

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES, RECEIVER  
WESTON PROPERTY AND CASUALTY INSURANCE COMPANY**

**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: AUGUST 8, 2023**

The Florida Department of Financial Services as Receiver (the “Department”) has been directed by Court Order to liquidate the above company. A copy of the Court Order can be obtained at the following web site: **www.weston-ins-liquidation.com**. If you have a claim against Weston Property and Casualty Insurance Company (“Weston”), 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: \_\_\_\_\_  
\_\_\_\_\_

Telephone No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Are you receiving or eligible for MEDICARE? Yes/No \_\_\_\_\_

**Explanation of Claim:**

Attach additional pages if necessary. If this is a claim pertaining to a loss under a Weston policy, please include policy and claim number(s) and state whether or not the claim has previously been reported to Weston’s claim administrator.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This claim is for:

- Secured claim
- Loss under policy (Claim by insured of Weston 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. See Proof of Claim Form General Instructions for additional 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, 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].**

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Signature of Claimant or Claimant's Authorized Agent

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Date Signed

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Printed Name of Person Signing and Title  
(if signing for a business)

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Relationship to the Claimant named on page one (1) of this form

**[NOTE: ATTACH DOCUMENTATION TO SUPPORT YOUR CLAIM]**

## Proof of Claim Form General 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. **Explanation of Claim:** All claims must 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 or other specific rights asserted, if any. Attach additional pages to the POC Form as needed to provide sufficient explanation of your claim.
3. **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: **[www.weston-ins-liquidation.com/master-claims-instructions](http://www.weston-ins-liquidation.com/master-claims-instructions)**.
4. **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, canceled 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. Upon evaluation of your POC submission, the Receiver may elect to require additional documentation including, but not limited to, a notarized affidavit.
5. **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.
6. **Submission:** You may submit your POC information in one of two ways:
  - a. **Online Submission:** Submit your claim electronically using the instructions available at: **[www.weston-ins-liquidation.com/electronic-submissions](http://www.weston-ins-liquidation.com/electronic-submissions)**.
  - b. **Paper Submission:** You may mail your POC information to the below address. It is strongly recommended you use a method which allows for tracking and proof of delivery (U.S. Certified Mail, Fedex, UPS, etc.).

**Weston Property and Casualty Insurance Company**  
**c/o Cantilo & Bennett, L.L.P.**  
**11401 Century Oaks Terrace, Suite 300**  
**Austin, Texas 78758**

## Additional Information

- 1) **Contact Information:** For general inquiries regarding your claim, you may contact us at (800) 579-6817.
- 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.
- 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 Weston Property and Casualty Insurance Company (“Weston”) 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.
- 5) All claims against Weston are considered claims against the Weston estate and are subject to Florida law and the exclusive jurisdiction of the Second Judicial Circuit Court of Leon County, Florida.