PROOF OF CLAIM

AVIATION ALLIANCE INSURANCE COMPANY, INC., A SPECIAL PURPOSE CAPTIVE INSURER (AVIATION ALLIANCE), IN LIQUIDATION

ALL CLAIMS MUST BE POSTMARKED BEFORE THE CLAIM FILING DEADLINE OF 5:00 PM MOUNTAIN STANDARD TIME ON MARCH 15, 2022. READ CAREFULLY BEFORE COMPLETING. SEE INSTRUCTIONS ON BACK

FOR OFFICE USE ONLY:					
Date Postmarked:		Interested Party Name: Address:			
Date Received: Proof of Claim No:					
CLAIMANT INFORMATION	I	Claimant Please Complete – Print (black ink) o		nck ink) or Type	
Name: Address: (Include City, State & Zip Code)	Policy	Policy Period, if applicable:			
Home Phone:	Policy	Policyholder/Insured:			
Work Phone:	Existin	Existing Claim Number (if any):			
SSN or TIN: Date Claim Incurred:					
CLAIM INFORMATION All supporting documentation must be attached to Proof of Claim in order to be considered. Claim is for: Amount of Claim					
3rd Party Claimant/Policyholder Claim is made for a specific loss or occurrence arising for coverage under Aircraft Products and Operations Liability Insurance Policy Other – Specify Type:					
All Other Claimants:					
□ US Government □ Secured claim					
Governmental entity claim for fees, taxes, penalties or forfeitures					
☐ Unpaid legal or professional expenses					
☐ Unpaid commissions or general creditor invoices.					
All others: state particulars of claim, including consideration given for this claim and attach supporting documentation, including a copy of written instrument which is the foundation of the claim.					
Please provide the exact amount of your claim and each component. Attach supplemental documentation, if available, to support your claim.					
TOTAL AMOUNT OF CLAIM:					
For below, please provide an explanation. Use separate sheets if necessary.					
What payments have you received for this claim, if any, from Aviation Alliance?					
Is there security for this debt?					
Are there set-offs, counterclaims or defenses to this debt? \(\begin{array}{c}\Delta\) Yes \(\beta\) No \(\begin{array}{c}\Delta\) If yes, please describe. \(\begin{array}{c}\Delta\)					
STATUS OF CLAIM					
Name and address of your attorney if any:				ny:	
☐ Claim is based on a court judgment or settlement (attach judgment or agreem		nt). Name:			
Claim currently pending in court (provide details and documentation).		Company:			
☐ Claim was filed prior to Liquidation and is pending with Aviation Alliance.			Address:		
New claim not previously reported to Aviation Alliance.			City: State:		
Other insurance is available to cover this claim.			Zip Code: Phone:		
VERIFICATION					
The undersigned subscribes and affirms as true under penalty of civil and criminal law as follows:					
I have read the foregoing Proof of Claim and know the contents thereof: that this claim of \$ against Aviation Alliance Insurance Company, Inc. is justly owing to the claimant; that there is no set-off, counterclaim or defense to the claim thereto, except as above stated; that the matters set forth above and in any accompanying statements are true to my knowledge except as matters specifically stated to be alleged upon information and belief and that as to such matters, I believe them to be true; that no payment of or on account of the aforesaid claim has been made, except as stated above.					
Date Signed:	Date Signed:				
ubscribed and sworn to me this day of, 20 Print or Type Name of Claimant, Partner, Officer or Legal Representative					
Signature of Notary Public/Commissioner of Oaths	Signature of Individual, Partner, Officer, or Legal Representative				
State of County of					
little o			or Official Capacity Phone ()		
			Phone ()		
	Social Security Number or FEIN of Claimant				
(Seal)					

PROOF OF CLAIM INSTRUCTIONS All Claims

This Proof of Claim ("POC") should be completed in its entirety and all questions answered.

Please note certain instructions and requirements are contained in the POC itself. A separate POC form should be completed for each claim asserted against Aviation Alliance Insurance Company, Inc. (Aviation Alliance). Additional forms may be obtained from the website (www.aaicinliquidation.com). For questions that do not apply to your claim situation, your response should be indicated with an "NA" or "not applicable."

You must explain in detail the basis of your claim and provide as an attachment all supporting documentation. If you do not know the amount of the claim, write 'unstated amount.'

You must sign this POC form and have it notarized. Please refer to the instructions in the attached "Notice" as to who should sign the claim form.

Please retain a copy of your completed POC form and mail the **original** to:

Claimant Services **Aviation Alliance Insurance Company, Inc. In Liquidation**8701 E. Vista Bonita Dr., Ste. 200

Scottsdale, AZ 85255

POC copies will not be accepted.

THE LAST DAY FOR FILING TIMELY CLAIMS AGAINST AVIATION ALLIANCE INSURANCE COMPANY, INC. IN LIQUIDATION IS 5:00 pm Mountain Standard Time on March 15, 2022. Claims must be postmarked (not postage meter stamped) no later than 5:00 PM Mountain Standard Time on March 15, 2022.

You will a receive written advice of our receipt of your completed POC and your POC number. You will be notified some time thereafter of the Liquidator's decision regarding your claim. If your claim is denied in whole or in part by the Liquidator, and you dispute the Liquidator's findings, you will have the opportunity to present your dispute to the Liquidation Court in Lewis & Clark County, or a forum designated by the Court.

The Liquidator's acceptance of the POC is not intended to, nor does it constitute, a waiver or relinquishment by the Liquidator of any defense, set-off or counterclaim which the Liquidator may have against any person, entity or governmental agency.

All claimants are required to keep the Liquidator advised of address changes. Inquiries as to the status of your claim should be made in writing. Please specifically identify your POC number in all correspondence to permit ease of identification and an expedited response.

Aviation Alliance's website (www.aaicinliquidation.com) is a source for news and information regarding the ongoing liquidation.