

LLR

Name/Address

First Name

Last Name

Address

City

State

Zip

(_____) _____
Area Code

Telephone Number (day)

(_____) _____
Area Code

Telephone Number (evening)

CATEGORY 1 PROOF OF CLAIM AND RELEASE

IF YOU HAVE RECEIVED ANY PAYMENT FROM THE DEFENDANTS FOR YOUR HURRICANE CLAIM THEN PLEASE FILL OUT THE CATEGORY 1 CLAIM FORM BELOW.

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF FLORIDA
Richmond Manor Apts., Inc., et al. v. Certain Underwriters at Lloyd's, London, et al.
09-60796-CIV-ALTONAGA/SIMONTON

PROOF OF CLAIM AND RELEASE Must Be Postmarked No Later Than: August 29, 2011

A. GENERAL INSTRUCTIONS

1. To recover from the Settlement Fund as a member of the Settlement Class based on any claim in the above-entitled lawsuit (the "Litigation"), you must complete and, on page 2 hereof, sign this Proof of Claim, Release and Statement of Losses ("Proof of Claim and Release"). If you fail to submit a timely, properly completed and addressed Proof of Claim and Release, (as set forth in paragraph 3 below), your claim may be rejected and you may be precluded from any recovery from the Settlement Fund created in connection with the settlement of the Litigation.
2. Submission of this Proof of Claim and Release, however, does not assure that you will share in the Settlement Fund.
3. **YOU MUST MAIL THIS COMPLETED AND SIGNED PROOF OF CLAIM AND RELEASE POSTMARKED ON OR BEFORE AUGUST 29, 2011, ADDRESSED AS FOLLOWS:**

Hurricane Deductible Claims Administrator
c/o Kurtzman Carson Consultants LLC
P.O. Box 6177
Novato, CA 94948-6177

4. You have been provided this Proof of Claim and Release because the attorneys for the Settlement Class believe you may be a member of the Settlement Class. If you are NOT a member of the Settlement Class as defined in the Notice of Pendency of Class Action, Proposed Settlement, and Settlement Hearing (the "Notice") DO NOT submit a Proof of Claim and Release.
5. If you are a member of the Settlement Class, you will be bound by the terms of the judgment entered in the Litigation, WHETHER OR NOT YOU SUBMIT A PROOF OF CLAIM AND RELEASE, unless you validly request exclusion from the Settlement in accordance with the requirements set forth in the Notice.
6. YOUR FAILURE TO SUBMIT YOUR CLAIM BY AUGUST 29, 2011 WILL SUBJECT YOUR CLAIM TO REJECTION AND MAY PRECLUDE YOU FROM RECEIVING ANY MONEY IN CONNECTION WITH THE SETTLEMENT OF THIS LITIGATION.
7. DO NOT MAIL OR DELIVER YOUR CLAIM TO THE COURT OR TO ANY OF THE PARTIES OR THEIR COUNSEL AS SUCH CLAIM WILL BE DEEMED NOT TO HAVE BEEN SUBMITTED. SUBMIT YOUR CLAIM ONLY TO THE CLAIMS ADMINISTRATOR THROUGH THE UNITED STATES MAIL AT THE ADDRESS SPECIFIED IN PARAGRAPH 3 ABOVE.

B. DEFINITIONS

All terms not otherwise defined herein shall have the same meaning as set forth in the Notice which accompanies this Proof of Claim and Release.

C. CLAIM FORM

1. Use Part I of the attached form, entitled "Claimant Identification," to identify the Person who entered into the insurance policy with Certain Underwriters at Lloyd's, London ("Underwriters" or "Defendants") pursuant to which that Person filed a claim for hurricane damage. You must complete and sign this claim to be entitled to any recovery from the Settlement Fund created in connection with the settlement of the Litigation. Executors, administrators, guardians, conservators, and trustees must complete and sign this claim on behalf of Persons represented by them and their authority must accompany this claim and their titles or capacities must be stated. The Social Security (or taxpayer identification) Number of the claimant may be used in verifying this claim.
2. Use Part II on page 2 entitled, "Information and Documentation," to supply information and/or documentation concerning your claim under your insurance policy with the Defendants.
3. Failure to provide the foregoing or other requested information could delay verification of your claim or result in rejection of your claim.
4. The above requests are designed to provide the minimum amount of information necessary to process the most simple claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your losses. In some cases where the Claims Administrator cannot perform the calculation accurately or at a reasonable cost with the information provided, the Claims Administrator may condition acceptance of the claim upon the production of additional information.

