

13. Identify the amount of the claim, the identity and amount of security on the claim, if any, payments made on the claim to date, if any, and the right of priority of payment or other specific rights being claimed, if any. (Use additional pages if necessary):

14. Is there OTHER INSURANCE which may cover this claim? YES (). NO (). If YES, give name of the insurer(s) and policy number(s).

15. Are you REPRESENTED BY AN ATTORNEY: YES (). NO (). If YES, provide attorney's name, address, telephone no. and email.

16. Has a LAWSUIT or other LEGAL ACTION been instituted by anyone? YES (). NO (). If YES, provide the following:

A. COURT WHERE FILED: _____

B. DATE FILED & DOCKET NUMBER: _____

C. PLAINTIFF(S): _____

D. DEFENDANT(S): _____

17. By signing this Proof of Claim (this form **MUST BE SIGNED**), the Undersigned verifies that the sum claimed is justly owing, that there is no set-off, counterclaim, or defense to the claims, and that the matters set forth herein and in any accompanying documents are true to the best of his//her knowledge.

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

This Proof of Claim form and all supporting documentation must be either sent by USPS first class mail to the below address, or emailed to claims@transportliq.com. If mailed, it must be postmarked no later than the Absolute Final Bar Date of APRIL 21, 2027. If emailed, it must be successfully received by that same date. The address for mailing POC forms is:

**Transport Insurance Company, in Liquidation
James J. Black, III, Chief Deputy Liquidator
c/o Integrated Professional Solutions, Ltd.
1617 John F. Kennedy Blvd.
Suite 1575
Philadelphia, PA 19103**

ATTACH ALL DOCUMENTATION SUPPORTING YOUR CLAIM TO YOUR PROOF OF CLAIM AND SUBMIT BY 04/21/2027