

PROOF OF CLAIM
INDIANA POLITICAL SUBDIVISION RISK MANAGEMENT COMMISSION
Deadline: 11:59 PM EDT, January 15, 2024

FOR OFFICIAL USE ONLY
PROOF OF CLAIM NO.:

Please Read Proof of Claims Instructions Carefully Before Completing All Sections. Please Print or Type.

SECTION I

Claimant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No. () _____ FAX Number: () _____

FEIN No: _____ E-Mail Address: _____

SECTION II

1. **In an attachment** provide a concise statement of the facts giving rise to your claim.
2. Amount of Claim (or estimate) \$ _____ If amount of claim is unknown, insert words "Unstated Amount."
3. Have any prior payments been made on this claim? If so, please describe: _____
4. State any known offsets, counterclaims, or defenses thereto: _____
5. Please attach all documents supporting your claim. If they are voluminous, please also attach a summary and index.

SECTION III

1. Does an ATTORNEY REPRESENT you? YES () NO () If yes, provide attorney's name, address & telephone number:

2. Has a Lawsuit or other LEGAL ACTION been instituted by anyone regarding this Claim? YES () NO () If YES, please provide the following:
Court where Filed: _____ DATE FILED _____ DOCKET NUMBER: _____
PLAINTIFF(S): _____
DEFENDANT(S): _____

SECTION IV

The undersigned affirms under the penalties of perjury that the following facts are true: that the undersigned has read the foregoing Proof of Claim and all attachments and knows the contents thereof; that the claim described above against Indiana Political Subdivision Risk Management Commission is true to the best of the undersigned's knowledge; that no payment of the claim has been made except as stated above; and that there are no offsets, counterclaims, or defense thereto except as stated above.

Claimant Signature

Title or Official Capacity

Date

INSTRUCTIONS FOR COMPLETING PROOF OF CLAIM FORM

This proof of claim form is used for filing a claim against Indiana Political Subdivision Risk Management Commission (IPSRMC). If you have a claim to pursue against IPSRMC, you must file a completed proof of claim form with the Indiana Department of Insurance (IDOI) by the bar date. To file by the bar date the proof of claim form must be **postmarked or received by IDOI no later than 11:59 PM EDT on January 15, 2024.** Failure to file a timely claim will result in denial of your claim or prevent consideration of your claim.

Please print legibly in ink or type. Complete all of the applicable sections and blanks, read and sign. Attach additional sheets as necessary. In the event you do not know certain information, please write "unknown" and explain why it is unknown. You may supplement your proof of claim if you obtain more information, provided you do so promptly after you obtain the information. If you have more than one claim against IPSRMC a separate proof of claim must be submitted for each claim. You may make copies of the proof of claim form, request additional copies from the IDOI using the address below or download the form from the IDOI website at: www.in.gov/idoi/. You are advised to keep a completed copy for your records.

Whenever a claim is based upon an instrument in writing, a copy of the document should be attached to the proof of claim. If the document has been destroyed, a statement of the facts and circumstances of the loss must be filed, under oath, with this claim. The right (but not the obligation) to request additional supporting information is retained by the IDOI. The failure to promptly provide such additional information may result in denial of the claim.

Early submission of your Proof of Claim form(s) will allow the IDOI to resolve any issues in a timely manner. The Commissioner of the IDOI governs the timing and final payment of approved claims.

Section I:

Complete requested contact and other information. Ensure claimant's address is current including a correct zip code. **You are required to notify the IDOI of your change of address. If you fail to do so, you may jeopardize recovery from IPSRMC.**

Section II:

Complete requested claim information including a concise statement of the facts giving rise to your claim in a **separate attachment**.

Section III:

Complete regarding legal representation and/or legal actions. The name, address, and telephone number of the claimant's attorney, if any, must be shown. Attach additional sheets as necessary.

Section IV:

The claimant needs to sign and date the form affirming the accuracy of the information provided.

Filing:

A complete and signed proof of claim form must be postmarked or received by the IDOI no later than 11:59 PM EDT on January 15, 2024. Please retain a copy for your records. Submit to the IDOI at the following address:

Indiana Political Subdivision Risk Management Commission
311 W. Washington Street, Suite 300
Indianapolis, IN 46204

Inquiries Only:
Fax: 317-232-5251
Email: edfujawa.idoi.in.gov
Phone: (317) 234-6064

IMPORTANT MAILING INFORMATION: The IDOI is not responsible for undelivered mail. To protect any personal information, the IDOI recommends certified mail or some other service such as FedEx or UPS. Do not send the form by unsecured email. You can transmit the form via facsimile; however, the IDOI shall not be responsible for any unintended disclosure or breach of such facsimile transmission. If you choose to send it by fax and accept responsibility for any unintended disclosure or breach of facsimile transmission, the fax number is 317-232-5251.

Notes:

Claims will be adjudicated, as applicable, in accordance with the Ind. Code 27-1-29 and Ind. Code 27-1-29-1 and approval of the Commissioner of the IDOI.

All claims against the IPSRMC are evaluated by the IDOI and must be approved by the IDOI in order to be allowed. Approved claims will be paid based on available funds in accordance with Ind. Code 27-1-29 and Ind. Code 27-1-29.1. The amount of the payment will depend on the assets available and all claims made. The amount to be paid on an individual claim, if any, will not be known until all claims are evaluated.

The IDOI's receipt of this proof of claim form does not constitute any waiver or relinquishment by the IDOI of any defense, setoff, or counterclaim that may exist against any person, entity or governmental agency, as to any claim, or regarding any actions pursued by the IDOI on behalf of IPSRMC former members.