

PROOF OF CLAIM
SURETY BOND CLAIM FORM
(Bond Loss Claim)
THE CONNECTICUT SURETY COMPANY IN LIQUIDATION

ALL CLAIMS MUST BE POSTMARKED BEFORE THE CLAIM FILING DEADLINE OF 5:00 P.M. EASTERN STANDARD TIME ON NOVEMBER 15, 2002. READ CAREFULLY BEFORE COMPLETING. SEE INSTRUCTIONS ON BACK.

NOTE: Please read carefully the accompanying Notice and instructions on the back before completing this Proof of Claim. DO NOT alter this Proof of Claim or any of the required information. Mark "NA" or "Not Applicable", if appropriate. PLEASE TYPE OR PRINT.

SECTION I

Proof of Claim No. _____ (leave blank) Guaranty Fund Claim No. _____ (leave blank)
Bond Principal _____
Bond Oblige _____
Bond Type _____ Bond No. _____ Bond Effective Date _____ Bond End Date _____
Project Name (If Applicable) _____ if applicable

SECTION II

1. **Claimant's Full Name** _____
2. **Mailing Address** _____ **City, State, Zip Code** _____
3. **Telephone No. Home ()** _____ **Business ()** _____
4. **Claim is for:**
 - A. **Claim by performance bond obligee for cost of completion of contract or for defective construction.**
 - B. **Claim by (1) subcontractor, (2) material supplier, or (3) employee who furnished work or rendered services on the project. Circle (1), (2) or (3).**
 - C. **Claim on bond other than construction performance and/or payment bond.**
 - D. **Claim is for return of collateral posted for bond principal.**
 - E. **Claim is made for the return of unearned premium due to early cancellation (If amount is unknown, Liquidator will calculate).**
 - F. **Amount of premium/consideration paid to date _____ Attach copies of cancelled checks or other proof of payments.**
 - G. **Was premium financed? Yes ___ No ___ If yes, provide name of premium finance company and details of premium financing.**

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

6. The Connecticut Surety Company was, at the time of the entry of the Order of Liquidation on May 17, 2002 and still is indebted (or liable) to this claimant in the sum of \$ _____.

7. In support of this claim, attached is/are true and accurate copy(ies) of the following:

- | | |
|--|---|
| A. <input type="checkbox"/> Contract, Subcontract or purchase order between | E. <input type="checkbox"/> Any liens filed by the claimant; |
| B. <input type="checkbox"/> Unpaid invoices; receipts; | F. <input type="checkbox"/> Correspondence supporting claim; |
| C. <input type="checkbox"/> Ledger of Contractor's account(s) with claimant; | G. <input type="checkbox"/> Copy of Bond or written instrument that is foundation of claim |
| D. <input type="checkbox"/> Delivery tickets for unpaid invoices; progress estimates; | H. <input type="checkbox"/> Payment made on debt, if any. |
| | I. <input type="checkbox"/> Other - Please explain _____ |

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

9. No judgment has been rendered on this claims except (provide judgment amount, judgment date, name and location of court, case number, and name and address of attorney who represented you): _____

10. 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: _____

11. 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 The Connecticut Surety Company; (b) to any collateral held by or for the benefit of The Connecticut Surety Company in connection with the bonded obligation; or (c) contract funds or other funds held by anyone in connection with the bonded obligations 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.)

12. Are you represented by an attorney Yes No **If "Yes," provide the following:**
 - A. **Name of attorney** _____
 - B. **Name of law firm** _____
 - C. **Mailing address** _____
13. Has a lawsuit or other legal action been instituted? Yes No **If "Yes," provide the following:**
 - A. Court where filed _____
 - B. Date filed _____ Case No. _____
 - C. Plaintiff(s) _____
 - D. Defendants _____
 - E. Has The Connecticut Surety Company moved to stay the above-described proceedings? Yes NoIf so, what was the disposition of such motion? _____

14. Is claim being adjudicated or paid/settled by a State Property & Casualty Insurance Guarantee Fund/Association? Yes No
Note: If you need additional space to explain a response, please attach a separate sheet to this Proof of Claim.

The undersigned subscribed and affirms as true and correct under penalty of perjury as follows:

I have read the foregoing Proof of Claim and know the contents thereof; that this claim of \$ _____ against THE CONNECTICUT SURETY COMPANY is justly owing to the claimant; that there is no set-off, counterclaim or defense to the claim thereto, except as above stated; that the matters set forth above and in any accompanying statements are true of my own knowledge except as to matters specifically stated to be alleged upon information and belief and that as to such matters, I believe them to be true; that no payment of or on account of the aforesaid claim has been made, except as stated above.

Date Signed: _____
Subscribed and sworn to before me this _____
day of _____, 20__

Print or Type Name of Claimant, Partner, Officer or Legal Representative _____

Signature: _____
Notary Public/Commissioner of Oaths
State of _____ **County of** _____
My commission expires: _____

Signature of Individual, Partner, Officer or Legal Representative _____

Title or Official Capacity _____

Address _____
Home Phone () _____
Work Phone () _____

Social Security Number or FEIN of Claimant _____

(Seal)

RETURN BEFORE DEADLINE ABOVE TO
The Connecticut Surety Company in Liquidation
P.O. Box 231318
Hartford, CT 06123-1318

Post Mark Date: _____
POC No.: _____
Date Received: _____
RECOMMENDATION OF LIQUIDATOR:
 Approval in full; **Rejected;**
 Approval in the amount of \$ _____
ACTION OF COURT: Approval in Amount of \$ _____

RETURN TO THE CONNECTICUT SURETY COMPANY IN LIQUIDATION

PROOF OF CLAIM INSTRUCTIONS
Bond Loss Claims Only

The Proof of Claim ("POC") should be completed in its entirety and all questions answered.

