FLORIDA DEPARTMENT OF FINANCIAL SERVICES, RECEIVER
«COMPANY»
« Date»
PROOF OF CLAIM FORM

«IMBARCODE»

RCN: «CD_COMPANY» «ID_NO» «SUFFIX»
«FULLNAME»
«ADDRESSLINE1»
«ADDRESSLINE2»
«city» «state» «ZIPCODE»

POLICY HOLDER:	«policyhold»
POLICY NUMBER:	«policy_no»
CLAIM NUMBER:	«claim_no»
CLAIMANT TYPE:	«id_desc»
DATE OF LOSS:	«loss_date»*
CLAIM REFERENCE:	«REFERENCE»
CIVIL ACTION NUMBER:	«CASE_NO»
EMAIL:	«EMAIL»

** Date of Liquidation is the default date where date of loss is not known or not applicable.*

CLAIMS FILING DEADLINE: «claim_dl»

The Florida Department of Financial Services as Receiver (Department) has been directed by Court Order to liquidate the above company. A copy of the Court Order can be obtained at the Department's website: http://www.myfloridacfo.com/division/receiver. You have been identified as someone who might have a claim against this company. **If you have no claim, please ignore this form.** If you have a claim, you must fill out this form according to the instructions on the back of this form and return it to the Department no later than the claims filing deadline indicated above. Failure to complete and return this form to the Department by the claims deadline may result in your claim being denied in full or in part.

PLEASE PRINT OR TYPE THIS SECTION

DO NOT COPY

If the mailing address above is incorrect, please complete the address information below:

Name or Business Name	**«FULLNAME»**		
Address1			
Address2			
City		**ST**	**Zip** -
Date of Birth (*individuals only*):	/ /	**Do you have a master claim?** ☐ **Yes** ☐ **No** **You may have a master claim if you are an attorney, adjuster, medical provider, premium finance company, etc. Refer to instruction #2 on the back of this form for further information.**	
Email Address:		**Daytime Phone:** ( ) -	
Total Amount of Claim: **(amount must be documented, see back of page for instructions)**	**$**		

Is this a Secured Claim? ☐ **Yes** ☐ **No**
(A secured claim is any claim secured by a trust deed, security agreement, etc. Documentation must be provided.)

Is this a FEDERAL GOVERNMENT claim? ☐ **Yes** ☐ **No**

Are you receiving or eligible for MEDICARE? ☐ **Yes** ☐ **No**

I swear or affirm that I am the claimant referenced in the mailing address on this form and/or am authorized to sign this form on the claimant's behalf. I further swear under penalty of law that all information contained on this form as well as all attachments are true and correct to the best of my knowledge and that the sum claimed is justly owed and that there is no setoff, counterclaim, or defense to the claim. The filing of a claim in the receivership proceeding is a release of the insured to the extent of coverage provided by the insolvent insurance company [Section 631.193, Florida Statutes].

X_____ ___/___/___ _____
Signature of/for Claimant **Date Signed** **Printed Name of Person Signing & Title (if signing for business)**

X_____ **Relationship of person signing this form to the above named claimant if other than the claimant.**

Instructions

1. **Proof of Claim Form (POC Form):** You may print or type your information on the POC Form. If you are not sure of the total amount of your claim, enter $1.00 in the appropriate field.
2. **Receiver Claim Number (RCN):** Each individual and company is assigned a unique RCN. It is very important that you use the POC Form that contains the RCN that is assigned to you or your company. Do not duplicate or distribute this form. If you or your company is not the claimant that is listed on this form, please contact the Department to request another POC Form so that we may assign a unique RCN.
3. **Master Claims:** If you provided services on one or more claims (adjuster, attorney, medical provider, etc.) or on one or more policies (premium finance company, etc.), your claim is considered a Master Claim. You must submit your claim using the Master Claim instructions available at: https://www.myfloridacfo.com/Division/Receiver/MasterClaimsInformation1.htm
4. **Supporting Documentation:** Please submit all documentation that supports your claim when you submit your completed POC Form. Examples of supporting documentation include paid medical bills, police reports, repair estimates, witness statements, cancelled checks or receipts, invoices, proof of accrued vacation leave, bond or warranty contracts, proof of stock value, etc. Any supporting documentation submitted with your POC Form will not be returned to you. Retain a copy for your records.
5. **Signature:** Please make sure that the form is signed before it is submitted. The submission of an unsigned form will not be treated as a filed claim.
6. **Submission:** You may submit your POC information in one of two ways:
   a. **Online Submission**: Submit your claim electronically using the instructions available at: https://www.myfloridacfo.com/Division/Receiver/ElectronicSubmissions.html
   b. **Paper Submission:** You may mail your POC information to the below address. It is recommended that you use certified mail with return receipt to prove delivery of the information.

Florida Department of Financial Services, Receiver
325 John Knox Road, Atrium Building, Suite 101
Tallahassee, FL 32303

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Additional Information

(1) **Contact Information:** For general inquiries regarding your claim, you may contact us at (850) 413-3081 or 1-800-882-3054. You also may visit our website to submit an online inquiry at: www.myfloridacfo.com/division/receiver

(2) **Change of Name or Address**: If you change your name or move after submitting your POC Form, please notify us in writing. Some receiverships take several years to conclude; therefore, you must keep us advised of these changes to enable us to send information to your current name and address. To communicate a name and/or address change, visit our website at the following address and include your RCN in the communication: www.myfloridacfo.com/division/receiver

(3) The information you provide on this POC Form may be shared with a third party for the purpose of evaluating your claim or other internal receivership operations. The Department requires any third-party contractor to maintain confidentiality regarding the pertinent information in its possession.

(4) After all claims against the company are evaluated and approved by the Court, claims will be paid based on available funds. The amount of payment will depend on the percentage of assets to total claims, as well as the priority class of your claim. We will not know the percentage that can be paid on any individual claim until all claims are evaluated and assets converted to cash. This process may take a number of years after the deadline for filing claims has passed.