

For Office Use Only

POC#: \_\_\_\_\_ Claim Type: \_\_\_\_\_ Date Received: \_\_\_\_\_

**SPIRIT COMMERCIAL AUTO RISK RETENTION GROUP, INC.  
PROOF OF CLAIM FORM**

**Return this completed Proof of Claim Form with necessary supporting documentation to:**

CANTILO & BENNETT, L.L.P.  
Attention: Spirit SDR  
P. O. Box 184  
Austin, Texas 78767

**Please carefully read the Receivership Claims and Appeal Procedure & Instructions prior to completing this Proof of Claim Form. Please print or type.**

_____ Name 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 represented by an attorney, please complete the following section:**

_____ Name of Attorney	_____ Bar Card No.
_____ Name of Law Firm	_____ Tax ID Number
_____ Street Address	_____ Telephone Number
_____ City                                      State                                      Zip	_____ Facsimile Number
_____ E-mail Address	

All claims submitted to the Special Deputy Receiver shall set forth in reasonable detail the amount of the claim, or the basis upon which that amount can be ascertained, the facts upon which the claim is based, and the priorities asserted, if any. Claims must be verified by the affidavit of the claimant (or someone authorized to act on the behalf of the claimant and having knowledge of the facts) and be supported by the applicable written documentation or proof.  
**NOTE: ATTACH COPY OF POWER OF ATTORNEY.**

**Explanation of Claim:**

Attach additional pages if necessary. If this is a policy claim, please include policy and claim number(s) and state whether or not the claim has previously been reported to Spirit's claim administrator.

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State of \_\_\_\_\_

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County of \_\_\_\_\_

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Unless noted herein, I alone am entitled to file this claim, no others have an interest in this claim, no payments have been made on the claim, no third party is liable on this debt, the sum claimed is justly owing, and there is no set-off. I declare, under penalty of perjury, that all of the statements made in this Proof of Claim Form and all documents attached to this form are true, complete, and correct.

\_\_\_\_\_  
Print Name of Claimant or Authorized Agent

\_\_\_\_\_  
Signature of Claimant or Authorized Agent

\_\_\_\_\_  
Title

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_.

\_\_\_\_\_  
Notary Public Signature

**NOTE: ATTACH DOCUMENTATION TO SUPPORT YOUR CLAIM.**