For questions that do not apply to your situation, your response should be indicated with an "NA" or "not applicable." Please note certain instructions and requirements are contained in the POC itself.

If your claim is for return of premiums, you do not have to calculate the amount, however you may enter the amount, if known. You must include proof of payment of last premium.

If your claim is for a loss and/or expense under the bond, please provide an explanation of the loss and/or expense. If you do not know the amount of the claim write "unstated amount".

A separate form should be completed for each bond claim asserted against The Connecticut Surety Company. Additional forms may be obtained from the Liquidator at the address set forth below.

You must sign the POC form and have it notarized. Please refer to the instructions in the attached Notice as to who should sign the claim form.

Please retain a copy for your records and mail the original and one (1) copy of the completed form to:

The Connecticut Surety Company, in Liquidation
P.O. Box 231318
Hartford, CT 06123-1318

THE LAST DAY FOR FILING TIMELY CLAIMS AGAINST THE CONNECTICUT SURETY COMPANY IN LIQUIDATION is November 15, 2002. Claims must be postmarked (not postage meter stamped) no later than November 15, 2002.

You will be advised of receipt of your completed POC and your POC number. You will be notified some time thereafter of the Liquidator's decision regarding your claim. If your claim is denied in whole or in part by the Liquidator, unresolved disputes will be decided by the Liquidation Court in Hartford, Connecticut.

If your claim is for unearned premium or for a loss that may be covered by a State Guaranty Association or Fund, we will provide them a copy of your filed Proof of Claim. The Fund/Association will contact you if they require any additional information.

The Liquidator's acceptance of the POC is not intended to, nor does it constitute, a waiver or relinquishment by the Liquidator of any defense, set-off or counterclaim which the Liquidator may have against any person, entity or governmental agency.

All claimants are requested to keep the Liquidator advised of address changes. Inquiries as to the status of your claim should be made in writing to the above address or by e-mail at ctinsdept.information@po.state.ct.us. Please identify your POC number in all correspondence to permit ease of identification and an expedited response.

Additionally, the Connecticut Insurance Department's web site www.state.ct.us/cid/idframe2.htm is a source for news and information regarding the ongoing liquidation.

PROOF OF CLAIM

**THE CONNECTICUT SURETY COMPANY ("CSC") (IN LIQUIDATION)
Claim Form for all Claims (Other Than Bond Loss Claims)**

ALL CLAIMS MUST BE POSTMARKED BEFORE THE CLAIM FILING DEADLINE OF NOVEMBER 15, 2002. READ CAREFULLY BEFORE COMPLETING. SEE INSTRUCTIONS ON BACK.

FOR OFFICE USE ONLY:	
Date Postmarked:	Interested Party Name:
Date Received:	Address:
Proof of Claim No.:	ID #
CLAIMANT INFORMATION	
Name:	
Address (include City, State & Zip Code):	
Home Telephone:	
Work Telephone:	
SSN or TIN:	
CLAIM INFORMATION All supporting documentation must be attached to Proof of Claim in order to be considered	
Claim is for:	Amount of Claim
<input type="checkbox"/> Claim is made by an attorney or unpaid legal expenses.	_____
<input type="checkbox"/> Claim is made by a general creditor for unpaid invoices.	_____
<input type="checkbox"/> Claim is made by an agent or broker.	_____
<input type="checkbox"/> All others: state particulars of claim, including consideration given for this claim and attach supporting Documentation; including a copy of written instrument which is the foundation of the claim.	_____
Please provide the exact amount of your claim and each component. Attach supplemental documentation, if available, to support your claim.	
TOTAL AMOUNT OF CLAIM:	\$ _____
What payments have you received on this claim from CSC? _____	
What securities or other collateral provided by CSC do you hold? _____	
Do you assert any right of priority or other specific right with respect to your claim? _____	
STATUS OF CLAIM	
<input type="checkbox"/> Claim is based on a court judgment or settlement (attach order or agreement)	Name and address of your attorney, if any:
<input type="checkbox"/> Claim currently pending in court (provide details and documentation)	Name: _____
<input type="checkbox"/> Claim is not yet filed in court	Address: _____
	City: _____ State: _____
	Zip Code: _____ Phone: _____
VERIFICATION	
The undersigned subscribes and affirms as true under penalty of perjury as follows:	
I have read the foregoing Proof of Claim and know the contents thereof; that this claim of \$ _____ against THE CONNECTICUT SURETY COMPANY is justly owing to the claimant; that there is no set-off, counterclaim or defense to the claim thereto, except as above stated; that the matters set forth above and in any accompanying statements are true of my own knowledge except as to matters specifically stated to be alleged upon information and belief and that as to such matters, I believe them to be true; that no payment of or on account of the aforesaid claim has been made, except as stated above.	
Date Signed: _____	Print or Type Name of Claimant, Partner, Officer of Legal Representative _____
Subscribed and sworn to before me this _____ day of _____, 20__.	Signature of Individual, Partner, Officer or Legal Representative _____
Signature of Notary Public/Commissioner of Oaths _____	Title or Official Capacity _____
State of _____ County of _____	Home Phone () _____
My Commission expires: _____	Work Phone () _____
Social Security Number of FEIN of Claimant (Seal) _____	

See Reverse side for mailing and other instructions

Post Mark Date: _____
 POC No.: _____
 Date Received: _____
RECOMMENDATION OF LIQUIDATOR:
 Approval in full; Rejected;
 Approval in the amount of \$ _____
ACTION OF COURT: Approval in Amount of \$ _____

PROOF OF CLAIM INSTRUCTIONS
Losses other than Claims Related to Bonds

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Hartford, CT 06123-1318

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