



DEPARTMENT OF FINANCIAL SERVICES

Division of Treasury – Bureau of Collateral Management

Department of Financial Services
Division of Treasury
Bureau of Collateral Management
200 East Gaines Street
Tallahassee FL 32399-0345

PUBLIC DEPOSIT CLAIM FORM AND AGREEMENT

Instructions: For each public deposit account, the public depositor must submit a separate claim. Submit this completed form to the Chief Financial Officer by email at PublicDeposits@myfloridacfo.com or as directed by the Chief Financial Officer. Payment will be in the form of a state warrant to the Public Depositor mailing address below, unless otherwise provided by the Bureau of Collateral Management.

THIS CLAIM is presented for payment to the Chief Financial Officer by the Public Depositor (PD).

PD Information

PD Full Legal Name:

PD Mailing Address:

PD Federal Employer Identification Number (FEIN):

Qualified Public Depository (QPD) Information

QPD Full Legal Name:

QPD Mailing Address:

QPD FEIN:

PD Account Information

Account Number with QPD: Type of Account (e.g., CD):

Account Name (full name as it appears with QPD):

Accountholder's FEIN:

Amount Claimed

Principal Amount in Account: \$

Interest Earned or Accrued but not Paid as of the Date of Default or Insolvency: \$

Total Principal & Interest: \$

Less FDIC or NCUA Deposit Insurance Claim/Payment: \$

Less Adjustment for Offsets: \$

NET CLAIM: \$

Agreement for Settlement of Claim

The PD, by submission of this claim, agrees to the following terms:

(1) Proof of authorization to execute the Public Deposit Claim Form and Agreement on behalf of the public depositor shall accompany the claim. Proof shall be in the form specified in Rule 69C-2.032, F.A.C.

(2) An assertion that the claim is for money which meets the definition of a public deposit under section 280.02, Florida Statutes (F.S.), and is not exempt under the laws of Florida shall be made by the public depositor.

(3) Responsibility for research or defense required to support the assertion that the claim covers a public deposit and is not exempt shall be accepted by the public depositor.

(4) A current Public Deposit Identification and Acknowledgment Form DFS-J1-1295 as required in section 280.17, F.S., will accompany the claim. This form shall state, without alteration, the account number, account type, and account name which are identical to that stated in the Public Deposit Claim Form and Agreement and on the records of the Qualified Public Depository.

(5) Evidence of deposit insurance afforded this public deposit and offsets allowed shall accompany this claim. The net claim shall be an uncompensated loss which is not subject to any indemnification other than that provided by Chapter 280, F.S.

(6) Public depositors receiving payment under the provisions of this section shall assign to the Chief Financial Officer any interest they may have in funds that may subsequently be made available to the qualified public depository in default. If the qualified public depository in default or its receiver provides the funds to the Chief Financial Officer, the Chief Financial Officer shall distribute the funds, plus all accrued interest which has accumulated from the investment of the funds, if any, to the depositories which paid assessments on the same pro rata basis as the assessments were paid.

(7) Indemnification of the Chief Financial Officer, State of Florida for any claims of other parties, including costs of litigation and attorneys' fees, with respect to the claim, shall be made by the public depositor.

Authorized Signature & Notarization for Settlement of Claim

I certify that have fully read the foregoing Public Deposit Claim Form and Agreement; that the facts stated in it are true to the best of my knowledge and belief; I agree to the terms of the Agreement for Settlement of Claim; and I am authorized to sign on behalf of the foregoing PD.

Authorized Signature for PD

Printed Name:

Title:

Date of Signature:

STATE OF
COUNTY OF

Sworn to and subscribed before me this _____ by _____. The person making statement is either: Personally Known ☐ OR Produced Identification ☐ and type of identification produced: _____.

Signature of Notary Public
Printed Name:

(Seal)