Part I. CLAIMANT IDENTIFICATION

Name of Settlement Class Member's Authorized Representative (if any) _____

Social Security Number or Taxpayer Identification Number Individual Corporation/Other

Policy Number (if known) _____ Insurance Claim(s) Numbers (if known) _____

Part II. INFORMATION AND DOCUMENTATION

Documentation You should attach to this Proof of Claim the following documentation:

- (1) A copy of valid photo identification.
- (2) A copy of the insurance policy issued by the Defendants that was in effect at the time that the hurricane caused damage to your property, if in your possession; and
- (3) Any documentation that reflects that the Defendants applied a Separate Hurricane Deductible to reduce the payment the Defendants made to you on your claim, and showing the amount of that Separate Hurricane Deductible, if in your possession.

You must provide the documentation requested in Item 1 to enable the verification of your claim. Failure to provide this documentation can delay verification of or result in rejection of your claim.

If you do not have the documentation requested in Items 2 and 3 above in your possession, and have been unable to locate this documentation following a diligent search, please answer the questions below:

Information

- 1. Was your property damaged by a hurricane? Yes No
- 2. What is the date that your property was damaged by that hurricane? (mm/dd/yyyy) _____
- 3. Did you have a property insurance policy issued by the Defendants on the date that your property was damaged (the "Policy")? Yes No
- 4. Did you file a claim with the Defendants for the damage the hurricane caused to your property? Yes No
- 5. On or about what date did you file a claim with the Defendants for the damage the hurricane caused to your property? (mm/dd/yyyy) _____
- 6. Did you receive payment from the Defendants for the claim you filed for damage caused by the hurricane? Yes No
- 7. If the answer to Question 6 is no, why did you not receive payment from the Defendants for the claim you filed for damage caused by the hurricane? _____
- 8. Was a Separate Hurricane Deductible applied to reduce the payment the Defendants made to you on your claim? Yes No
- 9. What was the amount of the Separate Hurricane Deductible applied to reduce the payment that the Defendants made to you on your claim? (Note that if your claim is approved and you do share in the Settlement Fund, your recovery will be limited to no more than 65% of the difference between the Separate Hurricane Deductible and the all other perils deductible in your Policy.) _____

Part III. CLASS MEMBER CERTIFICATION

I do declare and certify under penalty of perjury that:

- I have reviewed the Notice and Stipulation of Settlement, and reasonably believe that I am, or the person on whose behalf I am acting is, a Settlement Class Member entitled to relief under the proposed settlement.
- I, or the person on whose behalf I am acting, am or was insured by Underwriters and submitted an insurance claim for hurricane damage to Underwriters on or before May 15, 2009, for which the date of loss was on or after March 24, 2003.
- I have diligently searched for the actual insurance policy and claim information requested in Items 2 and 3 in Part II ("Information and Documentation") above. If I have this policy or claim information in my possession, I have attached these documents to this Claim Form. Otherwise, I attest that I have been unable to locate such documents.
- My signature hereto constitutes a full and complete release, remise, and discharge by me, or if I am submitting this Proof of Claim on behalf of a corporation, a partnership, estate or one or more other Persons, by it, him, her or them, and by my, its, his, her or their heirs, agents, attorneys, executors, administrators, predecessors, successors, affiliates, and assigns, of each of the Defendants and Released Persons from all Settled Claims, as defined in the Stipulation of Settlement. The foregoing Releases shall be of no force or effect unless and until the Court approves the Stipulation of Settlement and the Effective Date (as defined in the Stipulation) has occurred.
- I submit to the jurisdiction of the United States District Court for the Southern District of Florida with respect to my claim as a Settlement Class Member and for the purposes of enforcing the releases set forth herein. I further acknowledge that I will be bound by and subject to the terms of any judgment that may be entered in the Litigation regarding this Settlement.
- I agree to furnish additional information to the Claims Administrator, Claims Dispute Facilitator, or Claims Dispute Special Master if requested to do so.
- I am the individual or entity that incurred a loss as a result of the application of the Separate Hurricane Deductible in the Policy.
- I have not submitted any other claim covering the same damages and know of no other Person having done so on my behalf.
- No rights or claims asserted by this Claim Form have been resolved, discharged or released.
- No rights or claims asserted by this Claim Form have been sold, hypothecated, transferred, or otherwise encumbered, or purported to be sold, hypothecated, transferred, or otherwise encumbered.

Signature: _____ Date (mm/dd/yyyy): _____

STATE OF _____)
) SS
COUNTY OF _____)

BEFORE ME, the undersigned authority, personally appeared, _____, who, after being duly sworn, stated and represented that he/she is the individual identified in Part I of this Claim Form or the authorized representative of such individual, and that the answers are true and correct to the best of his/her knowledge and belief.

SWORN TO AND SUBSCRIBED before me, this ____ day of _____, 2011, by _____, who is personally known to me or who has produced _____ as identification.

Notary Public

Name of Notary
(Typed, Printed or Stamped)