

**UNEARNED PREMIUM
PROOF OF CLAIM**

TENNESSEE INSURANCE GUARANTY ASSOCIATION
1600 Division Street, Suite 680, Nashville, TN 37203
(615) 242-6839 Fax (615) 255-4471 or (615) 255-4960 website www.tiga.net

THIS FORM MUST BE ATTACHED TO TOP OF CLAIM MATERIAL

ALL UNEARNED PREMIUM CLAIMS ARE SUBJECT TO A DEDUCTIBLE OF \$250.00 AND SHALL NOT EXCEED \$10,000.

***** PLEASE PRINT *****

I make a claim on the Tennessee Insurance Guaranty Association for return of unearned premium based on the following:

1. Policy Number: _____
2. Insolvent Insurer: _____
3. Named Insured: _____
4. Name of finance company, agency or other person having an interest in unearned premiums, (if none, indicate so):

5. There is no premium finance company or agency that financed the premium or has an interest in return of unearned premium, other than as disclosed above. If financed, attach finance agreement or assignment name, address and phone number. WARNING: Many policies are financed and include an assignment of the right to UEP. It is your responsibility to disclose the status in your policy.
6. State of Residence or principal place of business (if other than individual) of named insured at date of insolvency:
(Indicate Tennessee or other state) _____
7. Did the insured's networth (networth is determined as of the yearend prior to the date of insolvency AND on a consolidated basis for all affiliates and subsidiaries) exceed \$10 million as of the year end prior to the date of insolvency?
yes no (**CHECK ONE BOX**) As of date: December 31, 20____ (**FILL IN YEAR CONSIDERED**)

THIS CLAIM FORM CREATES NO LIABILITY OR OBLIGATION ON THE PART OF TIGA. IT IS BEING FURNISHED SOLELY TO DETERMINE ELIGIBILITY FOR COVERAGE AND ALL RIGHTS ARE EXPRESSLY RESERVED.

After being duly sworn, I certify under oath that this is a true and correct claim, that I personally have knowledge of the facts contained herein, and that, if a policyholder, my policy was paid up and in effect on the date of loss and was not cancelled or non renewed. I further affirm that I am not aware of any facts not set out above that may affect my coverage, and that no person, including any agent, premium finance company or lender has any interest in the subject of this claim other than disclosed above, I agree to **indemnify and hold harmless TIGA** from any actions or claims including attorney fees, in the event that any person shall make claim on TIGA for unearned premium or damages arising from any premium finance agreement.

This _____ day of _____, 20____.

Named Insured or Claimant _____

Signature _____ Printed or typed Name _____

Address: _____

Telephone: _____

Agent's Name: _____

Agent's Address: _____

Agent's Telephone: _____

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

Signature of Notary: _____
My commission expires: _____

NOTARY SEAL

CLAIM FORMS NOT NOTARIZED WILL BE RETURNED