

For Receiver Use Only	POC No. 1- _____
	Date Rec'd _____

PROOF OF CLAIM
Preferred Standard Mutual Insurance Company in Liquidation
(Lindley-Myers v. Preferred Standard Mutual Insurance Company,
Case No. 23AC-CC07082, Circuit Court of Cole County, Missouri)

PLEASE READ INSTRUCTIONS CAREFULLY
DEADLINE FOR FILING PROOF OF CLAIM IS MARCH 1, 2024

PART 1: CLAIMANT INFORMATION (Person Making Claim)

Name: _____

Mailing Address: _____

City, State, ZIP: _____

Telephone Number(s): _____

Policy Number: _____ Claim Number: _____

Are you represented by an attorney? Yes () No ()
If yes, state attorney's name, address, and telephone number: _____

PART 2: INSURED/POLICY INFORMATION

Name of Insured: _____ Name of Claimant: _____

Policy Number: _____ Claim Number: _____

Agent Name or Number: _____ Date of Loss: _____

PART 3: CLAIM INFORMATION

Amount of Claim: _____ Date Claim Became Due: _____

Check the statement that best describes your claim:

- ___ POLICYHOLDER OR THIRD PARTY CLAIM – Claims by insured for policy benefits or claims against an insured for policy benefits
- ___ RETURN OF UNEARNED PREMIUM OR OTHER PREMIUM REFUND – Portion of paid premium not earned due to early cancellation of policy or audit adjustment
- ___ SECURED CLAIM
- ___ POLICYHOLDER COLLATERAL
- ___ CREDITOR – Agents, attorney fees, vendors, landlords, lessors, consultants, cedants, and reinsurers
- ___ ALL OTHER – Describe: _____

Describe the basis and nature of the claim and attach all documents supporting the claim. Attach additional pages, if necessary:

Is there other insurance that may cover this claim? Yes () No ()
If yes, provide the name of insurer(s) and policy number(s): _____

Do you owe any money to the Company? Yes () No ()
If yes, specify the amount \$ _____, and the reason: _____

PROOF OF CLAIM INSTRUCTIONS

General

1. The Proof of Claim must be typed or legibly printed in ink.
2. The Proof of Claim must have all items completed and questions answered. If an item is not applicable, indicate so by writing "N/A" in the blank. Please review the entire form for completion prior to mailing.
3. If you need additional space to fully answer any question, please do so on a separate sheet of paper and attach to your Proof of Claim.
4. You must attach to the Proof of Claim document, exhibits, narratives, or evidence supporting your proof of loss. **FAILURE TO PROVIDE SUFFICIENT DOCUMENTS OR EVIDENCE SUPPORTING YOUR CLAIM IS GROUNDS FOR DENIAL THEREOF.**
5. You have an ongoing duty to supplement your Proof of Claim with supporting documentation as additional information is received. This requirement includes notice of any change of address.
6. The Proof of Claim must be signed by the Claimant who is named in Part 1 of the Proof of Claim Form, or by a representative of the Claimant who has knowledge of the matters set forth in the Proof of Claim and in any accompanying statement and supporting documents.
7. All Proofs of Claim must be sworn to before a notary public or person authorized to administer oaths.
8. All Proofs of Claim must be postmarked no later than **March 1, 2024**. The Receiver is not responsible for undelivered mail. To protect your claim, the Receiver recommends using certified mail.
9. The Receiver suggests you keep a copy of the completed Proof of Claim for your records.
10. All future correspondence, amendments, or attachments must include the Policy Number from the front of the Proof of Claim form to ensure proper identification. For a claim other than policy benefits, a copy of the Proof of Claim form should be attached to the correspondence.
11. Mail your completed Proof of Claim and supporting documents to: Preferred Standard Mutual Insurance Company, Attention: Receiver c/o Shelley Forrest, P.O. Box 690, Jefferson City, MO 65102-0690. Telefaxes of Proof of Claims and supporting documents will not be accepted.
12. If you have any questions about the Proof of Claim procedure, you may call (573) 526-1938.

PART 1: Claimant Information

13. State your name and address or the name and address of the party or person making a claim against the Company. "You" hereinafter references the party or person making the claim against the Company.
14. If you are represented by counsel you must state the attorney's name, address, and telephone number.

PART 2: Insured/Policy Information

15. Indicate the name of the insured and the claimant.
16. Indicate the policy number, Preferred Standard claim number, and the date of loss.

PART 3: Claim Information

17. You must indicate the total amount due to you. If the claim is contingent or unliquidated, indicate the amount of claim as “undetermined.” If all or any portion of your claim is contingent or unliquidated, space is provided for you to include a brief explanation why your claim is contingent or unliquidated in any respect.
18. Describe the type of claim that you have against the Company.
19. If there are any other persons, insurance coverage, or other entities who may have any responsibility for your claim, identify as completely as possible such person(s) or entity(ies).
20. If you have received any payments from any source relating to your claim, you must identify the source.
21. If you owe the Company any money, whether related to this claim or not, you must identify the amount and reason.
22. A “secured claim” is one for which you hold an interest in collateral for such claim. If you assert your claim is secured, you must attach all documents evidencing your security interest.
23. If your claim is the subject of legal action, you must specify the Court, case number, all parties, and their attorneys.

PART 4: Affirmation

24. You **must** specify the amount of your claim as indicated in the affirmation. If your claim is contingent or unliquidated, indicate the amount of claim as “undetermined.”
25. You are signing the Proof of Claim under penalty of perjury. Please read the affirmation carefully before signing the Proof of Claim.

Allowance Procedures

26. The Receiver will review your Proof of Claim and may investigate further. If she allows your Proof of Claim against the Company, you will be notified of the Receiver’s determination.
27. If your Proof of Claim is denied in whole or in part, the Receiver will give you or your attorney written notice of that determination. Within 60 days from the mailing of the notice, you may file an objection with the Receiver. If no such filing is made, you may not further object to the determination.
28. If you file an objection with the Receiver, and the Receiver does not change her denial of the claim as a result of the objection, then the Receiver will ask the Court for a hearing as soon as practicable and give notice of the hearing to you or your attorney.