

**For Office Use Only**

POC#: \_\_\_\_\_

Date Received: \_\_\_\_\_

**LANCET INDEMNITY 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: Lancet 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.**

|                           |                                     |
|---------------------------|-------------------------------------|
| _____<br>Name of Claimant | \$ _____<br>Total Amount of Claim   |
| _____<br>Street Address   | _____<br>Soc. Sec. or Tax ID Number |
| _____<br>City State Zip   | _____<br>Telephone Number           |
| _____<br>E-mail Address   | _____<br>Facsimile Number           |

**If the claimant is represented by an attorney, please complete the following section:**

|                           |                           |
|---------------------------|---------------------------|
| _____<br>Name of Attorney | _____<br>Bar Card No.     |
| _____<br>Name of Law Firm | _____<br>Tax ID Number    |
| _____<br>Street Address   | _____<br>Telephone Number |
| _____<br>City State Zip   | _____<br>Facsimile Number |
| _____<br>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 or signature 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 Lancet or Lancet's claim administrator.

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*Claimants unable to obtain a notarized form due to concerns about COVID-19 may use the alternate signature block below, which eliminates the need for a notary pursuant to NRS 53.045.*

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 under the laws of the State of Nevada**, that the foregoing is true and correct, and 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

\_\_\_\_\_  
Title of Claimant or Authorized Agent

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

Executed On (Date): \_\_\_\_\_

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