

PROOF OF CLAIM
Arrowood Indemnity Company in Liquidation

POC Number
(Official Use)

DEADLINE FOR FILING CLAIMS IS JANUARY 15, 2025 (BAR DATE)

Please read the instructions carefully before completing both pages of this Proof of Claim form. Each section must be fully completed.

1. FILER NAME: _____

2. MAILING ADDRESS: _____

3. TEL. NO. (Daytime): _____ 4. ALTERNATE TEL. NO.: _____

5. E-MAIL ADDRESS: _____ 6. DATE OF LOSS: _____

7. ARROWOOD INDEMNITY INSURED'S NAME _____

8. CLAIM NO: _____ 9. POLICY OR CONTRACT NO.: _____

10. TYPE OF ARROWOOD POLICY OR CONTRACT: (Place an "X" by one only)

- A. Workers Compensation Insurance Policy
- B. Commercial Automobile or Truck Liability Insurance Policy
- C. Personal Automobile Insurance Policy
- D. Commercial General Liability Policy
- E. Commercial Property Policy
- F. Professional Liability Policy
- G. Financial Guaranty
- H. Surety Bond
- I. Fidelity Bond
- J. Other---Please specify type of policy or contract: _____

11. CLAIM IS FOR (Place an "X" by each one that applies; you may check more than one):

- A. Claim by Policyholder for Policy Reimbursement for Claims.
- B. Claim by Policyholder for Return of Unearned Premium.
- C. Claim for Bodily Injuries and/or Property Damage Allegedly Caused by Arrowood Policyholder
- D. Workers compensation claim against Arrowood Policyholder
- E. Claim against surety bond or contract
- F. Claim against fidelity bond or contract
- G. Claims against Arrowood as a Reinsurer
- H. Claim by Reinsurer for Reinsurance Premium or Other Reinsurance Treaty Balances
- I. Claim for Taxes and/or Interest/Penalty on Taxes.
- J. Vendor/ Other General Creditor
- K. Other---Please explain the nature of the claim below or on an attachment (include claimant name on top of each page of attachment):

ATTACH ALL DOCUMENTATION SUPPORTING YOUR CLAIM TO YOUR PROOF OF CLAIM AND SUBMIT BY THE BAR DATE.

12. In the space below give a CONCISE STATEMENT of the FACTS giving rise to your claim. Attach additional sheets if necessary.

13. AMOUNT OF YOUR CLAIM: \$ _____

14. Is there OTHER INSURANCE which may cover this claim? YES (). NO (). If YES, give name of the insurer(s) and policy number(s).

15. Are you REPRESENTED BY AN ATTORNEY: YES (). NO (). If YES, provide attorney's name, address, telephone no. and email.

Filer Name: _____

16. Has a LAWSUIT or other LEGAL ACTION been instituted by anyone? YES (). NO (). If YES, provide the following:

- A. COURT WHERE FILED: _____
- B. DATE FILED & DOCKET NUMBER: _____
- C. PLAINTIFF(S): _____
- D. DEFENDANT(S): _____

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the Liquidation Proceeding of Arrowood Indemnity Company are true and correct.

STATE OF _____ Filer or Signatory of Authorized Representative for Filer (sign on line above)

Print Name: _____

COUNTY OF _____ Title or Official Capacity of Representative if other than Individual Filer

Subscribed and sworn to before me, a Notary Public this _____ day of _____, 202__

Signature of Notary Public

Printed Name of Notary Public

I am a resident of _____ County, _____

My commission expires _____

DEADLINE FOR FILING CLAIMS (BAR DATE) IS

January 15, 2025

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY ARROWOOD INDEMNITY COMPANY IN LIQUIDATION AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

**Arrowood Indemnity Company in Liquidation
 Delaware Bureau of Rehabilitation and Liquidation.
 1 Righter Parkway
 Suite 280
 Wilmington DE 19803-1555**