

**PROOF OF CLAIM**

**OCEANUS INSURANCE COMPANY, A RISK RETENTION GROUP, (OCEANUS) IN LIQUIDATION**

**ALL CLAIMS MUST BE POSTMARKED BEFORE THE CLAIM FILING DEADLINE OF 5:00 PM EASTERN DAYLIGHT TIME ON MARCH 20, 2018. READ CAREFULLY BEFORE COMPLETING. SEE INSTRUCTIONS ON BACK**

<b>FOR OFFICE USE ONLY:</b>		
Date Postmarked:	Interested Party Name:	
Date Received:	Address:	
Proof of Claim No:	ID#:	Policy#:
Liquidator Allowed Amount:	Liquidator Denied Amount:	Court Allowed Amount:

<b>CLAIMANT INFORMATION</b>		<b>Claimant Please Complete – Print (black ink) or Type</b>
Name:		
Address: (Include City, State & Zip Code)	Policy Period:	
Home Phone:	Insured:	
Work Phone:	Existing Claim No. (if any):	
SSN or TIN:	Date Claim Incurred:	

**CLAIM INFORMATION** All supporting documentation must be attached to Proof of Claim in order to be considered.

<p>Claim is for:</p> <p><b>Policyholder/Insured</b></p> <p><input type="checkbox"/> Claim is made for a specific loss or occurrence arising under a Medical Malpractice Insurance Policy</p> <p><input type="checkbox"/> Other – Specify Type: _____</p> <p><input type="checkbox"/> Claim is made for return premium due to early cancellation (If amount is unknown, Liquidator will calculate). Amount of premium/consideration paid to date _____. Attach copies of cancelled checks or other proof of payments. Was premium financed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide premium finance company and details of premium financing: _____</p> <p><b>All Other Claimants:</b></p> <p><input type="checkbox"/> Claim is made against policyholder/insured for a specific loss or occurrence arising under coverage of the following type:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Medical Malpractice Insurance Policy</p> <p style="margin-left: 20px;"><input type="checkbox"/> Other – Specify Type: _____</p> <p><input type="checkbox"/> Claim is made by an attorney for unpaid legal fees and costs.</p> <p><input type="checkbox"/> Claim is made by a vendor for unpaid invoices.</p> <p><input type="checkbox"/> Claim is made by an agent or broker.</p> <p><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.</p> <p>Please provide the exact amount of your claim and each component. Attach supplemental documentation, if available to support your claim.</p>	<p><b><u>Amount of Claim</u></b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>TOTAL AMOUNT OF CLAIM:</b> \$ _____</p>
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What payments have you received for this claim from Oceanus? \_\_\_\_\_

Do you hold security for debt? \_\_\_\_\_

Do you assert any right of priority or other specific right with respect to your claim? \_\_\_\_\_

**STATUS OF CLAIM**

<p><input type="checkbox"/> Claim is based on a court judgment or settlement (attach judgment or agreement).</p> <p><input type="checkbox"/> Claim currently pending in court (provide details and documentation).</p> <p><input type="checkbox"/> Claim not pending in court, date first reported to Oceanus: _____</p> <p><input type="checkbox"/> Other Insurance is available to cover this claim.</p>	<p>Name and address of your attorney if any:</p> <p>Name: _____</p> <p>Company: _____</p> <p>Address: _____</p> <p>City: _____ State: _____</p> <p>Zip Code: _____ Phone: _____</p>
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**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 Oceanus Insurance Company, A Risk Retention Group, Inc. 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 to my knowledge except as 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 me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Notary Public/Commissioner of Oaths \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

My commission expires: \_\_\_\_\_

Print or Type Name of Claimant, Partner, Officer or Legal Representative \_\_\_\_\_  
 Signature of Individual, Partner, Officer, or Legal Representative \_\_\_\_\_  
 Title or Official Capacity \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_  
 Work Phone (\_\_\_\_) \_\_\_\_\_  
 Social Security Number or FEIN of Claimant \_\_\_\_\_

(Seal)

See reverse side for mailing and other instructions

## **PROOF OF CLAIM INSTRUCTIONS**

### **All Claims**

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

Please note certain instructions and requirements are contained in the POC itself. A separate POC form should be completed for each claim asserted against Oceanus Insurance Company, A Risk Retention Group (Oceanus). Additional forms may be obtained from Claimant Services at the address set forth below or from the Oceanus website [www.oceanusinsurance.com](http://www.oceanusinsurance.com). For questions that do not apply to your situation, your response should be indicated with an "NA" or "not applicable."

If your claim is for return premium, 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 or other policy benefit, please provide the explanation of the loss or incident. For other types of claims against Oceanus, provide a brief explanation of the claim, the amount claimed, and documentation supporting the claim. If you do not know the amount of the claim, write "undetermined amount."

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 to:

#### **Claimant Services**

#### **Oceanus Insurance Company, A Risk Retention Group, in Liquidation**

8701 E. Vista Bonita Dr., Ste. 200

Scottsdale, AZ 85255

**THE LAST DAY FOR FILING TIMELY CLAIMS AGAINST OCEANUS INSURANCE COMPANY, A RISK RETENTION GROUP, IN LIQUIDATION IS 5:00 o'clock p.m. Eastern Daylight Time on March 20, 2018.** Claims must be postmarked (not postage meter stamped) no later than 5:00 o'clock p.m. Eastern Daylight Time on **March 20, 2018.**

You will be advised of your individual POC Number upon our receipt of your completed POC. You will be notified some time thereafter of the Liquidator's decision regarding your claim. If your claim is denied in whole or part by the Liquidator, and you dispute the Liquidator's findings, you will have the opportunity to present your dispute to the Liquidation Court in Richland County, South Carolina, or a forum designated by the Court.

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. Please include your POC number in all correspondence to permit ease of identification and an expedited response.

Oceanus' website ([www.oceanusinsurance.com](http://www.oceanusinsurance.com)) is a source for news and information regarding the ongoing liquidation, including additional POC's and other relevant documents.