

**NOTICE AND PROOF OF CLAIM FORM
ACCESS HOME INSURANCE COMPANY**

*James J. Donelon, Commissioner of Insurance vs. Access Home Insurance Company
DOCKET NUMBER 713,124, SECTION 26*

19th JUDICIAL DISTRICT COURT OF THE STATE OF LOUISIANA, PARISH OF EAST BATON ROUGE

**NOTICE TO POLICYHOLDERS, VENDORS, AGENTS/PRODUCERS, BROKERS AND
GENERAL CREDITORS OF APRIL 29, 2022 CLAIM FILING DEADLINE**

The Louisiana Commissioner of Insurance (as Liquidator) has been directed by Court Order dated January 13, 2022, to liquidate Access Home Insurance Company (Access Home). A copy of the Liquidation Order may be found at www.accesshomeinsurance.com.

The Liquidation Order requires that any person having a claim or claims against Access Home, its property or its assets to present their claim to the Receiver by a properly completed proof of claim on or before 4:30 p.m. CDT on April 29, 2022 (Claim Filing Deadline) in order to participate in the distribution of assets of Access Home.

You have been identified as someone who may have a claim (Potential Claimant) against Access Home. If you have a claim, you must fill out this form according to the instructions presented with this form and return the form to the Receiver no later than the Claim Filing Deadline indicated above. **You must file a separate Proof of Claim for each type of claim or for multiple claims of the same type.** Failure to complete and return this form to the Receiver by the Claim Filing Deadline may result in your claim being denied in full or in part. It shall be deemed to have been received as of the United States Postal Service's postmark date if it is mailed, or the date of delivery to a private mail courier for delivery to the Receiver, as evidenced by a validly issued receipt from that courier. Forms must be sent to the Receiver at: Access Home Insurance Company in Liquidation, 9543 Fenway Ave., Baton Rouge, LA 70809.

YOU ARE HEREBY NOTIFIED THAT YOU HAVE UNTIL THE CLAIM FILING DEADLINE (April 29, 2022 at 4:30 p.m. CDT) TO FILE YOUR CLAIM WITH ACCESS HOME.

ANY CLAIMS RECEIVED AFTER THE CLAIM FILING DEADLINE (April 29, 2022 at 4:30 p.m. CDT) WILL BE CONSIDERED UNTIMELY AND INELIGIBLE FOR PAYMENT UNTIL AFTER ALL TIMELY FILED CLAIMS ARE PAID IN FULL.

**PROOF OF CLAIM FORM (POC)
CLAIMANT INFORMATION: PLEASE PRINT OR TYPE THIS SECTION**

Name												
Address 1												
Address 2												
City								ST		Zip		

Date of Birth	/ /	If you receive a distribution in this liquidation, will it be considered income for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, you must submit a W-9 Form. Go to: www.irs.gov
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Email Address:	Daytime Phone: (____) _____-_____
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Total Amount of Claim: (Amount must be documented including: payments made on the debt, if any; that the sum claimed is justly owing and that there is no setoff, counterclaim, or defense to the claim. See attached page for instructions)	\$	_____.
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Type of Claim:	AMOUNT OF CLAIM
Secured Claim (A secured claim is any claim secured by a mortgage, trust, deed, security agreement, etc., additional documentation of security interest must be provided)	
Policyholder Claim or Claim Against an Insured (3rd Party Claim)	
Claim of Federal Government	
Employee Claim (Limited to \$2,500)	
Premium Refund Claim	
Reinsurance Claim	
General Creditor Claim	

All other Claims	
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Describe any prior payment made on the debt. Use separate sheet if needed.

Are there any set-offs, counterclaims or defenses to the debt? Use separate sheet if needed.

Status of the claim:

- Claim is based on a court judgment or settlement. Please attach copy
- Claim is currently pending in court (provide details and documentation
- Claim has not been filed in court

If represented by counsel, please provide the attorney's information.

CONTACT NAME: _____
CONTACT PHONE NUMBER: _____
CONTACT EMAIL ADDRESS: _____

I swear or affirm that I am the Potential Claimant referenced in the mailing address on this form and/or am authorized to sign this form on the Potential Claimant's behalf. I further swear under penalty of law that all information contained on this form as well as all attachments are true and correct to the best of my knowledge and that the sum claimed is justly owing from Access Home. Should any of the information provided change, including the receipt of monies from other sources for the claim contained herein, I will immediately contact the Receiver at (225) 201-0107 and report the change(s). I understand that if my contact information provided herein changes it is my obligation to provide updated information to the Receiver. I acknowledge that if I fail to provide such updated information, the Receiver will have no obligation to seek this updated information from any source.

