$25 Million …….yes no (third party claims) **PLEASE CHECK BOX**

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PLEASE ATTACH A COPY OF THE DECLARATIONS PAGE FROM THE POLICY. IF CLAIM IS THE RESULT OF A LAWSUIT, ATTACH SUMMONS/COMPLAINT AND ANSWER, IF AVAILABLE.

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THIS CLAIM FORM CREATES NO LIABILITY OR OBLIGATION ON THE PART OF TIGA. IT IS BEING FURNISHED SOLELY TO DETERMINE ELIGIBILITY FOR COVERAGE AND ALL RIGHTS ARE EXPRESSLY RESERVED.

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After being duly sworn, I certify under oath that this is a true and correct claim, that I personally have knowledge of the facts contained herein, and that, if a policyholder, my policy was paid up and in effect on the date of loss and was not cancelled or non renewed. I further affirm that I am not aware of any facts not set out above that may affect my coverage.

Named Insured or Claimant ______________________________ ______________________________
Signature Printed or typed Name

Insured's Address: ______________________________
____

Telephone: ______________________________

Agent's Name: ______________________________

Agent's Address: ______________________________

Agent's Telephone: ______________________________

Sworn and subscribed before me this ____ day of _______________, 20________.

Signature of Notary: ______________________________

My commission expires: ______________________________ **NOTARY SEAL**

CLAIM FORMS NOT NOTARIZED WILL BE RETURNED