



PROOF OF CLAIM

Miscellaneous, License & Permit Bonds

Submission of this proof of claim does not constitute acceptance of your claim or a waiver of the surety's defenses.

State of: _____ Bond No.: _____

County of: _____

The undersigned, the _____ (title) of _____
(claimant) being duly sworn, deposes and says:

I hold the position shown above, and in such position I am familiar with the books and business of the claimant and I am authorized to make this affidavit. The facts set out below are true.

ALL ITEMS BELOW MUST BE COMPLETED. IF NONE OR NOT APPLICABLE, PLEASE SO STATE

1. Name, address and phone number of claimant

Name: _____
Address: _____
Phone #: _____

2. Legal status of claimant

____ Corporation ____ Partnership ____ Individual or d/b/a ____ LLC

3. Name and address of surety's principal

Name: _____
Address: _____

4. Description of claim against the bond (attach all supporting documentation as exhibits)

5. Amount claimed \$ _____

This affidavit is made in support of the above described claim against, and for the purpose of inducing, UNITED CASUALTY AND SURETY INSURANCE COMPANY, as surety for the principal, to pay said claim under the _____ bond which it executed. as surety for said principal Except as noted on the attached exhibit, there are no setoffs, counterclaims, back charges, or other credits due the principal against said claim, claimant is not indebted to the principal on this or any other account, and claimant does not hold any note or security of any kind whatsoever for said debt.

A copy of each written notice and sworn statement which has been given is attached and made a part of this affidavit.

(Signature of person making affidavit)

(Printed name of person making affidavit)

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals information for the purpose of misleading, concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may also be subject to a civil penalty.

Signed and sworn to before me on _____ 20 ____ , said subscriber being known by me to be the person described in the above instrument.

Notary Public: _____

My Commission Expires: _____