

**PLANTERS & PEOPLES MUTUAL FIRE ASSOCIATION OF FULTON COUNTY, IN
LIQUIDATION - PROOF OF CLAIM**

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

LIQUIDATOR USE ONLY

PROOF OF CLAIM NO.: _____
DATE RECEIVED: _____

Name of claimant: _____ E-Mail Address: _____
Address of claimant: _____ Phone No.: _____

If applicable, name of Planters & Peoples policyholder and policy number.

Policyholder Name: _____
Policy Number: _____

This claim is for:

- Loss under policy (Claim by insured of Planters & Peoples for policy benefits)
- Unearned premium refund (Portion of paid premium not earned due or retro or audit adjustment)
- General Creditor (Attorney fees, Adjuster fees, Vendors, Landlords, Lessors, Consultants, Cedants, & Reinsurers)
- All Other (Describe)

In the space below, give a concise statement of facts giving rise to your claim:

AMOUNT OF CLAIM: \$ _____

ATTACH COPIES OF ANY SUPPORTING DOCUMENTS SUCH AS CORRESPONDENCE, LAWSUITS,
JUDGEMENTS, PREMIUM RECEIPTS, CANCELED CHECKS, ETC.

State of _____ County of _____

I HEREBY SWEAR OR AFFIRM UNDER PENALTY OF PERJURY THAT, TO THE BEST OF MY KNOWLEDGE
AND BELIEF, THE STATEMENTS AND ATTACHED SUPPORTING DOCUMENTS IN THIS CLAIM ARE TRUE
AND CORRECT.

X _____
Claimant's Signature Date

Sworn and subscribed
Before me this _____ day of _____, 2016

_____ [SEAL]

Notary Public, State of Georgia
My Commission Expires _____

**NOTICE: ALL CLAIMS MUST BE POST MARKED TO THE LIQUIDATOR AT THE FOLLOWING ADDRESS
ON OR BEFORE 07/30/2016 , OR BE FOREVER BARRED.**

PLANTERS & PEOPLES MUTUAL FIRE ASSOCIATION OF FULTON COUNTY, IN LIQUIDATION
3635 Peachtree Industrial Boulevard, Suite 200
Duluth, GA 30096
PHONE (678) 584-0222