

FLORIDA DEPARTMENT OF FINANCIAL SERVICES, RECEIVER  
AVATAR PROPERTY & CASUALTY INSURANCE COMPANY

May 2, 2022

PROOF OF CLAIM FORM

LIQUIDATOR USE ONLY

READ ALL MATERIALS CAREFULLY  
BEFORE COMPLETING THIS FORM –  
COMPLETE ALL SECTIONS – FILL IN ALL  
BLANKS – PLEASE PRINT CAREFULLY OR  
TYPE

PROOF OF CLAIM NO.: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

**CLAIMS FILING DEADLINE: MARCH 14, 2023**

The Florida Department of Financial Services as Receiver (Department) has been directed by Court Order to liquidate the above company. A copy of the Court Order can be obtained at the following website: [www.avatar-liquidation.com](http://www.avatar-liquidation.com). If you have a claim against Avatar Property & Casualty Insurance Company, you must fill out this form according to the instructions on the back of this form and return it to the Department no later than the claims filing deadline indicated above. Failure to complete and return this form to the Department by the claims deadline may result in your claim being denied in full or in part.

Name of claimant: _____	E-Mail Address: _____
Address of claimant: _____ _____	Phone No.: _____
Policy Number: _____	Date of Birth: _____
Claim Number: _____	
Are you receiving or eligible for MEDICARE? Yes/No _____	

This claim is for:

- Secured Claim
- Loss under policy (Claim by insured of Avatar Property & Casualty Insurance Company for policy benefits)
- General Creditor (Attorney fees, Adjuster fees, Vendors, Landlords, Lessors, Consultants, Reinsurers, etc.)
- Master claim (You may have a master claim if you are an attorney, adjuster, premium finance company, etc. Refer to instruction #2 on the back of this form for further information)
- Federal Government claim
- All Other (Describe) \_\_\_\_\_

Total Amount of Claims: \$ \_\_\_\_\_

I swear or affirm that I am the claimant referenced above and/or am authorized to sign this form on the 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 owed and that there is no setoff, counterclaim, or defense to the claim. The filing of a claim in the receivership proceeding is a release of the insured to the extent of coverage provided by the insolvent insurance company [Section 631.193, Florida Statutes].

X \_\_\_\_\_  
Signature of/for Claimant Date Signed Printed Name of Person Signing & Title (if signing for a business)

X \_\_\_\_\_ Relationship of person signing this form to the above claimant

## Instructions

- 1. Proof of Claim Form (POC Form):** You may print or type your information on the POC Form. If you are not sure of the total amount of your claim, enter \$1.00 in the appropriate field.
- 2. Master Claims:** If you provided services on one or more claims (adjuster, attorney, medical provider, etc.) or on one or more policies (premium finance company, etc.), your claim is considered a Master Claim. You must submit your claim using the Master Claim instructions available at: <https://www.avatar-liquidation.com/masterclaimsinstructions>
- 3. Supporting Documentation:** Please submit all documentation that supports your claim when you submit your completed POC Form. Examples of supporting documentation include paid medical bills, police reports, repair estimates, witness statements, cancelled checks or receipts, invoices, proof of accrued vacation leave, bond or warranty contracts, proof of stock value, etc. Any supporting documentation submitted with your POC Form will not be returned to you. Retain a copy for your records.
- 4. Signature:** Please make sure that the form is signed before it is submitted. The submission of an unsigned form will not be treated as a filed claim.
- 5. Submission:** You may submit your POC information in one of two ways:
  - a. Online Submission:** Submit your claim electronically using the instructions available at: <https://www.avatar-liquidation.com/electronicsubmissions>
  - b. Paper Submission:** You may mail your POC information to the below address. It is recommended that you use certified mail with return receipt to prove delivery of the information.

**Avatar Property & Casualty Insurance Company**  
**145 N Main St.**  
**P.O. Box 519**  
**Stuart, VA 24171**

## Additional Information

- 1) Contact Information:** For general inquiries regarding your claim, you may contact us at (404) 465-2814. You also may visit our website to submit an online inquiry at: [www.avatar-liquidation.com](http://www.avatar-liquidation.com).
- 2) Change of Name or Address:** If you change your name or move after submitting your POC Form, please notify us in writing. Some receiverships take several years to conclude; therefore, you must keep us advised of these changes to enable us to send information to your current name and address. To communicate a name and/or address change, visit our website at the following address: [www.avatar-liquidation.com](http://www.avatar-liquidation.com).
- 3)** The information you provide on this POC Form may be shared with a third party for the purpose of evaluating your claim or other internal receivership operations. The Department requires any third-party contractor to maintain confidentiality regarding the pertinent information in its possession.
- 4)** After all claims against Avatar Property & Casualty Insurance Company are evaluated and approved by the Court, claims will be paid based on available funds. The amount of payment will depend on the percentage of assets to total claims, as well as the priority class of your claim. We will not know the percentage that can be paid on any individual claim until all claims are evaluated and assets converted to cash. This process may take a number of years after the deadline for filing claims has passed.