	To Be Completed by SDR
POC #	
Claim #	
Date Received	

Filing Deadline: September 13, 2019 11:59 p.m. CDT

## ACCESS INSURANCE COMPANY PROOF OF CLAIM

Return this completed Proof of Claim form and any supporting documents. A Proof of Claim must be <u>received</u> by the SDR no later than **September 13, 2019 11:59 p.m. CDT** at one of the addresses shown below.

BY MAIL: CANTILO & BENNETT, L.L.P. Special Deputy Receiver Access Insurance Company P.O. Box 184 Austin, Texas 78767 ATTENTION: CLAIMS BY COURIER OR HAND DELIVERY: CANTILO & BENNETT, L.L.P. Special Deputy Receiver Access Insurance Company 11401 Century Oaks Terrace, Suite 300 Austin, Texas 78758 ATTENTION: CLAIMS

Please read the Proof of Claim instructions carefully before completing this Proof of Claim.

Please print or type.

Same of Claimant

Total Amount of Claim

Street Address			Soc. Sec. or Tax ID Number
City	State	Zip	Telephone Number
E-mail Address			Facsimile Number
If the claimant is represe	nted by an attorney	. nlease comple	te the following section, and attacl
a copy of the Power of A		, , , , , , , , , , , , , , , , , , , ,	
		, , , , , , , , , , , , , , , , , , , ,	State Bar No.
a copy of the Power of A		, , , , , , , , , , , , , , , , , , , ,	
a copy of the Power of A			State Bar No.

E-mail Address

Provide an explanation of your claim below. At	ttach additional pages if necessary.
NOTE: ATTACH DOCUMENTA	ATION TO SUPPORT YOUR CLAIM
A EEIDMATIO	NI OE CLAIMANT
	N OF CLAIMANT
Texas law requires the follow	ing statement in a Proof of Claim
this debt. The sum claimed is justly ow penalty of perjury, that all of the states documents attached to this form are true, against a person insured by Access Insura	ade on the claim. No third party is liable on ing, and there is no set-off. I declare, under ments made in this Proof of Claim and all complete, and correct. If I am making a claim nee Company, I understand that I am waiving that person, to the extent of the coverage and cess Insurance Company.  Signature
	Print Name
	Time ivanic
State of	
County of	
The foregoing instrument was ackr	nowledged before me this day of , who has executed this
instrument on such individual's own behalf, wh Driver License or other information as identification	, who has executed this to is personally known to me or who has produced a ation.
,	Notary Public
	Printed Name
	My Commission Evnires:

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(NOTARY SEAL)