THE UNITED STATES VIRGIN ISLANDS
OFFICE OF THE LIEUTENANT GOVERNOR

DIVISION OF
BANKING, INSURANCE
AND FINANCIAL REGULATION

PROOF OF CLAIM FORM
IN THE MATTER OF
REAL LEGACY ASSURANCE COMPANY, INC.

This form must be prepared in duplicate, notarized and filed with the Office of the Lieutenant Governor, Division of Banking, Insurance and Financial Regulation at one of the following addresses. Please note that execution of this form does **not** entitle you to receive payment. A determination on whether you are entitled to receive payment including how much payment you will receive, given the amount of funds available, will be made after all of the information, including all supporting documentation, is reviewed.

Nisky Center, 2nd Floor
St. Thomas, VI 00802
Telephone: (340) 774-7166

7 & 8 King Street, 3rd Floor
Christiansted, VI 00820
Telephone: (340) 773-6459

Insured/Policyholder: _____

Policy No: _____

Policy Period: _____

Claimant: _____

I.D. No.: and Type _____

Date of Loss: _____

Type of Claim: (Please check one) ❒ Original ❒Supplemental ❒Unearned Premiums ❒ Depreciation Holdback ❒ Replacement check ❒ Loss of use ❒ Other _____

_____

I. POLICYHOLDER/CLAIMANT

1. Full Name: _____
2. Physical Address: Street _____ Apt/Suite No.: _____
   City _____, State _____ Zip Code _____

3. Mailing Address: Street/P.O. Box _____ Apt/Suite No.: _____

City _____, State _____ Zip Code _____

4. Telephone No.: Home: _____, Work: _____

Cell: _____, Fax: _____

II. LEGAL REPRESENTATIVE

1. Full Name: _____
2. Physical Address: Street _____ Apt/Suite No.: _____

City _____, State _____ Zip Code _____

3. Mailing Address: Street/P.O. Box _____ Apt/Suite No.: _____

City _____, State _____ Zip Code _____

4. Telephone No.: Home: _____, Work: _____

Cell: _____, Fax: _____

III. Each Proof of Claim form should be accompanied by all supporting documents that are in the possession of the claimant. Supporting documents may include, but may not be limited to, policies, correspondence, bills, obligations, contracts, bonds complaints, judgments, estimates, photographs, damages, medical records, medical bills and/or evidence of out of pocket expenses, etc.

(*List the enclosed documents):*

_____

_____

_____

_____

_____

IV. Claim is for: *(Check all that apply)*

Policyholders/Insureds:

❒ Claim is made for a loss or occurrence arising under the coverage of the policy.

❒ Claim is made for the return of unearned premium due to early cancellation.

Was premium financed? ❒Yes ❒No
Amount of Premium/Consideration paid to date $_____
Amount of Claim: $_____

Claimants other than Policyholders/Insureds:

❒ Claim is made against policyholder/Insured.

❒ Claim is made by an attorney for unpaid legal expenses.
❒ Claim is made by an agent or broker.
❒ Claim is made by a general creditor for unpaid invoices.
❒ All other claimants. (On a separate sheet, describe nature of claim and consideration given for it. Claim Amount $_____.)

Answer the following if applicable:
No part of the debt has been paid except: _____

_____

_____

There are no setoffs or counterclaims to the debt, except::_____

_____

_____

There is no Security for the debt, except:_____

_____

_____

Status of Claim:
❒ Claim is based on a court judgment or settlement (attach order or agreement).
❒ Claim is currently pending in court (provide details and documents).
❒ Claim is not yet filed in court.

The Ancillary Receiver's acceptance of the Proof of Claim form is not intended to nor does it constitute any waiver or relinquishment by the Receiver of any defense, setoff or counterclaim that he/she may have against any person, entity or governmental agency.

The undersigned subscribes and affirms as true, under penalty of perjury, under the laws of the United States Virgin Islands, the following:

1. That he/she has read the foregoing Proof of Claim form and knows the contents thereof.
2. That this claim is justly owing to the claimant.
3. That the matters set forth above and in any accompanying documents are true to the best of his/her knowledge and belief.

_____
Signature of Claimant or
Authorized Representative

_____
NOTARY PUBLIC