

**PROOF OF CLAIM
IN THE MATTER OF
COLORADO WESTERN INSURANCE COMPANY, IN LIQUIDATION**

PLEASE COMPLETE ALL SECTIONS
FILL IN ALL BLANKS - PLEASE PRINT CAREFULLY OR TYPE

Claimant Name: _____ Address 1: _____ Address 2: _____ City: _____ State: _____ Zip Code: _____ Social Security/E.I.N. # _____ e-mail: _____ Daytime Phone #: (include area code) _____	FOR OFFICE USE ONLY PROOF OF CLAIM NO. _____ DATE RECEIVED: _____
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Name of Insured: _____
 Policy Number: _____ Claim Number (if previously filed): _____
 Date of Loss: _____ Agent: _____
 Claim is for (Check X or specify Below)

1		POLICYHOLDER OR THIRD PARTY CLAIM	Claim is by insured of Colorado Western under a Colorado Western Insurance policy for POLICY benefits or is a liability claim by a third party against an insured of Colorado Western for POLICY benefits.
2		RETURN of UNEARNED PREMIUM or OTHER PREMIUM REFUND	Portion of paid premium not earned due to early cancellation of policy or retro or audit adjustment.
3		GENERAL CREDITOR	Vendors, Landlords, Consultants, Cedants and Reinsurers.
4		AGENT BALANCES	Agents Earned Commissions.
5		ALL OTHER	Describe: _____

In the space below give a concise statement of the facts giving rise to your claim. Attach additional sheets if required. _____

AMOUNT OF CLAIM: \$ _____

Is there OTHER INSURANCE that may cover this claim? Yes () No ()

If YES provide name of insurer(s) and policy number(s): _____

Does AN ATTORNEY REPRESENT you? Yes () No () If YES provide attorney's name, address & telephone number: _____

Has a Lawsuit or other LEGAL ACTION been instituted by anyone regarding this claim? Yes () No (). If YES provide the following:

COURT WHERE FILED: _____

DATE FILED & DOCKET NUMBER: _____

PLAINTIFF(S): _____

DEFENDANT(S): _____

The undersigned subscribes and affirms as true under the penalties of perjury as follows: (1) that the undersigned has the right and authority to sign and submit this proof of claim; (2) that the undersigned has read the foregoing Proof of Claim and knows the contents thereof; (3) that the said claim against Colorado Western Insurance Company (In Liquidation) is true to the best of the undersigned's own knowledge, information and belief; (4) that no payment of or on account of the aforesaid claim has been made except as above stated; (5) that there are no offsets or counterclaims thereto; and (6) that the undersigned is not a secured creditor or claimant, and has no security interest except as stated above.

If the foregoing Proof of Claim alleges a claim against a Colorado Western insured (third-party claim), by submitting this Proof of Claim, the undersigned hereby **releases and forever waives any and all claims** which have been or could be made against such Colorado Western insured based upon or arising out of the facts supporting the above Proof of Claim, provided, however, that the submitted claim is accepted by the Liquidator and approved by the Liquidation Court.

Claimant Signature

Date