



PROOF OF CLAIM

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.

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 _____ Cell _____

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.

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

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