

**PROOF OF CLAIM
UNITED HOME INSURANCE COMPANY IN LIQUIDATION**

Claimant Name: _____
Claimant Address: _____
City: _____
State: _____
Zip Code: _____
Social Security or EIN#: _____
Email Address: _____
Primary Telephone: _____ Cell Phone: _____
Name of Insured: _____
Policy Number: _____
Date of Loss: _____
Claim Number: _____

Claim is for (Check one):

- Policyholder
- Third Party
- Return of Unearned Premium or Other Premium Refunds
- General Creditor
- Agents' Balances
- All Other

Concise Statement of the facts giving rise to your claim: _____

Amount of Claim: \$ _____

Is there OTHER INSURANCE that may cover this claim: Yes () No ()
If YES provide the name of the insurer(s) and policy number(s) _____

Does an Attorney represent you in this matter: Yes () No ()
If YES, please provide the name, address & email address of your counsel.

Has a lawsuit or other legal action been instituted by anyone regarding this claim:
Yes () No ()

If YES, please provide the court where the action is pending and the
case number _____

I verify that the statements made in this proof of claim are true and correct to the best of my
knowledge, information and belief.

Claimant Signature

Your claim must be filed with the Receiver by June 1, 2025

Send Proof of Claim form and any supporting documents to:

**United Home Insurance Company, in Liquidation
1023 West Capitol Avenue, Suite 2
Little Rock, AR 72201
Insurance.Liquidation@arkansas.gov**