PROOF OF CLAIM IN THE MATTER OF $1^{\rm st}$ AUTO & CASUALTY INSURANCE COMPANY, IN LIQUIDATION

Case No. 2023-CV-001310

DEADI INF	FOR FILING	PROOF	OF CLAIM	IS JULY	1 2024
DEADLINE	I OK I ILING	FINOUL	OI CLAIN	IO JULI	1, 2024

File a separate Proof of Claim for each claim.

For Office Use Only
Liquidator Claim No:
Date Claim Received:

READ CAREFULLY BEFORE COMPLET	TING THIS FO	ORM – PLEASE PRINT	L		
Claimant Information:					
Name:			Policy	Number:	
				Insured:	
Street Address			Claim	Number:	
		_	Date	of Loss: :	
City	State	Zip Code			
Telephone: ()					
Email Address					
(If you are represented by an attorney in telephone number.)	າ this matter,	please attach a separate she	et with th	e attorney's r	iame, address, and
Claim Information: EACH PROOF OF CLAIM MUST ATTAC	H ALL SUPF	PORTING DOCUMENTATION	IN ORDE	R TO BE CON	ISIDERED.
AMOUNT OF CLAIM (show amount rema	ining due afte	er reduction for all partial paym	ents recei	ved): \$	
Attach a statement briefly explaining the nathedate and location of the accident or los Company provide the name of the personnumber.	s. If your clai	m arises out of an insurance po	licy issue	d by 1st Auto &	Casualty Insurance
Attach a list of all other insurance policies name of the insurance company, policy nu			ossible pa	ayment for this	claim. Include the
Additional Information: Are you a resident of the State of Wiscons	sin? (Circle or	ne)	Yes	No	
Is there security on your claim? (Circle one, and if yes, attach description	and any appli	cable documentation)	Yes	No	
Is there a written contract, other than an ir (Circle one, and if yes, attach description a			Yes	No	
UNDER PENALTIES OF LAW, I STATE CLAIMED IS JUSTLY OWING AND TI SUBMITTED, OTHER THAN AS SET FO	HAT THERE	IS NO SET-OFF, COUNTE			
	Ō	Claimant's Name (Please Print)		_
	-	Signature of Claimant (Individu	al, Partne	r, or Officer)	_
RETAIN A COPY FOR YOUR RECORDS	:				

RETURN TO: Special Deputy Liquidator, c/o 1st Auto & Casualty Insurance Company in Liquidation Att. Mr. Justin Schrader, Special Deputy Commissioner 2810 City View Dr. Madison, WI 53718