

For Office Use Only

POC#: _____ Claim Type: _____ Date Received: _____

BUILDERS INSURANCE COMPANY, INC. PROOF OF CLAIM FORM

Return this completed Proof of Claim Form with necessary supporting documentation to:

Builders Insurance Company, Inc., in Receivership
P.O. Box 184
Austin, Texas 78767-0184

Please carefully read the Proof of Claim Instructions prior to completing this Proof of Claim Form. Please print or type.

Name of Claimant	\$ _____ Total Amount of Claim
Street Address	Soc. Sec. or Tax ID Number
City State Zip	Telephone Number
E-mail Address	Facsimile Number
Tracking No. (Provide Tracking Number from Notice document if you received one.)	

If the claimant is represented by an attorney, please complete the following section:

Name of Attorney	Bar Card No.
Name of Law Firm	Tax ID Number
Street Address	Telephone Number
City State Zip	Facsimile Number
E-mail Address	

All claims submitted to the Special Deputy Receiver shall set forth in reasonable detail the amount of each of the claims, the basis upon which the amount of each of the claims can be ascertained, the facts upon which each of the claims is based, and the priorities asserted for the claims being submitted to the Special Deputy Receiver (*i.e.*, "priorities" mean a secured creditor claim, a policyholder claim, or other creditor priority claim). All such claims must be verified by the affidavit of the claimant, or someone authorized to act on behalf of the claimant and having knowledge of the facts, and be supported by such documents as may be material thereto. All documentation supportive of each of the claims should be submitted as part of the claims being submitted to the Special Deputy Receiver.

NOTE: Attach copy of Power of Attorney, if this claim is submitted by an attorney on behalf of another party.

Explanation of Claim:

Attach additional pages if necessary.

State of _____

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County of _____

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Unless otherwise expressly noted in this Proof of Claim Form, I alone am entitled to file this Proof of Claim Form, no others have an interest in the claims being submitted through this Proof of Claim Form, no payments have been made on the claim or claims herein submitted, no third party is liable on this debt, the sums claimed in this Proof of Claim Form are justly owing, and there is no set-off or other defense to the payment of this claim. I declare, under penalty of perjury, that all of the statements made in this Proof of Claim Form and all the documents attached to this form are true, complete, and correct.

Signature of Claimant or Authorized Agent

Title

Sworn to and subscribed before me this _____ day of _____ 20____.

Notary Public Signature

NOTE: ATTACH DOCUMENTATION TO SUPPORT YOUR CLAIM.