X _____ / / _____
Signature of/for Potential Claimant Date Signed
Printed Name of Person Signing & Title
(if signing for business)

EACH PROOF OF CLAIM MUST HAVE ATTACHED ALL SUPPORTING DOCUMENTATION TO BE CONSIDERED. ALL CLAIMS MUST BE SUBMITTED BY THE CLAIM FILING DEADLINE (April 29, 2022 at 4:30 (CDT) TO THE RECEIVER AT THE ADDRESS BELOW:

Access Home Insurance Company in Liquidation
9543 Fenway Ave.
Baton Rouge, LA 70809

FOR OFFICIAL USE ONLY	
Date Postmarked:	Policy #:
Date Received:	Liquidator Allowed Amount:
RCN Assigned:	Liquidator Denied Amount:

Proof of Claim (POC) Form General Instructions

1. **Who does not have to file a POC?:** If you have already filed a claim with the Louisiana Insurance Guaranty Association, the Texas Property and Casualty Insurance Guaranty Association or the South Carolina Property and Casualty Insurance Guaranty Association you **DO NOT** need to file a POC. If you have already filed a claim with Access Home, and that claim was filed prior to December 1, 2021 you **DO NOT** need to file a POC.
2. **Supporting Documentation:** To evaluate your claim, the Receiver needs documentation that supports your claim. If your claim is for a loss or other policy benefits, please provide the explanation of the loss or accident. For other types of claims against Access Home, provide a brief explanation of the claim, the amount claimed, and all documentation that supports your claim when you submit your completed Proof of Claim Form. Examples of the types of supporting documentation that should be submitted are: paid medical bills, police reports, repair estimates, witness statements, cancelled checks or receipts, invoices, etc. **Please Note:** Any supporting documentation submitted with your Proof of Claim Form will not be returned to you. Make a copy of the completed Proof of Claim form and all supporting documentation for your records.
3. **Completing the Proof of Claim Form:** In order to assist the Receiver in processing, please print or type your information on the Proof of Claim Form. If you are not sure of the total amount of your claim, print or type: Value undetermined in excess of \$1.00. A separate Proof of Claim Form should be completed for each claim. **You must sign the POC form.**
4. **Your proof of claim form must be RECEIVED on or before the Claim Filing Deadline (April 29, 2022 at 4:30 p.m. CDT).**
5. **Request for Social Security Number:** If any part of payment of your claim would constitute rent, salaries, wages, annuities, compensations, remunerations or other fixed or determinable gains, profits, and income to you, please fill out an Internal Revenue Service form W-9 and return it with your completed Proof of Claim Form. A W-9 Form can be downloaded from the Internal Revenue Service website at www.irs.gov. The request for your Social Security Number or other Taxpayer Identification Number on the form W-9, is authorized by 26 U.S.C. s. 6041 and related IRS regulations. Your Social Security Number or other Taxpayer Identification Number may be used to report claim payments made to the U.S. Internal Revenue Service. Your failure to provide a Taxpayer Identification Number may result in additional “Backup Withholding” on payments made to you, and may subject you to penalties by the Internal Revenue Service. Your Social Security Number may also be used for any other purpose specifically required or authorized by state or federal law.

Certified Mail: It is recommended (but not required) that you return the Proof of Claim Form to the Receiver using Certified mail, return receipt requested, to prove delivery of this form. To be considered timely, your Proof of Claim form must be properly completed and either mailed and postmarked no later April 29, 2022.

Change of Name or Address: If you move after you send your Proof of Claim Form to us, it is your responsibility to notify the Receiver in writing that your address has changed. Some liquidations may take several years to conclude; therefore, you must keep the Receiver advised of your current address.

Once you have completed and signed the Proof of Claim Form (and the W-9 Form, if applicable), make a copy for your records and return the forms with all supporting documentation to the following address:

**Access Home Insurance Company in Liquidation
9543 Fenway Ave.
Baton Rouge, LA 70809**

**Contact Information:
Telephone Number: (225) 201-0107**

After all claims against the company are evaluated and approved by the Court, payment on approved claims will be distributed in accordance with priorities set by the laws of the State of Louisiana based on available funds. The Receiver will not know the percentage that can be paid on any individual claim until all liabilities are determined. This process may take several years after the deadline for filing claims has passed.

IMPORTANT INFORMATION: THE INFORMATION YOU PROVIDE ON THIS PROOF OF CLAIM FORM MAY BE SHARED WITH A THIRD PARTY FOR THE PURPOSE OF EVALUATING YOUR CLAIM OR OTHER INTERNAL LIQUIDATION OPERATIONS. THE RECEIVER BY CONTRACT REQUIRES ANY THIRD-PARTY CONTRACTOR TO MAINTAIN CONFIDENTIALITY REGARDING THE PERTINENT INFORMATION IN ITS POSSESSION.

FURTHER INFORMATION

If you want further information about the liquidation proceedings of Access Home Insurance Company, you may wish to contact your legal counsel or the Receiver's office at:

Access Home Insurance Company, In Liquidation
9543 Fenway Ave.
Baton Rouge, LA 70809
(225) 201-0107