



**PROOF OF CLAIM**  
**IN THE MATTER OF RELIANCE INSURANCE COMPANY (IN LIQUIDATION)**  
**CLAIMS BAR DATE is MARCH 31, 2016**

READ ALL MATERIALS CAREFULLY BEFORE COMPLETING THIS FORM - COMPLETE ALL SECTIONS  
 FILL IN ALL BLANKS - PLEASE PRINT CAREFULLY OR TYPE

Make corrections to Name & Address below.	
Claimant Name: _____	
Address 1: _____	
Address 2: _____	
City: _____ State: _____ Zip Code: _____	
Country: _____	
Social Security/E.I.N. #: _____ e-mail: _____	
Daytime Phone #: (include area code) _____	

Name of Insured: _____	
Policy Number: _____	Claim Number: (if previously filed) : _____
Date of Loss: _____	Agent Number: _____

Claim is for (Check X or specify Below)

1		POLICY HOLDER or THIRD PARTY CLAIM	Claim by insured of Reliance Insurance under a Reliance Insurance Policy for POLICY Benefits or Liability claim against an insured of Reliance Insurance for POLICY BENEFITS.
2		RETURN of UNEARNED PREMIUM or OTHER PREMIUM REFUNDS	Portion of paid premium not earned due to early cancellation of policy or retro or audit adjustment.
3		GENERAL CREDITOR	Such as Attorney fees, Adjuster fees, Vendors, Lessors, Consultants, Cedants and Reinsurers.
4		AGENTS' 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 numbers(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): \_\_\_\_\_

I verify that the statements made in this Proof of Claim (POC) are true and correct to the best of my knowledge, information and belief. I understand that false statements made herein are subject to the penalties of 19 Pa. C.S. §4904 (relating to unsworn falsification to authorities). I have the right and authority to sign and submit this POC, have read the foregoing and know the contents thereof. No payment of or on account of the above stated claim has been made except as stated above; there are no offsets or counterclaims; and I am not a secured creditor or claimant and there is no security interest except as stated above.

**If the foregoing POC alleges a claim against a Reliance insured (third party claim), the undersigned hereby releases any and all claims which have been or could be made against such Reliance insured based on or arising out of the facts supporting the above POC up to the amount of the applicable policy limits and subject to coverage being accepted by the Liquidator, regardless of whether any compensation is actually paid to the undersigned.**

\_\_\_\_\_  
 Claimant Signature Date

**DO NOT FILE A PROOF OF CLAIM (POC) IF:**

- You have already filed a Proof of Claim for this specific claim.**
- You do not have a specific, existing claim, but only a claim that might occur in the future.**
- You can only report types of possible claims, but not claims involving specific identified persons/entities with specific injuries or damage.**

**INSTRUCTIONS FOR COMPLETING POC FORM**

Please complete all of the applicable blanks. Attach additional sheets as required. In the event you do not know certain information, please write "unknown." Please print legibly in ink or type. The form may be duplicated. You are advised to keep a completed copy for your records.

The Liquidator has the right (but not the obligation) to request additional supporting information. The failure to promptly provide such additional information may result in denial or subordination of your claim.

The POC form must be signed by the claimant, and must contain the claimant's current address and zip code. If the claimant is a corporation, it must be signed by an authorized officer, designated by his or her title, or by the attorney for the corporation. No POC can be considered for payment without a social security number or tax identification number. Where applicable, the name and address as well as the telephone number of the claimant's attorney, if any, must be provided. **YOU MUST FILE A SEPARATE POC FORM FOR EACH CLAIM YOU MAKE. IF YOU HAVE MORE THAN ONE CLAIM, YOU MAY MAKE COPIES OF THIS FORM, OR CALL (215) 864-4000 FOR ADDITIONAL POC FORMS OR DOWNLOAD ADDITIONAL COPIES FROM [www.reliancedocuments.com](http://www.reliancedocuments.com).**

**You must sign the proof of claim form and send it:**

- by mail:** Proof of Claim Department  
Reliance Insurance Company (In Liquidation)  
P. O. Box 7757, Philadelphia, PA 19101, or  
Three Parkway, 5<sup>th</sup> Floor, Philadelphia, PA 19102
- by fax:** (215)-864-4400 or
- by email:** [assumedre@relianceinsurance.com](mailto:assumedre@relianceinsurance.com)

**NOTE: This form must be received BEFORE March 31, 2016 and must include a good cause explanation, pursuant to 40 P.S. §221.37, for being filed after the claim filing deadline of December 31, 2003.**

**CHANGE OF ADDRESS**

**You are required by 40 P.S. §221.24(b) to notify the Statutory Liquidator of your change of address. If you fail to do so you may jeopardize your chance of recovery from this estate.**

**INFORMATION REGARDING CLAIMS AGAINST RELIANCE INSURANCE COMPANY**

After all claims against this company are evaluated by the Statutory Liquidator and approved by the Court, approved claims will be paid by priority level based on available funds in accordance with 40 P.S. Section 221.1 *et seq.* The amount of the payment will depend on the assets available. The amount to be paid on an individual claim, if any, will not be known until all claims are evaluated. The Statutory Liquidator's receipt of this POC form does not constitute any waiver or relinquishment by the Statutory Liquidator of any defense, setoff, or counterclaim that may exist against any person, entity, or governmental agency, regarding any actions pursued by the Statutory Liquidator of Reliance Insurance Company on behalf of Reliance Insurance Company claimants, insureds, and creditors.